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STATE OF DELAWARE

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**DELAWARE HEALTH  
AND SOCIAL SERVICES**

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DIVISION OF MANAGEMENT  
SERVICES

1901 N. DuPont Highway  
New Castle, DE 19720

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**REQUEST FOR PROPOSAL NO. PSC 693R**

**FOR**

**Clinical Care Information System (CCIS)**

**FOR**

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
FIRST FLOOR, MAIN BUILDING  
1901 NORTH DUPONT HIGHWAY  
NEW CASTLE, DE 19720**

**Deposit**                      **Waived**  
**Performance Bond**        **Waived**

**Date Due:**                      **September 13, 2006**  
    **11:00 am, ET**

**A mandatory pre-bid meeting will be held on July 25, 2006, at 10:00 AM at the Delaware Health and Social Services, Herman M. Holloway Sr. Campus, Medical Library, Springer Building, 1901 N. DuPont Highway, New Castle, DE 19720. PROPOSALS WILL NOT BE ACCEPTED FROM VENDORS WHO ARE NOT IN ATTENDANCE AT THIS MEETING.**

**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MANAGEMENT SERVICES  
PROCUREMENT BRANCH  
HERMAN M. HOLLOWAY SR. CAMPUS  
1901 N. DUPONT HIGHWAY  
NEW CASTLE, DELAWARE 19720**

**July 10, 2006**

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REQUEST FOR PROPOSAL # PSC 693R

Sealed proposals for the Clinical Care Information System for the Division of Substance Abuse and Mental Health (DSAMH), First Floor, Main Building, 1901 North DuPont Highway, New Castle, DE 19720 will be received by the Delaware Health and Social Services, Herman M. Holloway Sr. Campus, Procurement Branch, Main Administration Building, South Loop, Second Floor, Room #259, 1901 North DuPont Highway, New Castle, Delaware 19720, until 11:00 am local time, on September 13, 2006. At which time the proposals will be opened and read. A **mandatory** pre-bid meeting will be held on July 25, 2006 at 10:00 am local time at Delaware Health and Social Services, Herman M. Holloway Sr. Campus, Medical Library, Springer Building, 1901 N. DuPont Highway, New Castle, DE 19720. For further information concerning this RFP, please contact Darlene Plummer at (302) 255-9430.

All RFP-PSCs can be obtained online at [www.state.de.us/dhss/rfp/dhssrfp.htm](http://www.state.de.us/dhss/rfp/dhssrfp.htm). A brief "Letter of Interest" must be submitted with your proposal. Specifications and administration procedures may be obtained at the above office or phone (302) 255-9290.

**NOTE TO VENDORS:** Your proposal must be signed and all information on the signature page completed.

If you do not intend to submit a bid and you wish to be kept on our mailing list you are required to return the face sheet with "NO BID" stated on the front with your company's name, address and signature.

**IMPORTANT: ALL PROPOSALS MUST HAVE OUR SEVEN-DIGIT PSC# NUMBER ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.**

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

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1901 NORTH DUPONT HIGHWAY  
NEW CASTLE, DELAWARE 19720  
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The contract resulting from this RFP shall be valid for the period of time as stated in the contract. There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

If a bidder wishes to request a debriefing, they must submit a formal letter to the Procurement Administrator, Delaware Health and Social Services, Main Administration Building, Second Floor, (South Loop), 1901 North DuPont Highway, Herman M. Holloway Sr. Campus, New Castle, Delaware 19720, within ten (10) days after receipt of "Notice of Award". The letter must specify reasons for request.

## **IMPORTANT: DELIVERY INSTRUCTIONS**

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THEIR PROPOSAL HAS BEEN RECEIVED BY DELAWARE HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

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# 1 Project Overview

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## 1.1 Introduction

This is a Request for Proposal (RFP) for a Clinical Care Information System (CCIS), issued by the Division of Substance Abuse and Mental Health (the Division).

The goals are to consolidate currently automated clinical processes and to automate those which are currently manual. DHSS seeks an established behavioral health information system that can be adapted for its purposes while building on existing core functionality. **DHSS does not seek a “custom developed” solution. A web based, flexible system is preferred.**

Flexible means that CCIS be sufficiently parameterized that State staff can make modifications to table-driven information (i.e. updating lists of valid values) without necessarily involving programming staff. It can include OEM available API routines.

## 1.2 Background and Purpose

There are nine mandatory business processes, which must be automated. These are enrollment & eligibility, admissions & registration, client assessment, treatment planning, clinical documentation, pharmacy/pharmacy interface, order entry, charge capture, and reporting. Automation of many additional processes is desired and is described in detail later in the RFP. Included in the project are the main state run programs, Delaware Psychiatric Center (DPC), the Community Mental Health Center with five (5) sites, the Treatment Access Center (TASC) program with three (3) sites, and the Ellendale Detox program. Also to be included are DSAMH's contractual Substance Abuse programs run by non-profit corporations who are interested in using CCIS. The DSAMH treatment system is further described in section 2.2 of the RFP.

DSAMH operates many “stand alone” software systems serving particular needs for the Division. It is DSAMH's goal that the CCIS system replaces as many of these “stand alone” systems as possible, to provide a seamless tool for both clinical and administrative staff. While it will not be possible to eliminate all of the “stand alone” packages, a successful bidder will demonstrate that they can make a significant impact on the number of unconnected programs. If the bidder cannot replace a particular system, they should describe their ability to interface with that system. Interface means that data can be transferred between the CCIS and the other application. Each interface must be maintainable and modifiable by DHSS IRM personnel. All interfaces must use industry standard methods like HL7. Additional information about required interfaces is described below.

Vendor proposals need to address their approach to replacing or interfacing the DSAMH “stand alone” systems, which are listed below.

- **PMIS (Patient Management Information System)** - The PMIS system maintains client census information, including admissions, transfers, absences, discharges and

readmissions, at Delaware Psychiatric Center. The system includes a module used by other psychiatric hospitals within the state to capture data on committed clients and a module to provide nursing assessments. Another module exports information for the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) ORYX performance measurement system. PMIS is a client server system with SQL Server as the database.

PMIS does not support eligibility determinations. Administrative and clinical staff (the physicians) determine eligibility for DPC based on data collection and a psychiatric assessment if the client comes on site. The psychiatrist has the ultimate decision regarding a client's admission to DPC.

- **CIM Query/ DAMART** - One of the key systems used by the Division's Management Information System (MIS) unit to perform its tasks is DAMART. DAMART is a repository for data from both state and contractual programs. It includes consumer admission and discharge data collected for each treatment episode, service data, pharmacy data, and Medicaid eligibility data, which is imported each month. DAMART also contains "lock down" tables that are created for particular time periods, such as a state fiscal year, and are then used for routine and ad hoc reporting for that particular time period. The database is MS SQL Server 7.0 and MS Access 2003 is the primary query tool. The database includes approximately 144,000 DSAMH funded episodes of care and 2,900,000 service records.
- **Drug Evaluation Network System [Addiction Severity Index (ASI) software provided by the Treatment Research Institute]** - This software is used throughout the DSAMH Substance Abuse treatment system to complete an Addiction Severity Index (ASI). The software is a stand-alone product and does not provide for networking or sharing information between providers or staff. Clinical staff appreciate the software and the narrative report generated by the software after completion of the ASI is a popular feature.
- **Level of Care Utilization Software (LOCUS)** software provided by Deerfield Software of Erie Pennsylvania - LOCUS is a key assessment used throughout the DSAMH Mental Health treatment system to make level of care determinations. The system is a web-based system used by both state and contractual staff. Assessments and report findings can be shared within a provider and across providers based on access rights.
- **SuperScript Pharmacy Software** by Development Analysis Associates, Inc. (DAA) used in the CMHC pharmacy - The pharmacy serves consumers throughout the state Community Mental Health Center (CMHC) system if clients can't use a private pharmacy. Prescriptions are filled from a central location and distributed to six (6) sites by courier. The software system is used by 2 pharmacy staff at a time to fill prescriptions and runs on a single PC with a "share" allowing a second PC to access the program at the same time. An integrated pharmacy module is required. The ability to bill Medicare Part D is required.
- **QS/1 Pharmacy Software** - Owens Pharmacy (Cardinal) use the QS/1 package in the Delaware Psychiatric Center pharmacy. QS/1 is a client server based full featured pharmacy package and was recently purchased and installed to take advantage of its ability to bill Medicare Part D. An integrated pharmacy module is required. The ability to bill Medicare Part D is required.
- **ADL Systems, Inc. Patient Accounting, Patient Trust, and MDS** - This system provides three key functions for DPC, patient accounting, patient trust, and the Minimum Data Set (MDS) in the long-term care unit. It is client server system operated over the wide area network using a proprietary database system. It does

not interface with the PMIS system, so a separate Admission, Discharge and Transfer (ADT) system must be maintained in each system. If patient accounting, patient trust, and MDS are not part of the proposed solution an interface will be required.

## 2 DHSS Program and System Overview

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### 2.1 Delaware Department of Health and Social Services (DHSS)

The mission of DHSS is to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DHSS is comprised of twelve divisions as follows:

- Division of Substance Abuse and Mental Health
- Division of Child Support Enforcement
- Division of Long Term Care Resident Protection
- Division of Management Services
- Division of Developmental Disabilities Services
- Division of Public Health
- Division of Services for Aging and Adults with Physical Disabilities
- Division of Social Services
- Division of Medicaid and Medical Assistance
- Division of State Service Centers
- Division for the Visually Impaired
- Office of the Chief Medical Examiner

### 2.2 Division of Substance Abuse and Mental Health (DSAMH)

The Division is the single State Agency responsible for Mental Health and Substance Abuse services. As such, the Division receives Federal and State dollars for the sole purpose of administering mental health, substance abuse and gambling prevention and treatment services in Delaware. The following components make up the Division

- **Central Office:** Administration of statewide substance abuse services and mental health services for adults 18 years of age and older is the function of the Central Office. The Central Office has the following responsibilities: implementing Delaware Health and Social Services policy; setting mission, values, and policy within the Division; planning and allocating resources and developing services; managing State and Federal inter-governmental relations; managing the delivery system; and managing the flow of consumers with serious mental health illness and substance abuse disorders into long term community support programs.

The Central Office includes the following sections: Administrative Services (MIS, Fiscal, Quality Improvement); Planning and Program Development; Human Resource Development and Training; Office of the Director/Deputy Director inclusive of the Office of Consumer Affairs. A Director of Substance Abuse Services oversees the substance abuse and gambling service system for the Division.

- **Delaware Psychiatric Center:** The Delaware Psychiatric Center (DPC) is the single state psychiatric hospital. DPC operates three discrete programs: a 200-bed long-term psychiatric hospital, a 42-bed forensic program, and a 39-bed psychiatric Long Term Care (LTC) nursing facility.
- **Crisis Services:** These include 24/7 crisis intervention services including mobile

intervention, crisis phone intervention, collaboration with police and Hospital emergency room staff in managing crisis interventions, etc. The goal of the mobile crisis approach is to assist in ameliorating a psychiatric crisis.

- **Substance Abuse Services:** The Division operates, directly or through contracts with private agencies, primary prevention and treatment services throughout the state. Treatment services include:
  - Outpatient evaluation and counseling
  - Methadone maintenance
  - Case management services, including intensive multi-disciplinary teams
  - Short and long term residential programs
  - Residential detoxification services
  - The Treatment Access Center (TASC), providing targeted services and liaison with the Courts and criminal justice system
  - Services directed toward problem/compulsive gambling
- **Community Support Program Structure for Adults:** DSAMH has developed a statewide system of four community support programs known as Community Continuum of Care Programs (CCCP). Each is dedicated to meeting the multiple needs of adults with severe and persistent mental illness. These programs serve between 250 and 400 individuals and operate with a high degree of resource control and clinical autonomy. Services are delivered via a team approach are tailored to the individual's need and are designed to be flexible as the person's needs change. The CCCPs are based on several Evidence Based Practices including the Program of Assertive Community Treatment model, Co-occurring Treatment Approach, Supportive Employment models and medication treatment algorithms.

Four Community Mental Health Clinics, located in Wilmington, Newark, Dover and Georgetown, provide outpatient mental health treatment services throughout the state. Services include: short-term counseling; psychiatric and supportive counseling; crisis intervention; limited case management; and medication administration and monitoring.

There are three day programs operating in Delaware. One program, serving consumers in New Castle County and two programs serving consumers in Kent and Sussex Counties, provide facility-based rehabilitative services in a group format.

Twenty-four hour supervised residences (group homes) are organized as self-contained programs. There are fourteen 24-hour supervised group residences (ten in New Castle County, one in Kent County and three in Sussex County), each ranging in capacity from seven to ten residents.

Four of the group homes, referred to as the Meadows program, are located in buildings on a DHSS campus in southern New Castle County. The Meadows program is specifically designed to serve consumers, 55 years of age and older.

DSAMH's mission is to improve the quality of life for adults living with mental illness, alcoholism, drug addiction, or gambling addiction by:

- Promoting health and well-being;
- Fostering self sufficiency;

- Protecting those at risk.

The Division is able to achieve this mission by providing publicly-funded treatment, education, prevention, and advocacy for its clients to ensure they receive requisite care.

The treatment units operated directly by the Division of Substance Abuse and Mental Health (DSAMH) are DPC, Ellendale Detox, TASC, and the CMHC clinics and Mobile Crisis Unit. The other treatment units are operated by contractors.

DHSS receives data from its existing internal system as well as data from contractual providers. Data from contractual providers includes consumer, service summary, survey, and invoice data. Most data is submitted monthly, the requirement is within 10 business days after the end of the reporting month. Improving data transmission to “real time” or “close to real time” is a goal of the CCIS project.

### 2.3 General System Requirements

- There is extensive information about behavioral health “Best Practices” and “Evidence-based Practices” available. The trend towards these practices is evolving rapidly. Vendors should describe their capability to keep up with these trends. Some basic definitions follow.

#### **Supported Housing:**

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

#### **Supported Employment:**

Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client:staff ratio. SE

contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults / works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

**Assertive Community Treatment:**

A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. A key aspect are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia Bulletin, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health.

**Family Psychoeducation:**

Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psychoeducation programs may be either multi-family or single-family focused. Core characteristics of family Psychoeducation programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

**Integrated Treatment for Co-occurring Disorders:**

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

**Illness Management / Recovery:**

Includes a broad range of health, lifestyle, and self-assessment and treatment behaviors by the individual with mental illness, often with the assistance and support of others, so they are able to take care of themselves, manage symptoms, and learn ways to cope better with their illness. Self management includes psycho education, behavioral tailoring, early warning sign recognition, coping strategies, social skills training, and cognitive behavioral treatment.

- Delaware recently released an RFP for the Delaware Health Information Network (DHIN). The DHIN project addresses “results delivery” as one of its features. Vendors responding to the CCIS RFP should address the capability of their proposed system to take advantage of the “results delivery” feature of the new DHIN system and other features of DHIN that relate to the CCIS project. More information about the DHIN can be obtained at <http://www.dhin.org/default.cfm>.
- At this time DHSS does not envision personnel using the CCIS from home. It would be beneficial if staff could use the system from remote locations, such as a prison while they are doing a client assessment. Also, contractual treatment providers could access the system from their offices to complete a client assessment or send information to the Care Management Unit (the Enrollment and Eligibility Unit).
- Turnover in the DHSS programs is moderate. DHSS anticipates that most users will become proficient with 1 to 3 days of training in the CCIS system. “Power” users and trainers may require several days of additional training. Length of training time required for each of the mandatory business functions will depend, in part, in the ease of use of the system selected and can’t be predicted at this time.
- Staff will have to be trained at one level or another. The following chart breaks out the staff by categories.

Staff Category	# of Staff
Psychiatrists and Physicians	25
Psychologists	15
Social Workers & Case Managers	95
Nurses	105
Nursing Assistants	170
Other Clinical Staff	55
Clerical Staff	55
Administrators	45
Total	565

- Quality improvement and performance measurement are critical functions of the CCIS. Part of this is described in the mandatory “Reporting” business function described in Section 4.12.3 in the description of Deliverable # 10. The CCIS will be a prime source of data for the clients, services and outcomes associated with the treatment system. The more reporting, performance measurement and quality improvement can be integrated into the CCIS the better. DSAMH expects that it will not have to give up any of its current access to data, query capability, and report generation ability with the implementation of the CCIS system.

