

COUNTY OF GLENN
HEALTH AND HUMAN SERVICES AGENCY

*Comprehensive Electronic Health Record System
FY 22-25*

Request for Proposal No. 2021-05



Proposals must be received no later than 4:00 P.M. on December 10, 2021

County of Glenn
Health and Human Services Agency
P.O. Box 611
420 E. Laurel Street
Willows, CA 95988
530-934-6514

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**REQUEST FOR PROPOSAL
COUNTY OF GLENN
FOR A COMPREHENSIVE ELECTRONIC HEALTH RECORDS SYSTEM**

1) PURPOSE

The purpose of this Request for Proposal (proposal) is to solicit and award a multi-year contract for a comprehensive electronic health records (EHR) system to promote the current standards of administrative simplification as required of certified EHR technology and this RFP.

2) BACKGROUND INFORMATION

Glenn County currently contracts with a non-profit corporation for an electronic health record information system. This system includes a billing system, analytics, data storage, all requirements for electronic submissions, and licenses.

3) TERM

The services are expected to be performed by the selected service provider during the period of March 1, 2022 through June 30, 2025.

4) PROPOSAL PROCESS

a) Period of Offer:

Response to this proposal constitutes an irrevocable offer to the HHSA to perform according to the proposal specifications and the proposed contract for a period of not less than 120 days from proposal opening.

b) Proposals, questions, and protests should be addressed to:

Health and Human Services Agency
Proposal 2021-05
Attn: Administration
P.O. Box 611
Willows, CA 95988

Or by email to: admin@countyofglenn.net

c) Bidders' Questions:

Questions regarding the proposal should be submitted in writing or emailed. Questions will not be accepted by telephone, facsimile (FAX), or verbally. The HHSA reserves the right to decline a response to any question if in the HHSA's assessment of the information cannot be obtained and shared with all potential bidders in a timely manner.

A summary of questions submitted and the HHSA's responses will be provided on the Glenn County website at: <https://www.countyofglenn.net/govt/bids>

d) Submission of Proposals:

All proposals are final after the filing deadline. No adjustments shall be permitted after that time. Any proposal received after the exact time specified for receipt will not be considered unless it is received before an award is made, and it is determined by the HHSA that the late receipt was due solely to mishandling by the HHSA after receipt at the designated address. The only acceptable evidence to establish whether a proposal is late or meets the exception listed above, shall be the time of receipt at the HHSA as determined by the date stamp of the HHSA on the proposal wrapper or other evidence of receipt maintained by the HHSA.

All costs of the proposal preparation shall be the responsibility of the Proposer. All materials submitted in response to the proposal become the property of the HHSA and may be returned only at the HHSA's option and the bidder's expense.

Bidders will be required to conform to all applicable provisions of law and regulations.

e) Proposal Review and Evaluation

See Exhibit E for a complete Evaluation Matrix.

At the time proposals are opened, each proposal will be checked for the presence or absence of the required proposal contents. Proposals will be evaluated by an evaluation team to determine the Proposer's demonstrated ability to provide quality services. Proposals will be evaluated and ranked by score. The highest scoring participants may be set up for an interview and/or a presentation.

The HHSA Director, selected County staff, and/or selected interested professionals will evaluate the proposals to determine a bidder's responsibility and responsiveness.

A responsible bidder is one whose proposal substantially complies with all requirements of the proposal.

Any proposal may be declared irregular and not considered for award of the contract if it is conditional, incomplete, or not responsive to the proposal, or contains any alteration of form or irregularity that would prevent it from being compared to other proposals.

The HHSA reserves the right to waive any proposal irregularity; however, this will not relieve the Contractor from full compliance with the bidding requirements if awarded the contract. The HHSA reserves the right to reject any and all proposals, and to cancel the procurement process.

After review of all proposals and a recommendation for award of contract is made, all bidders shall be notified in writing of the recommendation. Given that the expertise required for this proposal is highly specialized, the HHSA reserves the right to negotiate a contract with the successful bidder including to further negotiate the proposed scope of work, method of delivery and amount of compensation.

f) Contract Award:

The contract award will not be based solely on price, but a combination of factors determined to be in the best interest of the HHSA submitted by a responsive, responsible, and qualified bidder approved by HHSA. The contract shall not take effect before being approved by the Glenn County

Board of Supervisors. Payment for services under any contract resulting from this proposal is dependent upon the availability of County, State, and Federal funding.

g) Protests:

Protests may be submitted to the HHSA within ten (10) calendar days immediately following the recommendation to award a contract. The HHSA shall consider any protest or objection regarding the award of the contract, providing it is submitted in the time period stated above.

Protests shall state the reason for the protest, citing the law, rule, regulation, or practice on which the protest is based. The HHSA shall respond in writing to the protestor within five (5) calendar days of the end of the protest period. The response shall include the final decision on the protest and the basis for the decision.

h) Acceptance of the Terms and Conditions:

Attachment F, Proposed Agreement, sets forth Terms and Conditions, Proposer must either indicate acceptance of the Terms and Conditions or clearly identify exceptions to the Terms and Conditions. An “exception” includes any addition, deletion, qualification, limitation, or other change. If exceptions are identified, the Proposer must provide an explanation or rationale for each exception and/or proposed change.

5) TIMELINE FOR THIS PROPOSAL

HHSA has developed the following list of key events related to this proposal. All dates are subject to change at the discretion of the HHSA.

Event	Date
Issuance of RFP	October 25, 2021
Deadline for RFP questions	November 8, 2021
Questions and answers posted	November 22, 2021
Deadline for proposal submission	December 10, 2021
Potential interview/presentation dates	TBD
Notice of intent to award	February 1, 2022
Protest period	February 11, 2022
HHSA response to protest	February 18, 2022
Contract Start Date	March 1, 2022
Contract End Date	June 30, 2025

6) PROPOSAL CONTENT

See Exhibit A.

7) TECHNICAL AND FUNCTIONAL REQUIREMENTS

See Exhibits B1, B2, & B3.

8) COST PROPOSAL

See Exhibit C.

9) CERTIFICATIONS AND SCORING

See Exhibit D.

10) EVALUATION OF PROPOSALS

See Exhibit E.

11) INTERVIEWS

The HHSA may conduct interviews and request presentations from Proposers to clarify aspects set forth in their proposals or to assist in finalizing the ranking of top-ranked proposals. The interviews and presentations may be conducted in person, virtually or by phone. If conducted in person, interviews and presentations will likely be held at the HHSA's offices in Willows, California. The HHSA will not reimburse Proposers for any costs incurred in traveling to or from the interview/presentation location. The HHSA will notify eligible Proposers regarding interview/presentation arrangements.

12) COUNTY CONTRACT TEMPLATE

See Exhibit F.

13) RIGHTS

The HHSA reserves the right to reject any and all proposals, in whole or in part, as well as the right to issue similar proposals in the future. This proposal is in no way an agreement, obligation, or contract and in no way is the HHSA or Glenn County responsible for the cost of preparing a proposal. One copy of each proposal will be retained by the HHSA for official files and will become a public record.

14) CONFIDENTIAL OR PROPRIETARY INFORMATION

PROPOSALS ARE SUBJECT TO DISCLOSURE PURSUANT TO APPLICABLE PROVISIONS OF THE CALIFORNIA PUBLIC CONTRACT CODE. The HHSA will not disclose (i) social security numbers, or (ii) balance sheets or income statements submitted by a Proposer that is not a publicly-traded corporation. All other information in proposals will be disclosed in response to applicable public records requests. Such disclosure will be made regardless of whether the proposal (or portions thereof) is marked "confidential," "proprietary," or otherwise and regardless of any statement in the proposal (a) purporting to limit the HHSA's right to disclose information in the proposal, or (b) requiring the HHSA to inform or obtain the consent of the Proposer prior to the disclosure of the proposal (or portions thereof). Proposers are accordingly cautioned not to include confidential, proprietary, or privileged information in proposal.

15)AMENDMENTS/ADDENDA TO RFP

Glenn County reserves the right to issue amendments or addenda to this RFP if the County considers that changes are necessary or additional information is needed. Any Amendments/Addenda will be available on the County of Glenn website:
<https://www.countyofglenn.net/govt/bids>

EXHIBIT A

PROPOSAL CONTENT

Overview:

SECTION 1 – Executive Summary

Provide a concise summary of the proposed products and services.

SECTION 2 – General Information/Bidder Profile

Provide answers using the template and instructions below.

SECTION 3 – Bidder Minimum Qualifications

Verify that you meet the Bidder Minimum Qualifications.

SECTION 4 – Functional and Technical Requirements

Complete and upload the templates provided in RFP Exhibit B: Exhibit B1–Functional Requirements, Exhibit B2–Technical Requirements and Exhibit B3–Technical Narrative Questions.

SECTION 5 – Implementation Plan

Provide a high-level implementation plan with estimated timeline.

SECTION 6 – Hardware and Configuration Specifications

Provide a list of hardware requirements and configuration options.

SECTION 7 – Cost Proposal

Complete and upload the template provided in RFP Exhibit C.

SECTION 8 – References

SECTION 9 – Required Documents

- RFP Exhibit A – Proposal Contents
- RFP Exhibit B – Technical and Functional Requirements
 - Exhibit B1 – Functional Requirements
 - Exhibit B2 – Technical Requirements
 - Exhibit B3 – Technical Narrative Questions
- RFP Exhibit C – Cost Proposal
- RFP Exhibit D – Certifications and Signature
- 2015 Certified Electronic Health Records Technology (CEHRT) System certification

EXHIBIT A

PROPOSAL CONTENT

SECTION 1 – Executive Summary

Provide a concise summary of the proposed product and services.

SECTION 2 – General Information/Bidder Profile

a. Bidder Name:

Address:

Street:

City:

State:

Zip Code:

Primary Contact Information:

Name:

Title:

Work Phone: () - Ext.

E-mail Address:

b. Website:

c. Federal Identification Number (Tax ID):

d. Years in Operation:

e. Type of Entity/Organizational Structure (check one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Non-Profit/Church |
| <input type="checkbox"/> Other: _____ | |

f. Jurisdiction of Organization Structure:

g. Bidder is a: (if applicable, add checkmark next to designation below)

EXHIBIT A

PROPOSAL CONTENT

- Small business, minority-owned firm
 Women's business enterprise

h. EHR Experience:

- Describe how your company has been regularly and continuously engaged in the business of providing:
 - A fully functional behavioral health client record management,
 - Electronic health record,
 - Billing,
 - Claiming,
 - Managed care system software, and
 - Maintenance and support
- Please confirm that your company has been engaged in the activities above for at least the past three (3) years.
- Describe your company's experience providing an EHR system for an inpatient psychiatric hospital, including an inpatient pharmacy.
- Describe your company's experience providing EHR services for:
 - Outpatient clinical mental health, and
 - Substance use disorder programs.
- Describe your experience complying with CMS billing requirements.
- Confirm that you are a 2015 Certified Electronic Health Records Technology (CEHRT) System software provider, according to the electronic health record certification standards established by the Centers for Medicare and Medicaid Services, under the U.S. Department of Health and Human Services. Upload a copy of your CEHRT certification.
- How many acute care hospital installs does your company have using the current proposed version of the EHR?

EXHIBIT A

PROPOSAL CONTENT

- Number of Years as EHR vendor:
 - Number of live sites:
 - Breakdown of sites by provider # (1-5, 6-9, >10):
 - Number of new EHR installations over the last 3 years:
 - What is the percentage of vendor-provided installs vs. outsourcing to third party companies?
 - Breakdown of sites by specialty:
 - Size of existing user base:
 - Does the Product have a California presence?:
 - If yes, # of install sites by specialty and size:
 - List of California sites:
 - What is the current implementation timeframe when using only vendor-supplied resources?
 - What is the number and percentage of organizations in the most recent 24-month period that were not installed four (4) months after signing contract?
 - How many organizations have de-installed any vendor systems over the past two (2) years?
 - Please specify which systems and why:
 - What is your EHR customer retention for the years 2017, 2018, 2019, and 2020?
- i. Fiscal and Administrative Capacity:
- Total FTEs Last Year:
 - Total FTEs This Year:
 - Explain how your company is planning to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years.

EXHIBIT A

PROPOSAL CONTENT

SECTION 3 – Bidder Minimum Qualifications

As part of **Step 1 – Technical Review**, Bidder must certify that it meets the following Bidder Minimum Qualifications stated in the RFP:

- a. Bidder shall be regularly and continuously engaged in the business of providing a fully functional behavioral health client record management, electronic health record, billing, claiming and managed care system software, and maintenance and support for at least the past three (3) years.
- b. Bidder shall be a 2015 Certified Electronic Health Records Technology (CEHRT) System software provider, according to the electronic health record certification standards established by the Centers for Medicare and Medicaid Services, under the U.S. Department of Health and Human Services.
- c. Bidder shall have experience complying with Centers for Medicare and Medicaid Services (CMS) billing requirements.
- d. Bidder shall have experience providing an EHR system for an inpatient psychiatric hospital, including an inpatient pharmacy.
- e. Bidder shall have experience providing EHR services for outpatient clinical mental health and substance use disorder programs.

BIDDER ATTESTATION. Place a checkmark next to each item below to certify that the business meets the Bidder Minimum Qualifications.

- Bidder attests that it is regularly and continuously engaged in the business of providing a fully functional behavioral health client record management, electronic health record, billing, claiming and managed care system software, and maintenance and support.
- Bidder attests that it has been engaged in the business described above for at least the past three (3) years.
- Bidder attests that it is a 2015 Certified Electronic Health Records System Technology (CEHRT) software provider, according to the electronic health record certification standards established by the Centers for Medicare and

EXHIBIT A **PROPOSAL CONTENT**

Medicaid Services under the U.S. Department of Health and Human Services. (Upload copy of certification)

- Bidder attests that it has experience complying with CMS billing requirements.
- Bidder attests that it has experience providing an EHR system for an inpatient psychiatric hospital, including an inpatient pharmacy.
- Bidder attests that it has experience providing an EHR system to outpatient clinical mental health and substance use disorder programs.

SECTION 4 – Functional and Technical Requirements

Please complete and upload your responses to the Functional & Technical Requirements in Exhibit B:

1. Exhibit B-1 (Functional Requirements),
2. Exhibit B-2 (Technical Requirements), and
3. Exhibit B-3 (Technical Narrative Questions).

SECTION 5 – Implementation Plan

Provide a high-level implementation plan with estimated timeline.

Including:

- Training
- Change management
- Customer service calls/support
- Project management
- Data conversion solution

SECTION 6 – Hardware and Configuration Specifications

Provide a list of hardware requirements and configuration options.

EXHIBIT A

PROPOSAL CONTENT

SECTION 7 – Cost Proposal

Complete and upload the Cost Proposal template provided in RFP Exhibit C.

SECTION 8 References

Provide a minimum of three (3) current customer references within the following parameters:

1. All customer references should be using the current proposed version of the software fully implemented in all inpatient areas. Customer should have completed implementation. Include version, date of release, date of go-live, and date of completed implementation.
2. The customers should be unique, independent of each other, and not part of the same healthcare system.
3. At least one customer must be a Behavioral Health provider system.

References shall include entity name and address, contact person's name, title, phone number and email address, and term of contract.

The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this RFP. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.

Entity Name/Address	Reference Contact Person's Name/Title	Phone Number/Email Address	Dates services provided (from/through*)

*Enter "**Present**" if still providing the services (Example: 1/1/2019 through present).

EXHIBIT A

PROPOSAL CONTENT

SECTION 9 – Required Documents

Please use the following naming protocol for uploaded documents:

[company name]_[document name]

Example: Green Company_Exhibit B1 Functional Requirements

Prior to submitting your proposal, please confirm that you have uploaded the following documents:

- RFP Exhibit A – Proposal Contents
- RFP Exhibit B – Technical and Functional Requirements
 - Exhibit B1 – Functional Requirements
 - Exhibit B2 – Technical Requirements
 - Exhibit B3 – Technical Narrative Questions
- RFP Exhibit C – Cost Proposal
- RFP Exhibit D – Certifications and Signature
- Your organization's most recent audited annual report
- 2015 Certified Electronic Health Records Technology (CEHRT) System certification

Exhibit B-1

Functional Requirements

Response Instructions

Proposing vendors must respond to all requirements in all the table matrices below and in the manner described below. The table matrix has been designed to require a single response in only ONE of the columns (A, B, C, D, E, or F) for every numbered requirement. Proposing vendors must complete and submit information as requested for each section.

The response codes used should be based on the following criteria by placing a number **one** ("1") in only ONE of the columns (A, B, C, D, E, or F) for each numbered requirement:

A = Currently available – The proposed system(s), application(s), or solution(s) is currently capable of complying with the described requirement in the current release and without any modification(s) or third party software or solution(s).

B = In development (within 6 months) – The proposed system(s), application(s), or solution(s) is NOT currently capable of complying with the described requirement in the current release, but is currently under development, and the described requirement will be available in the next release proposed within six (6) months from the date of this proposal submission. The proposing vendor must provide the scheduled release date in the "COMMENTS" column of the table for each requirement with this response.

C = Available but requires user/client modification – The proposed system(s), application(s), or solution(s) may have a module(s) available that is not part of the normal implementation. The implementation of the functionality would require the user/client to complete table definitions or table/parameters updates, such as modifying the CPT or DSMV codes, or other data creation not part of the normal implementation or conversion.

The proposing vendor must provide the task(s), estimated hours, and timeline to demonstrate the efforts that will be required by the user/client to comply with the described requirement in the "COMMENTS" column of the table for each requirement with this response.

D = Available via vendor modification – The proposed system(s), application(s), or solution(s) is NOT currently capable of complying with the described requirement in the current release, but could comply with the requirement through custom vendor modification(s) to the current release of the proposed system software without support or intervention of third-party software.

The proposing vendor must provide the estimated hours, cost, and timeline to comply with the described requirement in the "COMMENTS" column of the table for each requirement with this response.

E = Available through third-party software – The proposed system(s), application(s), or solution(s) is NOT currently capable of complying with the described requirement in the current release without the licensing, installation, and integration of a third-party software.

F = Not available – The functionality cannot be met or the vendor is unwilling to do so for product maintenance or other reasons.

The responses should be accurate and truthful, as validation will occur through the evaluation of presented system documentation materials and industry standards, as well as during software demonstrations and on-site visits to your current client's sites.

Proposing vendors shall not place responses in columns that are shaded or unnumbered, alter, insert rows, or add data to any table matrix. Failure to provide a response to any numbered requirement or provide multiple responses to any one requirement will be judged as nonresponsive. Responses that are judged as nonresponsive will result in a zero (0) points scored for that numbered requirement or, at the discretion of the County, may result in the disqualification or elimination of the proposal in its entirety.

