



Behavioral Health Electronic Health Record Project (BHEHR)
Answers to Vendor Questions - 8/18/09

Questions and Answers

1. Is the County seeking an interface from the Open Text Document Management System to enable viewing of scanned documents from within the EHR?

County wants ability to digitize documents and attach them to corresponding EHR records and view them. If this capability is provided within the proposed solution and would meet the county's need, then an interface would not be necessary. If the proposed system does not provide the capability to manage digital images, then the proposer should recommend a course of action that will meet the county's need. At this point, no interface to Open Text is planned.

2. Does the County have a need for the full ASI?

The county does require all the information in a full ASI. The need for full ASI is currently being met through a combination of the use of an ASI "lite" form and the county's in-house developed CalOMS system.

3. Please provide additional information on the functional requirements for your DUI Program.

*In addition to the following summary paragraph, a typical **DUI scenario with detailed business activities is attached to the end of this document in EXHIBIT A.***

Summary of DUI System Operation:

A system that complies with the requirements for Driving Under the Influence (DUI) Programs as set forth in Title 9, California Code of Regulations, Chapter 3 Programs for Alcohol and Drug Impaired Drivers. This would include the tracking and monitoring of client demographics, origin or referral, enrollment/termination/transfer processes, attendance, program status, DUI Program requirements, program payments, notification of courts, agencies and DMV, release of information, progress and supplemental notes and electronic storage of California DMV Forms DL107, DL101, DL804, and DL101A.



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4. In addition to the interfaces noted to Med-Dispense and SAP, as well as the lab/pharmacies interfaces noted elsewhere in this list of questions, are there any additional interfaces that would be required?

*The list of interfaces currently in use by the Behavioral Health Department can be found in Tables 5 and 6 of **Appendix E – Data Requirements**. In addition to Med-Dispense, SAP, lab/pharmacies, and standard interfaces that support authorization, billing, and claiming, we anticipate the possibility of interfacing with Family Care Network, a local CBO, which is described in Subtask 9.2 of **Appendix B – County Proposed Statement of Work**.*

5. Please provide preferred format/specifications for Med-Dispense and SAP interfaces as well as any others that are required.

Med-Dispense is a commercially available product and specifications can be found by contacting the manufacturer. The County uses Med-Dispense version: 10.1.5.0. The product data sheet and contact information for the manufacture can be found on the web: http://www.med-dispense.com/files/pdfs/medDISPENSE_data_sheets.pdf

The current SAP interface supports a check-writing function where the county's current behavioral health system creates batch payment information based on services rendered by network providers. Data is transmitted to the county Auditor so checks can be created in SAP. The financial data is sent to SAP in a fixed-field length flat file. The data file contains the name of the service provider, EOB information, etc. The SAP system returns a flat-file containing check number, printed date, processed date, cashed date, etc. Payment status is tracked within the behavioral health system.

6. Regarding required conversion(s) from InSyst, please confirm whether the County wants demographics, balance forward, CSI and CalOMS. Are there any other data sets that the County wants converted into the new system?

*The county plans to migrate demographic, balance forward and CSI data from InSyst for consumers that have received service during the last two years. The county is proposing to first validate this approach as described in Task 4 of **Appendix B – County Proposed Statement of Work**. CalOMS data resides in an application that was developed in-house at the County. Discussion about how to handle CalOMS data will also be part of Task 4. The county also plans to migrate two years of data from the three main systems (referred to internally as "Client Track," "Prop 36," and "DUI") that currently support the Drug and Alcohol Services operation. These systems are briefly described in section 4.1 of the main RFP document. The type of data to be migrated would likely be: demographic, balance forward and ASI. In addition, data describing the client's progress within the program(s) they are attending will also be included in the migration. This strategy will be validated as part of Task 4 of **Appendix B – County Proposed Statement of Work**.*

7. Do the 59 providers need licenses to access the system? [To provide secure, remote data entry capabilities to authorized Community-Based Organizations (hereafter "CBOs").]