In preparing a response to this RFP, vendors should note the following:

- DSAMH wants to explore all potential options for the new CCIS. Options include commercial vendors, public domain vendors, open source vendors, and vendors offering combined solutions. However, DSAMH is **not interested in a totally custom development**, and therefore is not interested in any vendor proposing to develop a Substance Abuse and Mental Health system.
- DSAMH is interested in proposals based on solutions developed and implemented in other governmental agencies.

The following chart provides estimates of total DHSS employees and staffing contractors who will access the new system. It is premature to estimate the number of SA providers and their employees and contractors who will take advantage of CCIS.

Mandatory Business Processes	DHSS employees & contractual employees (estimated total number of users)
Enrollment & Eligibility	30
Admission & Registration	30
Client Assessment	400
Treatment/Care Planning	400
Clinical Documentation	400
Pharmacy	15
Order Entry	40
Charge Capture	5
Reporting	200

The number of clients served by DHSS and agency staff by location and by time are summarized in a DSAMH report called "DSAMH at a Glance," which is available on the DSAMH web site. A section of this report is provided below. DSAMH services are highlighted in blue. Contractual providers are not highlighted. The state operated SA Detox program serves roughly 1/3 of the total Detox clients served. DSAMH serves approximately 13,311 unduplicated consumers in state and contractual programs per year.

Program Type	EOT FY 05	Admission s	EOY 6/30/05	EOY % of Total
<b>DPC</b>	<b>584</b>	<b>354</b>	<b>221</b>	<b>3.3%</b>
Meadow Wood	403	369	29	0.4%
Rockford	231	213	25	0.4%
St. Jones	208	203	1	0.0%
<b>CMH Inpatient Subtotal</b>	<b>842</b>	<b>785</b>	<b>55</b>	
MH CCCP	1,413	195	1,245	18.9%
MH GH	146	25	122	1.8%
<b>CMHC – Psyc &amp; Supp.</b>	<b>1,473</b>	<b>297</b>	<b>1,145</b>	<b>17.3%</b>
<b>CMHC – Comm. Counsel.</b>	<b>925</b>	<b>169</b>	<b>590</b>	<b>8.9%</b>
<b>CMH Subtotal</b>	<b>3,957</b>	<b>686</b>	<b>3,102</b>	
<b>SA Detox</b>	<b>2,726</b>	<b>2,694</b>	<b>33</b>	<b>0.5%</b>
SA OP	7,036	4,488	2,805	42.4%
SA ICM, Day Treatment	489	345	175	2.6%
SA Residential	1,065	870	229	3.5%
<b>SA Transitional Housing</b>	<b>83</b>	<b>83</b>	<b>1</b>	<b>0.0%</b>
<b>SA Subtotal</b>	<b>11,399</b>	<b>8,480</b>	<b>3,243</b>	
<b>GRAND TOTAL</b>	<b>16,782</b>	<b>10,305</b>	<b>6,621</b>	<b>100.0%</b>

EOT = Episodes of Treatment  
 EOY = End of Year  
 CMHC = Community Mental Health Center  
 DPC = Delaware Psychiatric Center

DSAMH operates two residential units, which are further described below.

Program	Licensed Capacity	Operational Capacity	Average Occupancy Rate (%)
Delaware Psychiatric Center	381	281	83%
Ellendale Detox Center	20	20	83%

The following chart describes the daily volume of transactions for each mandatory business requirement. DHSS does not expect any growth over the next one, two or five years. DHSS does not have a user or traffic volume goal that it wants to mandate to the CCIS Contractor for this RFP.

Mandatory Business Processes	Estimated number of daily transactions
Enrollment & Eligibility	25
Admission & Registration	30
Client Assessment	30
Treatment/Care Planning	30
Clinical Documentation	300
Pharmacy	250
Order Entry	200
Charge Capture	300
Care Management	20
Reporting	30

DSAMH currently has approximately 414 desktop and laptop computers and approximately 100 printers, both networked and desktop.

**Additional background information about DSAMH.**

**Accounts Payable**

On average DSAMH processes 634 invoices per month.

On average DSAMH processes 556 checks per month. (This is a subset of the 634 invoices above.)

**Billing/Accounts Receivable**

Please note that all counts of bills, statements, and claim forms should reflect the actual number of **\*\*patients\*\*** being billed. If these figures include counts of **\*\*clients\*\*** being billed, then the actual patients on the client bills/statements/forms should be counted and included in these statistics.

DPC submits monthly electronic claims when processing patient billing. DPC submits between 12 to 20 Medicare Part A claims, between 130 to 160 Medicare Part B claims and between 7 to 10 Long Term Care Medicaid claims, monthly.

DPC sends out approximately 800 Patient billing statements monthly.

DPC prints out between 10 to 20 paper claim forms to submit to Private Insurances monthly.

DPC has approximately 15,000 inactive accounts in its current billing system.

## Pharmacy

Complete approximately 155 inpatient medication orders per day.

Complete approximately 100 outpatient scripts per day.

No IVs are done in either pharmacy.

## Inpatient/Residential Populations Served

Approximate number of Clients admitted during SFY

DPC - 355

Ellendale Detox - 860

Approximate number of Clients active at end of SFY

DPC - 230

Ellendale Detox - 17

## Outpatient Program Populations Served:

Approximate Numbers admitted per during SFY

TASC - 1,600 admitted, 1600 active at any given time

CMHC - 466 admitted, 1,735 active at any given time

Total # of programs offered (Approximate Numbers)

TASC - three sites across state

CMHC - five sites across state

Approximate numbers of services provided per SFY

TASC - 53,750

CMHC - 28,910

Total # of Case Managers: (Approximate Numbers)

TASC 17

CMHC – All Clinical Staff - 69 (this includes part time and contractual staff)

Total # of clients per Case Manager (Approximate Numbers)

TASC	-	95
CMHC	-	25

**The DSAMH total annual operating budget is \$ 90.4 million.**

## **2.4 DSAMH Business Requirements**

The CCIS must support all services provided by DSAMH and its mission. The ideal CCIS system will equally support the State facilities and substance abuse contractual providers by providing the following business functionality:

### **2.4.1 Preliminary Client Processing**

#### **A. Enrollment and Eligibility**

- An automated process to include the ability to identify and/or create a Master Client Index (MCI) number from all current and future points of service for all authorized MCI users.
- Eliminate or substantially reduce the paper-based and manual processes currently associated with this client assessment.
- The ability to electronically convey client information to all applicable departments and providers in a secure and timely manner.
- Integrate all sources of tracking data into one central resource and provide access to approved providers.

#### **B. Admissions and Registration**

- Integrate where applicable, with the various sources of information necessary for client admissions and registration including, but not limited to, current basic demographics from PMIS (Patient Management Information System), Consumer Reporting Forms and verification of Medicaid insurance through the MMIS (Medicaid Management Information System).
- Automate the admission services for the 281 DPC beds.
- Expedite 24x7 psychiatric evaluations for all client referrals through automation and integration of data sources providing consistent and accurate information.
- Standardize all intake forms and processes to eliminate repetitive collection of data for the same clients and automate the process of information sharing across facilities.

#### **C. Client Scheduling**

- Implement an enterprise-wide model and system for client scheduling. This would include calendar sharing, scheduling, and multiple points of input.
- Eliminate paper appointment books
- Interface with Microsoft Outlook Calendar to put appointments in staff Outlook Calendars.
- Scheduling functions should be seamless to users when scheduling across departments and facilities.
- Improve resource and facility scheduling, for internal management functioning.
- Automatic integration with client data eliminating redundant and duplicate scheduling tasks.

- Provide automated reminders and updates to clients and the staff reducing manual intervention.

#### **D. Client Assessment**

- Provide a system of integrated and consistent client assessments across all facilities, State and contractual.
- Automate all client assessments for data input, storage, and retrieval.
- Centralize all client assessment data and provide secure access for all applicable provider personnel.
- Each client will have a standard baseline of information to be used for new and subsequent assessments.
- Evidence-based Practices of Illness Management and Recovery (IMR) should be integral to the client assessment practice.
- Incorporate and expand the use of the Addiction Severity Index (ASI) and Level of Care Utilization System (LOCUS) as a best practice initiative across all facilities, State and contractual.

#### **E. Minimum Data Set (MDS) for LTC Clients**

- All necessary information will be captured at the actual time and point of delivery.
- Provide the MDS coordinators with electronic means of entering and accessing assessments eliminating manual, time consuming data input.
- MDS should be interfaced as a part of the client care planning module.
- Electronic submission of data to all State and Federal agencies in a timely and accurate manner.

### **2.4.2 Care Plans/Treatment Plans**

#### **A. Treatment Planning**

- Ensure treatment plans are linked to all client assessments to make certain the client receives the essential care and treatment.
- Maintain a data library of treatment goals, objectives, and problems.
- Automate and utilize integrated Treatment Management processes eliminating paper documents and their associated manual processes.
- Centralize all client care and treatment data and provide secure access for all authorized provider personnel.
- Treatment plans will be interdisciplinary.
- Incorporate the use of the EBP Medication Management Approaches in Psychiatry (MedMAP) as best practice, where needed.

### **2.4.3 Clinical Documentation for all Caregivers**

#### **A. Clinical Care Delivery**

- Create and utilize common care delivery processes and electronic chart to ensure consistency and reduce or eliminate paper-based manual practices.
- Provide easy and secure dissemination of information.
- Apply structured and standard charting techniques in all programs.
- Introduce and employ common interdisciplinary processes and forms.
- Ensure therapy and rehabilitation plans are linked to all client assessments to make certain the client receives the essential care and treatment required.
- Maintain an electronic history of treatment goals, objectives, and

problems to be utilized as part of the client's clinical history.

- Automate physician's orders eliminating paper documents and their associated manual processes,
- Centralize all client care and treatment data and provide secure access for all applicable provider personnel.
- Therapy treatment plans will be interdisciplinary and will include recreational, occupational, vocational, pastoral, art, music, and library services.
- Incorporate the use of the Co-occurring Disorders: Integrated Dual Diagnosis Treatment.
- Utilize structured and standard charting techniques.
- Implement automated electronic process for social assessments, counseling, education, group treatment, planning, and employee services.
- Implement an automated electronic process for discharge plans for physician review and documented client history.

#### **B. Clinical Documentation**

- Implement electronic medical records eliminating hard-to-read paper documents, where possible.
- Implement common standard interdisciplinary processes and forms.
- Apply structured and standard charting techniques in all programs.
- Create and maintain a common electronic shared library of goals, objectives, and problems.

#### **C. Pharmacy / Pharmacy Interface**

- Integrate with other processes in treatment and care delivery for clients.
- Access to all pertinent client information including demographics and medical history.
- Ability to interface with external systems if integration into the treatment and care system is not possible.
- Secure, electronic access to the pharmacy system eliminating the need for written orders and manual ordering methods.
- Interface with DSAMH's billing system for Medicare Part D billing, client billing, and drug rebate claims.
- Access to multiple electronic systems and devices for streamlined ordering.

#### **D. Radiology**

- Interface with other processes in treatment and care delivery.
- Access to all pertinent client information including demographics and medical history.
- Secure, electronic access to the ordering system eliminating the need for written orders and manual ordering methods.
- Automated access to storage of radiology results and recommendations.

#### **E. Laboratory**

- Interface with other processes in treatment and care delivery.
- Access to all pertinent client information including demographics and medical history.
- Secure, electronic access to the ordering system eliminating the need for written orders and manual ordering methods.
- Automated access to and storage of laboratory results and recommendations.

**F. Case Management**

- Deploy a streamlined, consistent process that utilizes all of the current and historical electronic client data providing effective and efficient client case management.
- Support the use of emerging evidence-based practices.
- Utilize structured and standard charting techniques.
- Investigate and Implement ACT, IMR, and Outcome, Monitoring, Assessment and Reporting, where practical.

**G. Clinical Support**

- Interface and automate the processing and reporting requirements across clinical support facilities.
- Interface or replace the numerous standalone databases and spreadsheets used for Medical Records, Performance Improvement, Quality Assurance, Risk Management and Utilization Review. Replacement is preferred.
- Implement electronic documentation for all issue tracking, medication errors, abuse, neglect, etc. for compliance reporting and surveys. Recipients of compliance data include, but are not limited to, Local, State and Federal agencies such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) ORYX and Medicare.
- Implement the use of IMR, ASI, LOCUS, and MedMAP, where feasible.

**2.4.4 Physician Support****A. Order Entry**

- Implement an integrated, electronic order entry system across all functions and facilities.
- Gain efficiency and reduction of client risk through automated order entry, reporting, and tracking.
- Improve operational productivity throughout the DSAMH organization.

**B. Results Reporting**

- Utilize a standard vehicle for notification of order status, completed results, and communication of results through an electronic system.

**2.4.5 Administrative Support****A. Charge Capture**

- Implement an automated electronic charge capture process to address and capture all charges.
- Interface with the patient accounting system, if a patient accounting module is not provided.

**B. Staff Scheduling**

- Implement an enterprise-wide model and system for staff scheduling. This would include calendar sharing, scheduling, and multiple points of input.
- Eliminate paper appointment books and interface with Microsoft Outlook calendar.
- Integrate client and staff scheduling to avoid scheduling conflicts.

**C. Patient Accounting/Patient Trust**

- Implement an integrated billing module that performs all of the billing and patient trust functions necessary for DPC inpatient, CMH outpatient

programs, and substance abuse treatment programs.

- Interface with the DHSS current patient accounting/patient trust system if the proposed solution cannot provide this module.

**D. Care Management** - Besides being a provider of services, DSAMH also manages treatment provided by contractual providers. In some cases this is done on an episode by episode basis (such as a short term inpatient hospital stay) and in other cases care is managed at the level of care level. In all cases, providers submit requests for authorization of care. Documentation is provided. Specific forms are used, such as are available on the DSAMH web site. (<http://www.dhss.state.de.us/dhss/dsamh/cpfrms.html>). Most communication, at present, occurs via mail and fax.

- Care Management is a optional business process. The requirements are described in more detail in Deliverable 11. At its most basic level, Care Management staff will enter key data into the system from documents submitted by the treatment providers and documents will then be printed from the system to be sent back to the treatment providers. At a more sophisticated level, treatment providers will be able to interact (send and receive) information regarding care that is being requested and authorized or denied. CCIS vendors should describe their capability to manage this information. Although not specifically described in Deliverable 11, DHSS business staff needs access to care management documentation when they review claims submitted by the treatment providers.
- Support the management of care functions performed by DSAMH staff, in particular the Eligibility and Enrollment Unit (EEU), for consumers who are carved out to DSAMH from a Medicaid Managed Care Organization (MCO), who need higher levels of care (such as residential substance abuse services or Community Continuum of Care Programs (CCCP), or who are committed involuntarily to a psychiatric hospital.
- Assist DSAMH staff to track clients through the referral and authorization process from start to finish.
- Provide a tool for communicating with referral sources and providers throughout the care management process.

#### **E. Substance Abuse (SA) Contractual Programs**

- Contractual providers provide most of the DSAMH Substance Abuse (SA) treatment system. The one exception is the Ellendale Detoxification Center that is operated by DSAMH employees.
- The SA contractual providers have had difficulty developing their own information systems that are comprehensive and provide for all of their automation needs.
- DHSS would like the option to provide solutions for DSAMH contractors in addition to the “core” system for DSAMH program state staff and administrators.
- Include the capability to interface key data collected by the SA providers with the “core” system operated by DSAMH with required data for client admissions, discharges, status changes, etc. A close to “real time” exchange of data between the SA Providers and DSAMH is required.
- Methadone maintenance is provided by DHSS contractors, DSAMH does not operate a methadone maintenance program directly. This is likely a feature that DHSS Substance Abuse (SA) contractors will be interested

in.

## 2.4.6 Outcomes Measurement/Performance Measurement

### A. Reporting

- Online reports, scorecards, and other tools to assess quality of care delivery, as well as to focus on continuous quality improvement.
- Investigate the use of the Outcome Monitoring, Assessment and Reporting as an EBP. Examples include the “Kansas Consumer Survey” and the “Quality of Life Assessment”.
- Implement a Data Warehouse strategy to expand available data elements.
- Implement appropriate Data Warehouse or DataMart and reporting tools to maximize use of warehoused information. Appropriate reporting tools are those that are powerful and easy to use. DSAMH currently uses MS Access for most queries and MS Excel and MS Word for final report display. Other tools used are SPSS and Crystal Reports. Many reports are distributed electronically in Adobe format or MS Snapshot Viewer. DHSS anticipates that its reporting capabilities will be dramatically enhanced with the new CCIS. OLAP capability and web based query tools would be a plus.