Functional Requirements Response

1.0 Compliance to Appointment Scheduling Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
Appointment Scheduling							
1	Provides online scheduling of appointments for client services						
Ability to enter the following information in the appointment screen:							
2	Client name						
3	Client phone number						
4	Medical Record Number/Client Number						
5	Funding source/Insurance						
6	Presenting problem						
7	Symptoms						
8	Referral source						

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third-party software

F=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
9 Authorization number							
10 Language needs							
11 Comments (e.g., symptoms, pre-medication advisory)							
12 Alerts that will pop up upon check-in							
13 Ability to schedule recurring services for a client with one entry (e.g., bi-monthly for three months)							
14 Ability to schedule clinicians, therapists, and other direct service providers							
15 Ability to schedule sites							
16 Ability to schedule equipment							
17 Ability to schedule out-of-the-office activities							
18 Ability to schedule add-in clients (i.e., add a client to schedule without a time slot)							
19 Ability to schedule more than one client at a time (i.e., dual or group sessions)							

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third-party software

F=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
20 Ability to double-book clients							
21 Ability to double-book clinicians, staff, and resources							
22 Ability to schedule new clients with incomplete client demographic information							
23 Ability to add an appointment							
24 Ability to cancel an appointment							
25 Ability to enter a cancellation reason/comment							
26 Ability to change an appointment							
27 Ability to reschedule appointments without having to re-enter data							
28 Ability to reschedule bumped clients							
29 Tracks and manages schedule changes (e.g., bumped clients, cancellations, no-shows)							
30 Ability to reassign (e.g., move) appointments to another clinician							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
31 Ability to schedule multiple services for a client to be performed at multiple sites							
32 Ability to schedule two or more resources simultaneously							
33 Automatically records identity of person entering appointment information							
34 Ability to color-code appointment slots							
Appointment Display/Search							
35 Provide online graphic displays of schedules and available slots							
36 Ability to display more than one day's schedule at a time							
37 Ability to display more than one clinic's schedule at a time							
38 Display a pop-up calendar on demand							
Ability to automatically find available appointment slot for a client in the following ways:							
39 Next available slot							
40 By day of week							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
41 By time of day							
42 By length of appointment							
43 By clinician							
44 By type of appointment							
45 By office or location							
46 By funding source							
47 Ability to display client's appointment history							
48 Ability to print client's appointment history							
Appointment Templates							
49 Ability to create individualized templates by provider/resource/site							
50 Ability to allow scheduling template changes for a defined time period in the future without requiring manual cancellation of existing appointments							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Appointment Scheduling								
51	Ability to support patterns of physician schedules that may be used either continuously or by specifying day of the week (e.g., every Wednesday from February 1 to August 31)							
52	Ability to perform wave scheduling (i.e., set up appointments by type in time slots)							
53	Ability to schedule blocks of time for specific procedures or services							
54	Ability to schedule blocks of times for clinicians							
55	Ability to define the double booking or overbooking limits							
Appointment Reports								
	Prints daily appointment list containing:							
56	Appointment information							
57	Client account status							
58	Client notes							
59	Funding source/Insurance							

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third-party software

F=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
	Ability to generate appointment lists in the following ways:						
60	By clinician						
61	By office or location						
62	By type of appointment						
63	For current day						
64	By date and time						
65	By date range						
66	By equipment, resource type, or both						
67	By funding source						
68	Ability to generate confirmation lists for staff to call and confirm the appointment on the business day prior to the appointment						
69	Generates a list of appointments for chart-pulling on demand						
70	Ability to generate route slips						
71	Ability to generate encounter forms						

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
72 Ability to generate fee slips							
73 Ability to generate client recall notices							
74 Ability to print recall lists							
Ability to generate the following reports:							
75 List of cancellations							
76 Cancellation rates							
77 By clinician/treatment staff							
78 By clinic							
79 By cost center							
80 By funding source							
81 List of no-shows							
82 No-show rates							
83 By clinician/treatment staff							

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third-party software

F=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
84 By clinic							
85 By cost center							
86 By funding source							
87 Appointments kept							
88 Missing charges							
89 Third Next available slot (open access scheduling metric)							
Appointment Check-In							
90 Ability to indicate a client has appeared for their appointment							
91 Ability to automatically notify clinician that client has checked in for their appointment							
92 Ability to indicate that a client was a "walk-in"							
93 Assigns a tracking number for all clients appearing, including walk-ins							
94 Ability to reconcile check-ins with service capture and charge entry							
95 Ability to monitor clients within clinic after check-in							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
Wait List Management							
96 Ability to maintain a wait list							
97 Provides an online data entry screen with user-defined fields for wait list							
98 Ability to update wait list information as client circumstances change							
Ability to generate Waiting Lists containing the following client information:							
99 Date and time of entry							
100 Referral type							
101 Reason for wait list							
102 Priority							
103 Expected appointment date							
104 Program or benefit information							
105 User-defined fields							
106 Ability to generate reports of waitlisted clients							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Appointment Scheduling							
107 Tracks user, time, and date of updates to wait list							
108 Ability to set triggers based on date for actions							

Functional Requirements Response

2.0 Compliance to Authorization Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Authorization							
Creation and Receipt of Service Authorizations							
Ability to create service authorization requests for the following types of services:							
1	Inpatient						
2	Residential						
3	Urgent services						
4	Outpatient services						
5	Wraparound services						
6	Ability to add new types of service authorizations as necessary						
7	Ability to accept, capture, store, and generate an ASC X12N 278 - Referral Certification and Authorization transaction						

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Authorization							
8 Ability to create authorization requests through a secure web-based portal							
9 Automatically detects potential duplicate authorization requests upon entry							
10 Ability to review and override authorization status							
Processing of Service Authorizations							
11 Ability to create and attach a user-defined status indicator to a service authorization							
12 Ability to approve, deny, or defer a service authorization request							
13 Ability to automatically generate Notice of Adverse Benefit Determination letters with user-defined responses							
14 Ability to track Notice of Adverse Benefit Determination letters sent							
15 Ability to track the status of a service authorization request							
16 Provides workflow-related rules to direct the flow of service authorizations							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Authorization							
17 Provides unlimited authorization level notes with date stamp, time stamp, and signature							
18 Provides role-based access capability for notes, status determination, and opening and closing of service authorization requests							
19 Provides capability to verify authorized services against benefit plan and accumulators before approving							
20 Authorization module interfaces with client master file							
21 Authorization module interfaces with provider master file							
22 Provides automatic verification of client eligibility at time of authorization request entry							
23 Automatically verifies provider contract status at time of authorization request entry							
24 Offers different authorization screen formats based on type of service (e.g., inpatient, outpatient)							
Ability to automatically deactivate authorizations:							
25 After a user-defined period of time without receipt of claims							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Authorization								
26	Upon termination of eligibility							
27	When referral provider terminates contract							
Authorized services can be stipulated by:								
28	Procedure code groupings							
29	HCPCS groupings							
30	ICD10, DSM-V codes							
31	Provider							
32	Provider taxonomy							
33	Place of service							
34	Provides linkage to clinical protocols to review guidelines and alternatives prior to authorizing specific procedures for a given diagnosis or condition							
Ability to set and track limits on authorization based on any or all of the following data elements:								
35	Number of visits							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Authorization								
36	Units of service							
37	Level of service codes							
38	Date parameters							
39	Cost (dollars)							
40	Interfaces with claims adjudication module to update authorization accumulators							
41	Automatically sets authorization status to closed when all services have been claimed and claims have been adjudicated							
42	Ability to link authorizations for an individual client							
	FFS Inpatient Requirements							
43	Ability to generate authorizations and authorization data that meets the State Treatment Authorization Request (TAR) specifications							
44	Ability to submit approved TARs to the State fiscal intermediary electronically							
45	Ability to generate a State TAR Update Transmittal (TUT) form							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Authorization							
46 Sets field indicators for medical necessity reviews and decisions							
47 Ability to enter State TAR appeal level information							
Reporting							
Provides reporting capability to capture statistics for:							
48 Submissions							
49 Approvals							
50 Denials							
51 Provider type							
52 Age of Authorization							
53 Other – all required State Reports/compliance							
Ability to produce the following reports:							
54 Authorization turnaround reports							
55 Authorization productivity reports by authorizing user							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Authorization								
	Trending of authorizations by:							
56	Referring provider							
57	Referred to provider							
58	Referred to provider specialty							
59	Status (Approved/denied/pending/Appeal decision upheld/Appeal decision overturned)							
60	Combinations of the above							

Functional Requirements Response

3.0 Compliance to Benefits Insurance Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Benefits/Eligibility/Insurance							
Benefit Structure & Administration							
1	Support definition of benefits at a code-specific level, including groupings of CPT/HCPCs codes (i.e. individual codes, modifiers, and ranges of codes)						
2	Support the same definition groupings from benefits to be shared in defining authorization, provider contract, and claims payment rules						
	Support varying benefit parameters (e.g., co-payments, limits, exclusions) including:						
3	Ability to set/define logic when multiple benefit rules/stipulations overlap, such as when two or more rules apply (e.g., apply deductible then calculate co-pay on the balance)						
Eligibility Management							
4	Support assignment of a unique client number for individual						

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Benefits/Eligibility/Insurance							
5 Allow a client to retain this unique identification number if they move among payers							
Support additional identification numbers including:							
6 CIN numbers							
7 Beneficiary IDs							
8 Medicare IDs							
9 Social security numbers							
10 Family ID							
11 Support client searching/inquiry by all of the above identification numbers							
12 Support linking of individuals to a family/head of household account/record							
13 Allow data changes made at the subscriber/head of household level to be reflected in dependent records							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Benefits/Eligibility/Insurance							
14 Provide audit trail of all eligibility updates indicating which are user versus system generated							
15 Maintain a full history of all user/system changes							
Financial Screening/California UMDAP							
	Supports online, real-time financial assessment feature for gathering and determining financial responsibility, including:						
16 UMDAP							
17 Provides annual tickler for required UMDAP re-determination							
18 Supports the ability for the financial assessment process to produce printed forms to be given to clients at the conclusion of the financial assessment							
Eligibility and Insurance Verification							
Eligibility Loading							
19 Supports monthly loading of the Medi-Cal Eligibility Determination System (MEDS) files from the state							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Benefits/Eligibility/Insurance								
20	Assures that all eligible enrollees have a new record added to the county system for Medi-Cal eligibility each month, including all retroactive additions to Medi-Cal							
21	Alerts staff of retroactive additions and removals that may have an impact on claims							
22	Maintains eligibility records for all who are county-eligible in the state monthly download file, not just individuals who are enrolled as clients							
23	Supports eligibility loading, processing, and automatic update capabilities for Medicare							
24	Supports eligibility loading, processing, and automatic update capabilities for other insurance companies and health plans							
Eligibility Verification								
25	Provides for eligibility of registered clients to be evaluated against the downloaded eligibility files and updated as necessary based on a matching algorithm							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Benefits/Eligibility/Insurance							
26	Supports a real-time interface to the Medi-Cal Point of Service MEVS database for viewing a client's current eligibility status for Medi-Cal and other healthcare coverage information						
Supports review and update of client records for special handling conditions including:							
27	Partial eligibility match requiring investigation						
28	Medi-Cal Share of Cost						
29	State Aid codes						
30	Medicare						
31	Other County responsibility						
32	Supports entry of the Medi-Cal Eligibility Verification Code (EVC)						
33	Supports entry of the Medi-Cal Primary Aid Code and County Code to support the eligibility status						
34	Supports easy identification of a client's Share of Cost obligation, ensuring that those services are not billed to Medi-Cal						
35	Supports clearance of a client's Share of Cost obligation						

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Benefits/Eligibility/Insurance							
36 Supports an algorithm to identify clients with changes in eligibility status and retroactive billing opportunities							
Eligibility Information Access							
37 Supports access to a client's eligibility records from other system modules (e.g., Call Logging, Appointment Scheduling, Registration)							

Functional Requirements Response

4.0 Compliance to Billing Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Billing							
Billing General							
1							
2							
3							
4							
5							
6							
Ability to upload reference tables, including:							
7							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
8	CPT-4 Modifiers							
9	DSM-V							
10	ICD10 procedure codes							
11	ICD10 diagnosis codes							
12	HCPCS							
13	HCPCS Modifiers							
14	Revenue codes							
15	Place of service codes							
16	Local codes							
17	DRG							
18	Bill Type							
19	NDC							
20	Ability to manually modify reference tables							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Billing							
21 Ability to establish user-defined billing rules							
22 Ability to bill using sliding fee schedules							
23 Incorporates Medi-Cal (Phase II) regulations into billing component							
24 Tracks Medi-Cal Share of Cost history							
25 Provides annual liability calculations and tracks limits							
26 Incorporates Medicare regulations into billing component							
27 Tracks user, date and time of any additions, and changes or deletions of billing related transactions							
Ability to manage multiple reimbursement methodologies, including:							
28 Fee-for-Service							
29 Case rates							
30 Per diem							
31 Capitation							
32 Fixed rates							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
33	Grant-in-aid							
34	Bundling and unbundling of service codes by payer							
35	Self-pay							
36	Sliding fee schedule							
37	Handles sequential billing of payers, ensuring that the sequence is based on coverage the client has and the services that are covered by the plans							
38	Ability to bill for a single client who has multiple distinct episodes							
39	Ability to bill multiple clients to a single guarantor/responsible party							
	Service Entry/Charge Capture							
40	Provides manual, batch-based charge entry with drop-down menus							
41	Ability to bill administrative and educational services that are not related to a specific client							
42	Ability to record and bill Medi-Cal Administrative Activities (MAA)							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
43	Ability to record and bill Medi-Cal Quality Assurance activities (QA)							
44	Ability to record and bill CalWORKS Community Outreach Services (COS)							
45	Generate services and charges based on progress note documentation							
46	Offers coding assistance to providers based on client record documentation							
47	Links appointment tracking number to charges for reconciliation purposes							
48	Ability to edit charges							
Charge Generation								
	Ability to calculate charges based on:							
49	Time or duration of service							
50	Units of service by service codes							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
51	The period/date service rendered (ability to have start and end date of charge schedules)							
52	Ability to split charges or prorate charges amongst treatment staff							
53	Calculates fees for group service billing							
Charge Review								
54	Provides a review stage and release option							
Provides automatic billing edits to validate:								
55	Treatment staff credentials are appropriate to service rendered							
56	Treatment staff certification is appropriate to payer							
57	Checks time durations for validity							
58	Checks service location appropriate to service rendered							
59	Detects duplicate service entry							
60	Detects missing charge schedule/rate							
Claim Submission								

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
61	Support HIPAA compliant EDI formats for claims submission							
62	Support online entry of claims with the same full complement of data fields							
63	Support the full audit trail tracking of claims submissions/resubmissions and actions according State/County/Federal guidelines							
	Support online entry/EDI in-load screen data elements to allow input, including:							
64	CMS 1500							
65	UB04 format							
	Ability to print and reprint the following billing forms:							
66	UB-04							
67	CMS 1500							
68	Provides electronic submission of claims in the ASC X12N 837I and 837P transaction formats							
	Provides ability to submit ASC X12N 837I / P to transactions to any of the following:							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
69	Claims processing module							
70	External payers/Private Insurances							
71	Medi-Cal							
72	Medicare							
73	Provides Medicare crossover billing							
74	Ability to bill services to a default payer of last resort other than the client or guarantor							
75	Ability to bill multiple funds for services not covered by other payers							
76	Ability to bill third-party insurance carriers							
77	Ability to apply manual adjustments to outstanding balances							
78	Ability to apply manual adjustments to the annual liability limit							
79	Ability for end user to apply special user-defined payment arrangements							
80	Ability to design custom client statements							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Billing							
81 Ability to use preprinted client statements							
82 Ability to print client statements on demand							
83 Ability to print client statements in user-defined groupings or cycles							
84 Ability to suppress printing of bill							
85 Ability to create user-defined messages for letter generation							
86 Ability for the user to view the statement in the same format as the client							
87 Ability to reprint previous statements							
88 Ability to set up grants as a funding source							
Payment/Annual Liability/Share of Cost							
89 Ability to receive and process an ASC X12N 835 transaction remittance file from multiple payers							
90 Ability to receive process and disperse ASC X12N 835 Transaction remittance file(s) received from the State to individual providers							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Billing							
91 Provides automatic, line item posting of payments, adjustments and denials based on ASC X12N 835 remittance file							
92 Ability to manually post payments, adjustments, and denials to a line item							
93 Provides automatic batch posting of payments							
Provides time of service posting of:							
94 Co-payments							
95 Share of Cost payments							
96 Annual liability payments							
97 Balance due payments							
98 Generates cash deposit reports for cash drawer reconciliation							
99 Automatically transfers balances from one payer to the next							
100 Automatically generates bill to next payer once payment is posted							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Billing							
101 Provides refund management for overpaid claims or claims paid in error							
Accounts Receivable/Collections Management							
102 Shows client transaction register in real time, online							
Ability to view the client transaction register with multiple filtering options, including:							
103 By date range							
104 By provider							
105 By location							
106 By service payment balance							
107 Ability to transmit account data to outside collection agency							
Reporting							
108 Tracks missing charges by comparing appointments to charges							
Provides detailed and summary level accounts receivable aging reports sorted by:							
109 Payer							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Billing								
110	Provider							
111	Location							
112	Provides detailed and summary level aged credit balance reports							
113	Provides management reports							
114	Provides reports of charges							
115	Provides reports of payments							
116	Provides reports of adjustments							
117	Provides reports of denials							
118	Ability to define report layouts and choose fields							
119	Ability to generate Medi-Cal cost report							
120	Ability to generate Medicare cost report							
121	Provides a report writer allowing the user to generate customized reports							