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The county assumes that the current 59 authorized “network providers” will need secure, remote access to the county’s EHR system. Proposing vendors need to determine the appropriate licensing arrangement to allow this access. The county makes a distinction between “network providers,” and Community-Based Organizations (CBOs). Network providers are qualified individuals that are under contract with the county to provide clinical services. Community-Based Organizations are larger, non-profit organizations providing clinical services. The county partners with a number of CBOs within San Luis Obispo County and the number of planned CBO users are not included in the 59 network providers.

8. Can you confirm that the 219 named users covers the full set of end users who will need to access the system (i.e. should vendors add 59 additional users per the question above and/or are there any other sets of users that need to access the system that are above and beyond the 219 named users?

*The 219 user count does **not** include the 59 network providers. The full set of end users that need access to the system is still being determined. For the purposes of this RFP, assume 219 county staff users, 76 CBO users and 59 network providers for a total of 354 named users. It is estimated that 80% of these will be concurrent users. Further assume that an additional 120 users from Family Care Network (the largest CBO) will interact with the proposed EHR system through a single interface (see Subtask 9.2 of **Appendix B – County Proposed Statement of Work**).*

The county requests that vendors indicate the incremental cost for any additional licenses, as well as an explanation of the price-break points for additional users in the RFP body section 5.1.5.3 EHR System Overview.

9. Is billing functionality needed for the Drug and Alcohol Services Prevention Programs?

No. These are typically grant-funding programs that do not usually involve billable services.

10. Is it a requirement that the system be SQL based?

While it is not a requirement that systems be based on Microsoft SQL Server, the county standard database platform is SQL Server.

11. Regarding the RFP requirement/question below, can the County clarify if it wants a mirrored reporting environment, a mirrored environment overall or both?

Cost of Multiple Environments: What is the proposer’s policy related to setting up multiple environments (e.g. development, test, conversion, production, mirrored reporting database)? Does the purchase of adequate user licenses for a single system cover the costs for these multiple environments? Include costs associated with third party license requirements (e.g. if separate Database licenses are required).



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The county is interested in setting up multiple environments for the purpose of allowing training, testing and development activities, etc., without impacting the production environment. The intent of this replication is not for the purpose of redundancy. These non-production environments (i.e. training, testing, development, etc.) do not have to be mirrored in the sense that data needs to be synchronized real-time. They do have to be similar enough to the production environment to fulfill their intended use (i.e. a testing environment would have to run the same version of software as the production environment in order to produce valid test results). The county may choose to have a separate environment available for reporting, and will need to have the reporting environment synchronized in near real-time, with the time/date stamp synchronized with the production environment.

12. Please provide additional information on specs for this interface.

1.18.5.1	The system shall capture, maintain, and periodically update County "211" data through an electronic download or interface.
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This requirement is hereby removed.

13. What format is required for electronic referrals?

1.18.6.2	The system shall have the capability to receive electronic referrals.
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Currently, the majority of referrals for Behavioral Health services come from other county departments or the court. Referral information is sent to the Health Agency either in the form of a Lotus Notes e-form, or on paper. It is highly likely that the referring agency could send electronic referral data in whatever format the Health Agency requested. This format could be specified by the selected vendor.

14. Will the following requirement be fulfilled by a web portal that the County would build or would clients be given temporary passwords in the application or is this Personal Health Record/Portal functionality that the County is seeking? What type of data does the County envision would be entered? Would the County envision allowing direct data entry into the system or would it need to be brokered by a staff member to ensure data integrity?

1.1.1.8	The system shall support client kiosks (in waiting room areas) with computer access that allow clients to enter application data themselves
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The county is interested in a proposed solution for the capability described in the requirement above. The county was not anticipating building a custom application or website. The type of data that would be entered would be pre-registration and health information. One possibility would be that the consumer would be given a temporary system password and data would be entered directly into the system. There would have to be some sort of quality/validation check by a county staff member.