The chart on the following page indicates which business functions are mandatory. **Proposals which do not address these mandatory functions will not be evaluated.** The chart also identifies which areas within DSAMH each function applies.

Business Process Area	Business Process ID#	Business Process	High Level Priority	DPC	Community Mental Health	CMH Contractors	TASC	Detox	SA Contractors
<b>Preliminary Client Processing</b>									
	1	Enrollment & Eligibility	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
	2	Admission & Registration	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
	3	Client Scheduling	Optional	Yes	Yes	Yes	Yes	Yes	Yes
	4	Client Assessment	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
	5	Minimum Data Set-LTC Clients	Optional	Yes	No	No	No	No	No
<b>Care Plans/Treatment Plans</b>									
	6	Treatment/Care Planning	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Clinical Documentation for all Caregivers</b>									
	7	Clinical Care Delivery	Optional	Yes	Yes	Yes	Yes	Yes	Yes
	8	Clinical Documentation	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
	9	Pharmacy/Pharmacy Interface	<b>Mandatory</b>	Yes	Yes	Some	No	Some	Some
	10	Radiology	Optional	Yes	No	No	No	No	No
	11	Laboratory	Optional	Yes	Yes	Yes	Some	Some	Some
	12	Case Management	Optional	Yes	Yes	Yes	Yes	Yes	Yes
	13	Clinical Support	Optional	Yes	Yes	Yes	Some	Yes	Some
<b>Physician Support</b>									
	14	Order Entry	<b>Mandatory</b>	Yes	Yes	Yes	No	Yes	Yes
	15	Results Reporting	Optional	Yes	Yes	Yes	Yes	Yes	Yes
<b>Administration Support</b>									
	16	Charge Capture	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes
	17	Patient Accounting/Patient Trust	Optional	Yes	Yes	Yes	No	Yes	Yes
	18	Care Management	Optional	No	Yes	No	No	No	No
	19	SA Contractual Programs	Optional	No	No	No	Yes	Yes	Yes
<b>Outcome Measurement/Performance Measurement</b>									
	20	Reporting	<b>Mandatory</b>	Yes	Yes	Yes	Yes	Yes	Yes

## **2.5 Support/Technical Environment**

The three groups responsible for the development and operation of the automated systems that support the Division are described below. The Division and IRM (see below) will appoint co-Project Directors. These individuals will be responsible for monitoring project progress and will have final authority to approve/disapprove project deliverables and payments. IRM will serve as the technical liaison with DTI (see below). The selected contractor will coordinate efforts for this project with the Division and IRM co-Project Directors.

### **2.5.1 Division Management Information System (MIS) Unit**

DSAMH operates an MIS unit to manage the collection, storage, and reporting of information critical to the smooth and efficient operation of the Division. In addition to data management, this unit has responsibility for first level PC and network support, billing, data collection, Internet site development and maintenance, performance measurement, and routine and ad hoc reporting. There are seventeen positions in this unit ranging from administrative specialists to the Manager of Computer and Application Support.

The MIS unit manages several grants and contracts with Federal Agencies. These grants and contracts are either infrastructure development initiatives or mechanisms to submit data directly to the federal government's contractors. Several key initiatives are the Mental Health Statistics Improvement Program (MHSIP), the Uniform Reporting System (URS), the Treatment Episode Data Set (TEDS), and other initiatives under the Drug and Alcohol Services Information System (DASIS). The current priority for the Substance Abuse and Mental Health Services Administration (SAMHSA) is the National Outcome Measures or (NOMS).

As a top priority of SAMHSA, the NOMS have been driving the Federal agenda for performance measurement for several years. While Mental Health and Substance Abuse Treatment share the same performance domains, the performance measures for both are different. More information about the NOMS can be obtained from the SAMHSA web site included in Appendix D.

### **2.5.2 Information Resource Management (IRM)**

The IRM unit is responsible for providing DHSS divisions with direct programming support of automated systems, as well as consulting support and advice on automated systems software and development. IRM consists of Applications Development, Technology Planning, Base Technology, Telecommunications and a HelpDesk support group. For this project, IRM will provide project staff for consulting support and advice to ensure that technical questions and issues are resolved quickly.

### **2.5.3 Department of Technology and Information (DTI)**

DTI is a separate cabinet level agency responsible for operating the State of Delaware's mainframe computer operations, wide area data network and setting statewide IT policy and standards. DTI as a separate state agency does not fall under the authority of DHSS. However, DTI is responsible for supplying mainframe and Wide Area Network (WAN) systems support to DHSS as well as other state agencies. Additionally, DTI provides 24x7 data center operations support. DTI provides state agencies with technical consultant services. DTI will work closely through IRM on this project to ensure that State IT standards are followed.

## 3 State Responsibilities

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The following are State responsibilities under this RFP. Outlined in the following subsections are such areas as project staffing, project management, available resources, and system testing and implementation (if applicable). There is an emphasis on the limitation of State staff time for this project and their role in the customization/development process.

### 3.1 Staffing Roles

The Division and IRM will appoint co-Project Directors. These co-Project Directors will serve to manage the contractor during this project. All project deliverables will be approved by signature of both the Division and IRM project directors. The Division Project Director will serve as the overall business project director, while the IRM Project Director will serve as the technical project director.

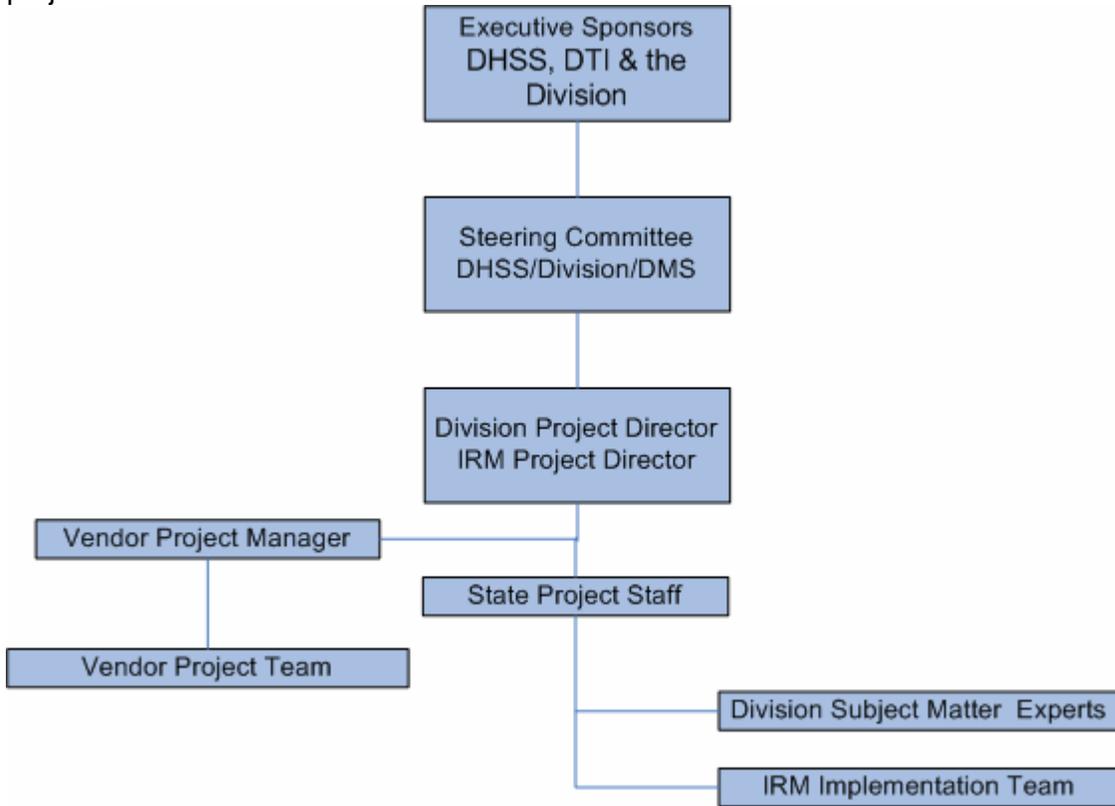
The Division Project Director will serve as primary coordinator to ensure that Joint Application Design (JAD) sessions take place with the appropriate subject matter experts (SME), that project documents and deliverables are thoroughly reviewed and that approval takes place within agreed upon timeframes. This individual is also responsible for scheduling and coordinating User Acceptance Testing (UAT), when appropriate. The Division Project Director will coordinate with other divisions and State agencies for their input as needed. These staff will serve primarily as subject matter experts on relevant Division applications and related systems, and will participate in meetings and deliverable review as necessary.

The IRM Project Director will serve as primary technical liaison to ensure that contractor and State technical staff work together effectively to identify current and future technology considerations and make key technology decisions. The IRM Project Director will serve as the primary liaison with DTI staff to gather State level input as needed.

The Project Directors will report to a Project Steering Committee made up of representative managers from the Division and IRM. This Committee will meet monthly to review project status, progress and issues. The Project Steering Committee will report to the Executive Sponsors. The Executive Sponsors will be representatives from DHSS, DTI and the Division. They will meet at least bi-monthly to discuss overall project status, progress and issues, project management, funding, staffing, sponsor issues, stakeholder participation and tasks planned for the upcoming quarter.

### 3.1.1 Project Organization Chart

The following organization chart outlines the proposed management structure for this project.



### 3.2 State Staff Participation

The Division Project Director will be assigned to work on this project full time. Additional State staff participation is as assigned and is in addition to their primary responsibilities. State staff normally work 7.5 hour days from 8:00 AM – 4:30 PM, although some staff flex their schedules. No State staff will be available for data cleanup or meta-data definition. State staff will be available to consult with the CCIS vendor on the data needing to be cleaned up for the conversion. Divisional SME’s can also serve to advise the contractor on these topics. No State technical staff will be assigned to this project to assist in the coding of the system. State technical staff will attend JAD sessions as assigned. It is important to note that documentation on the existing systems may be missing, incomplete, out of date or in error. Divisional staff will be responsible for user acceptance testing. The Division will be responsible for assigning a primary and backup division liaison and knowledgeable subject matter experts for the duration of JAD sessions related to their areas of expertise. These assignments will be sent to the Division Project Director prior to the start of the JAD sessions. Attendance at these sessions is mandatory for assigned staff. These same subject matter experts along with other staff will be assigned to participate during UAT for their areas of expertise. Adequate divisional staff participation is critical.

DHSS is very aware that slippage on the part of the State will delay the project. This is costly to the CCIS vendor, so completion of DHSS's responsibilities will be a priority. Regular meetings with the CCIS vendor will raise any potential problems to the surface in time to address those issues, whether on the part of the CCIS vendor or on the part of DHSS. The co-project directors, with support from the Executive Sponsors of the project, will be responsible to make sure that DHSS tasks are completed on time. Enthusiasm and support for this project is very high amongst the executive sponsors.

### **3.3 Resource Availability**

During State business days, the Biggs mainframe production systems are normally available from 7:00 AM to 6:00 PM. On Saturday the hours are 8:00 AM to 4:30 PM. Production systems are taken down earlier on specific monthly dates to accommodate particularly heavy batch schedules. Test systems availability will be scheduled in concert with other development staff. DTI has mainframe systems support staff on site from 7:00 AM to 4:30 PM. DTI Operations staff are on site 24x7. IRM applications, telecommunications and HelpDesk staff are on site from 8:00 AM to 4:30 PM on State business days. The State network is very stable and unscheduled downtime is minimal. Given that the network is an essential state resource, any reported problems have a very high priority and are dealt with immediately. Data center power is conditioned and outside supply fluctuations can trigger a switch to automatic local power generation capability. The State has audio and video-conferencing capabilities as well in specific on-site locations for remote meeting participation. Remote connectivity through SSL-VPN is available for offsite work for contracted staff who must access, update or maintain servers and/or applications in the Biggs Data Center DMZ. Please refer to Appendix D for more information on the DHSS IT environment.

### **3.4 Deliverable Review**

It is the responsibility of the State to perform deliverable review. For each document deliverable, the State will either approve the deliverable in its entirety or disapprove the deliverable and return with comments. The State is also responsible for User Acceptance Testing on all functional aspects of the project. DTI may participate in the review process for certain deliverables. It is the responsibility of the State to review all project deliverables in the agreed upon timeframe. The State will notify the bidder of any changes to the review schedule. Milestone invoicing and payment are contingent upon formal State approval. Likewise, production implementation of each module is contingent upon formal State approval.

### **3.5 Implementation**

Production implementation is normally an IRM responsibility. Depending on the solution selected, IRM may require participation of contractor staff. The state will be primarily responsible for post implementation administration if the system resides at the Biggs Data Center. If ASP vendor has primary administration responsibilities.

## 4 Contractor Responsibilities/Project Requirements

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The following are contractor responsibilities and project requirements under this RFP. Given the limitations of assigning State staff to this project, the contractor is expected to provide most of the expertise and provide for the full range of services during the project. Bidders must discuss each of these subsection requirements in detail in their proposals to acknowledge their responsibilities under this RFP.

Bidders must have demonstrated experience and depth in the following areas:

- Behavioral Health Information Systems in inpatient and outpatient settings
- Electronic Medical Records
- State and/or County Government Experience
- Implementation and Project Management Experience on similar size projects

This experience is critical in ensuring project success in terms of the future direction of the Division's information technology development, as well as maintaining an open partnership with project partners.

### 4.1 Staffing

Contractor will propose and supply resumes for the following key positions including:

- Project Director
- Project Manager
- Business Analysts
- Senior Developers
- Technical Analysts (e.g., DBA, SE, etc.)
- Documentation Specialists
- Training Specialists
- Subject Matter Experts (Behavioral Health Clinical Expertise)

The resumes will be for specific named individuals and will be in the format specified in Appendix E. Other positions may be proposed at the contractor's discretion. One person may be proposed to fill more than one role. The contractor project manager and other key staff like the Business Analyst(s) will be required to be on site in New Castle, Delaware, during the entire project phase.

#### 4.1.1 On-Site Staffing Requirement

The following key contractor staff are required to be on-site at the Biggs Data Center in New Castle, Delaware, as indicated below:

- Contractor Project Director, when needed on-site
- Contractor Project Manager (at least 80 % of the time)
- Business Analysts, when needed on-site
- Senior developers, when needed on-site
- Training Specialists, when needed on-site
- Technical analysts (e.g., DBA, SE, etc.), when needed on-site
- Training specialists, when needed on site
- Subject Matter Experts (Behavioral Health Clinical Expertise), when needed on-site

The State and the key contractor staff will work very closely together on this project and this requires an on-site presence. It is vital for this project manager to play an active role on-site in the project and be visible and accessible. The State will provide office space including phones and network connectivity for on-site project staff. Contractor will be responsible for other office necessities including workstation and required software.

#### **4.1.2 Offsite Project Work**

The State will permit project work to be done offsite, within the United States. For offsite work, the State requires strong management of the resources and assigned tasks; adequate, timely and accurate communications and completion of assigned work by specified deadlines. This is important to any offsite relationship. If the bidder organization is proposing offsite project work, the bidder must specifically address each of the bulleted items below in this section of the proposal. Otherwise, bidder will respond to this section as follows: **“No offsite project work proposed.”**

**Note:** For the purposes of this section, the bidder staff organization includes subsidiary contractors.

- Provide a detailed description of work to be completed offsite along with a breakdown of the type of work to be provided on-site. Quantify this by estimating for each of the deliverables identified in section 4.12, the percentage of work to be done offsite.
- Provide an organization chart with job titles of offsite staff and their relationship to the bidder.
- Provide a description of what tasks each job title is responsible for performing.
- Clearly identify if offsite work is to be performed by bidder staff or sub-contractors.
- For offsite subcontractor or bidder staff, please include the names and resumes of key staff, highlighting prior participation on similar projects. Also provide named or sample resumes for lower level staff.
- Detailed plan for managing offsite work including communication strategy to accommodate time differences if any. Include contingency plan for completing work should offsite relationship be terminated.
- Propose a meeting schedule for project status discussions with offsite management staff.
- Identify the offsite single point of contact who will serve as the project manager of offsite resources. Describe how this project manager and the on-site project manager will interact. The State prefers that the offsite project manager be a bidder employee. Please refer to RFP Section 4.1 for normal bidder staffing requirements.
- Provide a contingency plan for substituting on-site staff if offsite relationship becomes problematic as determined by the State.
- Provide a description of prior bidder organization experience with use of offsite bidder staff or subcontractors and provide U.S. client references for that work.
- Provide a detailed description of proposed project manager's experience in directing offsite staff and/or subcontractors.
- Describe your understanding that the State will only provide management of this project and bidder resources through the on-site project manager. All management/relationships with offsite resources, whether bidder staff or subcontractors, will be handled by the respective bidding organization.