Functional Requirements Response

5.0 Compliance to Claims Administration Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Claims Administration							
Claim Structure							
Ability to use and validate HIPAA compliant code sets, including:							
1 CPT-4							
2 CPT-4 Modifiers							
3 DSM-V							
4 ICD10 procedure codes							
5 ICD10 diagnosis codes; ICD-10-CM							
6 HCPCS							
7 HCPCS Modifiers							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Claims Administration							
8 Revenue codes							
9 Place of service codes							
10 Local codes							
11 DRG							
12 Bill Type							
13 NDC (National Drug Code)							
14 Drug Unit							
15 Drug Quantity							
16 Combinations of the above on a single claim							
17 Ability to calculate time across days (past midnight)							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
18	Ability to add free-text notes to claim							
19	Ability to track claim notes to individual claims							
20	Ability to track user name, date, and time on claim notes							
21	Supports attachments of scanned documents to a claim							
22	Support override of adjudication results and codes based on user-specified security levels							
23	Support automatic adjudication rules based on defined business rules by product line, provider							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	specialty, and coding specifics							
24	Ability to maintain the procedure code master file, including modifiers and descriptions							
25	Ability to maintain the diagnosis code master file, including descriptions							
26	Ability to maintain code history in order to adjudicate claims and adjustments with service dates prior to code updates							
27	Ability to receive and process provider submitted ASC X12N 837 - Health Claims or							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	Equivalent Encounter Information							
28	Accepts Medi-Cal claims submitted by contracted providers in required transaction format							
29	Ability to manually enter CMS-1500 claims							
30	Ability to manually enter UB-04 claims							
31	Provides a data structure with standard claim fields that allows for electronic receipt and upload of ASC X12N 837 format							
32	Provides separate modules for institutional and professional claims with screen formats that							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	capture all data elements from the CMS-1500 and UB-04							
33	Ability to receive and process the UB-04 format							
34	Ability to perform online adjudication							
35	Provides automatic assignment of claim number and retains that number until adjudication process is completed							
36	Ability to track and match internal claim numbers with Medi-Cal claim numbers when 835 file is received from the State							
37	Ability to submit Medi-Cal claims in real time to the							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	California Dept. of Health Care Services							
Ability to create, configure and maintain the following:								
38	Claims adjudication rules							
39	Claims edits							
40	Provider contract-specific edits							
41	Fee schedules							
42	Remittance Advice remark codes							
43	Claims adjustment reason codes and descriptions							
44	Claims denial codes and descriptions							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
45	Claims suspend codes and descriptions							
46	Claims payment disposition codes and descriptions							
47	Ability to configure and maintain benefit tables							
48	Ability to use a group or vendor ID							
49	Ability to use the National Provider Identifier (NPI)							
50	Interfaces with the Eligibility module to verify client eligibility							
51	Eligibility data contains start and end dates for current and historical eligibility segments							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
52	Interfaces with the Authorization module during claims processing							
	Provides logic to automatically match claim to open authorization based on:							
53	Procedure codes within a designated range of authorized procedures							
54	Down-coded or up-coded procedures							
55	Provider practicing within the same group as the authorized provider or under the same vendor ID							
56	Client name							
57	Client ID							
58	Type of service							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
59	Date of service							
60	Interfaces with Provider modules and allows claims examiners to look up provider information							
61	Provides automatic pricing of claim based on the provider's contracted fee schedule							
62	Provides logic to detect user-defined timely filing limits based on service date and claim receipt date							
63	Provides logic to detect Medi-Cal and California Dept. of Health Care Services allowable late							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	codes and adjudicate the claim appropriately							
64	Ability to create user-defined rules for determining whether provider payment for unauthorized services will be pended or paid							
	Provides access to the following additional information from the claims screen during adjudication without losing data entered:							
65	Client eligibility							
66	Provider contract, affiliation, and pricing							
67	Procedure auto-coding tools							
68	Diagnosis auto-coding tools							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
69	Authorizations							
70	Claims history							
71	Claims history notes							
72	Ability to initiate global change of claims when benefit plan changes are made							
	Pricing							
73	Ability to use multiple contractor agreements							
74	Provides logic to price claims with services funded by multiple payers and differing benefit designs							
	Ability to price claims using multiple payers for a client and the ability to track for each payer:							
75	Benefit limits							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
76	Deductibles							
77	Co-pay							
78	Co-insurance							
79	Ability to track covered and non-covered services							
	Ability to price claims using multiple provider reimbursement rate methodologies including:							
80	Fee-for-Service							
81	Case rates							
82	Per diem							
83	Capitation							
84	Fixed rates							
85	Grant-in-aid							
86	Bundling and unbundling of service codes by payer							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
87	Self-pay							
88	Sliding fee schedule							
89	Ability to price claims using multiple fee schedules by payer, including state-specific fee schedules							
90	Ability to price claims according to one-time negotiated fee arrangements							
91	Support all industry standard code tables for contract pricing, including DSM V							
92	Maintain all standard code tables historically							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
93	Support electronic load of code tables							
94	Automatically calculate and load unit values and allow multiple sets of unit value tables (RBRVS, Medi-Cal, etc.)							
95	Support integration of contract loading with CPT 4 and ICD-10 coding software							
96	Support modifier guidelines by product/payer							
97	Support contracts at both the network and individual provider level							
	Support the following contract payment terms:							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
98	Percentage of fee schedule							
99	Multiple base fee schedules (Medicare and Medicaid)							
100	Percentage of billed charges							
101	RBRVS (allows percentage of RBRVS)							
102	By work unit							
103	By service unit							
104	California Medi-Cal Relative Value Units							
105	DRG - Diagnosis Related Groups							
106	APC - Ambulatory Payment Classification							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
107	ASC (Ambulatory Surgical Center)							
108	Long-Term Care Hospital							
109	Geographic Area Factors (GAF) pricing modifiers							
110	Per Diem rates							
111	Case rates							
112	Differing rates by level of licensure (behavioral health)							
113	Global all-inclusive rates							
114	Medicaid timely payment reductions							
115	Capitation with exclusions							
116	Combinations of all of the above							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
117	Allow variance for any of the above contract terms by:							
118	Place of Service							
119	Level of care							
120	Age of member							
121	Diagnosis classification							
122	CPT/HCPCS modifier							
123	Support effective dates for each fee schedule							
Adjudication and Payment								
124	Provides auto- adjudication of claims							
125	Automatically adjudicates claims on a per-claim basis							
	Adjudicates claims based on:							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
126	User-defined rules							
127	Payer eligibility							
128	Service included within benefit plan							
129	Provider eligibility							
130	Covered diagnoses							
131	Primary payer							
132	Secondary or other subsequent payer							
133	Other user-defined fund source rules							
134	Calculates payment based on credit or debit balances							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
135	Provides line item adjudication with whole claim pricing							
136	Ability to enter payment and denial information from coordination of benefits (COB) payers where the County is not the primary payer							
137	Provides logic to require COB information prior to County payment of secondary or tertiary benefits							
	Provides complete COB adjudication including:							
138	Ability to price at a secondary and tertiary level							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
139	Ability to process claims attachments							
140	Provides direct interaction with the authorization management module to limit claims payment							
141	Support direct interaction with the authorization management module to limit claims payment to specific services or service category, lengths of stay, dates, and providers authorized and decrement counters and amounts authorized as claims are posted against authorizations.							
	Support automated authorization matching, including:							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
142	Procedure codes within a designated range of authorized procedures							
143	Down-coded versus up-coded procedures							
144	Provider practicing within the same group as the authorized provider or under the same vendor ID							
145	For those instances where auto matching is not possible, support ability to browse open authorizations and select best match to claim							
146	Support integration with bundling/unbundling software systems							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
147	Support line item adjudication with whole claim pricing							
148	Support automated pricing according to one-time negotiated fee arrangements for designated out-of-network care							
149	Support override of adjudication results and codes based on user-specified security levels							
150	Supports automatic adjudication based on defined business rules							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
151	Ability to configure claims to pend for review based on user-defined criteria							
Sets claims to "deny" status when:								
152	Authorization is required and a matching authorization cannot be found							
153	Client is not found in eligibility files							
154	Provider is not certified to perform service							
155	Provider is not found							
	Provides auto-population and manual entry of the following information on a claim:							
156	Co-payments							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
157	Deductibles							
158	Out-of-pocket maximums							
159	Share of Cost							
160	Annual liability							
161	Co-insurance							
162	Detects duplicate claims or possible duplicate claims							
163	Ability to flag claims as duplicates or possible duplicates							
	Ability to track service limits for each type of authorization, including:							
164	Number of visits or days							
165	Number of client service hours							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
166	Number of clinician service hours							
167	Number of days or weeks							
168	Specific service codes							
169	Service codes clusters							
170	Specific dollar limits							
171	Ability to automatically generate reminders to service providers when authorization limits have been reached or nearly reached							
172	Calculates interest based on user-defined parameters							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
173	Calculates interest based on provider contract stipulations							
174	Ability to track provider claims appeals and denials from inception to resolution							
175	Provides individual work queues for claims processors and examiners							
176	Automatically routes claims to queues to the appropriate level of examiner							
177	Ability for staff to route claims to a specific work queue							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
178	Permits claims overrides based on security levels and fields							
179	Applies Medi-Cal lock-out rules when adjudicating claims							
Adjustment Processing								
180	Links adjustments (e.g., voids and additional payments) of claims to original claim							
181	Ability to adjudicate adjustment claims							
182	Ability to void claims							
183	Ability to suspend certain lines within a claim for research or additional documentation							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
184	Ability to produce refunds to clients							
185	Ability to apply adjustments to provider credit and debit balances							
Auditing								
186	Validates each service performed by an identified staff person							
187	Checks services to determine valid time durations and location of service							
188	Checks services for duplicate service entry checks with error notification at time of data entry							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	Provides the following random sampling approaches for auditing:							
189	Percentage of claims							
190	By provider							
191	By client							
192	By Examiner							
193	By status (e.g., processed, pending, adjudicated, paid)							
194	By dollar thresholds							
195	By specified date							
196	By funding source/payer type							
197	Provides flagging of claims by category for mandatory auditing							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
198	Flags audited claims to avoid inclusion in subsequent audits							
199	Provides audit sampling for both prepayment and post payment timeframes							
Provider Network Management								
	Support network and provider maintenance across:							
201	Lines of business/products							
202	Companies							
	Supports direct interface with credentialing for adding/updating provider demographic data via:							
203	Internal credentialing module							
204	External credentialing system							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
205	Allow capture and maintenance of the following demographic data for each provider:							
206	Multiple addresses (Payment, correspondence, physical, etc.)							
207	Multiple practice/service locations							
	Ability to capture and access provider information by service locations/sites including:							
208	Hours of operation							
209	Provider hours in the location							
210	Directions							
211	NPI Number							
212	Language(s) of the provider							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
213	Language(s) spoken by the staff							
214	Specialty(ies), including level of care provided							
215	Specialty Board Certifications							
216	Provider Type							
217	Panel status (e.g. open, closed established patients only, female only)							
218	Covering provider relationships							
219	Administrative contact person							
220	User-defined specialty code(s)							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
221	Alias names (first, last)							
222	Support effective dates by location							
223	Support multiple language and ethnicity/cultural indicators for an individual provider							
224	Allow for automatic and/or manual generation of vendor numbers separate from provider and network identification numbers							
225	Allow for a vendor number to be assigned to a provider or a network with effective/termination dates							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
226	Allow for multiple vendors at one address							
227	Identify a W-9 on file for a vendor							
228	Support free-text provider notes							
229	Provide secured access to notes varying by note type							
230	Support user-defined fields at the provider level							
231	Allow sorting and selecting by user-defined fields							
232	Allow re-labeling of user-defined fields							
233	Allow setting of logic rules for user-defined fields							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	(e.g. allowable table values, additional entry requirements, additional screen requirements)							
234	Allow a provider (with one unique provider number) to have multiple contracting/non-contracting affiliations							
235	Allow stipulation and historical tracking of the following for a provider/vendor by line of business/product line:							
236	Contracting vs. non-contracting status							
237	Network affiliation							
238	Provider type (Cap, FFS, etc.)							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
239	Provider status (Preferred, Terminated, Pending, etc.)							
240	Provider classification code (e.g., PCP, Specialist)							
241	Provider group within a network							
242	Vendor (payee for claims and capitation)							
243	Multiple provider hospital affiliations with specific provider privileges							
244	Support provider searching/inquiry by all of the above identification numbers							
245	Additionally support provider searching/inquiry							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	by combinations of the following criteria:							
246	Name							
247	Partial Name							
248	Alias Last Name							
249	Multiple alias last names							
250	Alias First Name							
251	Multiple alias first names							
252	Specialty							
253	Panel status (e.g., open, closed)							
254	License number							
255	Vendor number							

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
256	Tax Payer ID number							
257	NPI Number							
258	Network affiliation							
259	Provider status (Preferred, Terminated, Pending, etc.)							
260	Hospital affiliations							
261	Funding source							
262	Location/site							
263	Zip code							
264	Certifications for specific programs							
265	Open/closed panel status							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
266	Combinations of all of the above							
267	Support network inquiry access displaying providers within the network							
268	Allow provider display to be filtered based on:							
269	Provider classification code (e.g., PCP, Specialist)							
270	Specialty							
271	Provider status (Preferred, Terminated, Pending, etc.)							
272	Ethnic/cultural or language indicators							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
273	Provider contract type (Cap, FFS, etc.)							
274	Location/site							
275	Provide inquiry access to all network and provider demographic and contract (including history) data from all functions within the system including:							
276	Customer service							
277	Claims processing							
278	Authorization/utilization management							
279	Allow linking of clinicians for on-call coverage							
280	Support claims pricing logic and benefit							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Claims Administration								
	determination for on-call coverage (i.e. payment according to provider being covered rates and terms)							
281	Provide a means of merging provider records in the event of duplicate entry							
282	Support automatic transfer of all transaction and related information to the new identification number							
283	Provide full workflow integration (i.e., work queues, ticklers/reminders, routing)							

Place the number "1" into the appropriate response column:

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Requirement	A	B	C	D	E	F	Comments
Claims Administration							
284 Interface fully with correspondence module							

Functional Requirements Response

6.0 Compliance to Client Registration Requirements

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Client Registration								
	Contact Logging							
1	Ability to log contacts (i.e., incoming telephone calls and walk-in inquiries) and store the information in an online database							
2	Provides real-time logging and data collection during contact inquiry							
3	Provides prompting during contact dialogue							
4	Ability to create a user-defined online form for capturing contact information							
	Ability to capture and retain the following data fields:							
5	Contact name (First middle, last name w/suffix of SR., JR, III, etc.)							
6	Preferred pronoun of client (patient)							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Client Registration								
7	Additional Name(s)/Alias							
8	Additional identifier							
9	Funding source/Insurance							
10	Date of call set by system							
11	Time of call set by system							
12	Telephone number(s)							
13	Language requirement/Primary language							
14	E-mail address							
15	Referring party							
16	Referring party telephone number							
17	Referring party fax number							
18	Referring party address							
19	Staff member responding is set by system							

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Requirement		A	B	C	D	E	F	Comments
Client Registration								
20	Type of contact							
21	Notes area							
22	Reason field							
23	User-defined fields							
24	Ability to record client contact information without the requirement of opening a case							
25	Ability to identify and link repeat contacts							
26	Ability to view contact histories							
27	Assigns a unique number to each contact for identification and tracking purposes							
28	Provides decision tree logic based on the type of call or incident for prompting operator							
29	Prompts user to route calls according to user-defined guidelines							
30	Automatically assigns the call to staff for research and resolution (workflow integration)							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Client Registration								
31	Automatically escalates calls according to user-defined time and priority criteria							
32	Ability to document contact and disposition							
33	Provides reports on contact statistics							
34	Provides geographical search capability to provider network information							
35	Accesses and/or links to the information and referral database							
Client Registration – General								
36	Permits a single client record to be used across multiple modules							
37	Provides a Master Patient Index (MPI)							
38	Ability to record a unique client ID number							
39	Ability to generate a unique client ID number							
40	Availability of all client registration data in all modules as needed, without the need for duplicate entry of information							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
41	Provides online, real-time registration feature for gathering and retrieving the following information:							
42	Client information							
43	Financial information							
44	Clinical data information							
45	Includes the ability to upload demographic and financial data							
46	Once entered, all demographic and financial fields can be used on user-defined online forms, reports generation, and printable documents							
47	Ability to track clients by means of a client status with user-defined levels (e.g., pre-registered, discharged, etc.)							
48	Provides inquiry and search capability with duplicate record checking							
49	Provides cross check of name inquiries to identify alias names							
50	Ability to link family members							

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Requirement		A	B	C	D	E	F	Comments
Client Registration								
51	Retains history of all changes to each registration field, including user, date and time, previous entry							
52	Utilizes popup windows or other method to select from pre-defined tables or dictionaries (e.g., dictionary of city names, zip codes, referral sources)							
53	Ability to create user-defined fields							
54	Ability for user-definition of which fields are required for registration process to be complete							
55	Includes duplicate record management options:							
56	Merge patient information from two patient records into a single patient record.							
57	Deactivate records							
58	Reactivate records							
59	Ability to display potential duplicate client records on screen simultaneously for review							

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Requirement		A	B	C	D	E	F	Comments
Client Registration								
60	Ability to block display of client information based on security settings							
61	Ability for bus. systems to work in tandem with Patient/client information							
Demographic Information								
Client								
	Ability to collect client demographic data, including:							
62	Client first name, last name, middle name, suffix							
63	Multiple client alias							
64	Client address, city, state, zip code							
65	Client "homeless" indicator							
	Client phone numbers:							
66	Home							
67	Work							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
68	Mobile							
69	Other							
70	Client employer name							
71	Client employer address							
72	Multiple client employers							
73	Client funding source / Insurance							
74	Client e-mail address							
75	Client Social Security number							
76	Client date of birth							
77	Client sex							
78	Client marital status							
79	Client ethnicity							
80	Client race							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Client Registration							
81 Client primary language							
82 Client referral source (how client was referred)							
83 Client legal status							
84 Ability to assign multiple legal statuses to a single client							
Ability to record the date of client signature on the following forms:							
85 Consent forms							
86 Release of Information (ROI) forms							
87 Client assignment of benefits information							
88 HIPAA notification forms information							
89 Advance Directive indication							
90 Other user-defined forms							
91 Ability to set a date associated with forms as a reminder to take future action							
Ability to integrate external documents into the clinical record, including:							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Client Registration							
91 Scanned documents							
92 Electronically stored documents							
93 Images							
94 Ability to access integrated documents and images from within the client record							
Client Contacts							
95 Ability to record multiple collateral contacts per client							
Ability to collect demographic data for each collateral contact, including:							
96 Collateral contact first name, last name, middle name, suffix							
97 Collateral contact address, city, state, zip code							
Collateral contact phone numbers:							
98 Home							
99 Work							
100 Mobile							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
101	Other							
102	Guarantor information:							
103	Name							
104	Address							
105	Telephone							
106	Identification:							
107	a. Relationship to consumer							
108	b. Date of birth							
109	c. SSN							
110	d. Begin Date							
111	e. End Date							
	Insurance							
112	Maintains all current and historic insurance company information, including subscriber and effective dates							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
113	Ability to record multiple active insurance carriers with primary, secondary, and tertiary notation							
114	Classifies insurance carrier into user-defined financial class categories for billing rules and reporting purposes							
115	Prompts user to obtain pre-authorization if required							
	Ability to collect insurance coverage data, including:							
116	Insurance carrier name							
117	Insurance carrier address							
118	Insurance carrier city							
119	Insurance carrier state							
120	Insurance carrier zip code							
121	Insurance carrier phone number							
122	Group name							
123	Group number							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
124	Subscriber ID number							
125	Client ID number							
126	Client relationship to subscriber							
127	If self, auto populate with client information							
128	If collateral contact, auto populate with collateral contact information							
129	Subscriber first name, last name, middle name, suffix							
130	Subscriber address, city, state, zip code							
	Subscriber phone numbers:							
131	Home							
132	Work							
133	Mobile							
134	Other							
135	Subscriber employer name							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Client Registration							
136 Subscriber employer address							
137 Subscriber Social Security number							
138 Subscriber date of birth							
139 Subscriber gender							
140 Subscriber marital status							
141 Coverage primary, secondary, and tertiary							
142 Coverage effective and termination dates							
Client Inquiry/Look-up							
143 Provides inquiry or search feature to determine if a client is new to the system							
Ability to search or inquire for a client by:							
144 Client name							
145 Partial name							
146 Aliases							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Client Registration							
147 Date of birth							
148 Social Security number							
149 Client Index Number (CIN)							
150 Internal client ID number							
151 Combinations of the above							
152 Provides seamless access to client registration if client is not already in the system							
153 Ability to define alert conditions and corresponding messages that will appear when viewing an individual client record							
154 Ability to set alerts in the client record for the following conditions:							
155 Missing user-defined data elements							
156 Bad debt indicator							
157 Ability to display multiple messages and alerts							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
158	Includes message setting and display functionality based on user security levels							
159	Ability to set prompt intervals for message alerts to staff for updating client demographic information							
Episode Management								
160	Ability to define and track episodes of care for clients							
161	Ability to open and close client episodes as appropriate							
162	Ability to have multiple client episodes open at same time							
Provides standard statistical reporting on episodes, including:								
163	Number of open episodes by:							
164	Provider							
165	Location							
166	Diagnosis							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Client Registration								
167	Number of episodes opened/closed during a particular period of time by:							
168	Provider							
169	Location							
170	Diagnosis							