15. What other payors would need to be supported and in what format would the transaction be?



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1.2.3	Electronically Verifying Eligibility: Accessing the Medi-Cal Eligibility Data System (MEDS) to determine if a client is eligible to receive Medi-Cal services. Also includes providing online, real-time eligibility verification for non-Medi-Cal payers who support this capability.
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The primary payor (other than Medi-Cal) is Blue Cross. The assumption is that verification transactions will use the standard 270/271 format.

16. How many detached/mobile end-user licenses would be needed to address the following requirements (1.12.1.3 and 1.16.1.9)?

1.12.1.3	The system shall capture data directly from Mobile Crisis providers so crisis info is immediately available during the County's intake assessment process.
1.16.1.9	The system shall support field workers sending real-time data or uploading data to central system daily when computer is docked (Note: Does not denote wireless)

*For the purposes of the RFP, the county would like to provide mobile system access and/or functionality to 30 mobile/field workers. **Vendors should clarify whether each mobile user will require a separate license** in addition to the license for the stationary workstation each mobile worker uses.*

17. Regarding the request below, if a vendor uses a widely used third-party program (e.g. Wiley) to provide libraries, how many clinicians would need to access the libraries and how many libraries would be needed (e.g. Complete Adult, Adolescent, etc.)?

1.13.9.2	The system shall provide industry standard clinical libraries of best practice information on treatment interventions for inquiry by clinicians.
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Approximately 190 clinicians will need access to the libraries. The vendor should propose the number of libraries that would meet the needs of the county. Vendors should also clarify whether the library licensing is structured on a per-user basis, or an enterprise basis.

18. Verify the number of Electronic Signature Pads required per the requirement stated below.

1.10.5.1	The system shall capture and maintain electronic signatures for providers/staff and clients.
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For the purposes of this RFP, assume 190 signature pads will be needed.



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19. Please provide clarification on any interface required to a dictation system or a text-to-speech system? What specifications? What data are you intending to incorporate/integrate?

1.10.8.1	The system shall support speech/voice recognition, dictation, transcription, and text-to-speech.
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This requirement is being changed. The new requirement is this: *“The system shall support speech/voice recognition and the ability to import transcription text.” This capability can be provided by a third-party application, which must have a corresponding entry in Appendix G - Cost Proposal.*

20. Based on the following requirement is the County seeking a Document Management/scanning solution?

1.10.9.5	The system shall have the capability for performing optical character recognition (OCR) on image in County standard formats and to manage the resulting output together with the original image.
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The county is not necessarily looking for a separate document management / scanning solution. The county is seeking to digitize hardcopy medical documents and manage these images as part of the overall electronic health record system. The ability to search these images based on the text associated with the image from an OCR process is desirable.

21. With regards to Laboratory requirements: to/from how many labs does the County need/want an interface and in what format?

1.19.5.1	The system shall receive test results via the web.
1.19.5.2	The system shall receive and store electronic results securely.

The county currently contracts with three labs to have tests performed. However, the county only exchanges data electronically with one laboratory at this time. The laboratory with electronic exchange provides drug testing. The data is currently exchanged in a proprietary format, although the laboratory claims to be able to accept HL7-compliant transactions. The county's primary focus is to maintain electronic data exchange for drug testing. Data from drug test results are used in a variety of ways, including court reports, statistical reports, notifications to therapists, etc. The County PHF has laboratory relationships with two laboratories, one for Monday – Friday orders and the other is for weekend orders. Orders are currently done manually with results faxed to the PHF. The county is interested in creating computerized physician order entry for these lab tests with possible return of results through an electronic interface. The vendors should propose interface formats.

22. Does the following requirement refer to the need for transmitting prescriptions electronically to the pharmacy of a patient's/client's choice, as opposed to inpatient pharmacy functional needs? If so, how many total FTE prescribers would require this functionality?