### **4.1.3 Offshore Project Work**

The State will not permit project work to be done offshore.

### **4.1.4 Project Director Requirement**

The Vendor Project Director is the individual who has direct authority over the Vendor Project Manager and will be the responsible party if issues arise that are not resolvable with the Vendor Project Manager. The Director does not need to be on-site except for designated meetings or as requested. It is critical that a named Vendor Project Director with appropriate experience be proposed.

### **4.1.5 Project Manager Requirement**

The contractor Project Manager is normally on-site and manages the project from the contractor perspective and is the chief liaison for the State Project Directors. The Project Manager has authority to make the day-to-day project decisions from the contractor firm perspective. This contractor Project Manager is expected to host meetings with Division Subject Matter Experts (SME) to review Division business organization and functions along with the organization, functions and data of information systems relevant to this project. The contractor project manager is expected to host other important meetings and to assign contractor staff to those meetings as appropriate and provide an agenda for each meeting. Bi-weekly status meetings are required, as are monthly milestone meetings. Meeting minutes will be recorded by the contractor and distributed by noon the day prior to the next meeting. Key decisions along with Closed, Active and Pending issues will be included in this document as well. In their proposals, bidders must include a confirmation that their Project Manager will schedule status review meetings as described above. It is critical that a named Vendor Project Manager with prior project management experience be proposed.

In their proposals, bidders must include a confirmation that their Project Manager will schedule status review meetings on-site, at least bi-weekly, and that their Project Manager will provide written minutes of these meetings to the State Project Directors by noon the business day prior to the next meeting.

### **4.1.6 Project Help Desk Staff Requirement**

Vendor Help Desk expertise is critical to the success of the system. Staff proposed for this function do not need to be dedicated exclusively to this role. They may serve a primary role in addition to providing Help Desk coverage. Secondary Help Desk support must be identified in the resume of the staff member primarily bid for another function. Bidder must supply at least a primary and a backup Help Desk function during the UAT, production Implementation and the warranty period. These staff will provide second-level support during State business hours to callers with system issues. The department's Help Desk will provide first-level support. This generally includes resolution of issues such as network connectivity, application log in problems and general PC advice. The contractor will provide second level support. This will be more system-specific and require application expertise. Specific system issues may be referred to third-level divisional support for SME expertise.

## **4.2 Project Management**

The contractor must be the prime contractor to develop all the deliverables required by this RFP. The contractor must recommend a core team to work with DHSS over the course of the project and must identify other resources needed. A detailed, up-to-date

project plan must be created and updated weekly to accurately reflect project timelines and tasks. This project plan must include each phase of the project, clearly identifying the resources necessary to meet project goals. For each document deliverable, the contractor will first deliver for State approval a template with an outline and sample contents. The actual deliverable will follow the approved template. It will be the contractor's responsibility to provide complete and accurate backup documentation as required for all document deliverables.

The contractor is expected to employ a rapid application design methodology to speed customization/development. An iterative model of testing is required which will require early prototypes and subsequent demonstrations of working modules to ensure that the product meets user specifications in terms of user interface and functionality. It will be the contractor's responsibility to provide complete and accurate documentation for all entities in the system. The contractor is expected to release prototypes/drafts of project deliverables and components for early state consideration and comment in order to expedite the final review process. Software demonstrations from vendors will be scripted; the scripts will be distributed when the demonstrations are scheduled.

#### **4.3 Requirement to Comply with HIPAA Regulations and Standards**

The selected vendor must certify compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations and requirements as described in Department of Health and Human Services, Office of the Secretary, 45 CFR Parts 160, 162 and 164, as well as all HIPAA requirements related to privacy, security, transaction code sets (where applicable) and medical provider enumeration.

The selected vendor is required to customize/develop the system in accordance with HIPAA requirements, implement the system in accordance with HIPAA requirements and, where the vendor will operate and maintain the system, operate and maintain the system in compliance with HIPAA requirements.

In the proposal, contractor will explain their understanding of the HIPAA regulations and their impact on this project especially in the area of security.

#### **4.4 Requirement to Comply with Policies and Standards**

All proposed solutions submitted in response to this RFP must be fully compatible with the Department of Health and Social Services' technical environment. This is specified in Appendix D via the following web links:

- DHSS Information Technology (IT) Standards
- State of Delaware Web Standards
- DTI Executive Sponsor Reporting Standards and Change Management Standards

Vendors must also comply with DTI policies which will be distributed at the pre-bid meeting upon vendor signature of a non-disclosure agreement.

Vendor staff accessing State IT resources must comply with DHSS policies and standards, and will be required to sign the DHSS Biggs Data Center User Authorization Form and the Biggs Data Center Non-Disclosure Form.

All components of the proposed solution, including third party software and hardware, are required to adhere to the policies and standards described above, including any links

or documents found at the above referenced web sites. **All exceptions must be addressed in your Technical Proposal.**

#### **4.5 State Architecture Requirements**

The State prefers to have a system with a web front-end for a common user interface that is platform independent. Web browser based applications are now considered the only acceptable platform for custom applications development at DHSS. Additionally, in the purchase of any COTS system, web browser based systems will receive preferential treatment. Preference will also be given to COTS systems which:

- Use Microsoft Windows Enterprise Edition as their operating system
- Use Microsoft Internet Information Server (IIS) as their web and application server software
- Use either Microsoft SQL Server or the mainframe DB2 database for their data store (the Microsoft database platform is the preferred platform due to its higher availability and capacity)
- Have been developed using Microsoft .NET

The State will consider 3-tiered and above systems that are hosted at a server level. The current mainframe supports a number of systems and available resources are limited. Syncing mainframe online and batch schedules further restricts system operating hours.

Various mainframe software version upgrades are planned through 2007 to bring this data center up-to-date with current software releases. The State will provide up-to-date mainframe, server, network and security testing and implementation schedules to the winning bidder. Bidders are expected to take this changing technical environment into consideration for their analysis and recommendations. In terms of proposal costs, vendor will be expected to develop total project costs that include purchase of hardware and software, out year hardware and software licensing, support and maintenance costs along with staffing projection costs.

#### **4.6 Database Design**

Vendor will need to take into consideration the design of existing table structures and whether they may carry forward into the solution being proposed or may have to be re-engineered. Quality of the current data needs to be reviewed. Consideration will need to be given to ETL (Extraction, Transformation and Loading) processes for conversion as well as archiving, backups and disaster recovery. The vendor may be required to provide a data model.

#### **4.7 Performance**

Performance of the proposed solution within the DHSS and State technical environment is a critical consideration. The present data center environment in terms of infrastructure, hardware, power, etc. needs to be reviewed. Contractor is expected to review this with IRM and DTI to ensure that it is sufficient. The current design and capacity of the network especially in terms of connectivity to the Division business sites must be reviewed along with service upgrade plans. Future capacity and response time needs must be evaluated and accepted.

#### **4.8 Degree of Customization**

In terms of costs, vendor will be expected to account for necessary customization of proposed solution in order to fit Division business needs.

In terms of customization of COTS software to meet State needs, this must not exceed 15 %. The State will waive ownership rights of customization features if they are made part of the standard product, which in fact is the State's preference.

#### **4.9 Backup and Recovery**

DHSS requires that system data be backed up to appropriate media that can be restored as necessary. Contractor will be expected to review the current backup and recovery process and suggest scenarios where incremental backups, full backups or dataset reloads are appropriate.

#### **4.10 Disaster Recovery**

DHSS has contracted with Vital Records, Inc. as the offsite media storage contractor for client/server and mainframe backup media. Sungard Recovery Systems is contracted as the client/server and mainframe cold site contractor. Disaster recovery tests are conducted every six months for the Biggs mainframe. Contractor is expected to review this process with IRM and DTI to ensure that it is sufficient

#### **4.11 Specific Project Tasks**

Contractor will be expected to address the following requirements in their proposal in detail. Emphasis is on the limited availability of State staff for the project and the expectation that the contractor express in detail their understanding of their responsibilities for each of these tasks. Contractor is expected to have primary responsibility for each of these project tasks. State versus contractor responsibilities must be delineated.

Vendor should list all project tasks that are their responsibility. Include a detailed description with each. Examples of contractor responsibilities are listed below. This is not an exhaustive list.

- Conduct and document Joint Application Design (JAD) sessions
- Customization of the system to meet DSAMH's requirements including forms and reports
- Provision of all mandatory requirements
- Provision of all optional requirements proposed by the contractor
- Data conversion from existing systems
- Master Client Index (MCI) integration
- Development of User Documentation
- Development of required interfaces
- Develop Training Curriculum
- Provide User Training

#### **4.12 Deliverables**

In Phase 1, all deliverable documentation will be initially introduced in an "Outline and Sample Contents" template submitted by the contractor. State staff will approve each

template. These templates may also be subject to federal review as well. Each deliverable will follow their respective approved template design.

Each document deliverable must be delivered in ten (10) paper copies along with electronic copies sent to the two State Project Directors. Each deliverable shall be reviewed by DHSS and will require formal approval from DHSS prior to milestone approval and payment. Federal approval may also be required for certain documents as well. State staff time is limited on this project especially for deliverable review. The project plan must include sufficient time for serial deliverable review. The contractor must include at least ten (10) business days, per deliverable, in the project plan for State staff to complete a review and to document their findings. Based on the review findings, DHSS may grant approval, reject portions of or reject the complete document, request contractor revisions be made, or may state the inability to respond to the deliverable until a future specified date. Upon each rejection, the contractor will have five (5) business day periods to revise the document. Additional three (3) business day periods shall be required by the State for subsequent reviews whenever revisions are requested or a deliverable is disapproved. Bidder will include reasonable federal timeframes in the project plan for those deliverables requiring federal review, comment and approval. Formal milestone approval by the State will be required for milestone invoicing.

The source code (or executable, in the case of COTS products) for each application module deliverables will initially be delivered to the IRM Manager of Application Support responsible for the Division (or designee) at the time of User Acceptance Testing. The vendor is responsible for installation in the DHSS test environment with IRM staff present. The vendor must remain on-site to address any errors until the application is successfully installed. The project plan must include sufficient time for User Acceptance Testing (UAT), which will be coordinated with training for the UAT group. The vendor is responsible for developing a test plan and providing UAT test scripts along with each application module.

Deliverables are listed on the next page. Milestones are indicated with the **Mn** designation.

	<b>Project Deliverables &amp; Milestones (M1- M7)</b>
<b>Phase 1</b>	<b>Deliverable 1: Detailed Project Plan</b>
	<b>Deliverable 2: Deliverable Document Templates</b>
	Approval of Phase 1 <b>(M1)</b>
<b>Phase 2</b>	<b>Deliverable 3: Enrollment and Eligibility Module</b>
	<b>Deliverable 4: Admissions and Registration Module</b>
	<b>Deliverable 5: Client Assessment Module</b>
	<b>Deliverable 6: Treatment Planning Module</b>
	<b>Deliverable 7: Clinical Documentation Module</b>
	Approval of Phase 2 <b>(M2)</b>
<b>Phase 3</b>	<b>Deliverable 8: Order Entry Module</b>
	<b>Deliverable 9: Charge Capture Module</b>
	<b>Deliverable 10: Reporting Module</b>
	Deliverable 11: Care Management Module
	<b>Deliverable 12: Pharmacy Module/Pharmacy Interface</b>
	Approval of Phase 3 <b>(M3)</b>
<b>Phase 4</b>	Deliverable 13: Clinical Care Delivery Module
	Deliverable 14: Case Management Module
	Approval of Phase 4 <b>(M4)</b>
<b>Phase 5</b>	Deliverable 15: Clinical Support Module
	Deliverable 16: Results Reporting Module
	Deliverable 17: Minimum Data Set (MDS) - LTC Clients Module
	Deliverable 18: Radiology Module
	Approval of Phase 5 <b>(M5)</b>
<b>Phase 6</b>	Deliverable 19: Laboratory Module
	Deliverable 20: Client Scheduling Module
	Deliverable 21: Patient Accounting/Patient Trust Module
	Deliverable 22: Substance Abuse Contractual Programs Module
	Approval of Phase 6 <b>(M6)</b>
<b>Phase 7</b>	<b>Deliverable 23: Acceptance in Production of All Delivered Modules</b>
	<b>Deliverable 24: Ninety (90) Day Warranty Period</b>
	Approval of Phase 7 <b>(M7)</b>

Deliverables shown in bold are mandatory.

Except for the initial and final project phases above, vendors may propose a different sequence of phases and deliverables. Schedule F1 of Appendix F (Project Cost Forms) must also reflect this same sequence.

In addition to the functional requirements specified for each deliverable module, the following apply to all modules:

- Relevant forms for each section currently used by DSAMH are listed in Appendix M and select forms will be distributed at the mandatory bidder's conference.
- Relevant reports for each section currently used by DSAMH are listed in Appendix M and select reports will be distributed at the mandatory bidder's conference.
- Must support use of the latest version of the Diagnosis and Statistical Manual of Mental Disorders (currently the DSM-IV-TR) diagnoses Axis I - Axis V.
- Ability to print, view, enter, update and delete information throughout the CCIS system only by care-givers authorized to perform such functions
- Ability to ensure positive client identification when selecting a client in the system by fields which include episode/account number, first name, last name, middle initial, date of birth, DHSS MCI number, social security number, and address.
- The system must facilitate the active involvement of the client in the planning and delivery of their treatment services.
- The system must be able to accept batch and/or real time data from DSAMH contractors using an interface developed for the CCIS.

**Note:** in the enumeration of functional requirements, regular text indicates a high level priority function requirement and underlined text indicates a lower level priority function.

#### **4.12.1 Phase 1**

This phase is the kickoff of the project where the overall project planning, project management and schedule are agreed to and the ground rules and expectations are set.

The deliverables in this phase are:

##### **Deliverable 1: Detailed Project Plan**

This deliverable is the first update of the project plan submitted with the proposal of the selected vendor. See Section 6.2.4 for a description of this deliverable.

The project plan is a living document and must be updated at least weekly throughout the project to reflect actual project status and timelines. The State must approve any change that results in the change of a milestone date.

##### **Deliverable 2: Deliverable Document Templates**

Bidder must work with State staff to design templates for each subsequent document deliverable, status reports, issues tracking, executive meeting summaries and other project documents. These template designs are critical to ensuring that the deliverables and other project documents are in a format agreed to by all parties. Each template must be separately approved by the State. Once the template format is agreed to, the actual project documents will be formatted to match the agreed upon template.

With formal State approval of all deliverables in this phase, the milestone payment (M1) minus 10% retainage may be invoiced.