Functional Requirements Response

7.0 Compliance to Online Order Entry Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
	Laboratory							
1	Provides clinical decision support within the EHR - CAC, CDI options							
2	Provides for online order entry of laboratory (lab) tests							
3	Allows only authorized users to order lab tests							
4	Ability to create user defined prompts or alerts when ordering specific lab tests							
5	Ability to print laboratory orders							
6	Ability to transmit a HIPAA compliant electronic laboratory order							
7	Ability to receive lab results electronically							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
8	Ability to direct lab results received electronically to provider inbox for review							
9	Ability to monitor/manage lab tests ordered but not yet resulted							
10	Alerts staff when lab results are outside of normal limits							
11	Stores lab results as discrete values							
12	Provides authorized online access to historical lab results							
13	Ability to review and easily compare historical lab test results over time							
	Pharmacy							
	Medication Consent:							
14	Ability to document medication consent							
	Electronic medication administration record (eMAR):							
15	Ability to document medications administered to patients							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
16	Different viewing options including historical, present and future medication history							
17	Create a task list for single patient or multiple patients along with PRN (as needed) medications							
18	Barcode verification							
19	Data review and collection and audit							
20	Alerts to nurses so the medication dosage is not missed							
21	Alerts for patient allergy, unusual daily dosage, drug duplication, drug/drug interactions, and custom criteria							
22	Input patient data (blood sugar or blood pressure) prior to removing medication							
23	Individual notes for each patient							
24	Schedule tasks in the future							
25	Connectivity to pharmacy software							
26	Connectivity to medication dispensing cabinet (Pyxis)							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
	Formulary Management							
27	Ability to manage multiple formularies							
28	Interfaces with external formulary databases							
29	Ability to use generic and brand name drugs							
30	Identifies and flags medications that require periodic lab testing							
	Ability to capture all data related to a formulary medication including:							
31	Generic medication name							
32	Brand name medication							
33	National drug code (NDC)							
34	Drug class							
35	Strength							
36	Dosage Form (e.g., tablet, liquid, etc.)							
37	Cost							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
38	Other user-defined fields							
39	Ability to display of generic substitutes on order entry screen							
Prescribing/Medication Management								
	Provides for online order entry for pharmacy requests, with options to:							
40	Print a written script							
41	Transmit a secure HIPAA compliant transaction to an external pharmacy							
42	Ensures that only privileged users can order medications							
43	Captures client medication allergy data							
44	Includes presentation of client medication allergy information to providers							
45	Captures and displays client food and herbal allergy information to providers							
46	Ability to create a provider-specific medication "favorites" list							

Place the number "1" into the appropriate response column:

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Requirement	A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)							
47 Provides online order entry for prescriptions with the following options:							
48 Pick list of formulary medications							
49 Fixed dosage							
50 Security override of fixed dosage							
51 Fixed administration							
52 Security override of fixed administration							
53 Refill number							
54 Prescription expiration date							
55 Ability to dispense and document sample medications							
56 Provides dosage assistance logic relating to age and Body Mass Index (BMI)							
Includes a formulary checking feature supporting the following:							
57 Formulary based on payer							
58 Default formulary as defined by user							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
59	Drug status							
60	Cost index							
61	Therapeutic class/subclass							
62	NDC number							
63	Lab testing requirements							
64	Approval process for prescription of non-formulary medication							
65	Requires entry of reason for non-formulary choice from drop-down menu or comment field							
66	Includes drug interaction checking							
67	Provides embedded or interfaced drug information databases							
68	Performs the following checks utilizing a drug interaction database:							
69	Drug-to-drug							
70	Drug-to-allergy							

Place the number "1" into the appropriate response column:

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Requirement	A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)							
71 Drug-to-disease							
72 Drug-to-lab test results							
Provides a comprehensive medication history including the following information:							
73 Medication order added to medication history							
74 Medication history updated upon filled notification from the pharmacy							
75 Notification to prescriber of medications not filled							
76 Notification to prescriber of prescriptions about to expire							
77 Notification to prescriber of refill requested							
78 Notation of lost medication							
79 Generates client consent forms by medication							
Ability to print medication instruction sheet for client, including the following items:							
80 Dosage							
81 Administration instructions							

Place the number "1" into the appropriate response column:

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Requirement	A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)							
82 Description of medication							
83 Side effects							
84 Adverse reactions							
85 Provides on-screen warnings or instructions to providers							
86 Provides alerts to providers if lab testing is recommended							
87 Ability to create rules which account for the relationship between dosage, dosing schedule, maximum quantity and maximum days							
88 Ability to automatically bill for medication management services							
Transmission and Receipt of Prescription Information							
89 Provides e-Prescribing technology							
90 Provides bidirectional transmission of prescription via "clearinghouse"							
91 Provides messaging and query capability from pharmacy to prescribing provider							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
92	Ability to automatically initiate a refill prescription request to and from pharmacy							
93	Includes notification to prescribing provider of filled prescription							
94	Ability to connect to CA CURES system							
95	Links with orders placed by providers							
96	Pharmacy orders remain "open" until filled notification received							
97	Updates the medication history when prescription filled notification is received							
98	Adds the pharmacy prescription number to medication record							
99	Ability to auto fax prescriptions to pharmacy							
100	Ability to print prescription							
	Inventory Management							
101	Provides inventory management for all types of medications. (e.g. injectable, samples, other medications)							

Place the number "1" into the appropriate response column:

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Requirement	A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)							
102 Provides inventory management at multiple facilities							
103 Ability to document stock transferred from one facility to another							
104 Links inventory with dispensed medications							
105 Notifies staff when inventory items are about to expire							
106 Ability to set expiration notices and disposal dates based on State and Federal regulations							
Reporting							
107 Provides standard and ad-hoc reporting capabilities							
Includes the following standard reports:							
108 List of clients with prescriptions expiring							
109 List of clients currently or previously on a particular medication(s)							
110 Total monthly costs							
111 Most frequently prescribed drugs							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Online Order Entry (Pharmacy & Laboratory)								
112	Top prescribers of drugs							
	Reports of prescribed medications by:							
113	Prescriber							
114	Clinic							
115	Medication							
116	Client							
117	Diagnosis							
118	Financial class							
119	Time period							

Functional Requirements Response

8.0 Compliance to Service Delivery Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
	Screening/Triage							
1	Ability to create user-defined online forms to assist in the determination of which services the client requires							
2	Ability to access historical client demographic and episode data							
3	Ability to add user-defined fields for staff to track screening and triage efforts							
	DSM Assignment							
4	Ability to use of DSM V codes							
5	Ability to collect Axis I-Axis V data							
6	Ability to record multiple diagnoses by Axis							
7	Ability to designate one diagnosis as "primary"							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
8	Ability to look-up DSM-V codes by partial description							
9	Ability to use ICD-10 codes							
10	Provides a cross-walk table to translate diagnoses from one classification system to another							
11	Ability to enter and track multiple diagnoses							
Clinician Assignment								
12	Ability to assign and track a case manager/coordinator							
13	Displays the case manager/coordinator in the client's demographic information							
14	Ability to assign only one case manager/coordinator to a client at any given time							
15	Maintains history of case coordinator/case manager assignments with effective dates							
16	Ability to associate multiple providers with a single episode of care							
Electronic Health Record								

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
	Online Documents							
	Vendor supplies a large library of industry standard forms for :							
17	Assessments							
18	Treatment Planning							
19	Medication Support							
20	Service documentation							
21	Diagnosis							
22	Standard forms can be individualized by the agency to meet the needs of specific service entities.							
	Modifiability							
	Agency should be able to modify, add and delete, without the involvement of the vendor:							
23	forms							
24	reports							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
25	fields							
26	data dictionaries							
27	workflow definitions, rules, and processes							
28	user types							
29	validation rules							
	User Interface							
30	Easy to navigate, minimizes "clicks" to access features.							
31	Uses standard Microsoft or industry standard user interface conventions.							
32	Allows windows displayed and accessibility shortcuts that are configurable by end user to meet personal preferences.							
	Workflow management							
	Workflow management tools that can be specific to user classification. Includes, but not limited to:							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
33	Intuitive sequencing of required tasks.							
34	Easy accessibility of related tasks (e.g. progress notes and scheduling next appointment)							
35	Forward population of fields in subsequent tasks with information obtained in prior tasks.							
36	Cascading decision support.							
37	Automated user notification of pending tasks (e.g. upcoming Recovery Plan updates, expiring authorizations for specific interventions, finalization of e-docs, etc.). May include tickler messaging, notes on scheduling tool, onscreen flags, email notification, etc.							
	System supports user multi-tasking							
38	Allows users to concurrently open, modify, and save data on multiple client files, i.e. more than one client file may be open and edited at a time.							
39	Allows users to concurrently open, modify, and save data on multiple "forms" (e.g. treatment plan and progress note) for a single client.							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
40	Allows users to flexibly arrange concurrent processes (multiple client sessions and/or multiple forms per client) in tiled windows in a manner consistent with Windows standards.							
	Video Conferencing							
41	Provides "doc-in-a-box" capability by allowing user ability to securely transmit and display live streaming audio/video data in a manner that supports real-time video conferencing with clients working from secure workstations.							
	User constraints							
42	User-definable/modifiable constraints (field level validations/edits, workflow constraints, error detection tools) designed to prevent common user-generated errors.							
43	Application limits user to in-scope activities.							
	Decision Support							
44	Extensive tools supporting critical assessment and treatment decisions that will improve the internal consistency of the client-specific case conceptualization (e.g. coordination of symptoms, dysfunctions, and diagnosis), treatment planning (tight coordination							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
	of diagnosis with best practices), and resource brokerage (extensive resource catalogs, dynamic resources information, like current beds available in contract shelters).							
	Scheduling							
45	Provides for user and/or clerk managed scheduling.							
46	Allows for non-client-related scheduled activities.							
47	Allows scheduling for unregistered "clients."							
48	Generates reminders, such as automated telephone calls and letters.							
	Data types							
	Allows for a broad array of field-types, including but not limited to:							
49	Free text fields							
50	Dropdown fields and lists populated by user defined data dictionaries							
51	Dynamic dropdown lists that filter list items according to existing information							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
52	Checkboxes							
53	Option buttons							
54	Boxes, sliders							
55	Spin buttons							
	Spelling and grammar checking							
56	Has spelling and grammar checking that conforms to industry standards.							
	Messaging							
57	Provides extensive clinical and administrative messaging capability.							
58	Allows automated messaging integrated with workflow, scheduling, supervisory, and other functionality.							
	Voice dictation capability							
59	Ability for users to train system to recognize voice and dictate free-text content.							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
	Integrates with Other Modules:							
60	Billing, Scheduling							
61	Generate services and charges based on progress note documentation							
62	Offers coding assistance to providers based on client record documentation							
	Assessments							
63	Library of assessments that can added to and modified by the agency.							
	Diagnosis							
64	Previously identified symptoms and dysfunctions are incorporated in decision support for identifying a diagnosis							
	Planning							
65	Symptoms, dysfunctions, and diagnoses are incorporated in decision support for the treatment planning process.							

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third party software

F=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
66	Decision support is provided for treatment planning purposes, including a library of best and promising practices. The library is actively updated by the vendor and updatable by the end user.							
67	Authorized services must be planned by staff with appropriate credentials that include the service in their scope of practice.							
Progress Notes								
68	Records user, date and time of each modification (e.g. update, change, deletion) to the clinical record.							
69	Ability to create note formats specific to service entities.							
70	Ability to sort progress notes for viewing in chronological or reverse chronological order by encounter date.							
71	Ability to filter progress notes by service provider, service type, risk factors, etc.							
72	Ability to incorporate assessment tools into progress note based on treatment goals, symptoms, and dysfunctions to support progress trending functions.							
Resources								

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
73	Access to a resource catalog of community resources, sortable and searchable by resource name, resource type, city, supervisorial district, and region.							
	Includes electronic signature capability, including the following:							
74	Provides for electronic provider signature.							
75	Allows multiple providers to sign a single record.							
77	Permits electronic co-signatures.							
77	Provides for electronic client signatures.							
78	Finalization of the record requires signature and locks the record for further editing.							
79	Provides ability to amend documentation after signing/locking/finalization.							
80	Provides online prompts where signatures or co-signature are required in the completion of medical records documentation to avoid charting deficiencies							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
81	Provides for authorization hierarchy for sign-off and record finalization.							
Medical History								
82	Ability to record client's past medical history.							
83	Ability to record client's behavioral health treatment history.							
84	Ability to record client's family history.							
85	Ability to record client's social history.							
Ability to record client's medication history, including:								
86	Prescription medications							
87	Over the counter medications							
88	Vitamins and herbal supplements							
Ability to record client's allergy information, including:								
89	Medication allergy							
90	Food allergy							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
91	Other allergy							
92	Ability to record client's current medical conditions.							
Service Documentation								
General Documentation								
93	Provides online charting and documentation.							
	Provides multiple types of service documentation, including:							
94	Pre-defined treatment plans							
95	Online progress notes							
	Provides multiple methods of service documentation:							
96	Free text entry							
97	Drop down menus							
98	Point-and-click selection							
99	Ability to create user-defined templates to assist with documentation							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
100	Ability to record notes by speaking through voice recognition software							
101	Combination of the above							
102	Provides spell-check of service documentation notes							
103	Ability to record treatment goals							
104	Ability to track progress against treatment goals							
105	Links progress notes to treatment plan and goals in treatment plan							
106	Prompts provider to complete documentation pertinent to a particular condition or program							
107	Includes clinical database of evidence-based practice guidelines							
108	Ability to establish user-defined evidence-based practice guidelines							
109	Includes the ability to document and trend quantitative test results							
110	Documentation of client service automatically drives service capture or transactions							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
Includes electronic signature capability, including the following:								
111	Provides for electronic provider signature							
112	Client electronic signature							
113	Allows multiple providers to sign a single record							
114	Permits electronic co-signatures							
115	Locks the record for editing after signature							
116	Ability to amend documentation after signing and locking							
117	Provides online prompts where signatures or co-signatures are required in the completion of medical records documentation to avoid charting deficiencies							
118	Provides authorization hierarchy for sign-off							
119	Records user, date, and time of each modification (e.g., update, change, deletion) to the clinical record							
120	Ability to sort progress notes for viewing in chronological or reverse chronological order by encounter date							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
121	Ability to sort progress notes for viewing by type of service							
Client Care/Coordination Plan								
Provides user-defined treatment plan and crisis management plan templates customizable by multiple variables including:								
122	Location							
123	Program							
124	Target population							
125	Ability to develop treatment plan libraries							
126	Ability to print treatment plan for client review and signature							
Special Services								
Group Services								
127	Provides management of group services							
128	Ability to add and delete clients from groups							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
129	Provides single screen documentation and service entry for entire group							
130	Provides independent recording of therapist and co-therapist time							
Mobile Operations								
131	Ability to remotely access the system via mobile devices (e.g., laptops, PDAs, tablets)							
132	Ability to perform client inquiry or search from remote locations (e.g., outside of the office)							
133	Ability to access client records from remote location, including a patient portal where clients are able to access their own records, forms, and information							
134	Ability to access personal work queues from remote location							
135	Ability to document services from remote location							
Ability for targeted case management services staff to update parts of the client record including:								
136	Medical history							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
137	Medication history							
138	Educational history							
139	Socialization progress							
140	Vocational history							
141	Rehab history							
142	Community service activity							
143	Ability to create rules to identify when case management services are billable vs. non-billable							
Client Linkage Activities								
144	Provides tools to document and track all client referrals in and out of the clinic, department, or program							
145	Ability to record and store name of individual or program referring client into department							
146	Ability to record notes associated with referral sources							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
147	Ability to set reminders and triggers for staff based on referral information							
Referral Out Tracking								
148	Ability to generate a referral form to link clients to approved treatment, recovery, and aftercare support services							
149	Ability to define standard reasons for referral for use on referral form							
150	Ability to record multiple referrals per client							
Ability to capture all of the following data elements related to referring a client to another provider:								
151	Agency							
152	Program							
153	Contact person							
154	Client name							
155	Client ID							
156	Admit date							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Service Delivery								
157	Referral date							
158	User-defined reasons for referral							
159	Transfer from							
160	Transfer to							
161	Aftercare arrangements notes							
162	User-defined fields							
163	Ability to set alerts, triggers, or reports at the client record level for periodic follow-up on progress and treatment coordination							
	Discharge Planning and Management							
	Ability to create a client discharge summary containing the following data elements:							
164	Admission date							
165	Discharge date							
166	Discharge location							
167	Discharge appointments							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
168	Firearms prohibition completed							
169	Homeless designation							
170	Reason for admission or presenting information							
171	Services received							
172	Client response to services or treatments							
173	Provides for collection of Axis I - Axis V DSM IV Diagnosis data							
174	Multiple diagnoses by Axis							
175	Designation of one diagnosis as "primary"							
176	Medications prescribed							
177	Disposition and recommendations							
178	Additional user-defined fields							
	Provides reporting on episode closures that includes the following data fields:							
179	Client name							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
180	Discharge date							
181	Referral out code							
182	Referring provider							
183	Legal status							
184	Diagnoses							
185	Additional user-defined fields							
186	Ability to re-open a closed episode when client returns for services							
187	Ability to modify a discharge date							
188	Provides reports of client records that have not received services within user-defined periods							
	Provides user-defined fields to enter clinical review notes on discharge summary, including:							
189	Continued treatment needs							
190	Educational needs							
191	Supervision needs							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
192	Progress notes							
193	Medications							
	Provides reporting capability to capture:							
194	Open episodes without service activities for 60, 90, 120 days							
195	Closed episodes with referral out							
196	Closed episodes with no referral to external entity							
197	Ability to write free text notes							
	Tracks notes linked to each client episode by a system supplied audit trail that includes:							
198	User name							
199	Date							
200	Time							
	Medical Record Management							
201	Ability to define one or more reports as the legal health record for disclosure purposes							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
202	Ability to generate hardcopy print of all or part of the medical record							
203	Ability to generate electronic copies of all or part of the medical record							
204	Maintains administrative files that catalog requests and release of medical record information							
205	Maintains administrative files that catalog receipt of and information released via subpoena							
206	Maintains administrative files that catalog medical record information requested and released in cases involving litigation							
207	Automatically track billing and payment information related to medical record correspondence							
Quality Management/Reporting								
208	Ability to create user-defined outcome measures							
209	Ability to generate outcome measure reports, including state mandated performance measures CANS-50 and PSC-35							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
210	Ability to interface and report data and outcomes to DHCS web-based portals such as BHIS and ITWS, including CSI, CalOMS, and FAST							
211	Ability to capture and generate reports regarding Network Adequacy							
212	Provides outcome measurement and reporting based on the State DMH MHSA CSS							
213	Ability to generate Health Care Provider Directories and come into compliance with the 274 National Electronic Data Interchange Transaction Set							
214	Ability to generate staffing level reports by facility							
215	Ability to generate caseload reports by clinician							
216	Ability to generate caseload reports by facility or site							
	Workflow Support							
217	Provides each clinician with display and printed listing of his or her clients that are active and open							
218	Provides tools for planning and organizing the clinicians' work							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Service Delivery								
219	Provides a summary level user-defined screen (e.g., in-box or dashboard) which can be customized by the clinician to assist with workflow organization							
220	Provides online authorized access to a client's historical clinical data, including past diagnoses, treatment plans, services, and medications							
221	Ability to create multiple views of clinical history depending on level of user							
222	Ability to "flip through" the client data in a manner similar to reviewing a paper chart							
223	Ability to define program or pharmacy benefit plan eligibility based on financial, client, and utilization criteria							
224	Ability to flag a provider when a client meets program or pharmacy benefit plan eligibility criteria							

Exhibit B-2

Technical Requirements

Response Instructions

Proposing vendors must respond to all requirements in all the table matrices below and in the manner described below. The table matrix has been designed to require a single response in only ONE of the columns (A, B, C, D, E, or F) for every numbered requirement. Proposing vendors must complete and submit information as requested for each section.

The response codes used should be based on the following criteria by placing a number **one** ("1") in only ONE of the columns (A, B, C, D, E, or F) for each numbered requirement:

A = Currently available – The proposed system(s), application(s), or solution(s) is currently capable of complying with the described requirement in the current release and without any modification(s) or third party software or solution(s).

B = In development (within 6 months) – The proposed system(s), application(s), or solution(s) is NOT currently capable of complying with the described requirement in the current release, but is currently under development, and the described requirement will be available in the next release proposed within six (6) months from the date of this proposal submission. The proposing vendor must provide the scheduled release date in the "COMMENTS" column of the table for each requirement with this response.

C = Available but requires user/client modification – The proposed system(s), application(s), or solution(s) may have a module(s) available that is not part of the normal implementation. The implementation of the functionality would require the user/client to complete table definitions or table/parameters updates, such as modifying the CPT or DSMV codes, or other data creation not part of the normal implementation or conversion.