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1.20.1.7	The system shall support ePrescribing.
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Yes, the requirement refers to the need for transmitting prescriptions electronically to the pharmacy of a patient's/client's choice. For the purposes of this RFP, assume 7 FTEs psychiatrists will be designated as prescribers. Additionally, seven (7) psychiatric technician / medication managers assist in ordering prescriptions, including creating the orders, phoning in requests for refills, etc.



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EXHIBIT A

DUI Business Scenario

Ms. Moore, age 21, was arrested while driving under the influence of alcohol. At the time of arrest her blood alcohol level was .12 and during a search of the vehicle the officer found less than an ounce of marijuana in the cup holder of the vehicle. Ms. Moore went to court and was mandated to the First Offender 3 Month (DUI) program as well as the Deferred Entry of Judgment (DEJ) program. The court ordered her to appear at Drug and Alcohol Services (DAS) for DEJ intake the following Thursday at 8:45 am and to also enroll in the FOP 3 month Program within 21 days.

1. DAS receives notification from the court that Ms. Moore was being sent for the DEJ Program and DUI First Offender 3 month Program (FOP).
2. DAS clerk searches for Ms. Moore in Client Track (CT) Database to determine if she had been there previously. No previous record for Ms. Moore is found.
3. DAS clerk begins a new client registration screen which consists of general client demographic information.
4. DAS clerk sets the funding source as self-pay until the client is seen.
5. DAS clerk fills out a referral screen to reflect the date the court referred Ms. Moore, which court branch sent her and referral status is set as pending.
6. DAS clerk registers Ms. Moore into the DEJ program for SLO site and her status is set as pending. Her name is placed on the DEJ Sign-in Roster in anticipation of her coming in for the DEJ Intake.
7. Ms. Moore presents at DAS front office with court order for DEJ intake. Clerk copies and files Ms. Moore's court order.
8. DAS clerk asks Ms. Moore to fill out a letter of DEJ enrollment.
9. DAS clerk makes a copy of Ms. Moore's Medi-Cal card.
10. DAS clerk observes that although Ms. Moore has presented for the DEJ Intake, her court order also states she needs to enroll for the FOP 3-Month Program within 21 days.
11. DAS clerk confirms Ms. Moore's Medi-Cal eligibility using the DAS data link to ITWS Medi-Cal eligibility screens and informs Ms. Moore that Medi-Cal will pay for the cost of her DEJ Program.
12. Ms. Moore is instructed to go to the DEJ Intake group room where she is provided information and forms to complete. Ms. Moore's packet consists of:
 - a. Client Handbook,
 - b. Receipt of Client Handbook,
 - c. Health Questionnaire, and
 - d. Application for Services,
 - e. Criminal Justice Confidential Release of Information,
 - f. Debt Collection Release of Information,
 - g. DEJ Fee Contract and
 - h. DEJ Program Contract.
13. The completed Health Questionnaire is given to the DAS Nurse for review. The nurse notes that Ms. Moore states she believes she is about 3- 4 months pregnant, had done a home pregnancy test last week but had not seen a doctor. It was also noted that she had injected methamphetamine twice in the last 30 days.
14. Ms. Moore is currently on Medi-Cal and receives food stamps. She reports that her social worker had given her sign some papers and told her she needed to get an assessment done at DAS.
15. The nurse provides Ms. Moore printed information regarding proper prenatal care and sends a referral to the Health Department to help Ms. Moore establish prenatal care. Because Ms. Moore



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is pregnant and an injecting drug user the nurse sets an appointment with a Perinatal Counselor at DAS for the following day to determine if she is eligible for placement in the intensive Perinatal Program (POEG).