#### 4.12.2 Phase 2

The deliverable(s) are as follows:

##### **Deliverable 3: Enrollment and Eligibility Module**

This module will address the following functional requirements:

- Ability to support Enrollment & Eligibility information needs for all DSAMH clients requiring inpatient or outpatient mental health services, detox, residential or outpatient substance abuse services or diversion to another program.
- Ability to enter the required client demographic data necessary to uniquely identify the client by the DHSS Master Client Index (MCI).
- Provide an automated method for master client index lookup, a description of the MCI/SI system will be distributed at the pre-bid meeting, and if necessary, MCI creation or update.
- Ability to register a client and collect basic demographic information even if the client is not admitted. This will be a new function.
- Information for clients who are not admitted will be stored in the Clinical Documentation system. For example, identifying information about the client will be stored in the CCIS system. This can be called up if the client returns for screening again or ultimately becomes admitted. As an example, the CCIS might collect insurance or eligibility information. That could lead to a referral to another source of treatment and/or funding.
- Ability to determine and enter the required clinical information necessary for substance abuse and mental health clients; including the Addiction Severity Index (ASI).
- Ability to determine and enter placement criteria including but not limited to the American Society of Addiction Medicine's (ASAM) national guidelines for patient placement criteria.
- Ability to support the Level of Care Utilization System (LOCUS) instrument during clinical assessment. The LOCUS program used by DHSS is proprietary. The Level of Care Utilization System (LOCUS) was developed by the American Association of Community Psychiatrists. They maintain a web site that contains the LOCUS documentation, the site is listed below. CCIS vendors should contact the American Association of Community Psychiatrists to determine whether the LOCUS scoring algorithm is in the public domain. <http://www.wpic.pitt.edu/aacp/finds/locus.html>
- Ability to complete an online application including referral source information, Inter-agency transfers, insurance eligibility, payment authorizations, and other pertinent data as necessary.
- Ability to perform an online psychiatric assessment which includes chief complaint, history of current and historical illnesses and medications, mental status exam, assets and strengths, diagnostic impression, risk factors, risk management, problem list, and plan of action.
- Ability to support management of risk factors identified. When clinicians are presented with client risk factors (such as suicidal ideation) they are required to act on those risk factors, they can't walk away from them. We are seeking tools to help clinicians and their supervisors to both identify the risks (through structured assessments) and guidelines for addressing those risks when they are discovered.
- Ability to support the capture of all past histories including personal and family: psychiatric and medical illnesses, substance abuse; and social neglect

- Must support use of the latest version of the Diagnosis and Statistical Manual of Mental Disorders (currently the DSM-IV-TR) diagnoses Axis I - Axis V. Basically this means automating the recording of the Diagnosis and Statistical Manual of Mental Disorders (currently the DSM-IV-TR) diagnosis Axis I – Axis V diagnoses in the CCIS system. The “Consumer Reporting Form – Psychiatric Diagnosis” form distributed at the vendor’s pre-bid meeting will provide a good example of the data that needs to be collected.
- Ability to perform any and all of the Enrollment & Eligibility functions necessary at any point of service on the network and may include contractual providers.
- Must support standard assessment tools such as ASI, ASAM, LOCUS, and DSM-IV-TR where care-giver is prompted for data fields, scores are assigned or calculated, and care-giver may override if necessary. DHSS requires that users be able to complete these forms online, hence the response to every question will need to be collected and stored.

#### **Deliverable 4: Admissions and Registration Module**

This module will address the following functional requirements:

- Ability to support all Admission & Registration information needs of DSAMH clients in both inpatient, residential, and outpatient settings.
- Ability to provide a centralized system for data entry for all client demographic information that will flow to other areas of the program.
- Must track completion of all requirements such as “Client Rights” and “Permission to Treat”
- Ability to support informing the client of their rights and providing documentation
- Ability to print a "Permission to Treat" form and document client acceptance
- Ability to capture client information for census needs which includes but not limited to: client name; date of birth; location; diagnosis or chief complaint; service(s) received; attending caregiver(s); insurance information; and any other DSAMH-specific data elements
- Ability to complete online history and physical forms which include: general client information; the results of neurological and other exams; a pain assessment; and any other medical conditions.
- Ability to complete the Advanced Directive and Health Care Surrogate Query Form online which includes team recommendations and a method for receiving/obtaining the necessary signatures from caregivers and family members. A copy of this document will be distributed at the pre-bid meeting.
- Ability to provide industry-standard Admission,/Discharge,/Transfer (ADT) interface to other modules and ancillary systems, where necessary.
- Ability to integrate with online insurance verification and eligibility systems, where appropriate and possible. While most billing is to Medicaid and Medicare, DSAMH requires the ability for verification and eligibility with approximately ten (10) insurance companies.
- Ability to complete Consumer Reporting Form (CRF) online upon admission or transfer.
- Ability to print DSAMH Notice of Privacy Practices for clients, as well as ability to document client and witness acknowledging receipt and review of the provided information.

**Deliverable 5: Client Assessment Module**

This module will address the following functional requirements:

- Ability to support all client assessment information needs of DSAMH clients in both inpatient, residential, and outpatient settings. Most assessments occur at admission and at 6 month or 12 month intervals thereafter.
- Ability to provide various standard assessment templates online.
- Ability for end user configuration of assessment templates within the CCIS to meet specific DSAMH needs of psychiatrists, psychologists, social workers, nursing, therapy and rehab, pharmacy, and any other caregivers.
- Ability to support industry standards such as ASI, ASAM, LOCUS, and DSM-IV-TR for assessment where the caregiver is prompted for data fields, scores are assigned or calculated, and caregivers may override. ASI, ASAM and LOCUS are in the public domain and do not require a royalty fee. If other assessments require royalty fees, these will be addressed on a case by case basis.
- Ability to assess client risk, such as suicide potential or risk of harm to others.
- Capability to branch into in depth assessment based on triggers from the base assessment and/or overrides by caregivers.
- Ability for rapid, caregiver completion of assessments at the point of care by using structured 'charting techniques' where checkboxes and drop-down lists are used
- Ability for system date/time stamp to be applied to assessments at the time of completion and to not be overridden by caregivers at a later time
- Ability for information entered once, but required on multiple assessments, to be automatically populated for approval by the caregiver completing the assessment (e.g. history and physical information captured upon admission).
- Ability to produce an inter-disciplinary assessment where different portions of the assessment can only be completed by appropriate and authorized caregivers.
- Ability for multiple caregivers to electronically sign a single, inter-disciplinary assessment.
- Ability to generate automated 'alerts' as reminders to care-givers of upcoming assessments per the treatment plan
- Ability to be configured to duplicate all sample DSAMH assessments provided, examples will be provided at the pre bid meeting. On the CRF (Consumer Reporting Form) and other forms, there are non-HIPAA standard codes being used. DHSS intends to keep its existing codes. A crosswalk will need to be created with HIPAA standard codes sets when standard transactions are created and sent.

**Deliverable 6: Treatment Planning Module**

DHSS anticipates that the vendor will provide an initial library of treatment goals, objectives and problems. This will be expanded upon and/or modified during the development phase. This data set will grow from there based on experience. This module will address the following functional requirements:

- Ability to support all treatment and care planning information needs of DSAMH clients in both inpatient, residential, and outpatient settings.
- Ability to provide various standard treatment plan templates online without requiring programming or end user configuration.

- Ability for end user configuration of online treatment plan templates to meet specific DSAMH needs for inter-disciplinary treatment planning and service delivery.
- Ability to support the standards of Treatment Research Institute (TRI) Concurrent Recovery Monitoring, SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP) guidelines, Quality Tools initiative sponsored by the Agency for Healthcare Research and Quality (AHRQ), Medication Algorithm such as the APA or Texas models, and the JCAHO ORYX initiative.
- Ability to facilitate workflow of inter-disciplinary participants in the treatment plan and process through 'alerts' that notify a caregiver of an upcoming event.
- Ability for all services to be addressed in the treatment plan whether they are inpatient or outpatient services delivered in one or more locations.
- Ability for information entered upon assessment, but required on treatment plan, to be automatically populated on the Master Treatment Plan to be approved by the caregiver completing the assessment (e.g. short term goals).
- Ability for multiple caregivers to electronically sign a single inter-disciplinary treatment plan.
- Ability for system date/time stamp to be applied to treatment plan at time of completion and to not be overridden by caregiver at a later time
- Ability to be configured to duplicate all sample DSAMH plans provided
- Ability to customize treatment plans to include client needs and goals
- Ability to create a treatment plan for each episode of care. An episode of care is a client admission/discharge sequence within a treatment unit, such as a Community Mental Health Clinic site or a Delaware Psychiatric Center treatment unit. More than one treatment plan may be created per treatment episode.
- Ability to update treatment plans based on a regular schedule. Routine treatment plan update requirements vary by program and a significant change in the client's situation can initiate a treatment plan update or a new treatment plan. The system should maintain a history of the treatment plans and treatment plan updates.

### **Deliverable 7: Clinical Documentation Module**

This module will address the following functional requirements:

- Ability to support all clinical care documentation needs of DSAMH clients in both inpatient, residential, and outpatient settings.
- Ability to provide various standard clinical documentation templates online without requiring programming or end user configuration, such as DAP notes.
- Ability for end user configuration of online clinical documentation templates to meet specific DSAMH needs.
- Ability to perform key word searches on 'free text' fields for rapid review of previously entered clinical notes.
- Ability to support standardized progress notes such as the "DAP" or "SOAP" format.
- Ability to capture private and public notes based on established sharing privileges.
- Ability for rapid caregiver data entry at the point of care through the use of structured 'charting techniques' where checkboxes and drop-down lists are used.
- Ability to generate automated 'alerts' for caregivers as reminders of upcoming care requirements for clients.

- Ability for different caregivers to electronically sign care delivery documentation on behalf of the client. Multiple care givers can sign a care/recovery plan or a progress note if multiple staff were involved.
- Ability for system date/time stamp to be applied to caregiver documentation at time of service and to not be overridden later.
- Ability for caregivers authorized to perform a client service to print, view, enter, update, and delete information.
- Ability to be configured to duplicate all sample DSAMH clinical documentation tools provided.
- Interdisciplinary progress notes are required.
- Scoring of client participation in groups should be standardized across all disciplines, i.e. the Treatment Mall at DPC.
- Support use of uniform service tickets and progress notes for each clinician (CMHC). In outpatient settings each encounter has a unique identifier associated with that encounter. This is not the case in residential and inpatient settings. At this time, encounter numbers aren't reassigned and DSAMH doesn't anticipate doing this in the near future. Patient Documentation can be both a single visit and longitudinal. A case note may refer to a single encounter or visit while a monthly progress note will summarize progress over a full month.
- Ability to record unscheduled or walk in visits.
- Ability to document services to clients provided by phone.

#### 4.12.3 Phase 3

The deliverable(s) are as follows:

##### **Deliverable 8: Order Entry Module**

This module will address the following functional requirements:

- Ability to support the entry of all orders required by DSAMH including Physician, Consult, Laboratory, Radiology, Medication, Dietary, Therapy, and Supply.
- Ability to ensure positive client identification when selecting the client requiring an order by confirming through a variety of fields including: episode/account number; first name; last name; middle initial; date of birth; DHSS MCI NUMBER; social security number; and address.
- Ability to provide an industry-standard interface between the DSAMH Order Entry module and the DSAMH outsourced ancillary systems including Pharmacy, Radiology, Laboratory, and Dietary (examples include Redwood, LabCorp, Quest, Cardinal Health, etc.). Interface requirements are not available at this time and will need to be developed/obtained during the development process.
- Ability to provide status information of an order to the caregiver who authorized the order.
- Ability to provide the appropriate user interface for physician order entry at point of service. DHSS requires screens that are quick and efficient for the psychiatrists and physicians to use when placing orders for their clients. Physicians, like all clinical staff, are pressed for time and will not tolerate delays or excessive navigation to get to the screens where they enter their information. A streamlined process for identifying the client and entering the appropriate orders is required.

- Ability for rapid caregiver order entry at the point of care using structured order sets where key fields (e.g. diagnosis and others) trigger order sets that can be edited by exception.
- Ability to generate automated 'alerts' to caregivers of events such as an allergy or drug interaction on medication order entry, or a notification of a standing order.
- Ability for appropriate caregivers to electronically sign the client order, this will usually be psychiatrists, physicians, nurse practitioners, and psychologists
- Ability for system date/time stamp to be applied to order at time of entry and to not be overridden at a later time.
- Ability to print order with care-giver identification for paper chart where necessary
- Ability to be configured to duplicate all sample DSAMH order forms which will be distributed at the mandatory bidder's conference.
- Ability to manage use of JCAHO approved abbreviations in orders where applicable
- Ability to print out prescription for client to take with them

### **Deliverable 9: Charge Capture Module**

This module will address the following functional requirements:

- Ability to automatically capture detailed client charges associated with services provided in all inpatient, residential, and outpatient locations within DSAMH.
- Ability to modify Charge Description Master without requiring programming intervention.
- Ability for authorized end users to print, view, enter, update, and delete entries in the Charge Description Master that identify all possible chargeable services and supplies to be provided to clients along with the associated amount.
- Ability to utilize an industry-standard interface to the ADL billing/patient accounting system if DHSS chooses not to use the Patient Accounting module available in the CCIS system chosen.
- Ability to be configured to duplicate all sample DSAMH order forms provided.
- Ability to support abstraction of diagnoses and procedures for billing. Most claims require both a diagnosis and a standard HIPAA compliant procedure code for payment. The CCIS system Charge Capture Module should automate the rules and algorithm(s) needed to create the diagnosis and procedure code that will be used to create a claim and which would be sent to the payor through the patient accounting module or system.

### **Deliverable 10: Reporting Module**

This module will address the following functional requirements:

- Ability to generate census lists and reports both online and in printed copy.
- Ability to select fields and sort census both online or in reports, by any field including client, location, diagnosis, chief complaint, services received, attending caregivers, insurance, and dates.
- Ability for end user configuration of online reports to meet specific DSAMH needs.
- Ability to track and report against all values for performance-based contracts utilized by DSAMH, such as statistics on engaging and maintaining clients.
- Ability to capture data and report on client outcomes and quality of care.

- Ability to produce reports to analyze client outcomes and quality of care to improve management of care across DSAMH and for strategic planning purposes.
- Ability to capture data to produce service line reports to show utilization of services.
- Ability to produce reports for market segment research such as diagnoses across zip codes.
- Ability to capture data to produce statistical reports from all ancillaries by client and by product to analyze the continuum of care.
- Ability to capture data to produce productivity reports showing service volumes and costs.
- Ability to produce reports to analyze case load management across services.
- Ability to capture and report against consumer survey data to analyze consumer satisfaction.
- Ability to report on Delaware substance abuse and mental health trends using identified DSAMH client information.
- Ability to capture and report data necessary to support HUD, block, local, and state grants submissions
- Ability for end user to initiate data exports from report output to upload into other systems including DSAMH DataMart. The technical expectation is for automated retrieval of patient data that is fast, accurate and efficient. Specifications for this retrieval process will be spelled out in JAD sessions. DHSS makes very good use of its data mart. Data is stored in open SQL Server files for extended periods of time. The reporting capability is very flexible and provides several options for accessing data. These include “canned” reports, ad hoc reports, and a user friendly query tool. DHSS will not accept any reduction in this capability and applicants should carefully describe enhancements that can be obtained from implementation of their system. Ability to incorporate client Medicaid/Medicare eligibility and Medicaid Managed Care Organization (MCO) lock in information into the system. Currently this is done at the end of each month. A Business Objects query is run against the MMIS data warehouse and the resulting file is loaded into DAMART. It would be a plus if this could be done more frequently, if the process could be automated, and if client files in CCIS could be updated automatically with Medicaid/Medicare eligibility and Medicaid/MCO lock in data obtained from the MMIS.
- Ability to support reporting to the NRI JCAHO ORYX performance measurement system.
- Ability to export data electronically to State and Federal agencies, as required.

### **Deliverable 11: Care Management Module**

DSAMH's Enrollment and Eligibility Unit (EEU) authorized inpatient stays for contractual providers on a day-to-day basis. Community based programs are authorized on a longer term basis, usually a year at a time but sometimes only a few months. This module will address the following functional requirements:

- Ability to track key events and activities in the Care Management Process.
- Ability to track when the authorization starts.
- Ability to track the start and end of certification tracking.
- Ability to track who is making the referral.
- Ability to track when the referral packet is received.