The proposing vendor must provide the task(s), estimated hours, and timeline to demonstrate the efforts that will be required by the user/client to comply with the described requirement in the "COMMENTS" column of the table for each requirement with this response.

D = Available via vendor modification – The proposed system(s), application(s), or solution(s) is NOT currently capable of complying with the described requirement in the current release, but could comply with the requirement through custom vendor modification(s) to the current release of the proposed system software without support or intervention of third-party software.

The proposing vendor must provide the estimated hours, cost, and timeline to comply with the described requirement in the "COMMENTS" column of the table for each requirement with this response.

E = Available through third-party software – The proposed system(s), application(s), or solution(s) is NOT currently capable of complying with the described requirement in the current release without the licensing, installation, and integration of a third-party software.

F = Not available – The functionality cannot be met or the vendor is unwilling to do so for product maintenance or other reasons.

The responses should be accurate and truthful, as validation will occur through the evaluation of presented system documentation materials and industry standards, as well as during software demonstrations and on-site visits to your current client's sites.

Proposing vendors shall not place responses in columns that are shaded or unnumbered, alter, insert rows, or add data to any table matrix. Failure to provide a response to any numbered requirement or provide multiple responses to any one requirement will be judged as nonresponsive. Responses that are judged as nonresponsive will result in zero (0) points scored for that numbered requirement or, at the discretion of the County, may result in the disqualification or elimination of the proposal in its entirety.

Technical Requirements Response

1.0 Compliance to System Architecture Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
System Architecture								
	General							
1	Provides a multi-tiered web-based environment							
2	Ability to access all user components via a web browser							
3	Operates on Microsoft-based operating systems - compatible with modern/supported versions of Microsoft Windows 10+/Server 2016+ and able to run in a Dell Wyse Thin-Client / Citrix XenDesktop / RDSH Virtual Desktop environment running on a VMWare platform							
4	Includes queue management, forms management, and print distribution capabilities							
	Application							
	Supports the following mobile devices:							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
System Architecture								
5	Laptops							
6	Tablet computers							
7	Cell phones							
8	Provides ability to emulate users for production support & troubleshooting purposes							
9	If the solution must be hosted locally, compute, storage, and database needs must be defined with an estimated yearly expansion rate matrix.							
10	If the solution must be hosted locally, on-site/remote support must be provided for the installation/configuration of the proposed system.							
11	System support should be no more than a two-hour response time to correct system issues.							

Technical Requirements Response

2.0 Compliance to Reporting Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Reporting								
	Reporting Repository							
1	Provides a reporting repository that is separate from the production database							
2	Provides a reporting repository that is synchronized to the production database on a predefined and/or ad hoc schedule							
3	All data elements in system are available for download to the reporting repository							
4	Captures data from user-defined fields and screens							
	Access data within the reporting repository by:							
5	Standard menus and screens							
6	User-defined menus and screens							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Reporting								
7	Standardized reports							
8	Ad-hoc reports							
9	Access to the reporting repository is unaffected by the primary site server(s) (production) and recovery data center site server(s) availability							
10	Ability to create data marts and data warehouses (summary tables)							
11	Ability to create tables with user-defined elements within the reporting repository							
Reporting Writing								
12	Provides one integrated report writer with access to all fields, including user-defined fields (non-proprietary)							
13	Provides predefined views of data sets that combine files from multiple tables into logical reporting groupings							
14	Provides a report writer that is menu-driven							
15	Provides wizard driven report writing capabilities							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Reporting								
16	Provides a report writer for use by users							
17	Provides a complete data dictionary							
18	Provides help text available within the report writer							
19	Ability to write queries and save them							
20	Ability to print reports locally or to any networked printer							
21	Ability to output report to a screen							
	Ability to save reports in the various formats:							
22	Adobe (.pdf)							
23	MS-Excel							
24	MS-Word							
25	MS-Access							
26	ASCII Plain Text (.csv, .txt)							
27	Delimited text format							

Place the number "1" into the appropriate response column:

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Requirement		A	B	C	D	E	F	Comments
Reporting								
28	Data Interchange Format (DIF)							
29	HTML							
30	XML							
31	Other							
32	Ability to deliver reports to e-mail							
33	Ability to deliver reports to the web (HTTP, FTP)							
34	Provides data mining tools							
	Provides specialized reports:							
35	Decision Analysis Support							
36	Potential Waste							
37	Potential Abuse							
38	ADHOC Analysis Reports							

Technical Requirements Response

3.0 Compliance to Security Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Security							
Access Control							
1 Ability to restrict rights, privileges, or access at the user and group level							
2 Ability to assign rights, privileges, or access to processes for specified tasks							
Ability to authorize administrators to manage restrictions or privileges associated with users, groups, and processes, including:							
3 Defining levels of access							
4 Assigning levels of access							
5 Modifying a level of access							
6 Removing a level of access							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
	Ability to associate permissions with a user using the following access controls:							
7	User-based (i.e., access rights assigned to each user)							
8	Role-based (i.e., users are grouped and access rights assigned to these groups)							
9	Context-based (i.e., role-based with additional access rights assigned or restricted based on the context of the transactions, such as time-of-day, workstation location, emergency mode, etc.)							
	Ability to limit user functionality based on the following access rights:							
10	Read							
11	Write							
12	Modify							
13	Transmit							
14	Download							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
15	Print							
16	View							
17	Extract							
18	Ability to revoke the access privileges of a user without requiring deletion of the user							
19	Provides integrated security managed in a central accounts database							
20	Ability to view list of users logged on to system in real-time							
21	Ability to terminate user session in real time							
22	Ability to add user-defined messages to log-on screen							
23	System can be accessed by authorized users via secure internet connections or county-provided VPN connection.							
24	Ability to mark a patient's specific information as blinded, prohibiting access to all other users.							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
	Audit Control							
25	Generates an audit record for all activity of a given user (i.e., a trail of all user activity within the system)							
26	Generates an audit record for activity associated with a transaction, from creation to completion, including logging of data additions, changes, and deletions							
27	Ability to select which transactions to capture in audit records							
28	Ability to select data elements captured in audit records							
29	Ability to capture all users who have used a given function							
30	Ability to capture all users who have updated a given field							
31	Ability to establish policy-based retention periods for audit information							
	Records, within each audit record, the following information when it is available:							
32	Date and time of the event							

Place the number "1" into the appropriate response column:

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D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
33	User device or peripheral device involved in transactions							
34	Type of transaction							
35	User identity							
36	Outcome (success or failure) of the event							
37	Tracks the before and after record of modified data elements							
38	Ability to log system administrator activity							
39	Ability to restrict system administrator from changing log activity							
	Provides authorized administrators with the capability to read all audit information from the audit records in user friendly format using the following options:							
40	Reports based on the range of system date and time that audit records were collected							
41	Export logs into text format and correlate records based on time (e.g., UTC synchronization)							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
42	Supports time synchronization using Network Time Protocol (NTP) and uses this synchronized time in all security records							
43	Supports time synchronization using Simple Network Time Protocol (SNTP) and uses this synchronized time in all security records							
44	Ability to alert/notify System Administrators on record tampering activities by users							
	Secures audit records in the following ways:							
45	Allows reading access to authorized users only							
46	Protects stored audit records from unauthorized deletion							
47	Prevents modifications to the audit records							
Authentication								
48	Authenticates the user before any access to protected resources (e.g., PHI) is allowed							
49	Authenticates the user before any access from standalone devices (e.g., mobile devices) to protected resources (e.g., PHI) is allowed							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
50	Password strength rules mandate a minimum number of characters, inclusion of alpha-numeric complexity, and special characters							
51	Requires the user to change their password on a defined schedule							
52	Ability to prevent further viewing and access to the proposed system upon detection of inactivity that remains in effect until the user reestablishes access							
53	Logs all unsuccessful access attempts to log-in to the system							
54	Ability to lock out a user due to user account inactivity (inactivity parameters can be customized)							
55	Ability to lock out a user due to three tries of incorrect login							
56	After an unsuccessful log-on attempt, the system does not allow another log-on attempt for specified time							
57	Provides an exception report of all unsuccessful login attempts or attempts to make unauthorized changes							
58	Ability to configure the length of time of user account inactivity (logout process should take user back to login screen)							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
59	Ability to set a maximum number of unsuccessful log-on attempts after which user is locked out of the system							
60	Ability to extend security authorization for a predefined/temporary period of time to individuals who have temporary work assignments							
61	Provides an administrative function that resets passwords							
62	Ability for an administrator to delegate authority, by user group, to reset password							
63	Ability for an administrator to delegate authority, by user group, to restore system access to locked out user							
64	Ability to require the password to be changed by a user at the next successful logon							
65	Ability to use case insensitive usernames that contain typeable alpha and numeric characters and special characters							
66	Ability for an authenticated user to change their password							
67	Ability to use case-sensitive passwords that contain typeable alpha and numeric characters and special characters							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
68	Stores and transmits passwords in an encrypted format							
69	Prevents the reuse of a configurable number of previously used passwords within a specific configurable timeframe							
70	Ability to configure password constraints to incorporate user-defined criteria							
71	Ability to install two-factor authentication mechanisms for internet access							
72	Support for biometric devices for user authentication (fingerprint, smart cards, facial recognition, retinal scan, etc.)							
73	Ability to run as a fully encrypted system with multi-factor authentication (integration with Microsoft 365 Azure Active Directory is a plus)							
	Protection							
73	Prevents display of passwords while being entered							
74	Prevents display of passwords in URL strings							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
75	Ability to not save username and passwords on forms (cookies)							
76	Prevents unauthorized access to and manipulation of the system, directories, files, and programs							
77	Provides Login restrictions (day, time, and workstation, or hard-wired and dial-up)							
78	Provides process initiation restrictions (e.g. month end closing)							
79	Provides device access restrictions (e.g. access to the high speed production printer)							
80	Provides application menu selection restrictions							
81	Support for database and field level security							
	Ability to deny unauthorized use of utility programs for the following:							
82	Mass copying of records at one time							
83	Allow access and alteration to mass records at one time							
	Electronic Signature							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Security								
84	Ability to use digital signatures in records and documents within the system							
85	Ability to use digital signatures in records and documents sent to external business partners							
86	Allow for digital signatures with the use of a Topaz USB signature pad model: T-LBK462-BSB-R. NOTE: If the use of a signature pad is not an option, there must be a way to use a digital signature within the proposed system.							
Technical Services								
87	Ability to display a user-defined notice warning prior to a user login (e.g. "The system should only be accessed by authorized users")							

Technical Requirements Response

4.0 Compliance to EDI Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
EDI								
	Accepts and transmits information in the following standard formats:							
1	ASC X12N 270-271 Eligibility							
2	ASC X12N 276-277 Claim Status							
3	ASC X12N 275 Patient Information/Claims Attachment							
4	ASC X12N 278 Health Care Services Review							
5	ASC X12N 834 Benefit/Enrollment/Maintenance							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
EDI								
6	ASC X12N 835 Health Care Claim Payment/Advice							
7	ASC X12N 837 Health Care Claim							
8	ASC X12N 997 Functional Acknowledgment							
9	TA1 Interchange Acknowledgement							
10	Electronically transmits EDI claims to Medi-Cal, Medicare, and other major insurance carriers							
	Transmits EDI claims status to providers, including:							
11	Errors requiring resubmission							
12	Resubmission validation							
13	Ability to reject claims received electronically due to missing required fields							
14	Ability to transmit electronic statements to third-party processing agents							

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third-party software F=Not available

Requirement		A	B	C	D	E	F	Comments
EDI								
15	Ability to customize EDI components including the addition or removal of elements							
16	Provides data compression for transmitted transactions							
	Provides data validation based on:							
17	Data type							
18	Data integrity checks							
19	Comparison edits (e.g., comparison against a table of acceptable values)							
20	User defined rules							
21	Includes audit mechanism for reconciliation of rows transmitted & claims \$ totals							
22	Reports all preprocessor errors in an inbound batch at one time							
23	Includes error processing mechanism for import process reconciliation							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
EDI								
	Accepts electronic imports and exports of the following information and reference files:							
24	DSM IV							
	DSM V							
25	ICD-9							
26	ICD-10							
27	CPT							
28	HCPCS							
29	NDC codes							
30	Provider data							
31	National Provider Identifier (NPI)							
32	Mode of Treatment Codes							
33	Service Function Codes							
34	Member data							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third-party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
EDI								
35	Pricing and fee tables							
36	Client Identification Number (CIN)							
37	Other							
	Ability to retain historical code history (date ranged, time stamped)							
38	Ability to view status of EDI file transfers							
39	Ability to resend EDI file							
	Supports the development of:							
40	Error checking routines							
41	Flagging via error reports							

Technical Requirements Response

5.0 Compliance to Ease of Use Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
Ease of Use								
	User Customization Options							
Ability to customize on existing application components only such as: (no process flows or business rules)								
1	Field Labels							
2	User Defined Fields							
3	Validations							
4	Screens							
5	Provides security-controlled access to the customization or definition of tables							
	Provides the capability to assign default values to screen fields for:							
6	Standard screens							

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third party software

F=Not available

Requirement		A	B	C	D	E	F	Comments
Ease of Use								
7	User-defined fields							
8	Ability to establish table edits or validations within user-defined fields							
9	Flags custom programming and prevents over-write during upgrades							
10	Flags custom help text and prevents over-write during upgrades							
11	Provides for user-defined screen literals associated with the data-field							
12	Provides for user-defined screen literals not associated with the data-field							
13	Ability to define the edit rules for a user defined data element							
14	Provides automatic data formatting as appropriate (e.g., phone number, dates)							
15	Ability for System Administrators to modify and customize existing screen data elements and layout							
	Provides a standard user interface throughout all modules for the following actions:							
16	Searches							
17	Adding/updating data							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Ease of Use								
18	Report generation							
19	Navigation through the system							
Documentation								
Online Help								
20	Provides online context sensitive definitions for menu-screen selections							
21	Provides "pull-down" menus for screen prompting							
22	Provides online context sensitive help at the screen level within all components (i.e., when the user selects "help" from within a screen, the help text is specific for that screen and related topics)							
23	Provides prompting for field level entry							
24	Provides unique identifiers on all screens to assist Help Desk resolve user problems							
25	Provides context-sensitive online help at the field level							
26	Ability to customize help text							

Place the number "1" into the appropriate response column:

A=Currently available

B=In development (within 6 months)

C=Available but requires user/client modification

D=Available via vendor modification

E=Available through third party software

F=Not available

Requirement	A	B	C	D	E	F	Comments
Ease of Use							
27 Ability to add internal policies and procedures to help text							
28 Provides updates to online documentation with each software update							
29 Provides release notes for all minor or major releases							
User Documentation							
30 Includes a complete online copy of the user documentation							
31 Includes context-sensitive online user documentation and help files							
32 Includes indexed user documentation							
33 Includes online user documentation and help files which are searchable based on a topic and/or keyword							
Technical Documentation							
34 Includes a complete online copy of the technical documentation (system administration, configuration workbook, system architecture, application architecture, etc.)							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Ease of Use							
35 Provides technical documentation within each screen that includes source of all data (i.e., data element name and table or calculation)							
36 Includes context-sensitive online technical documentation and help files							
37 Includes indexed technical documentation							
38 Includes online technical documentation and help files which are searchable based on a topic							
39 Includes online technical documentation and help files which are searchable based on a keyword							
40 Includes technical documentation on how to use and manage audit logs							
41 Provides GUI for System Administration tools							
42 Includes system configuration workbook							
43 Includes product features/functions list							
44 Includes product roadmap							
45 Includes technical and security architecture documents							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Ease of Use								
46	Includes documentation that describes the patch (hot-fix) handling process the vendor will use for EHR, operating system, and underlying tools							
47	Includes documentation that explains system error or performance messages to users and administrators with the actions required							
48	Includes documented procedures for product installation, start-up, and/or connection							

Technical Requirements Response

6.0 Compliance to System Reliability Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement		A	B	C	D	E	F	Comments
System Reliability								
	Backups							
1	Provides for fully automated backups of data, security credentials, log and audit files							
2	System restore results in a fully operational and secure state, including application data, security credentials, log and audit files							
3	Performs complete backups of a running system in production use without shut down or suspension of operations							
Availability								
4	Provides user system availability twenty-four (24) hours per day, seven (7) days per week							
5	Includes utilities to help monitor and tune performance							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
System Reliability								
6	Includes standard and remote alerting capabilities							
Business Continuity								
7	Ability to create synchronized instances of the system at primary and recovery data center sites							
8	Provides high availability capabilities to the recovery data center for users in the event of a system failure							
9	Provides auto-save function for all user updates							
10	The system shall be able to generate a backup copy of the application data, security credentials, and log/audit files.							

Technical Requirements Response

7.0 Compliance to Production Scheduling and Control Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Production Scheduling and Control							
1 Ability to establish and support job queues and assign priorities and classes							
2 Provides job scheduling capabilities							
3 Provides event-triggered job scheduling							
4 Provides job batch scheduling of multiple processes							
5 Provides system notification to the operator of exceptions, including any communications failure, abnormal job completion, and performance degradation							
6 Ability to print the system log							
7 Interfaces with third-party job-scheduling systems							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Production Scheduling and Control							
8 Provides inbound/outbound interface messaging queue management capabilities							
9 Real-time							
10 Daily							
11 Monthly							
12 Other							

Technical Requirements Response

8.0 Compliance to Other Environments Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Testing, Development, and Training Environments							
	Ability to create multiple separate environments, including:						
1	Production						
2	Test						
3	Development						
4	Training						
5	Disaster Recovery						
6	Staging						
7	Others						
8	Includes test transactions, with input, that have been defined and are available for validating the functionality of the system						

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement	A	B	C	D	E	F	Comments
Testing, Development, and Training Environments							
9 Ability to use subset copies of the production database for testing, development, or training (i.e., database structure intact with a subset of the real data)							
10 Provides testing of configuration changes							
11 Provides testing of control file changes							
12 Ability to create a testing environment that includes all functional components of the production environment							
13 Ability to preserve user profiles when loading a new release to any environment							

Technical Requirements Response

9.0 Compliance to System Standards Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement	A	B	C	D	E	F	Comments
System Standards							
1 Compliant with the security and privacy of health data provisions of the HIPAA Final Security Rules (subject to audit)							
2 Compliant with 42 CFR Part 2 requirements for Substance Use Disorder records							
3 Ability to use XML and EDI format							
4 Provides data transmission using HL7 protocol							

Technical Requirements Response

10.0 Compliance to Interfaces Requirements

Place the number "1" into the appropriate response column:

A=Currently available B=In development (within 6 months) C=Available but requires user/client modification

D=Available via vendor modification E=Available through third party software F=Not available

Requirement	A	B	C	D	E	F	Comments
Interfaces							
1 Interfaces with facsimile applications							
2 Interfaces with OCR, scanning applications, and intelligent character recognition software							
3 Interfaces with translation software (interface engine) for the transmission of electronic claims							
4 Interfaces with Dragon Naturally Speaking							
5 Interfaces with pen/touch screen devices							
7 Provides an interface engine to create customized interfaces							
Ability to use a third-party interface engine to create customized interfaces with connectivity support for:							
8 Support a real-time interface to the Medi-Cal Eligibility database							
9 Interfaces with California Outcome Monitoring System (CalOMS)							

Place the number "1" into the appropriate response column:

A=Currently available **B**=In development (within 6 months) **C**=Available but requires user/client modification

D=Available via vendor modification **E**=Available through third party software **F**=Not available

Requirement		A	B	C	D	E	F	Comments
Interfaces								
10	Interface with internal and/or external third party lab systems for orders and results							
11	Interfaces with one or more clinical evidence-based practice libraries							
12	Interfaces with the California Performance Outcome System (POS) for surveys							
13	Interfaces with third party report writers such as Crystal Reports Tableau							
14	Interface with FileNet Document Management System							
15	Compliance with 21 st Century CURES Act including the ability to share required health information and data to 3 rd party vendors at the request of the client							

Exhibit B-3
Technical Narrative Questions
Response Instructions

The Technical Narrative Questions are designed to learn about the technical capabilities of the proposed product(s). Glenn County will use the responses to these questions to determine how easily the proposed products will integrate into our technical environment. The responses to each of the questions in this section will be evaluated and the score will be one component of the selection criteria.