16. All Intake forms completed by Ms. Moore are reviewed for signatures and completeness by Intake staff.
17. An appointment is set for Ms. Moore's initial DEJ Program individual session in the Arroyo Grande DAS Office for the following week and she is given an appointment sheet.
18. Ms. Moore is placed on random drug testing with a standard test profile and assigned to color group Silver. She is instructed to call the drug testing phone line Monday through Saturday. Each day, a message is recorded on the drug testing phone line establishing which random color group will be tested on that day. Consumers are asked to appear between 3-5:45 pm when their color group is specified.
19. Ms. Moore is sent back to the front desk by Intake staff to get her DEJ enrollment letter. The court requires this letter as proof of Ms. Moore's enrollment in the DEJ program.
20. Ms. Moore's information is logged into the Client Track data system; the chart is assembled and sent to the assessing counselor. Her drug testing color group and testing profile is entered into the Client Track data system and her initial DEJ Program appointment is recorded in the counselor's Lotus Notes schedule and on the counselor's individual roster.
21. Two days after Ms. Moore's DEJ Intake, a referral from CWS is received at the DAS front office. Ms. Moore's Social Worker is requesting a full assessment, drug testing, and treatment. The Referral (DSS 815) is recorded into the Client Track database, a copy is sent to the DAS Nurse and the original is forwarded to her primary counselor in the Arroyo Grande DAS Office.

DUI Registration

1. Ms. Moore appears at the Arroyo Grande DAS office a week later to enroll in the First Offender 3 month DUI Program.
2. The DAS clerk checks her court docket to confirm which DUI Program has been ordered and to insure that the docket is current. The DAS clerk makes a copy of the docket and returns the original to the client.
3. The DAS clerk asks the client if she is prepared to make the \$200 deposit necessary for enrollment. The client says that she has Medi-Cal. The clerk explains that Medi-Cal will not pay for her DUI Classes and that a down payment is required. Ms. Moore states that her boyfriend who is in the lobby will pay for it on his credit card.
4. The clerk DAS clerk provides Ms. Moore with a DUI Client Intake Packet to fill out. The packet consists of:
 - a. Client Handbook
 - b. Receipt of Client Handbook Form
 - c. Health Questionnaire
 - d. Criminal Justice Release of Confidential Information
 - e. Debt Collection Release of Confidential Information
 - f. DUI Program Fee Contract
 - g. DUI FOP Program Contract
 - h. DMV Form DL 804 Certification of enrollment or completion of a DUI Program.
5. Ms. Moore completes the packet and returns it to the DAS clerk. The clerk checks that all forms, signatures, and releases are complete signed and dated. The clerk enters the data into the DUI Database which automatically puts the program charge into the data system and prompts the clerk to take the deposit payment. The system then prints out 2 copies of the receipt and the clerk gives one copy of the receipt to Ms. Moore and staples the payment to the other copy and puts it in the cash drawer.



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6. The DAS clerk goes over the basic DUI rules (21 day rule, confidentiality, punctuality) with Ms. Moore.
7. The DAS clerk pulls out the DUI staff enrollment packet that consists of:
 - a. Intake Supplemental Note
 - b. Program Face Sheet
 - c. QA check list
 - d. DUI Client FOP Program Card
8. The DAS clerk schedules Ms. Moore's initial individual session for the following Monday at 10 am and hand writes the day, date, time and counselor on the Intake Supplemental Note as well as the FOP Program Card.
9. The DAS clerk takes out the Master Group Schedule Report and helps Ms Moore pick out her weekly FOP Education Group from those FOP Education Groups that still have empty slots. Ms. Moore decides to choose group # 74 every Wednesday from 5:30-7:30 pm starting the Wednesday after her initial individual session. The clerk writes the education group number, day, time, and counselor information on the Intake Supplemental Note as well as the clients FOP Program Card. The clerk writes the client's name, account number, primary counselor name and phone number on the front of the FOP Program Card. The clerk tells the client that she is to bring the card with her each time she comes in. The clerk shows Ms Moore that all her appointment information and phone numbers are on the card and that her monthly payment is \$152 and is due every month on this date. Ms. Moore takes her card and leaves.
10. The DAS clerk enters the client's counselor name into the DUI Database and puts the individual session time on the counselor's individual roster schedule.
11. Ms. Moore is placed in FOP education group # 74 in the DUI Database beginning the following Wednesday.
12. The DAS Clerk sends one copy of the letter of enrollment to the court of conviction and a second copy going into the chart.
13. The clerk accesses the DMV website and fills out a DMV DL107 Proof of Enrollment Form, validates and prints 2 copies of the document. One copy goes in the chart and the other is stamped Client Copy and is given to the client at the initial individual session along with copies of the program and fee contracts.
14. The DAS clerk assembles the file and places the file in the pending Intakes drawer.