- Ability to track when the determination is made.
- Ability to track when the consumer is authorized for treatment.
- Ability to track the following events.
  - What provider was the client referred to
  - When was the Certification form returned
  - How many new referrals are received each month
  - When was the case closed
  - When was the case transferred
  - When the consumer dies
- Ability to track re-certification which extends a client's care at the same level of care
- Ability to track re-determinations which changes a client's level of care
- Ability to track a transfer, which changes the client's provider, but retains the same level of care
- Ability to provide a monthly report of everyone who needs recertification
- Automation of certification forms & documents
- Ability to interface with providers & provider's system
  - Include a provider module
  - Include data transfer capability between the state system and the provider system
- The Care Management module should be as close to real time as possible
- The system must be able to print labels for client files
- The system must be able to create paper records, forms, and reports as required.
- The system must be able to easily run reports using a built in report generator or parameter based reporting system
- The system must be able to provide access to DSAMH's High End User client information.
- The system must be able to upload and download authorization information with contractual providers
- Ability to maintain a history of prior authorizations and generate reports on the history of prior authorizations.
- Ability to keep blank forms in the system.
- Ability to keep discharge worksheets from providers in the system
- Ability to support the workflow processes necessary in the care management unit to...
  - Move progressively from step to step
  - Send back assessments and documents if not acceptable
  - Keep forms on the state web site for outside access
- Ability to show the number of referrals received in specified time frames
  - Aggregate numbers.
  - Lists of Clients
  - Lists of Clients by referral source
  - Source of referral
  - Numbers of referrals made within specified time frames by consumer names, and programs referred to.
  - Reports on other actions such as number of Clients awaiting additional information
  - Number of applications denied

- Ability to track all of the following
  - Clients referred and extract related activity
  - Keep a history of actions, not overwrite information, as an example a consumer application could be waiting for more information, then a referral is made after the additional information is received, but the history should not be overwritten.
- Reports are needed on basic client demographics, where clients are referred from, and where clients are referred to

### **Deliverable 12: Pharmacy/Pharmacy Interface Module**

This module will address the following functional requirements:

- Integrate or Interface with the existing pharmacy software packages or provide a pharmacy management module.
- Ability to support all inpatient, residential, and outpatient pharmacy requirements of DSAMH including patient profiling, medication order fulfillment, dispensing, manual drug carts, inventory management, and medication charging.
- Ability to ensure positive client identification when selecting client for pharmacy order processing by a variety of fields including episode/account number, first name, last name, middle initial, date of birth, DHSS MCI Number, social security number, and address.
- Ability to print, view, enter, update and delete all information necessary to process pharmacy orders including all Med Card fields such as: client demographics; MCI number; DSM-IV-TR diagnosis; allergies; medications; dosage; route; ordering physician; and order date.
- Ability to utilize formulary online for order fulfillment, dosage, generic drug use, National Drug Code (NDC) identification, side effects, and client education.
- Ability to generate automated 'alerts' upon order fulfillment for events such as a client allergy, or drug-to-drug interaction.
- Ability to facilitate pharmacy workflow through 'alerts' that notify pharmacist of events such as low inventory, or orders pending fulfillment.
- Ability for date/time stamping of all workflow steps recorded by the system.
- Ability to automatically maintain inventory upon fulfillment and stock replenishment.
- Ability to produce reports for inventory management, drug regimen review, and various audits including the Office of Narcotics and Dangerous Drugs.
- Ability to print pharmacy forms and signatures for paper chart including Medication Administration Record (MAR)
- Ability for end user configuration of online pharmacy templates to meet specific DSAMH needs including pharmacy sample forms and reports provided.
- Support reporting on medication use including cross tabs for physicians, clients, etc. by medication and cost.

#### **4.12.4 Phase 4**

The deliverable(s) are as follows:

### **Deliverable 13: Clinical Care Delivery Module**

This module will address the following functional requirements:

- Ability for authorized caregivers to view; print; enter; update and delete initial contact information; assessments; service tickets; inter-disciplinary treatment

- plans and follow-up treatment plan information including goals, objectives, and observations; enrollment; registration; assessments; diagnosis; clinical documentation; medications; discharge information; and progress notes that have either been planned or provided.
- Ability for authorized staff to view and print data captured during previous episodes of care for a crisis client, as listed above.
  - Ability to support all information requirements for crisis intervention services provided across Delaware.
  - Ability for clinicians to electronically sign care delivery documentation for each client.
  - Ability to complete clinician documentation on system templates.
  - Ability for end user configuration of online clinician templates to meet specific DSAMH inpatient, residential, and outpatient client needs without requiring programming.
  - Ability for system date/time stamp to be applied to clinician care documentation at time of service and not overridden by the clinician at a later time
  - Ability to automate the Money Request Form. The “money request” form is the document used for patients to request access to their funds at DPC. Its completion is monitored by a DPC social worker. By “automate” DHSS is requesting the ability to complete, store, print, and transfer the document within the system. The goal is to streamline operations.
  - Ability to be configured to duplicate all sample DSAMH clinician forms provided.
  - Ability to electronically support management of special programs including the Combined Agency Rehabilitation Enterprise (CARE) custodial program.
  - Ability to enter and print attendance records and leisure notes for all events.
  - Ability to enter and update client records of all care provided and observations made by clinical staff including assessments, medication administration, activities of daily life, seclusion and restraints, and incident reports.
  - Ability to perform discharge planning online to include information such as discharge diagnosis, medication, referrals, and anticipated post-service needs.
  - Ability to dispatch and track vehicles and staff. This would involve dispatching staff and their vehicles to various community locations using a wireless device such as a blackberry. Staff could get messages directing them to a client’s home for a well being check or to a drop-in center to transport a consumer back to the program office.
  - Ability to perform online look-up with remote devices from the field.
  - Ability to print, view, enter, update and delete information only by clinicians authorized to do so for a client.
  - Ability to rapidly look-up history, allergies, and medications of previous clients.
  - Ability to schedule client appointments as necessary including consults, therapies, counseling, ancillary tests, individual client appointments, escorts, conference rooms, and group events including all therapy and visits to treatment malls.
  - Ability to support all clinician information needs of DSAMH clients in inpatient, residential, and outpatient settings including psychiatric, psychological, physical, social services, occupational, speech, music, art, library, therapeutic recreation, vocational, and pastoral care services in both individual and group forums, where appropriate.

- Ability to support all social services including social assessments, case management, counseling, group treatment, supervision, education, CRFs, planning, financial planning, employee services, and discharge planning.

#### **Deliverable 14: Case Management Module**

The TASC agency is a case management agency and will be the primary user of case management functions. The CMHC and DPC programs will also make use of the case management functions, but to a lesser degree. All programs need to track referrals from the courts or other sources, assessments, intakes, referrals to providers, progress reports from the providers, routine progress notes and reports. Closures must be recorded and final reports, including discharge summaries, sent to the appropriate agency. This module will address the following functional requirements:

- Ability to support the capture and/or exchange of information required by DSAMH Case Management programs for all substance abuse and mental health clients including Community Continuum of Care (CCCP), Intensive Case Management, Supervised Apartments, Assessment and Counseling, Residential Treatment, Group Homes, Supportive Housing, Outreach Services, and Drug Court.
- Ability to provide various standard Case Management templates online without requiring programming or end user configuration to meet DSAMH-specific Case Management data capture needs.
- Ability for end user configuration of online Case Management templates to meet specific DSAMH needs.
- Ability to generate automated 'alerts' to facilitate Case Management workflow and task lists.
- Ability for authorized Case Managers to view, print, enter, update, and delete records of Case Management services including assessments, group notes, and discharge/graduation summaries.
- Ability to support the information needs of Case Management services including client events, work lists, service plans, progress notes, and status reports.
- Ability to support the management of counseling services, court orders, and probation and parole processes.
- Ability for end user configuration of online templates
- Ability to be configured to duplicate all sample DSAMH case management forms provided.

#### **4.12.5 Phase 5**

The deliverable(s) are as follows:

#### **Deliverable 15: Clinical Support Module**

Clinical staff have preferred clinical protocols. Some of these protocols are documented in the materials that will be distributed at the pre bid meeting. Clinical protocols differ within the Division and are always changing. Vendors should describe their capability to adapt to changes. This module will address the following functional requirements:

- Ability to provide all other clinical support functions online required of DSAMH including Health Information Management (HIM) or Medical Records, Performance Improvement (PI), Quality Assurance (QA), Risk Management (RM), and Utilization Review (UR).

- Ability to support the exchange of information with HIM including the electronic tracking of medical records, client identification by MCI NUMBER, use of DSM-IV-TR, transcribing dictated progress notes, and retrospective chart review.
- Ability to support PI needs including the documentation of inter-disciplinary work teams that address client improvements.
- Ability to support DSAMH's management of the quality and outcomes of its services. QA needs include the MDS and JCAHO ORYX reporting.
- Ability to capture RM data including follow-up on incident reports, infection control, medication errors and variances, abuse and neglect, and staff injury to drive plans of correction.
- Ability to meet UR information needs including capturing census information, the tracking of Medicare and Medicaid Carve-outs, and issuing letters of non-conformance.
- Ability to capture compliance information in support of surveys including those performed by Medicaid, CMS, JCAHO, CARF, and the Fire Marshall.
- Ability to capture and report safety information including seclusion, restraint, and support/safety device use
- Ability to capture data in support of DSAMH governing bodies such as the Policy Committee and the Performance Improvement Steering Committee.
- Ability for end user configuration of online templates to meet specific DSAMH data capture needs.
- Ability for authorized support staff to view and print data captured during the delivery of care including enrollment, registration, client census, client assessment, treatment planning, and clinical documentation

#### **Deliverable 16: Results Reporting Module**

This module will address the following functional requirements:

- Ability to support results reporting of all orders entered by DSAMH including Physician, Consult, Laboratory, Radiology, Medication, Dietary, and Therapy.
- Ability to ensure positive client identification when selecting the client requiring an order by confirming through a variety of fields including: episode/account number; first name; last name; middle initial; date of birth; DHSS MCI Number; social security number; and address.
- Ability for authorized users to review results.
- Ability to display results and normal ranges.
- Ability to graphically display one or more results to demonstrate trends. There are two aspects to graphical display of results. One level is the electronic display of an individual test result. Similar to having the paper copy in hand, the system would display an electronic version of the document. In this section, we are going to a second level where a series of results are displayed that show a trend. For instance, white blood cell counts for the client could be displayed (graphically or tabular or both) for the last 12 weeks. This would show the trend of the readings, not just a single "point in time" reading. Images must be accessible through the CCIS although they may be accessed through an interface to a separate imaging system. Vendor is expected to propose an image resolution that is in line with healthcare industry expectations.
- Ability for rapid caregiver total order set results viewing at the point of care.
- Ability to provide status information to authorized users of tests and results using an industry-standard interface between the Order Entry module and other ancillary order systems which include Pharmacy, Radiology, Laboratory, Dietary,

- and others (e.g. Redwood Laboratory, LabCorp, Quest, and Cardinal Health) and store the results in the CCIS system.
- Ability to generate automated 'alerts' to caregivers of events such as an abnormal STAT result, or notification of results received.
  - Ability for different caregivers to electronically sign results, when necessary.
  - Ability for system date/time to be stamped to all result statuses during processing
  - Ability to print result with signature line for paper chart where necessary
  - Electronically track when a user has accessed a result (throughout)

### **Deliverable 17: Minimum Data Set (MDS) for LTC Clients Module**

The MDS is a requirement of the Center for Medicare and Medicaid Services (CMS). More information is available at the following web site.

[http://www.cms.hhs.gov/MinimumDataSets20/025\\_ManualsAndForms.asp#TopOfPage](http://www.cms.hhs.gov/MinimumDataSets20/025_ManualsAndForms.asp#TopOfPage)

This module will address the following functional requirements:

- Ability to support electronic capture of the Minimum Data Set (MDS) assessment required for certified Long-term Care bed billing on either a quarterly and annual basis, or upon a significant status change.
- Ability for authorized caregivers to print, view, enter, update and delete information.
- Ability to support use of all MDS standards including DSM-IV-TR, flow sheets, vitals/measurements, and daily life activities
- Ability for authorized caregivers to electronically sign MDS information.
- Ability for system date/time to be stamped on all MDS entries
- Ability to print MDS assessment forms online.
- Ability for end users to export MDS data to State and Federal agencies, as required.
- Ability for end user configuration of online templates to meet specific DSAMH MDS data capture needs.
- Ability to be configured to duplicate all sample CMS MDS forms provided.

### **Deliverable 18: Radiology Module**

This module will address the following functional requirements:

- Ability to support general Radiology services, predominantly X-ray, required for DSAMH inpatients.
- Ability to electronically receive radiology orders, and to record, and report results.
- Ability to receive written reports and images from contractual radiography providers and store in the system. Information on specifications for image format and transmission-specifications will be submitted to the selected vendor. DSAMH expects that the CCIS system will be able to receive medical reports like drug test results, blood test results, and x-ray reports from laboratories and store it in the database for access by the CCIS users. In addition, the system should be able to record and transmit doctor's orders. An example of this would be the electronic transfer of a medication order to the pharmacy system. Vendors should describe their capability to accept images such as lab results and what formats they are capable of handling.
- Ability to ensure positive client identification when selecting client for radiology order processing by a variety of fields including episode/account number, first

- name, last name, middle initial, date of birth, DHSS MCI Number, social security number, and address.
- Ability for authorized caregivers to print, view, enter, update, and delete all information necessary to process radiology tests including client demographics, diagnosis, ordering physician, and order date.
  - Ability for end user configuration of online radiology forms to meet DSAMH-specific needs including samples provided

#### 4.12.6 Phase 6

The deliverable(s) are as follows:

##### **Deliverable 19: Laboratory Module**

This module will address the following functional requirements:

- Ability to support laboratory services delivered by outsourced providers including LabCorp for inpatient services, and Quest and Redwood Laboratory for outpatient services or other Lab services the state may contract with.
- Ability to electronically record lab orders and submit requisitions to reference labs.
- Ability to print specimen labels for clients when blood and urine specimens are collected at the point of service.
- Ability to accept results from outsourced provider systems and store in the Electronic Health Record (HER).
- Ability for authorized caregivers to print, view, enter, update, and delete all information necessary to process tests.
- Ability for end user configuration of online laboratory forms to meet specific DSAMH needs including samples provided.
- Ability to generate reports on lab requisitions for the accounts payable office.

##### **Deliverable 20: Client Scheduling Module**

Currently the outpatient programs (CMHC and TASC) use MS Outlook for client scheduling. It involves a complicated scheme of permissions that allow clerical staff to schedule appointments for clinical staff, which the clinical staff can view from their PC.

This module will address the following functional requirements:

- Ability to utilize a Master Schedule to enter client appointments at any and all locations including: outpatient counseling; physician appointments; therapy appointments; and inpatient-scheduled events.
- Ability to schedule resources including conference rooms and equipment.
- Ability to schedule group events including dances and visits to treatment mall.
- Ability to enter and update schedules only by authorized system users.
- Ability to view and print schedules by any combination of dimensions including: by client; by caregiver; by treatment unit by location; by specified date range; and by appointment type, etc.
- Ability to generate automated 'alerts' as reminders to caregivers of upcoming events that require their participation.
- Ability for end user configuration of online schedule layout to meet specific DSAMH calendar needs.
- Ability to be configured to duplicate all sample DSAMH-provided schedules that will be distributed at the mandatory bidders conference.
- Ability to search for clients on the schedule

- Ability to report on client no shows and client cancellations
- Ability to schedule individual and group appointments.
- Ability to eliminate paper appointment books and interface with Microsoft Outlook Calendar to put appointments in staff Outlook Calendars.

### **Deliverable 21: Patient Accounting/Patient Trust Module**

DSAMH currently uses the ADL software to bill Medicaid, Medicare, private insurance, and clients. DSAMH also uses the Provider Electronic Solution (PES) software, which is free from the MMIS system vendor (Electronic Data Systems - EDS), to bill Medicaid. DSAMH requires full billing capability including tiered billing to up to three payment sources including the client themselves. This module will address the following functional requirements:

- Ability to interface client census, insurance, and services with the ADL Computer System, Inc. used by DHSS if not selected for Patient Accounting and Patient Trust
- Ability to support all inpatient and out patient billing and patient accounting requirements of DSAMH including billing, collections, accounts receivable, and bad debt.
- Ability to demonstrate 'tight integration' between clinical and billing modules.
- Ability to provide an industry-standard interface for integration between Registration, Clinical Care Modules, and Billing Module for insurance identification and charge entry.
- Ability for authorized business office designees to view, print, enter, update, and delete all patient accounting information.
- Ability to generate automated 'alerts' to facilitate workflow and task lists for managing billings and receivables.
- Ability to support both HCFA-1500 and UB-92 billing requirements.
- Ability to provide an industry-standard interface to third-party payer administrators to meet Health Insurance Portability and Accountability Act (HIPAA) Transaction Set requirements.
- Ability to perform coordination of benefits and to produce client statements and bills.
- Ability to support Accounts Receivable aging and produce Collection Reports.
- Ability to perform receivable account posting for patient accounting.
- Ability for authorized business office designees to perform account write-offs due to bad debt.
- Ability to provide an industry-standard interface for posting revenue and bad debt to the general ledger
- Ability to provide reconciliation tools for monthly financial processes.
- Ability to support the performance contracting system operated for DSAMH substance abuse outpatient and intensive outpatient treatment programs. This contracting system rewards and penalizes providers for achievement of specific performance targets based on utilization, client engagement, progression through levels of treatment, and client completion of treatment.
- Ability, at a minimum, to provide the following billing and accounts receivable functions for both inpatient and outpatient programs
  - Admission, discharge and transfer (ADT) for inpatient and outpatient programs
  - Census Reports

- All billing
  - Calculation of all 3<sup>rd</sup> party contractual allowances
  - Medicare IPPS Psychiatric Facility
  - Medicare Part B billing, Fee for Service, Per Diem
  - Demand bills
  - Standard A/R reports (include examples)
  - Report writer
  - Out patient billing (CMHCs)
  - Electronic billing
  - Electronic remittance and posting
  - Client billing
  - Third party billing (HCFA UB92 and 1500 forms)
  - Recording of misc. receipts (such as donations)
  - HIPAA compliant
- Ability, at a minimum, to provide the following patient trust functions for the residents of inpatient programs
    - Patient Accounts (A minimum of 4 sub-accounts is required at DPC).
      - The patient trust accounts DHSS needs are Spending, Savings, Burial, and a Hold account. They are used to track money for different purposes. All debits and credits are tracked. Debits are tracked by transaction date, description, and check number that the cash is being withdrawn from. Credits are tracked by transaction date, description and the receipt number given by the cash office.
    - Monthly Patient Trust Fund Statements
    - Monthly Patient Trust Interest Allocation
    - Real Time Account Balances

## **Deliverable 22: Substance Abuse Contractual Programs Module**

DHSS requests that CCIS vendors provide capability for Substance Abuse (SA) contractual treatment providers to “piggy back” on the system procured by DHSS. The contractual relationship and payment schedule will be directly between the CCIS vendor and treatment providers. **No costs for contractual SA providers should be included in this proposal.** This is not a mandatory business requirement. This module will address the following functional requirements:

- DSAMH requires real time CRF admission and discharge data from providers, within 24 hours of events.
- Ability to be flexible, allowing user changes, reports, and modifications
- Ability to provide the platform to report the SA NOMS required by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Ability to keep client/progress notes confidential.
- The system must collect or integrate performance data from SA programs.
- OP – extensive incentives based on evidence based practices
- IOP – less extensive incentives based on evidence based practices
- Residential – has a tiered payment system, which is being modified
- Detox – contractual provider is paid on a per diem basis
- The system must collect or integrate service data required for OP programs.
- Ability to collect or integrate the ASI and ASAM patient placement criteria data from state and contractual providers.