Answer each narrative question clearly and completely. Any unclear or incomplete answers will be disregarded and calculated as a zero score. Be sure that the response provides sufficient detail to objectively evaluate the response without providing irrelevant information.

Technical Narrative Questions Response

1.0 Response to System Architecture Questions

System Architecture Questions	
<u>Question</u>	<u>Response</u>
1. Describe the scalability of your system, including limitations of the software in terms of numbers of concurrent users and data storage.	
2. Describe how, in your system design, the proposed system is protected against downtime from hardware failures, maintenance, or system upgrades.	
3. Describe how the system supports emerging electronic signature technologies, biometric technologies, and/or Smart Cards.	
4. Describe how the system is hosted and securely accessed, including endpoint access requirements.	
5. Describe your Workflow/Business Rules Engine and Business Intelligence system architecture.	
6. Describe the disaster recovery procedures you would recommend.	

Technical Narrative Questions Response

2.0 Response to Network Architecture Questions

Network Architecture Questions	
<u>Question</u>	<u>Response</u>
1. Describe recommended network architecture, including network topology, protocols supported, network operating system, and network hardware to effectively support the proposed system.	
2. Identify and describe any limitations or constraints the proposed system has in running across a LAN and/or WAN.	
3. Identify and describe all network monitoring and management tools included.	
4. Describe any limitations that may inhibit access through a VPN, firewall, or other secured network access capability.	
5. Describe how the system would support access to backend data (SQL access).	

Technical Narrative Questions Response

3.0 Response to Hardware and Client Server Questions

Hardware and Client Server Questions	
<u>Question</u>	<u>Response</u>
1. Identify your system's hardware and software requirements.	
A. Server(s)	
• Database	
• Application servers (if any)	
• Web Servers (if any)	
• Report Server (if any)	
• Interface servers (if any)	
• Other servers (if any)	
B. Workstation	
• End user	
• System administrator	
C. Monitor size	
2. What is the maximum number of printers that your proposed system will accommodate?	

Hardware and Client Server Questions	
<u>Question</u>	<u>Response</u>
3. Describe how printers can be connected to and managed by the system. Include description of print management, forms management, and print distribution capabilities. For example, can reports be created in PDF format for local printing?	
4. Are there any maximums for other (excluding printers) local or remote devices in the proposed product(s)? If so, please specifically list the device type and limitation.	
5. Describe any proprietary hardware in your proposed configuration.	
6. List or describe the types of handheld devices the application supports (e.g., iOS, Android). How does the application securely interface with these handheld devices? Describe mobile browser, mobile device, and operating system security.	
7. What voice recognition systems are supported (or interfaced to) your product's clinical record product?	
8. What provisions have been made for secure remote vendor support? What connectivity does GLENN COUNTY need to provide?	

Technical Narrative Questions Response

4.0 Response to System Application Architecture Questions

Application Architecture Questions	
<u>Question</u>	<u>Response</u>
1. Describe the basic components of the application, including, but not limited to, languages, versions, tools, and utilities. Describe any proprietary components and licensing requirements.	
2. Describe the history and evolution in the development of the application.	
3. Describe the utilities for loading tables from externally supplied files, not limited to diagnosis/procedure files.	
4. What specialized IT/technical skills are required to support the application? Describe staffing requirements to support and maintain the system.	
5. Describe your system's support of web-based technology.	
6. Describe how the data audit trail works and how it is accessed and maintained.	
7. Describe what kind of API and/or Web Services your product provides.	
8. Describe your product's support for HL7, X12, EDI, CORBA, and other industry standards. For every supported standard, please provide standard specification details.	
9. What interface engines do you support? Describe how they would be used in your environment.	

Technical Narrative Questions Response

5.0 Response to Data Base Architecture Questions

Data Base Architecture Questions	
<u>Question</u>	<u>Response</u>
1. What databases is your application currently certified on?	
2. Describe the database architecture, including the database engine and tools/utilities.	
a. Describe the database architecture.	
b. Is there a utility for synchronizing the database and the data dictionary?	
c. Indicate if components of the database architecture are proprietary.	
d. What utilities or tools are available for managing database capacities, indexing, and database optimization? Are these tools/activities managed by GLENN COUNTY or the vendor? Please list all tools such as stored procedures and utility programs.	
e. Will the entire product's database design be accessible to GLENN COUNTY ?	
f. Indicate if all the data will be accessible to GLENN COUNTY .	
3. Describe your data replication strategy and recommendation.	

Data Base Architecture Questions	
<u>Question</u>	<u>Response</u>
4. Describe the impact that complex reports would have on the performance of the production system.	
5. Describe any limitations the system has on the number of records that can be maintained. Describe any file size limitations.	
6. Describe how data is archived and your recommended archival period. Is archived data accessible by the user and if so, how?	
7. Describe how GLENN COUNTY can import existing archived medical records/images into the application.	
8. Describe the process/mechanism for controlling simultaneous updates to the database (row level lock, field lock, etc.).	
9. Describe the recommended daily/weekly/monthly database management activities.	
10. Describe the back-up process and explain the process for selecting/excluding certain items from being backed up.	
11. Describe the process/procedures for data recovery. Describe the method for fixing contaminated files, re-indexing, and retrieving lost data after a system crash. Include how long recovery should take.	
12. What tools (program utilities or functions) are provided for: record by record or mass data updates?	

Technical Narrative Questions Response

6.0 Response to Security Questions

Security Questions	
<u>Question</u>	<u>Response</u>
1. Describe the security environment and how role-based security is implemented. Is there a limit to the number of roles?	
2. Describe any use or relationship to external directories such as Active Directory or Azure.	
3. What security mechanisms do you use through the Internet (SSL, TLS, etc.)?	
4. Describe security for remote devices, such as iOS and other wireless devices.	
5. Describe system management services for mobile devices. For example, if an employee leaves the company, how do you lock out the device and remove all applications and data from the device?	
6. Does the system support single log-on across all modules, applications, and networks/sub-networks, including interfaced/integrated third-party products? If so, explain security tools and how access codes are managed.	
7. Does the system support MFA as a built-in feature and/or the use of third-party products such as DUO?	

Technical Narrative Questions Response

7.0 Response to Performance Questions

Performance Questions	
<u>Question</u>	<u>Response</u>
1. Based on your proposed hardware configuration, indicate response time, with peak and average loads for: a. Menu selections b. Screen-to-screen flips c. Inquiries into single entities and related entities d. Updates to single entities and their related entities e. Indicate response time for emulating and remote users for items a-d above.	
2. How is response time measured, tracked, and reported?	
3. Provide benchmark performance data from your largest installation, including response time, defined as the time between the transaction initiation ("enter" key, mouse click) to when a full response by the system is indicated on the user's screen. Include information about hardware configuration from benchmark sites, as well as the system load from other sources.	

Performance Questions	
<u>Question</u>	<u>Response</u>
4. Describe the maximum number of users, customers, and database size based on the recommended hardware configuration that would still provide good user response times.	
5. Describe the tools available for tuning system performance. How is system performance tuned? Can the system resources be configured down to the individual user or user profile? Is it tuned by GLENN COUNTY or your staff?	
6. Can the system be available twenty-four (24) hours a day, seven (7) days a week? Explain any limitations to full uptime. Describe the proposed system uptime rate as a % on an annual basis. Will the system adjust for daylight saving time adjustments?	
7. Describe how software upgrades and bug fixes impact system availability and who is responsible for them.	
8. Describe your database indexing approach and strategy. Describe its impact on system performance.	
9. How will running large batch jobs impact production system performance?	

EXHIBIT C
COST PROPOSAL

SECTION I ONE-TIME COSTS

<i>Description:</i>		<i>Cost:</i>
1	Proposed Software	\$
2	Customization	\$
3	Installation/Implementation	\$
4	Project Management	\$
5	Training, including all materials	\$
6	Travel expenses (total from Section II below)	\$
7	Insurance	
8	Other one-time costs (total from Section III below)	
	Total One Time Cost:	\$

SECTION II - TRAVEL EXPENSES

Please itemize the travel expense in Section I, Line 6 above.

<i>Description:</i>		<i>Cost:</i>
1		\$
2		\$
3		\$
4		\$
	Total Travel Costs:	\$

SECTION III - OTHER ONE-TIME COSTS

Please itemize all other costs, including, but not limited to: enhancement at an additional cost, proposed modules, third party software to operate the proposed software, etc. Use an attachment, if necessary. Be sure to state the total in Section 1, Line 7 above.

<i>Description:</i>		<i>Cost:</i>
1		\$
2		\$
3		\$
	Total Other One-Time Costs:	\$

SECTION IV - RECURRING ANNUAL COSTS

Annual Maintenance/ Hosting Fee		<i>Cost:</i>
1	Year One Fiscal Year 22-23	\$
2	Year Two Fiscal Year 23-24	\$
3	Year Three Fiscal Year 24-25	\$
	Total:	\$

EXHIBIT C

COST PROPOSAL

Other Recurring Cost

Please list and describe any other recurring annual costs.

Description:

Cost:

1		\$
2		\$
3		\$
4		\$
Total:		\$

SECTION V - OTHER VALUE-ADDED SERVICES

Please itemize other value added service costs below.

Description:

Cost:

1		\$
2		\$
3		\$
4		\$

EXHIBIT D

CERTIFICATIONS AND SIGNATURE

Certifications and Signature

The following statements are incorporated into Bidder's response to this RFP:

1. The offer made in the proposal is firm and binding for twelve (12) months from the date the proposal is opened.
2. All aspects of the proposal, including cost, have been determined independently, without consultation with any other Bidder or competitor for the purpose of restricting competition.
3. Bidder has reviewed the RFP, County Contract Standard Terms and Conditions, including Insurance Requirements in their entirety and have no exceptions to any requirements, terms, or conditions.
4. Bidder agrees to provide Glenn County with any other information Glenn County determines is necessary for an accurate determination of the Bidder's ability to perform the services as proposed.
5. Certification Regarding Debarment or Suspension.
 - a. In compliance with contracts and grants agreements applicable under the U.S. Federal Awards Program, the following certification is required by all Bidders submitting a response to this RFP:
 - i. By signing this Certification and submitting a bid, the Bidder certifies, to the best of its knowledge and belief, that neither the Bidder nor its Principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or nonprocurement programs, or are listed in the *List of Parties Excluded from Federal Procurement and Nonprocurement Programs* issued by the General Services Administration.
 - ii. "Principals," for the purposes of this certification, means officers, directors, owners with an ownership interest totaling five percent or more, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).
 - b. The Bidder shall provide immediate written notice to the Glenn County Contact Person identified in this RFP if, at any time prior to award, the Bidder learns that this certification was erroneous when submitted or has become erroneous by reason of changes circumstances.

EXHIBIT D

CERTIFICATIONS AND SIGNATURE

- c. This certification is a material representation of fact upon which reliance will be placed when making the award. If it is later determined that the Bidder rendered an erroneous certification, in addition to other remedies available to the County of Glenn County government, Glenn County may terminate the contract resulting from this solicitation for default.
 - d. The Bidder affirms that it has no record of recent unsatisfactory performance with County of Glenn County, during the past twenty-four (24) months at a minimum.
 - e. The Bidder's acquisition, operation or maintenance of computer software shall not violate copyright laws.
6. The Bidder has no actual, apparent, or potential conflicts of interest relative to the services described herein or, has disclosed all actual, apparent, or potential conflict of interest to Glenn County . [Bidders: Attach a Conflicts of Interest Statement to this form that identifies in detail any actual, apparent or potential conflict of interest].

Certification: I hereby certify that I have authorization to attest to the foregoing statements and to submit this proposal on behalf of the organization; and that to the best of my knowledge, the information contained in this proposal are true and correct.

SIGNATURE: _____
Authorized Representative

Date: _____

Bidder Name: _____

Address _____

Telephone # () _____

Contact: _____

Name of Authorized Representative: _____
(Print Name)

Title of Authorized Representative: _____
(Print Title)

EXHIBIT E

EVALUATION AND SCORING CRITERIA

Electronic Health Records (EHR) System

Proposals will be evaluated by a committee comprised of non-conflicted members (Evaluation Committee). The Evaluation Committee will include Glenn County Health and Human Services staff and may include other County staff and/or external partners who have expertise/experience in the RFP content.

The Evaluation Committee will score and identify the successful Bidder in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for award shall be within the sole judgment and discretion of the Evaluation Committee.

The Evaluation Committee will choose the Bidder who, in its opinion, has submitted a Proposal that best serves the overall interests of the County of Glenn and attains the highest overall point score. The award may not be to the Bidder with the lowest price.

The evaluation process consists of the following steps:

Step 1 Technical Review.

All proposals that pass the Technical Review which is determined on a pass/fail basis shall be evaluated by the Evaluation Committee.

Step 2 Proposal Review

Proposals shall be evaluated according to the evaluation criteria and point scale.

The final maximum score for any proposal is **300 points**.

The Evaluation Committee may elect to follow a two-stage Proposal Review process that includes an initial evaluation of the written proposal and preliminary scoring to develop a short list of Bidders that will continue to the final stage of oral interview/presentations. All Bidders will be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The Bidders selected for presentations will be provided with written guidance regarding the amount of time allocated for the oral interview/presentation, the format of the oral interview/presentation and how the presentations will be

scored. The oral interview/presentation will be scored and the points added to the preliminary scores to arrive at a final total score.

Step 3 Notice of Intent to Award

The Evaluation Committee's decision will be communicated through the issuance of a Notice of Intent to Award and emailed to Bidders and posted on the County of Glenn website at: <https://www.countyofglenn.net/govt/bids>

SCORING OVERVIEW

<i>Section</i>	<i>Max. Points Subsection</i>	<i>Maximum Points for Section</i>
STEP 1 - TECHNICAL REVIEW:		
1. Debarment/Suspension		Pass/Fail
2. Bidder Attestation RE: Bidder Minimum Qualifications (Exhibit A, Section 3)		Pass/Fail
3. Required Documents (Exhibit A, Section 9)		Pass/Fail
STEP 2 - PROPOSAL REVIEW:		
4. Executive Summary (Exhibit A, Section 1)		Section 4 Score: 0 pts.
5. General Information/Bidder Profile (Exhibit A, Section 1, paragraphs a-g)		Section 5 Score: 0 pts
6. EHR Experience (Exhibit A, Section 2.h)		Section 6 Score: 30 pts.
7. Fiscal and Administrative Capacity (Exhibit A, Section 2.i and 2.j)		Section 7 Score: 15 pts.
8. Functional and Technical Requirements (Exhibit A, Section 4)		Section 8 Score: 150 pts.
A. Functional Requirements (Exhibit B-1)	90 pts.	
B. Technical Requirements (Exhibit B-2)	45 pts.	
C. Technical Narrative Questions (Exhibit B-3)	15 pts.	
9. Implementation Plan (Exhibit A, Section 5)		Section 9 Score: 45 pts.
10. Hardware and Configuration Specifications (Exhibit A, Section 6)		Section 10 Score: 30 pts.
11. Cost Proposal (Exhibit A, Section 7, Exhibit C)		Section 11 Score: 30 pts.
MAXIMUM POINTS AVAILABLE: 300		
*ADDITIONAL POINTS, IF APPLICABLE:		
12. ORAL INTERVIEW/ PRESENTATION If Oral Interviews/Presentations are held, additional points will be available. The Oral Interviews/Presentations will be scored, in accordance with separate instructions		200

<i>Section</i>	<i>Max. Points Subsection</i>	<i>Maximum Points for Section</i>
provided to the selected Bidders, and the points added to the preliminary scores to arrive at a final total score		
*OVERALL TOTAL POINTS:		500

Evaluation Step 1 – Technical Review

EVALUATION CRITERIA	Rating
1. DEBARMENT/SUSPENSION Bidder certifies that it is not debarred or suspended.	Pass/Fail
2. ATTESTATION RE: BIDDER MINIMUM QUALIFICATIONS Bidder attests that it meets the minimum qualifications.	Pass/Fail
<ul style="list-style-type: none"> <input type="checkbox"/> Bidder attests regularly and continuously engaged in the business of providing a fully functional behavioral health client record management, electronic health record, billing, claiming and managed care system software, maintenance and support 	Pass/Fail
<ul style="list-style-type: none"> <input type="checkbox"/> Bidder attests that it has been engaged in the business described above for at least the past three (3) years. 	Pass/Fail
<ul style="list-style-type: none"> <input type="checkbox"/> Bidder attests that it is a 2015 certified Electronic Health Records System software provider, according to the electronic health record certification standards established by the Centers for Medicare and Medicaid Services, under the U.S. Department of Health and Human Services. 	Pass/Fail
<ul style="list-style-type: none"> <input type="checkbox"/> Bidder attests that it has experience complying with Centers for Medicare and Medicaid (CMS) billing requirements. 	Pass/Fail
<ul style="list-style-type: none"> <input type="checkbox"/> Bidder attests that it has experience providing an EHR system for an inpatient psychiatric hospital, including an inpatient pharmacy; <input type="checkbox"/> Bidder attests that it has experience providing an EHR system for outpatient clinical mental health and substance use disorder programs. 	Pass/Fail
3. REQUIRED DOCUMENTS	Pass/Fail
i. RFP Exhibit A – Proposal Contents	Pass/Fail
ii. RFP Exhibit B – Functional and Technical Requirements:	

• Exhibit B-1 Functional Requirements	Pass/Fail
• Exhibit B-2 Technical Requirements	Pass/Fail
• Exhibit B-3 Technical Narrative Questions	Pass/Fail
iii. RFP Exhibit C – Cost Proposal	Pass/Fail
iv. RFP Exhibit D – Certifications and Signature	Pass/Fail
v. Most recent audited annual report	Pass/Fail
vi. References	Pass/Fail
i. 2015 Certified Electronic Health Records Technology (CEHRT) System certification	Pass/Fail

Evaluation Step 2 – Proposal Review

EVALUATION CRITERIA	POSSIBLE POINTS
4. EXECUTIVE SUMMARY (Exhibit A, Section 1)	0
5. GENERAL INFORMATION/BIDDER PROFILE (Exhibit A, Section 2, paragraphs a-g)	0
6. EHR EXPERIENCE (Exhibit A, Section 2.h)	30
i. Bidder's description of how it is regularly and continuously engaged in the business of providing: <ul style="list-style-type: none"> • A fully functional behavioral health client record management, • Electronic health record, • Billing, • Claiming, • Managed care system software, and • Maintenance and support 	

EVALUATION CRITERIA	POSSIBLE POINTS
ii. Bidder has been engaged in the activities above for at least the past three (3) years.	
iii. Bidder's experience providing EHR systems at behavioral health inpatient and outpatient systems of care, including an inpatient pharmacy.	
iv. Bidder's experience providing EHR services for: <ul style="list-style-type: none"> • Outpatient clinical mental health, and • Substance use disorder programs 	
v. Bidder's experience complying with CMS billing requirements.	
vi. Bidder has 2015 CEHRT certification	
vii. Number of acute care hospital installs using the proposed version of the EHR.	
viii. Number of years as EHR vendor.	
ix. Number of live sites.	
x. Number of EHR installation over the last 3 years,	
xi. percentage of vendor-provided installs vs. outsourcing to third party companies	
xii. Breakdown of sites by specialty.	
xiii. Size of existing user base.	
xiv. The Product's California presence.	
xv. Implementation timeframe when using only vendor-supplied resources.	
xvi. Number and percentage of organizations in the most recent 24-month period that did not get installed four (4) months after signing contract	
xvii. Number of organizations have de-installed any vendor systems over the past two (2) years.	
xviii. EHR customer retention for the years 2017, 2018, 2019, and 2020.	
8. FISCAL AND ADMINISTRATIVE CAPACITY	(Exhibit A, Section 2.i and 2.j)
i. Total FTEs last year.	
ii. Total FTEs this year.	