Drug and Alcohol Services DEJ Intake Counselor functions

Treatment counselor checks notes that a DEJ Intake Individual Session is scheduled for Ms. Moore today. After pulling Ms. Moore's file, the counselor notes that there is a DSS 815 referral from Child Welfare Services requesting a full assessment, drug testing, and treatment recommendations as well as the standard DEJ Intake Forms. She notes that Ms. Moore had been placed on random drug testing color group Silver beginning last Monday. She also notes that Ms. Moore tested positive for methamphetamine and THC on her first drug test. The DAS Nurse had included a supplemental note stating that Ms. Moore thought she was approximately 4 months pregnant but had not seen a doctor and had injected methamphetamine twice in the past 30 days. The Nurse stated that she had set up a full Perinatal Assessment for the following day and had sent a referral to the Health Department to get Ms. Moore started in prenatal care, and had contacted Ms. Moore's social worker about the pending assessments for both Perinatal and DEJ Programs. Counselor looked over the entire DEJ Intake Packet and noted that all necessary forms were present and there were client signed HIPPA approved consents for release of confidential information present for all agencies involved in this case.



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1. Ms. Moore checks in at the reception desk for her DEJ Intake with TX counselor. The receptionist gives Ms. Moore a SASSI (Substance Abuse Subtle Screening Inventory) to fill out and then gives it to the Counselor to score prior to the beginning of Ms. Moore's session. The counselor opens the Provisional Assessment on the DAS Web.
2. Counselor has Ms. Moore sign in on the counselor's individual session roster for the day.
3. The counselor goes through all the provisional questions (Provisional Assessment is a combination of CalOMs and DAS questions) with the client. The counselor assigns Ms. Moore to her weekly education group for the next twelve weeks.
4. The counselor sets the date for the required mid-point individual session in one month and registers the date on her Lotus Notes Calendar and her individual roster in the Client Track Data System.
5. The counselor saves, validates (responses to CalOMs questions meets State defined allowable responses) and prints the Provisional Assessment to be placed in Ms. Moore's file.
6. In the Accucare Database (used to create individual notes, education group notes, process group notes, treatment plans, and discharge summaries), the counselor creates a record for Ms. Moore, places her in the education group and creates, prints, and signs the individual progress notes and the initial treatment plan to be placed in Ms. Moore's file.
7. The counselor returns the file and the individual roster back to the clerk along with a status change form requesting that Ms. Moore's placement status be updated from "Pending" to "Active".
8. The DAS clerk assembles the file, updates the Client Track (CT) Database with any additional data and places the file into "active" status.
9. The DAS clerk submits the attendance via the CT Database which registers the unit of service, and charges Ms. Moore's account.

Drug and Alcohol Services DUI Intake Counselor functions

1. DUI Counselor notes that he has an intake appointment on his individual roster for the day with Ms. Moore. He pulls her chart from the pending DUI files to prepare for her session.
2. DUI Counselor has Ms. Moore sign the individual roster for the day and reviews the program and fee contracts.
3. DUI Counselor has Ms. Moore fill out a Michigan Alcohol Screening Test (M.A.S.T.). Counselor does a provisional assessment with the client. Counselor schedules the client's next individual session into his Lotus Notes and onto his individual roster.
4. DUI Counselor writes his individual intake note in the DUI Database Progress Notes.
5. At the end of the day, DUI Counselor turns in his individual session roster to clerical and returns the file to clerical.
6. Clerical submits attendance from the roster that charges the client for the session.

[END]