- Ability to collect or integrate data about the medications used by providers
- The system must be capable of receiving data from both contractual and non-contractual Delaware SA providers
- DSAMH contractors can piggy back on the DSAMH CCIS project, they will incur incremental costs.
- Ability to provide census reports for all programs
- Ability to provide waiting list reports for all programs.
- Ability to provide all standard demographics, including drug use history for primary, secondary, and tertiary drugs for all programs.

#### **4.12.7 Phase 7**

The deliverable(s) are as follows:

##### **Deliverable 23: Acceptance in Production of All Delivered Modules**

This deliverable consists of final State approval of all delivered modules and their implementation into production.

##### **Deliverable 24: Ninety (90) Day Warranty Period**

As the final deliverable of the project, vendor will supply 90 days of warranty support after the final production implementation of all modules. The first two weeks of warranty support will be on-site. The warranty period provides for issue resolution, bug fixes and system functionality problems with the new system. This support is included in the firm fixed price.

With formal State approval of all deliverables in this phase, the milestone payment (M7) may be invoiced. The total M7 payment is the sum total of the retainages from milestone payments M1 thru M6. See subsection 7.2 for details on project payments.

#### **4.13 Project Expectations**

Contractor will be expected to address the following requirements in detail. Emphasis is on the limited availability of state staff for this project and the expectation that the contractor express in detail their understanding of their responsibilities in the areas of Customization/Development, Implementation, Warranty, Training, and Deliverables.

##### **4.13.1 Customization/Development**

Vendor assumes primary responsibility for this project with minimal assistance from state staff. The vendor will propose the duration of the project although it cannot exceed 12 months from the date of the State's purchase order.

##### **4.13.2 Site Requirements**

For non-ASP solutions, the application and database infrastructure and platforms must be located at the Biggs Data Center on the DHSS Herman Holloway Sr. Health & Social Services Campus in New Castle, Delaware. In addition to production, a separate, isolated UAT environment shall be set up so as to minimize interference with the production environment. Additional staging areas may be proposed at the discretion of the vendor. Bidder will address how each of these areas will be set up and utilized. Separate Data Center test and production environments will be maintained for the life of the system. Proposals must provide for adequate ongoing licenses to maintain each environment.

DHSS prefers the use of web browser based applications and given the option between web browser based applications and other types of applications, will select the web browser based solution. Vendors should note though that ASP/COM applications that use MTS/Component Services present security difficulties in the DHSS IT Environment and will generally not be allowed.

When a web browser based solution is not available, DHSS runs all "thick client" applications (sometimes referred to as "client/server applications") on the Citrix Metaframe platform. Vendors proposing such applications must ensure full Citrix Metaframe compatibility. DHSS has infrastructure in place to present Citrix based applications to internal network users and/or external users via the Internet.

Any remote access by IT vendors will be accomplished through the use of SSL-VPN. Direct modem dial-up access is not allowed. If a vendor expects or requires remote access for proper implementation and/or support of his product, proposals must detail the exact nature of the remote access required and why it cannot be accomplished through other means. Vendors should note that under no circumstances is "remote control" of user desktops ever allowed and the State of Delaware firewall will block such access. For remote access to Windows based servers in the Biggs Data Center DMZ, either RDP or Citrix must be used.

If the vendor will use any third party products during the course of this project, such products must be approved in writing by DHSS prior to their use. In order to receive such approval the vendor is required to submit a list of the products, the number of licenses that will be procured (if applicable), a description of how the product will be used. The description must include whether the product is only required for customization/development or whether it would be required for ongoing support/maintenance. Each product must also have an outline as to its initial and ongoing costs (including, but not limited to, licensing, maintenance, support, run time licensing versus developer licensing, and so on). Approval of third party products is ultimately at the discretion of DHSS.

Any software purchased or developed for DHSS must be an appropriate fit into the DHSS IT Environment. The current DHSS IT Environment is described in Appendix D. Vendors should describe how their proposal's components are consistent with the current environment. Vendors may propose solutions that are not consistent with the current environment but in that case must include a detailed analysis of how their solution's requirements will be integrated into the existing DHSS IT Environment (including, but not limited to, purchases required, set up requirements and so on). The state wishes to leverage the existing infrastructure at the Biggs Data Center to the extent possible. Bidder will describe how their system will take advantage of the existing infrastructure. All proposals (and/or their attendant integration suggestions) will be evaluated for their fit into the current environment. Utilization of this infrastructure will be a factor in proposal evaluation.

The State prefers to purchase third party hardware and software directly unless there is significant advantage to the State in having the hardware/software as vendor deliverables. In either case, all software licenses must be in the name of DHSS and must provide for separate test and production environments.

### **4.13.3 System Testing**

Contractor will consult with IRM to ensure that all aspects of the testing environment are ready. Conversion run tests from existing system will be scheduled through IRM. These tests will be scheduled to run during off peak hours so as to minimize network load. Each developed entity will be thoroughly tested by the contractor before it is scheduled for acceptance testing with the State.

### **4.13.4 User Acceptance Testing (UAT)**

Each system module will undergo UAT by the State prior to production implementation. The locations for UAT State staff will be at the State's discretion. Upon formal State approval of the module's UAT, it will be scheduled with IRM for implementation into the production environment.

### **4.13.5 Conversion**

An integral part of the project will be to integrate into the new system, historical data from the existing DHSS systems. The existing DHSS systems are the following:

#### Mandatory

- Patient Management Information System (PMIS)
- DAMART data mart
- Pharmacy – Visual SuperScript
- Pharmacy – QS/1

#### Optional

- ADL Data Systems, Inc. - Patient Accounting/Patient Trust
- Level of Care Utilization System (LOCUS)
- MMIS Prior Authorization, Eligibility, and MCO Lock in Status

Conversion controls, especially the monitoring and proof of initial conversion results, are very important to ensure that the transactional source data converted into the system is accurate prior to implementation. Initial and ongoing conversion controls and balancing procedures must be described. Bidders must describe their approach to data conversion and describe in detail how they will convert existing data. Data conversion must be addressed in the proposed project plan.

### **4.13.6 Training**

Contractor will be responsible for training users in all aspects of the new system. Training will be outlined in a training plan discussing expectations and schedules. A training planning session must be held to review the training plan prior to the first actual training session. This will enable State and Contractor staff to better communicate during these sessions. Contractor will detail in their proposal a training plan outline and schedule for users of each component of the system.

### **4.13.7 Support Services**

Bidders must include a description of the ongoing support they are proposing which will start after the warranty phase. Support includes annual licenses (if any), 24 by 7 help desk support, bug fixes, updates and new releases. Costs for such services will need to be shown in the Business Proposal volume, together with a statement that such services will be available for a minimum of five years after the warranty period. The first year will

be mandatory; years two through five will be at the State's option. Support cost inflation is discussed on the cost forms.

Bidder must guarantee that their proposed solution will comply with all mandatory requirements, including HIPAA, throughout the entire support phase. Bidder will also specify expected deadline dates for completion of such modifications after the provision of detailed, written notice of impending changes from DSAMH.

Bidders should also address the following in their proposal:

- Identify your average of your response and resolution times. Provide examples of current measurements and metrics.
- Describe your process for providing application fixes and enhancements.
- Identify your average turnaround time for fixes and enhancements.
- Confirm whether or not clients have the opportunity to provide input into the prioritization of new features and enhancements.
- Identify your anticipated 2006–2008 schedule for new releases and updates.
- Confirm whether you have User Conferences and/or Advisory Boards.

It is critical that the proposed solution include ongoing support services and assurance that all regulatory requirements will be met for DSAMH. Other details and specific requirements are included in various sections throughout this RFP.

#### **4.13.8 Maintenance Services**

Bidders must also provide:

- An estimate of the number of hours required to apply the DHSS customization features to new releases.
- A single fully loaded hourly rate which will apply to this work, as well as to future customization.

This information will need to be shown in the Business Proposal. Support cost inflation is discussed on the cost forms.

#### **4.14 Technical Approach and Requirements**

The vendor must provide a detailed description of the proposed CCIS. The detailed description must address each of the following elements:

1. A description of your software solution and the suggested technical approach including any third-party software and hardware; software and database platforms; scalability, and archive, back-up and disaster recovery features.
2. A description identifying whether or not the software solution is in use at Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited facilities and is capable of reporting JCAHO/ORYX performance measures.
3. A description of how your software supports both current and future Clinical Care best practices. One example is the use of tools such as ASI, ASAM, and LOCUS for clinical assessment.
4. A description of an alternative solution and an explanation of benefits are needed if the proposed Clinical Care software solution does not comply with the standards defined in the websites referenced in Appendix D.

5. A description of how historical and current data will be loaded into the new database. If your software solution provides a "Loader Module" describe how it is configured and/or programmed. Also, indicate whether or not this is used to create program interfaces to other third-party products including existing systems.
6. A description/explanation of how your product complies with HIPAA electronic transaction, privacy, and security regulations.
7. A description of what procedures are necessary to add/modify/delete security rules and authorized users. Describe what skill set is required to effectively perform security administration.
8. Explanations of the workflow processes to be implemented for patients entering the proposed DSAMH Clinical Care solution. Include the initial consultation, clinical assessment, prescribed care, necessary scheduling, updates to the care plan, and discharge. Applicable workflows in a diagram format with a detailed explanation are required. These workflows should include, but not limited to, inpatient mental health, outpatient mental health, detox/residential substance abuse and outpatient substance abuse.
9. If applicable, explain how enterprise scheduling of client services is performed. Also, confirm how a best practices care plan would be used as the baseline for scheduling treatments.
10. Describe how treatment plans will be built into the proposed software solution and can be configured by the end-users.
11. A description of how your software effectively provides for the capture and analysis of clinical outcomes including but not limited to federal reporting requirements (particularly CSAT and CMHS), TEDS, NOMS, SOMMS, and JCAHO/ORYX.
12. Indicate whether systems, screens, and workflow procedures are modifiable. If these elements are modifiable, describe how.
13. A list of all standard reports included in your solution. If the standard reports do not satisfy DSAMH requirements, describe how a new report would be created. Also, indicate if this would require internal or external report creation, and if the request would be classified as a production fix, or an enhancement. Reports required by DSAMH are described in the Functional Requirements of this document.
14. Internal security for the Clinical Care System must be multi-tiered, by job title/function and area of responsibility, and must be compliant with all administrative, physical, and technical safeguards set forth in the Health Insurance Portability and Accountability Act (HIPAA). At all security levels a view only option is required.
15. For internal compliance auditing mandates, the system must date/time stamp and record the user on all transactional records.
16. Due to the continual modification of government regulations and restrictions, source code will be available for DHSS modifications. Otherwise the vendor will provide written procedures and assurances that all government regulations will be implemented on a timely base. It is the responsibility of the vendor to be

- aware of changes or new government requirements. DHSS will assist in disseminating information, but the ultimate responsibility resides with the CCIS vendor.
17. Modifications to third-party bolt-on products (pharmacy, document management, etc.) must have minimal technical interface requirements.
  18. The software must ensure easily maintainable and modifiable internal back-up and archive processes.
  19. The ability for end-user configuration of online templates to meet specific DSAMH data capture needs is required.
  20. The new system must include the capability to import key data collected by DSAMH's providers into the "reporting" system operated by DSAMH with required data for client admissions, discharges, services, outcomes, status changes, etc. A close to "real time" exchange of data between DSAMH's providers and the CCIS system is required.
  21. The proposed solution must be integrated with the existing Master Client Index/Service Integration (MCI/SI) system to utilize the MCI number for client identification purposes for both new and existing clients. MCI numbers are never reused. If duplications are discovered one of the MCI numbers is inactivated. MCI/SI is a mainframe system which provides a central shared client database (DB2) to which all DHSS systems commonly link. The MCI number is a ten-digit number assigned by the MCI/SI system. The MCI/SI system is utilized by at least twenty other DHSS systems and must be retained. Additional information about the MCI/SI system will be distributed at the pre-bid meeting.
  22. DHSS would like to replace the following systems, particularly if they are integrated modules within the CCIS system proposed by the vendor. The other systems listed in Section 1.2 could be replaced if a better module is presented in the CCIS proposal.
    - Patient Management Information System
    - Data collection front end of DAMART
    - Drug Evaluation Network System (ASI software)
    - SuperScript Pharmacy Software
    - ADL Systems, Inc. Patient Accounting, Patient Trust, and MDS22.
  23. Vendor proposals need to address their approach to interfacing with the following systems which provide services to DSAMH and its clients:
    - Medicaid Management Information System (MMIS) [Prior Authorization for approved clients] - DSAMH staff use the prior authorization module of the MMIS to authorize care for clients using higher levels of care. This is a client server system with DB2 as the database.
    - Quest Diagnostics Incorporated
    - LabCorp (Laboratory Corporation of America)
    - Redwood Toxicology Laboratory

24. The CCIS must support the identification, implementation, and maintenance of new clinical processes that are considered a "Best Practice" and/or an "Evidence-based Practice" (EBP) that will improve DSAMH's delivery of services.
25. The CCIS will also support an environment that will enhance the care delivery process and client interaction in the future. CCIS should support client participation in their care and communication with their care providers. At this time DHSS does not anticipate that consumers will use/access the system directly, only DHSS staff and contractual staff.
26. CCIS must create a platform for building comprehensive electronic health information and will allow this information to be available 24/7. The system must be available through the state wide area network.
27. Since DSAMH provides a number of 24/7 services, CCIS must be available 24/7 with minimal scheduled downtime.
28. CCIS will provide data on a real time basis for client enrollment, Medicaid enrollment, recent services, and medication use.
29. CCIS should support a seamless treatment process with contract providers and other third parties.
  - CCIS should be easily configured to receive data from other third-party systems.
  - CCIS should be easily configured to send data to other systems or entities.
  - CCIS will provide decision support tools to bring "Best Practices" and "Evidence-based Practices" to the point of care.
  - CCIS will support current standards and provide user-defined templates for future standards.
  - The CCIS environment (through the surrounding architecture) will support access to benchmarking databases, as needed.
30. All interfaces should use industry standard methods like HL7.
31. Vendors must demonstrate their commitment to ensuring that "Best Practices" and "Evidence-based Practices" identified in market trends are incorporated into their solutions and product(s).
32. The systems technology must support all of the current end-users and clients needs. The total number of users will be approximately 500; concurrent usage of 200 is anticipated. Personnel accessing the Clinical Care Information System will be located in New Castle, Delaware and other locations throughout the State. DHSS contractual providers will not be on the state network and will require access via the Internet.
33. Technology will be adaptable and scalable to support future operational requirements within the state's IT standards.