EVALUATION CRITERIA	POSSIBLE POINTS
iii. Bidders plan to meet the increase in demand for its EHR product (including implementation, training, and support) over the next five (5) years.	
iv. Review of most recent audited annual report for sufficient fiscal capacity	
9. FUNCTIONAL AND TECHNICAL REQUIREMENTS (Exhibit A, Section 4)	150
A. Functional Requirements (Exhibit B-1)	90
Section 1.0 Compliance to Appointment Scheduling Requirements - Appointment Scheduling - Appointment Display/Search - Appointment Templates - Appointment Reports - Appointment Check-In - Wait List Management	
Section 2.0 Compliance to Authorization Requirements - Creation and Receipt of Service Authorizations - Processing of Service Authorizations - FFS Inpatient Requirements - Reporting	
Section 3.0 Compliance to Benefits Insurance Requirements - Benefit Structure & Administration - Eligibility Management - Financial Screening / California UMDAP - Eligibility and Insurance Verification	
Section 4.0 Compliance to Billing Requirements - Billing General - Service Entry / Charge Capture - Charge Generation - Charge Review - Claim Submission - Payment / Annual Liability / Share of Cost - Accounts Receivable / Collections Management - Reporting	
Section 5.0 Compliance to Claims Administration Requirements - Claim Structure - Pricing - Adjudication and Payment - Adjustment Processing	

EVALUATION CRITERIA	POSSIBLE POINTS
- Auditing - Provider Network Management	
Section 6.0 Compliance to Client Registration Requirements - Contact Logging - General Client Registration - Demographic Information - Client Inquiry / Look-Up - Episode Management	
Section 7.0 Compliance to Online Order Entry Requirements - Laboratory - Pharmacy	
Section 8.0 Compliance to Service Delivery Requirements - Screening / Triage - DSM Assignment - Clinician Assignment - Electronic Health Record - Medical History - Service Documentation - Special Services - Client Linkage Activities - Referral Out Tracking - Discharge Planning and Management - Medical Record Management - Quality Management / Reporting - Workflow Support	
B. Technical Requirements (Exhibit B-2)	45
Section 1.0 Compliance to System Architecture Requirements - General - Application	
Section 2.0 Compliance to Reporting Requirements - Reporting Repository - Reporting Writing	
Section 3.0 Compliance to Security Requirements - Access Control - Audit Control - Authentication - Protection	

EVALUATION CRITERIA	POSSIBLE POINTS
- Electronic Signature - Technical Services	
Section 4.0 Compliance to EDI Requirements	
Section 5.0 Compliance to Ease of Use Requirements - User Customization Options - Documentation	
Section 6.0 Compliance to System Reliability Requirements - Backups - Availability - Business Continuity	
Section 7.0 Compliance to Production Scheduling & Control Requirements	
Section 8.0 Compliance to Other Environments Requirements	
Section 9.0 Compliance to System Standards Requirements	
Section 10.0 Compliance to Interfaces Requirements	
C. Technical Narrative Questions (Exhibit B-3)	15
Section 1.0 Response to System Architecture Questions	
Section 2.0 Response to Network Architecture Questions	
Section 3.0 Response to Hardware and Client Server Questions	
Section 4.0 Response to Application Architecture Questions	
Section 5.0 Response to Data Base Architecture Questions	
Section 6.0 Response to Security Questions	
Section 7.0 Response to Performance Questions	
10. IMPLEMENTATION PLAN	(Exhibit A, Section 5)
11. HARDWARE AND CONFIGURATION SPECIFICATIONS	(Exhibit A, Section 6)
12. COST PROPOSAL	(Exhibit A, Section 7; Exhibit C)
TOTAL POINTS:	300

EVALUATION CRITERIA	POSSIBLE POINTS
*ADDITIONAL POINTS, IF APPLICABLE:	
13. ORAL INTERVIEW/ PRESENTATION <i>If Oral Interviews/Presentations are held, additional points will be available. The Oral Interviews/Presentations will be scored, in accordance with separate instructions provided to the selected Bidders, and the points added to the preliminary scores to arrive at a final total score</i>	200
*OVERALL TOTAL POINTS:	500

Exhibit F

AGREEMENT BETWEEN COUNTY OF GLENN AND CONTRACTOR FISCAL YEARS 2022-2025

This Independent Contractor Agreement ("Agreement") is made and entered into this **1st** day of **March**, 2022, by and between Glenn County, a political subdivision of the State of California ("County"), and **name of contractor** ("Contractor").

RECITALS:

A. County has determined that it is desirable to retain Contractor to provide **brief description of services to be provided**; and

B. Contractor represents that it possesses the qualifications, experience, and facilities necessary to perform the services contemplated herein and has proposed to provide those services; and

C. Contractor represents and warrants that Contractor is an independently established business entity formed as a **[sole proprietorship, partnership, limited liability company, limited liability partnership, or corporation]**, that customarily provides services of the same nature as the services provided for County under this Agreement; and

D. Contractor represents and warrants that Contractor advertises these services to and contracts with entities other than County; and

E. Contractor represents and warrants that Contractor maintains a separate business location and has all required business licenses and tax registration, if any, in order to perform services under this Agreement; and

B. F. The County desires to retain Contractor to perform the proposed services.

County and Contractor agrees as follows:

AGREEMENT:

1. **Scope of Services.** Pursuant to Government Code Section 31000, County retains Contractor to perform all of the non-exclusive professional services described in Exhibit "A" which is attached hereto and incorporated herein by this reference which shall include **provide brief scope of work description** ("Services").

2. **Term.** Services under this Agreement shall commence on **March 1, 2022**, and shall continue until **June 30, 2025**, or until the agreement is terminated by either party in accordance with the provisions of this Agreement.

Exhibit F

3. Compensation.

A. The compensation to be paid by County to Contractor for the professional services described in Exhibit "A" shall be [the Fixed price, Annual price, Monthly price or Hourly rate] set forth in Exhibit "B" which is attached hereto and incorporated herein by this reference. Notwithstanding the foregoing, it is mutually agreed that if, for the current fiscal year and/or any subsequent fiscal years covered by this Agreement, insufficient funds are appropriated to make the payments called for by this Agreement, this Agreement shall be of no further force and effect. In this event, the County shall have no liability to pay any further amounts whatsoever to Contractor or furnish any other consideration under this Agreement and Contractor shall not be obligated to perform any further services under this Agreement. If funding for any fiscal year is reduced or deleted for the purposes of this program, the County shall have the option to either cancel this Agreement with no further liability incurring to the County, or offer an amendment to Contractor to reflect the reduced amount available to the program. The parties acknowledge and agree that the limitations set forth herein are required by Article XVI, section 18 of the California Constitution. Contractor acknowledges and agrees that Article XVI, section 18 of the California Constitution supersedes any conflicting law, rule, regulation or statute.

B. To the extent that Contractor is entitled to reimbursement for travel, meals, and lodging, such reimbursement shall be subject to the prior approval of the County Purchasing Agent or authorized assistant/deputy and shall be reimbursed in accordance with the County's Reimbursement for Expenses policy contained in Title 7 of the Glenn County Administrative Manual.

C. **The total compensation payable under this Agreement, inclusive of all expenses, shall not exceed dollar amount in words dollars (\$XXXXXX.XX).** The County shall make no payment to Contractor in any greater amount for any extra, further, or additional services, unless such services and payment therefore have been mutually agreed to and this Agreement has been formally amended in accordance with the provisions of this Agreement.

D. Contractor agrees to testify at County's request if litigation is brought against County in connection with Contractor's work. Unless the action is brought by Contractor or is based upon Contractor's negligence or intentional tortious conduct, County will compensate Contractor for the testimony at Contractor's hourly rate as provided in Exhibit "B".

E. Mental Health Services Act (MHSA) funds may be utilized for the purchase of services within this contract.

4. **Invoice and Payments.** Contractor shall submit invoice(s) to the Glenn County Health & Human Services Agency, P.O. Box 611, Willows, CA 95988, Attention: Fiscal, or by e-mail to gchhsaccountspayable@countyofglenn.net within 15 days after

Exhibit F

completion of the services described in Exhibit A. Contractor shall attach to each invoice documentation for the hours charged (if applicable) and the documentation shall include an itemized narrative of work completed during the period billed. The final invoice of each fiscal year must be received no later than July 10th of each fiscal year. The County shall pay invoices that are undisputed within thirty (30) days of receipt and approval. The parties agree to exercise good faith and diligence in the resolution of any disputed invoice amounts.

5. **Notice.** Any invoices, notices, or other documents required to be given under this Agreement shall be delivered either personally, by first-class postage pre-paid U.S. Mail, or overnight courier to the following addresses or such other address provided by the parties in accordance with this section:

If to the County:

Administration
Glenn County Health and Human Services Agency
P.O. Box 611
Willows, California 95988
Phone: (530) 934-6638
Fax: (530) 288-0359
Email: admin@countyofglenn.net

Invoice may be submitted by email to:
gchhsaccountspayable@countyofglenn.net

If to Contractor:

Contractor Name
Address
City, State, Zip
Phone:
Email:

Notice shall be deemed to be effective two days after mailing.

6. Independent Contractor.

A. It is understood and agreed, and is the intention of the parties hereto, that Contractor is an independent contractor, and not the employee or agent of County for any purpose whatsoever. County shall have no right to and shall not control the manner or prescribe the method by which the professional services are performed by Contractor herein and Contractor shall have the right to provide the same or similar services to entities other than County without restriction. Contractor shall be entirely and

Exhibit F

solely responsible for its acts and the acts of its agents, employees, and subcontractors while engaged in the performance of services hereunder. Contractor shall have no claim under this Agreement or otherwise against County for vacation pay, sick leave, retirement benefits, Social Security, workers compensation, disability, or unemployment insurance benefits or other employee benefits of any kind. The parties acknowledge that County shall not withhold from Contractor's compensation any funds for income tax, FICA, disability insurance, unemployment insurance or similar withholding and Contractor is solely responsible for the timely payment of all such taxes and related payments to the state and federal governments, for itself and for its employees, agents, and subcontractors who might render services in connection with this Agreement. The Contractor shall inform all persons who perform any services pursuant to this Agreement of the provisions of this section.

B. In the event that the Contractor's activities under this Agreement, or any of them, are found by any state or federal agency to be those of an employee rather than an independent contractor, Contractor agrees to indemnify County and hold County harmless for any damages, costs, or taxes imposed upon it pursuant to the Internal Revenue Code or state or federal taxing laws, including but not limited to any penalties and interest which County may be assessed by such state or federal agency for failing to withhold from the compensation paid to Contractor under this Agreement any amount which may have been required to be withheld by law.

C. In the event that the Contractor's activities under this Agreement, or any of them, are found by the California Public Employee's Retirement System (CalPERS) to be those of an employee rather than an independent contractor, Contractor shall defend (with legal counsel reasonably acceptable to the County), indemnify and hold harmless the County, its officers, employees, and agents, from and against any and all claims, losses, costs, contributions, arrears, interest, damages, penalties, expenses and liabilities of every kind, nature and description (including incidental and consequential damages, court costs, attorneys' fees, litigation expenses and fees of expert contractors or expert witnesses incurred in connection therewith and costs of investigation) that arise out of, pertain to, or relate to, directly or indirectly, in whole or in part, the Services provided under this Agreement.

7. Authority of Contractor. It is understood that Contractor is to provide information, research, advice, recommendations, and consultation services to the County. Contractor shall possess no authority with respect to any County decision. The County is responsible for and shall make all governmental decisions related to work of Contractor.

8. Subcontracting and Assignment. Contractor shall not subcontract or assign any portion of the work to be performed under this Agreement without the prior written consent of County.

9. Ownership of Work Product. All technical data, evaluations, calculations, plans, drawings, details, specifications, estimates, reports, documents, or other work product of Contractor, in both paper and original electronic program forms, shall become

Exhibit F

the property of the County as they are produced and shall be delivered to the County upon completion of services. Contractor may retain copies for its files and internal use, however, Contractor shall not disclose any of the work products of this Agreement to any third party, person, or entity, without prior written consent of the County. Upon reasonable notice, County representatives shall have access to the work for purposes of inspecting same and determining that the work is being performed in accordance with the terms of the Agreement.

10. **Indemnification.** To the fullest extent permitted by law, Contractor shall defend (with legal counsel reasonably acceptable to the County), indemnify and hold harmless the County, its officers, employees, and agents, from and against any and all claims, losses, costs, damages, injuries (including injury to or death of an employee of Contractor or its subcontractors), expenses and liabilities of every kind, nature and description (including incidental and consequential damages, court costs, attorneys' fees, litigation expenses and fees of expert contractors or expert witnesses incurred in connection therewith and costs of investigation) that arise out of, pertain to, or relate to, directly or indirectly, in whole or in part, the negligence, recklessness, or willful misconduct of Contractor, any subcontractor, anyone directly or indirectly employed by them, or anyone that they control (collectively "Liabilities"). Such obligation to defend, hold harmless and indemnify the County, its officers, agents and employees, shall not apply to the extent that such Liabilities are caused by the sole negligence, active negligence, or willful misconduct of the County, its officers, agents and employees. The provisions of the California Government Claims Act, Government Code section 810 et seq., including its defenses and immunities, will apply to allegations of negligence or wrongful acts or omissions by the County. To the extent there is an obligation to indemnify under this paragraph; Contractor shall be responsible for incidental and consequential damages resulting directly or indirectly, in whole or in part, from Contractor's negligence, recklessness, or willful misconduct.

11. **Insurance.**

A. **Insurance Requirements.** Without limiting Contractor's indemnification of the County, Contractor shall procure and maintain for the duration of this Agreement, insurance against claims for injuries to persons or damage to property that may arise from, or be in connection with, the performance of the work hereunder by Contractor, Contractor's agents, representatives, employees, and sub-contractors. At the very least, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

The agency responsible for administering this Agreement is also responsible for enforcing insurance requirements described below. This includes securing certificates of insurance before work under this Agreement is begun. Contractor shall furnish to the County certificates of insurance. All certificates of insurance to be received and approved by the County before work under this Agreement has begun. The County reserves the right to require complete, certified copies of all insurance policies required by this Agreement. Contractor agrees to notify County within two working days of any notice from

Exhibit F

an insuring agency that cancels, suspends, and reduces in coverage or policy limits the insurance coverages described herein.

Any deductibles or self-insured retention must be declared on certificates of insurance and approved by the County. At the option of the County, either the Contractor shall reduce or eliminate such deductibles or self-insured retentions, with respect to the County, its officers, officials, employees and volunteers, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses. Insurance is to be placed with California admitted insurers (licensed to do business in California) with a current A.M. Best's rating of no less than A-VII, however, if no California admitted insurance company provides the required insurance, it is acceptable to provide the required insurance through the United States domiciled carrier that meets the required Best's rating and that is listed in the current List of Approved Surplus Line Insurers (LASLI) maintained by the California Department of Insurance. However, Workers' Compensation coverage issued by the State Compensation Insurance Fund (SCIF) shall be acceptable.

B. Insurance Required:

(i) General liability: At least \$1,000,000 combined single limit per occurrence coverage for bodily injury, personal injury and property damage. If a general aggregate limit is used, then either the general aggregate limit shall apply separately to this project/location, or the general aggregate limit shall be twice the required per occurrence limit. The Contractor or Contractor's insurance carrier shall notify County if incurred losses covered by the policy exceed 50% of the annual aggregate limit.

(ii) Automobile Liability: At least \$100,000 to cover bodily injury for one person and \$300,000 for two or more persons, and \$50,000 to cover property damages. However, policy limits for construction projects shall be at least \$1,000,000 combined single limit per accident for bodily injury and property damage for autos used by the Contractor to fulfill the requirements of this Agreement, and coverage shall be provided for "any auto", code 1 as listed on the Acord form "Certificate of Insurance."

(iii) Workers' Compensation and Employer's Liability: Workers' Compensation insurance up to statutory limits and Employer Liability insurance with policy limits of at least \$1,000,000 for bodily injury or disease.

(iv) Professional Liability Insurance: Professional liability insurance covering professional services shall be provided in an amount of at least \$1,000,000 per occurrence or \$1,000,000 on a claims-made basis. However, if coverage is written on a claims-made basis, the policy shall be endorsed to provide at least a two-year extended reporting provision.

Such insurance shall include Glenn County, its elected officials, officers, and employees as an additional insured, and shall not be reduced or canceled without 30 days written prior notice delivered to County. Contractor shall provide County with a certificate of insurance as evidence of insurance protection provided. Insurance

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certificates provided by any insurance company or underwriter shall not contain the language "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company," or similar language. If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation Insurance to cover Contractor and Contractor's employees and partners.

All endorsements are to be received and approved by the County of Glenn before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

Unless otherwise agreed by the parties, Contractor shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Contractor as an additional insured on all such coverages. Evidence thereof shall be furnished as County may reasonably request.

The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Contractor.

12. Professional Services.

A. All work performed under this Agreement shall be performed and completed in a professional manner. All services shall be performed in the manner and according to the professional standards observed by a competent practitioner of the profession in which Contractor and any subcontractors are engaged.

B. Contractor represents and warrants that it is professionally qualified to perform the services described herein; acknowledges that County is relying upon Contractor's qualifications to perform these services in a professional manner; and agrees that County's full or partial acceptance of any work does not release Contractor from its obligation to perform the services in accordance with this Agreement unless County expressly agrees otherwise in writing. Contractor certifies that it is not listed as debarred or suspended by the System for Award Management (SAM, www.sam.gov).

C. Contractor shall not be considered to be in default because of any nonperformance caused by occurrences beyond its reasonable control. The compensation specified in Paragraph 3 may be reduced to account for such nonperformance.

13. Responsibility of Contractor.

A. Contractor shall be solely responsible for the quality and accuracy of its work and the work of its contractors performed in connection with this Agreement. Any review, approval, or concurrence therewith by the County shall not be deemed to constitute acceptance or waiver by the County of any error or omission as to such work.

Exhibit F

B. Contractor shall coordinate the activities of all sub-contractors and is responsible to ensure that all work product is consistent with one another to produce a unified, workable, and acceptable whole functional product. County shall promptly notify Contractor of any defect in Contractor's performance.

14. Audit. The following audit requirements apply from the effective date of this Agreement until ten (10) years after County's final payment, or until all audits are complete, whichever is later:

A. Contractor shall allow County's authorized representatives reasonable access during normal business hours to inspect, audit, and copy Contractor's records as needed to evaluate and verify any invoices, payments, and claims that Contractor submits to County or that any payee of Contractor submits to Contractor in connection with this Agreement. 'Records' includes, but is not limited to, correspondence, accounting records, sub-contractor files, change order files, and any other supporting evidence relevant to the invoices, payments, or claims.

B. County and Contractor shall be subject to the examination and audit of the State Auditor, at the request of County or as part of any audit of County. Such examinations and audits shall be confined to matters connected with the performance of this Agreement including but not limited to administration costs.

C. Contractor agrees to accept responsibility for receiving, replying to, and/or complying with any audit exception(s) by appropriate State or County audit agencies occurring during the performance of this agreement. Contractor also agrees to pay to County the full amount of County's liability to the appropriate entity resulting from said audit exceptions that result from a breach of contract by the Contractor.

D. Provider may, at its discretion, following receipt of final payments under this Agreement, reduce its accounts, books, and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit, or obtain copies of said records, Provider must supply or make available applicable devices, hardware, and/or software necessary to view, copy, and/or print said records.

This section shall survive the expiration or termination of this Agreement.

15. Publication of Documents and Data. Contractor may not publish or disclose to any third party any information obtained in connection with services rendered under this Agreement without the prior written consent of the County. Notwithstanding the forgoing, submission or distribution to meet official regulatory requirements, or for other purposes authorized by this agreement, shall not be construed as publication in derogation of the rights of either the County or Contractor.

16. Employment Practices. Contractor, by execution of this Agreement, certifies that it does not discriminate against any person upon the basis of race, color, creed, national origin, age, sex, disability, or marital status in its employment practices.

Exhibit F

17. Termination. Either party shall have the right to terminate this Agreement at any time for any reason upon thirty (30) days advance written notice to the other party. Agreements exceeding the annual monetary limits delegated to the Purchasing Agent (currently \$50,000.00), or any authorized deputy, are not valid unless specifically authorized by the Board of Supervisors. If this Agreement was executed for the County by the Purchasing Agent under the general delegation set forth in section 4.004.030 of the Glenn County Code, this Agreement shall automatically terminate on the date that the provision of services or personal property or incurring of expenses, the cumulative total of which, exceeds fifty-thousand dollars (\$50,000). If this Agreement was executed by an authorized assistant or deputy Purchasing Agent under the general delegation set forth in section 4.004.030 of the Glenn County Code, this Agreement shall automatically terminate on the date that the provision of services or personal property or incurring of expenses, the cumulative total of which, exceeds the amount delegated to that assistant or deputy by the County Purchasing Agent.

18. Jurisdiction. This Agreement shall be administered and interpreted under the laws of the State of California and any action brought hereunder shall be brought in the Superior Court in and for the County of Glenn.

19. Compliance With Law. Contractor shall comply with all applicable federal, state, and local statutes, ordinances, regulations, rules, and orders, including but not limited to those concerning equal opportunity and non-discrimination.

| 20. Prevailing Wages.

A. Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees, and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to Contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work". To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Exhibit F

B. Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no Contractor or subcontractor may be listed on a bid proposal for a public works project (submitted on or after March 1, 2015) unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 (with limited exceptions from this requirement for bid purposes only under Labor Codes section 1771.1(a)).

C. Contractor acknowledges that no Contractor or subcontractor may be awarded a contract for public works on a public works project (awarded on or after April 1, 2015) unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.

D. If the services are being performed as part of the applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

21. Conflict With Laws or Regulations/Severability. This Agreement is subject to all applicable laws and regulations. If any provision of this Agreement is found by any court or other legal authority, or is agreed by the parties, to be in conflict with any code or regulation governing its subject, the conflicting provision shall be considered null and void. If the effect of nullifying any conflicting provision is such that a material benefit of the agreement to either party is lost, the Agreement may be terminated at the option of the affected party. In all other cases, the remainder of the agreement shall continue in full force and effect.

22. Provisions Required by Law Deemed Inserted. Each and every provision of law and clause required by law to be inserted in this Agreement shall be deemed to be inserted and this Agreement shall be read and enforced as though it were included. If through mistake or otherwise, any provision is not inserted or is not correctly inserted, then upon application of either Party, the Agreement shall be amended to make the insertion or correction. All references to statutes and regulations shall include all amendments, replacements, and enactments in the subject which are in effect as of the date of this Agreement, and any later changes which do not materially and substantially alter the positions of the Parties.

23. Waivers. Waiver of a breach or default under this Agreement shall not constitute a continuing waiver or a waiver of a subsequent breach of the same or any other provision of this Agreement.

24. Amendments. Any amendments to this Agreement shall be in writing and executed by both parties.

25. Entire Agreement. This Agreement, constitutes the entire Agreement between the parties for the provision of services to County by Contractor and supersedes all prior oral and written agreements and communications.

Exhibit F

26. Successors and Assigns. This Agreement shall be binding upon and shall inure to the benefit of any successors to or assigns of the parties.

27. Construction. This Agreement reflects the contributions of both parties and accordingly the provisions of Civil Code section 1654 shall not apply in interpreting this Agreement.

28. Counterparts/Electronic, Facsimile, and PDF Signatures. This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

29. Confidentiality/Privacy. Personally Identifiable Information ("PII") is defined as an individual's first name or first initial and last name in combination with any one or more of the following data elements including, but not limited to: social security number, passport number, credit card number(s), clearances, bank numbers, biometrics, date and place of birth, mother's maiden name, criminal, medical and financial records, educational transcripts, etc.

To the extent that the work under this Agreement requires the Contractor to have access to PII, the Contractor shall, after receipt thereof, treat such PII as confidential and safeguard such information from unauthorized use and disclosure. Contractor agrees to execute a Confidentiality Agreement protecting PII, when necessary, and further agrees not to appropriate such PII for its own use or to disclose such information to third parties unless specifically authorized by the County, in writing. If and when Contractor becomes aware of, or should reasonably have been aware of a breach of PII, Contractor shall notify County within two (2) business days.

Provider, as a Business Associate of Behavioral Health, shall comply with, and assist Behavioral Health in complying with, the privacy requirements of the Health Insurance

Exhibit F

Portability and Accountability Act (HIPAA), as outlined in Exhibit "D". If Behavioral Health becomes aware of a pattern of activity that violates this section and reasonable steps to cure the violation are unsuccessful, Behavioral Health will terminate the Agreement, or if not feasible; report the problem to the Secretary of Health and Human Services ("HHS").

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

CONTRACTOR:

Name _____ Date _____
Business Name _____

COUNTY OF GLENN:

Scott H. DeMoss, County Administrative Officer _____ Date _____
Glenn County, California

Christine Zoppi, Director _____ Date _____
Health and Human Services Agency

APPROVED AS TO FORM:

William J. Vanasek, County Counsel _____ Date _____
County of Glenn, California

Reviewed by: Glenn County Administrative Officer _____
Reviewed by DOF _____

HEALTH AND HUMAN SERVICES AGENCY:

Approved by Deputy Director of Administration _____
Approved by Director or Behavioral Health _____
Approved by Fiscal Manager _____

Exhibits:

- Exhibit A – Scope of Work
- Exhibit B – Fee Schedule
- Exhibit C – Code of Conduct
- Exhibit D – Business Associates Agreement

Exhibit F

EXHIBIT A

SCOPE OF SERVICES RESPONSIBILITIES OF CONTRACTOR:

During the term of this agreement, Contractor shall:

Exhibit F

EXHIBIT B

SCHEDULE OF FEES

Contract will not exceed **\$XXX,XXX.XX** per fiscal year.

<ul style="list-style-type: none">• Contractor shall be paid \$200 hourly• When appearing in court, Contractor shall be paid \$300.00 per hour.	Sum is not to exceed \$19,500.00 (nineteen thousand five hundred dollars) per fiscal year.
<ul style="list-style-type: none">• Driving miles	IRS Standard Rate (currently 58 cents per mile)

Exhibit F

EXHIBIT C

CODE OF CONDUCT

Glenn County Health and Human Services Agency staff, contractors and agents are committed to delivering all services in a partnership with the clients we serve and our community. We provide all services with respect and dignity, providing excellence in all we do and integrity in how we do it. To better meet our goals, we;

- Treat all patients, constituents and clients with dignity, respect and courtesy. Providing appropriate care and services and, whenever possible, individualize that service to address patient, constituent, client and community needs.
- Provide all services in accordance with applicable federal, state and county laws and regulations.
- Provide patients and clients with the information they need to make fully informed decisions about their care and services. Patients and clients have a right to receive information about our department's services, policies and procedures and fees we charge.
- Maintain a working environment free from all forms of harassment or intimidation, sexual or otherwise, showing respect and consideration for each other. Discriminatory treatment, abuse, violence or intimidation is not acceptable.
- Comply with applicable laws, rules, regulations, standards, and other requirements as directed by federal, state and county governments. We comply with requirements of federal healthcare program statutes, regulations and guidelines striving to exercise sound judgment in the performance of our duties.
- Take reasonable precaution to ensure that billing and/or coding of claims are prepared and submitted accurately, timely, and are consistent with federal, state and county laws and regulations, including the Federal False Claims Act and the California False Claims Act, utilizing the policies and procedures of Glenn County and our department. This includes federal healthcare program regulations and procedures as well as standards required by the State of California.
- If errors or problems in claims or billings are discovered, we act promptly to investigate and correct them.
- Avoid commitments that interfere with our ability to properly perform duties for our department or any activity that conflicts with the known interest of the County of Glenn, our department, its patients, clients or constituents.
- Do not use Glenn County time, facilities, equipment, badge or uniform for private gain or advantage, or the private gain or advantage of another.

Exhibit F

- Do not accept any form of compensation for use of our time, knowledge or position in purchasing products or services or recommending they be purchased by others.
- Will not solicit, advertise, or engage in personal practices with clients, their families, vendors, or other parties using our employment, work station, or official capacity.
- Seek positive and cooperative relationships within Glenn County, our department, as well as with other government programs, vendors, contractors, community groups and industry to enhance services and resources available to the public.
- Ensure that all records in any medium are maintained in accordance with guidelines established by the Glenn County Board of Supervisors and applicable government and civil codes, in an accurate and confidential manner in order to protect privacy and provide factual information.
- All department staff, contractors and agents are expected to comply with this code of Conduct, the Rules and Regulations governing employment with Glenn County and our departmental policies and procedures, and contractual obligations, as well as all laws and regulations. This includes statutes, regulations and guidelines applicable to state, county and federal healthcare programs, knowing that failure to comply with the above may potentially subject an employee to civil and criminal liability, sanctions, penalties or disciplinary action.
- Are obligated to report a violation of the Code of Conduct, county rules and regulations, departmental policies and procedures or other state or federal laws and regulations.
- Investigation of Suspected Non-Compliance

The Compliance Officer in consultation with County Counsel shall investigate every credible allegation, inquiry, complaint, or other evidence of non-compliant conduct. If the Compliance Officer's investigation results in sufficient evidence of non-compliant conduct, the Compliance Officer will prepare a written report of findings that will be forwarded to the Compliance Committee for appropriate action. Corrective action can include, but is not limited to:

- Disciplinary action
- Termination of contract
- Suspension of billing
- Modification of the coding and billing system where necessary
- Adjustment of policies and procedures
- Engaging in steps necessary to reduce the error rate
- Training
- Increasing auditing and/or monitoring activity

Exhibit F

Exhibit D

GLENN COUNTY BUSINESS ASSOCIATE AGREEMENT

[This addition to the contract is required for every contract in which the service contracted for involves the provision of medical, dental, pharmaceutical, psychological, psychiatric or any other service in which client's Protected Health Information could at some point be used or disclosed to the Contractor.]

This Business Associate Agreement ("Agreement") supplements and is made a part of the contract ("Contract").

The County and Business Associate intend to protect the privacy and provide for the security of protected health information (PHI) disclosed to Business Associate pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and regulations promulgated there under by the U.S. Department of Health and Human Services and other applicable laws.

As part of the HIPAA Regulations, the Privacy and Security Rules require the County enter into a contract containing specific requirements with its Business Associates prior to disclosure of PHI.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

DEFINITIONS

Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms used in the above referenced regulations.

OBLIGATIONS OF BUSINESS ASSOCIATE

1. **Compliance:** Business Associate shall comply with, and assist the County in complying with the Health Insurance Portability and Accountability Act (including but not limited to 42 U.S.C. 1320d et seq.; "HIPAA") and its implementing regulations (including but not limited to 45 CFR Parts 142, 160, 162 and 164). Business Associate shall further comply with, and assist the County in complying with the Health Information Technology for Economic and Clinical Health Act (including but not limited to 42 U.S.C. 17921 "HITECH").

Exhibit F

2. **Independent Contractor:** It is specifically and expressly understood between the parties that the Contract and this Agreement creates no relationship of employer/employee between the parties and that Contractor is, and shall remain throughout the term of this Contract and Agreement, an independent contractor. Contractor agrees that he is not, and will not become, an employee, partner, agent, or principal of County while this Agreement is in effect.
3. **Permitted Uses and Disclosures:** Business Associate shall not use or disclose protected health information (PHI) except for the purpose of performing Business Associate's obligations under the Contract, as permitted under the Contract and Agreement, and as required by law. Business Associate shall not disclose PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act. Business Associate shall not use or further disclose PHI other than as permitted or required by this Agreement, or as required by law.
4. **Prohibited Uses and Disclosures:** Business Associate shall not use or disclose PHI for fundraising or marketing purposes. Except as otherwise required by law, Business Associate shall not disclose PHI to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates. Associate shall not directly or indirectly receive remuneration in exchange for PHI, except with prior written consent of the County and as permitted by the HITECH Act. However, this prohibition shall not affect payment by the County to Business Associate for services provided pursuant to the Contract.
5. **Appropriate Safeguards:** Business Associate shall implement appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains or transmits on behalf of the County, from use or disclosure other than as provided for by this Agreement. Business Associate shall comply with 45 C.F.R. Sections 164.308, 164.310, and 164.312. Business Associate shall also comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including but not limited to, 45 C.F.R. Section 164.316.
6. **Report of Improper Access, Use, or Disclosure:** Business Associate shall report to the County any access, use, or disclosure of the PHI not permitted by this Agreement, including but not limited to security incidents of which the Business Associate becomes aware.
7. **Business Associate's Agents:** Business Associate shall ensure that any agents, including subcontractors, to whom it provides PHI received from, created, or received by Business Associate on behalf of the County, agrees in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

Exhibit F

8. **Access to PHI:** Business Associate shall, within ten (10) days of receipt of a request from the County, provide access to PHI maintained by the Business Associate, or its agents or subcontractors, in a Designated Record Set. This PHI will be released to the County or, as directed by the County, to an Individual, in order to meet the requirements under 45 CFR 164.524. If Business Associate maintains an Electronic Health Record (EHR), Business Associate shall provide such information in electronic format to enable the County to fulfill its obligations under the HITECH Act.
9. **Amendment of PHI:** Business Associate shall, within ten (10) days of receipt of a request from the County, make any amendment(s) to PHI maintained in a Designated Record Set that the County directs, pursuant to 45 CFR 164.526, at the request of the County or an Individual. If any individual requests an amendment of PHI directly from the Business Associate, or its agents or subcontractors, Business Associate must, within five (5) days of the request, notify the County in writing. Any approval or denial of amendment to PHI maintained by the Business Associate, or its agents or subcontractors, shall be the responsibility of the County.
10. **Accounting Rights:** Business Associate shall, within ten (10) days of notice by the County, make available to the County information required to provide an accounting of disclosures to enable the County to fulfill its obligations under section 164.528 of the Privacy Rule and the HITECH ACT. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by Business Associate, and its agents or subcontractors, for at least six (6) years prior to the request.
 - a. If Business Associate uses or maintains an EHR with respect to PHI (1) the exception for tracking disclosures of PHI related to treatment, payment or health care operation purposes no longer applies and (2) information relating to disclosures are required to be collected and maintained for only three (3) years prior to the request. This only applies to the extent the Business Associate uses or maintains an EHR.
 - b. In the event that the request for an accounting is delivered directly to the Business Associate, or its agents or subcontractors, Business Associate shall within five (5) days of a request, forward it to the County in writing. It shall be the County's responsibility to prepare and deliver any such accounting requested.
 - c. At a minimum, the information collected and maintained shall include: (1) the date of the disclosure; (2) the name of the entity or person; (3) a brief description of PHI disclosed; and (4) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or in lieu of such statement, a copy of the individual's authorization, or a copy of the written request for disclosure.
11. **Government Access:** Business Associate shall make internal practices, books, and records relating to the use and disclosure of PHI available to the County; or at the request of the County, to the Secretary of the United States Department of Health and Human

Exhibit F

Services (“Secretary”), in a time and manner designated by the County or the Secretary, for purposes of determining compliance with the Privacy Rule. Business Associates shall provide to the County a copy of any PHI that Business Associate provides to the Secretary concurrently with providing such information to the Secretary.

12. **Minimum Necessary:** Business Associate, and its agents or subcontractors, shall request, use and disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, use, or disclosure. Business Associate understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary.”
13. **Breach Pattern or Practice by Covered Entity:** Pursuant to 42 U.S.C. Section 17934(b), if the Business Associate knows of a pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate’s obligations under the Contract or Agreement or other arrangement, the Business Associate must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the Business Associate must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of the Department of Health and Human Services. The Business Associate shall provide written notice to the County of any pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate’s obligations under the Contract or Agreement or other arrangement within twenty-four (24) hours of discovery and shall meet with the County to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
14. **Notification of Breach:** During the term of the Contract, Business Associate shall notify the County within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized access, use, or disclosure of PHI of which the Business Associate becomes aware and or any actual use or disclosure of data in violation of any applicable federal or state laws or regulations. This notice shall include, to the extent possible, the identification of each individual whose PHI has been or is reasonably believed by the Business Associate to have been accessed, acquired, or disclosed during the breach. Business Associate shall provide the County with any other available information that County is required to include in the notification to the affected individuals. Business Associate shall take (1) prompt corrective action to cure any such deficiencies and (2) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulation.
15. **Mitigation:** Business Associate shall mitigate, to the extent practical, any harmful effect that is known to Business Associate as a result of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

Exhibit F

TERMINATION

16. **Material Breach:** A breach by Business Associate of any provision of this Agreement, as determined by County, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract by the County.
17. **Judicial or Administrative Proceedings:** The County may terminate the Contract, effective immediately, if (1) Business Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations, or other security or privacy laws or (2) a finding or stipulation that Business Associate has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceedings in which the party has been joined.
18. **Termination for Convenience:** County may terminate this Agreement at any time at its pleasure upon giving thirty (30) days written notice.
19. **Effect of Termination:** Except as provided in subparagraph A of this section, upon termination of the Contract for any reason, Business Associate shall, at the option of the County, return or destroy all PHI that Business Associate still maintains in any form, and shall retain no copies of such PHI. This provision shall apply to PHI that is in the possession of subcontractor or agents of the Business Associate.
 - a. If return or destruction is not feasible, as determined by the County, Business Associate shall continue to extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction not feasible, for so long as Business Associate, or any of its agents or subcontractors, maintain such PHI
 - b. If the County elects destruction of the PHI, Business Associate shall certify in writing to the County that such information has been destroyed.

AMENDMENT

20. **Amendment to Comply with Law:** The parties acknowledge that state and federal law relating to data security and privacy are rapidly evolving and that amendment of the Contract or Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, and other applicable laws relating to the security and confidentiality of PHI. The parties understand and agree that the County must receive satisfactory written assurance from Business Associate that Business Associate will adequately safeguard PHI. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH ACT, the Privacy

Exhibit F

Rule, the Security Rule, or other applicable laws. County may terminate the Contract upon thirty (30) days written notice in the event (1) Business Associate does not promptly enter into negotiations to amend the Contract or Agreement when requested by County pursuant to this Section or (2) Business Associate does not enter into an amendment to the Contract or Agreement providing assurances regarding the safeguarding of PHI that County, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

County:
Glenn County
Health and Human Services Agency

Business Associate:

Signature: _____
Print Name: Christine Zoppi, Director
Date: _____

Signature: _____
Print Name: _____
Date: _____

The wording of this attachment,
unless modified, is approved by
Tami Hanni
HIPAA Privacy and Security Officer
Glenn County

Revision #4, December 17, 2009