34. DHSS expects the CCIS contractor to provide both training materials and training personnel. A complete training package is expected. The CCIS vendor is free to propose a direct training package and/or a “training of trainers” approach. CCIS training will be mandatory for staff required to use the program. Delaware Psychiatric Center and Ellendale Detox operate 24/7. Accommodations will be needed for staff on all three shifts.
35. The 24/7 support staffing is to be bid for the post-implementation maintenance phase.
36. The latest releases of all vendor and third-party software included in the proposed Clinical Care solution must be in production at two separate client sites. Beta versions aren’t acceptable.
37. The ability for end-users to export data in standard formats (including HL7, XML, CSV, and fixed-record layout) for integration with other software and external databases.
38. The ability to either print completed online forms to share with clients or produce paper versions is required. The ability to print blank forms if needed for use in remote locations is also required.
39. The proposed solution must be able to generate JCAHO/ORYX performance measures.
40. The proposed solution must be TEDS/NOMS/SOMMS compliant based on specifications developed by the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS).
- 41.

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## 5 Proposal Evaluation/Contractor Selection

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### 5.1 Process

DHSS will conduct at three tiered review process for the Clinical Care Information System project.

In the first tier, each Technical Proposal will be evaluated to determine if it meets the Mandatory Submission Requirements described in Appendix G – Mandatory (Pass/Fail) Submission Requirements Checklist. **Any proposal failing to meet those requirements is subject to immediate disqualification without further review.** All proposals meeting the mandatory submission requirements will be given to the DHSS Evaluation Team.

In the second tier, the DHSS Evaluation Team will perform a Technical Proposal Review. Technical Proposals receiving a passing score of 50 or higher will be eligible to have the Business Proposal reviewed. The individual scores of each evaluator will be averaged to determine a final technical score and a final business score. Technical and Business scores will be combined to determine each bidder's total score.

After the DHSS Evaluation Team completes its initial review, staff from the Department of Technology and Information (DTI) will review the top two (2) to five (5) applications and provide comments and recommendations to the DHSS Evaluation Team which will be used in selecting the vendors to demonstrate their proposed solution. The demonstrations will be used in DHSS Evaluation Team's final deliberations.

Vendors may be required to demonstrate their proposed solutions.

In the third tier, DHSS Evaluation team findings will be presented to an Executive Selection Committee. The Executive Selection Committee will review DHSS Evaluation Team findings. A potential contractor will be recommended to the Secretary, Department of Health & Social Services. Final selection is at the discretion of the Secretary or his designee.

### 5.2 Proposal Evaluation and Scoring

The Technical and Business proposals of each bidder will be evaluated and assigned points. A maximum of 100 total points is possible.

#### 5.2.1 Mandatory Requirements

This portion of the evaluation will be performed by the Division Director or designee. Each proposal will be reviewed for responsiveness to the mandatory requirements set forth in the RFP. This will be a yes/no evaluation and proposals that fail to satisfy **all** of the criteria of this category may not be considered further for the award of a Contract. Specific criteria for this category are as follows: Vendor is required to address Section 4 "Contractor Responsibilities/Project Requirements" in detail by subsection and bullet.

Vendor is required to follow Section 6 “Bidder Instructions” explicitly and complete all required forms as instructed.

**Failure to adequately meet any one (1) mandatory requirement may cause the entire proposal to be deemed non-responsive and be rejected from further consideration.** However, the State reserves the right to waive minor irregularities and minor instances of non-compliance.

**5.2.2 Technical Proposal Scoring**

Only those bidders submitting Technical Proposals which meet the Mandatory Submission Requirements provision will have their Technical Proposals scored. Technical Proposals which fail to meet this provision will be rejected and will not be scored.

Only those Technical Proposals with a Total Technical Score of 50 or higher will have their associated Business Proposals scored. Technical Proposals with a Total Technical Score below 50 will be rejected. Bidders with rejected Technical Proposals will not have their Business Proposals scored.

Category	Maximum Assigned Points
Meets Mandatory RFP Requirements	Pass/Fail
Appropriateness of Proposed Solution in Terms of Business & Technical Requirements	30
Organization, Staff Qualifications and Experience With Similar Projects	30
Understanding Scope of the Project	10
Project Management Methodology	10
<b>Total Maximum Technical Score</b>	<b>80</b>

**5.2.3 Business Proposal Scoring**

Total business score will be based on the costs submitted as part of the cost worksheet. Strong consideration will be given to how well the costs in the Project Cost Forms compare to the level of effort for this and other proposals along with the accuracy of the submitted figures. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in the judgment of the evaluation team, a lack of sufficient budgeted resources would jeopardize project success.

<b>Total Maximum Business Score</b>	<b>20</b>
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**5.2.4 Total Points Awarded**

(Total Technical Score + Total Business Score) = Total Evaluation Score

<b>Total Maximum Evaluation Score</b>	<b>100</b>
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## 6 Bidder Instructions

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### 6.1 Submission Information

This subsection describes procedures and conditions that will affect the preparation and submission of bidder proposals.

The proposal must be submitted in seventeen (17) separate volumes bound separately and submitted under separate cover.

Volume 1 – Technical Proposal

Volume 2 – Business Proposal

Copies of each volume:

Two (2) signed originals and fifteen (15) copies.

Two (2) CD's with electronic versions of the entire proposals in Adobe .pdf and Microsoft Word .doc (2000 or higher) formats. This will be used for researching the proposals and reprinting as necessary.

Each CD will contain the following files at a minimum:

- RFP Technical Proposal.doc
- RFP Business Proposal.doc
- RFP Technical Proposal.pdf
- RFP Business Proposal.pdf
- RFP Project Plan.mpp
- CD Directory.doc

Each of the proposal files must be a single file comprising each entire proposal. Each proposal file in .pdf format must be a printable copy of each original volume submitted. The project plan contained in the technical proposal files must also be submitted separately as an .mpp file. Other files may be submitted separately. The CD Directory.doc file must contain a Word table listing each file contained on the CD along with a short description of each. Bidder must certify that these CD's have been scanned and are free from viruses and other malicious software.

The original copies of each of the Technical and Business Proposal Volumes must be clearly marked as such. In addition, see Section 8 for copies of other required forms to be included in each proposal.

The Technical Proposal Volume copies must be labeled on the outside as follows:

<p>State of Delaware Department of Health and Social Services RFP</p> <p>Volume 1 Clinical Care Information System - Technical Proposal</p> <p>DHSS RFP #PSC 693R (Name of Bidder)</p> <p>September 13, 2006 11:00 A.M.</p>
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The Business Proposal Volume copies must be labeled on the outside as follows:

<p>State of Delaware Department of Health and Social Services RFP</p> <p>Volume 2 Clinical Care Information System - Business Proposal</p> <p>DHSS RFP #PSC 693R (Name of Bidder)</p> <p>September 13, 2006 11:00 A.M.</p>
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### 6.1.1 Proposal Delivery

Proposals must be delivered to:

Sandra Skelley, Procurement Administrator  
DE Department of Health & Social Services  
Division of Management Services  
Procurement Branch, DHSS Campus  
Administration Building- 2<sup>nd</sup> Floor Main Bldg., Room 259  
1901 N. DuPont Highway  
New Castle, DE 19720

### 6.1.2 Closing Date

All responses must be received no later than **September 13, 2006 11:00 A.M. ET.**

### 6.1.3 Notification of Award

Proposed date the Notification of Award will be mailed to all bidders: **November 6, 2006.**

#### 6.1.4 Bidder Questions

All questions shall be submitted in written form only and shall reference the pertinent RFP section(s) and page number(s). Questions and written answers will be distributed to all mandatory pre-bid meeting attendees as an addendum to the RFP. Verbal responses given at the bidders' conference will be informational only and non-binding. Questions should be sent via fax or email to:

Division Contact Name	Darlene Plummer
Division Name	Division of Substance Abuse and Mental Health
Division Address	First Floor, Main Building Herman M. Holloway, Sr. Campus 1901 N. DuPont Highway New Castle, DE 19720
Division Contact EMail	darlene.plummer@state.de.us
Division Contact Fax:	(302) 255-4428

Questions will be accepted following the mandatory pre-bid meeting until August 1, 2006 04:30 P.M. ET. DHSS will not respond to questions received after that time. A final list of written questions and responses will be posted as an RFP addendum on the Internet at [www.state.de.us/dhss/rfp/dhssrfp.htm](http://www.state.de.us/dhss/rfp/dhssrfp.htm). Bidders may not contact any other state staff to pose questions.

#### 6.1.5 Anticipated Schedule

The following timetable is anticipated for key activities within the procurement process:

Activity	Schedule
State Publishes RFP	July 10, 2006
Mandatory Bidder's Conference	July 25, 2006 10:00 A.M. ET
Submission of Questions	August 1, 2006 04:30 P.M. ET
Response to Questions	August 15, 2006 04:30 P.M. ET
Receipt of Proposals	September 13, 2006 11:00 A.M. ET
Selected Vendors' Demonstrations	October 5, 2006 thru October 26, 2006
Notification of Award	November 6, 2006
Contract Signature/Project Start	January 2, 2007
Project End	January 3, 2008

#### 6.1.6 Proposal Becomes State Property

All proposals become the property of the State of Delaware and will not be returned to bidders. DHSS will not divulge specific content of proposals to the extent that the bidder identifies contents as privileged or confidential. Any information not so designated will be considered public information.

**6.1.7 RFP and Final Contract**

The contents of the RFP will be incorporated into the final contract and will become binding upon the successful bidder.

**6.1.8 Proposal and Final Contract**

The bidder's proposal will be incorporated into the final contract and be considered binding upon the successful bidder.

**6.1.9 Modifications to Proposals**

Modifications to proposals will not be accepted after the submission deadline. At any time, DHSS reserves the right to request clarification and/or further technical information from any contractor submitting a proposal.

**6.1.10 Alternative Solutions**

The proposal must contain a single solution, including hardware and software. This is critical in ensuring project success and that project costs are expected, administered and contained. Bidders may propose alternative solutions but only as fully separate proposals that will be evaluated separately. Single proposals containing alternative/multiple solutions will be failed.

**6.1.11 Cost of Proposal Preparation**

All costs of proposal preparation will be borne by the bidder.

**6.1.12 Mandatory Pre-bid Meeting**

The Division will hold a mandatory pre-bid meeting. Attendance is mandatory for those firms interested in submitting a bid. Proposals will not be accepted from firms not attending this meeting. The pre-bid meeting will take place on:

July 25, 2006 10:00 A.M.

Delaware Health and Social Services  
Herman M. Holloway Sr. Campus  
Medical Library, Springer Building  
1901 N. DuPont Highway  
New Castle, DE 19720

**6.2 Volume I – Technical Proposal Contents**

The Technical Proposal shall consist of and be labeled with the following sections:

- A. Transmittal Letter**
- B. Required Forms**
- C. Executive Summary**
- D. Project Management Plan**
- E. Contractor Responsibilities/Project Requirements**
- F. Staff Qualifications and Experience**
- G. Firm Past Performance and Qualifications**

The format and contents for the material to be included under each of these headings is described below. Each subsection within the Technical Proposal must include all items listed under a heading because evaluation of the proposals shall be done on a section-

by-section or functional area basis. **No reference to, or inclusion, of cost information shall appear in the Technical Proposal or Transmittal Letter.**

### 6.2.1 Transmittal Letter (Section A)

The Transmittal Letter shall be written on the bidder's official business letterhead stationery. The letter is to transmit the proposal and shall identify all materials and enclosures being forwarded collectively in response to this RFP. The Transmittal Letter must be signed by an individual authorized to commit the company to the scope of work proposed. It must include the following in the order given:

1. An itemization of all materials and enclosures being forwarded in response to the RFP
2. A statement certifying that the proposal CD's have been scanned and are free from viruses and other malicious software.
3. A reference to all RFP addendums received by the bidder (by addendum number and issue date), to warrant that the bidder is aware of all such addendums in the event that there are any; if none have been received by the bidder, a statement to that effect must be included
4. A statement that all proposal conditions are valid for 180 days from the deadline date for proposal submission
5. A statement that price and cost data are not contained in any part of the bid other than in the Business Proposal volume
6. A statement that certifies pricing was arrived at without any collusion or conflict of interest

The original of the Transmittal Letter shall be submitted in a separate, sealed envelope inside the package containing the Technical Proposals. All other copies of the Transmittal Letter shall be bound into the copies of the Technical Proposal.

### 6.2.2 Required Forms (Section B)

This section of the proposal will include the following completed forms:

#### **Certification and Statement of Compliance**

Appendix B. This is a mandatory form in which the bidder must certify certain required compliance provisions.

#### **Mandatory Submission Requirements Checklist**

Appendix G. This is the mandatory submission requirements checklist. Agreement to or acknowledgement of a requirement is shown by a Y (Yes) or N (No) next to the requirement and a signature at the bottom of the checklist. **Failure to adequately meet any one (1) mandatory requirement may cause the entire proposal to be deemed non-responsive and be rejected from further consideration.** However, the State reserves the right to waive minor irregularities and minor instances of non-compliance.

#### **State of Delaware Contracts Disclosure**

Appendix H. On this form, bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware that have been active during the last three (3) years. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

**Bidders Signature Form**

Appendix J. This is a standard bidder information form.

**Office of Minority and Women Business Enterprise Self-Certification Tracking Form**

Appendix K. This is an optional form

**Bidder Project Experience**

Appendix L. This provides a standard form to document vendor's work on similar projects.

**6.2.3 Executive Summary (Section C)**

Present a high-level project description to give the evaluation team and others a broad understanding of the technical proposal and the bidder's approach to this project. This should summarize project purpose, key project tasks, a timeline, deliverables and key milestones, qualifications of key personnel, along with subcontractor usage and their scope of work. A summary of the bidder's corporate resources, including previous relevant experience, staff, and financial stability must be included. The Executive Summary is limited to a maximum of ten (10) pages.

**6.2.4 Project Management Plan (Section D)**

Bidder shall describe the overall plan and required activities in order to implement the project within the budget and described schedule. This should include descriptions of management controls, processes and reporting requirements that will be put into place to ensure a smooth administration of this project.

**Project Plan (Section D.1)**

Bidder must outline a project plan with the following information:

- Key dates including dates for deliverable submission, State deliverable approval, Federal deliverable approval (if required) and milestones
- Staffing structure, with a breakdown by activity, task and subtask within the entire project
- An organization chart with staff names & functional titles
- Description at the subtask level including duration and required staff resources (contractor vs. State) and hours
- Resource staffing matrix by subtask, summarized by total hours by person, per month.

The project plan must be in Microsoft Project format. Bidder must also discuss procedures for project plan maintenance, status reporting, deliverable walkthroughs, subcontractor management, issue tracking and resolution, interfacing with State staff and contract management.

A sample Microsoft project plan will be distributed to vendors attending the mandatory bidders conference. It provides the general format that vendors must follow when constructing their project plan. Vendor plans must reflect each deliverable and milestone in the specified format. Review periods as specified in the RFP must be built into the project schedule. Serial deliverable review periods must be shown - the best way to do this is to link the "State Review of Deliverable" task with the prior deliverable's

review task. The project plan is a critical deliverable and must reflect all dependencies, dates and review periods. If the plan has issues, the state will not approve the initial milestone payment. Vendor staff expertise in MS Project is critical for proper construction and maintenance of this plan.

**NOTE:** Deliverables 3 through 22 are described at a module level. The project plan must be more detailed and include items such as:

- Requirements JAD sessions
- Requirements document \*
- Design JAD sessions
- Design document \*
- User manual or on-line help \*
- Training plan \*
- UAT \*
- Production implementation \*

For the items shown with an asterisk above, the plan needs to provide time for DHSS review and approval.

### **6.2.5 Project Requirements (Section E)**

Bidder must describe their understanding and approach to meet the expectations and mandatory requirements specified in Section 4. Please address each numbered subsection in this section separately in sequence as “RFP Section 4.x.x”. Address bulleted and titled requirement paragraphs within subsections as “Bullet n” and “Paragraph Title” respectively. Please address State staffing considerations in subsections where staffing is mentioned. The Crosswalk of RFP Section 4 in Appendix I must be completed in full and included in the beginning of this section of the bidder’s proposal.

### **6.2.6 Staff Qualifications and Experience (Section F)**

Bidders shall submit a staff skills matrix in their own format to summarize relevant experience of the proposed staff, including any subcontractor staff in the areas of:

- Project Management
- Technical Project Management
- Business Analysis
- Technical Analysis
- Development
- Subject Matter (Behavioral Health Clinical Expertise) Development
- Documentation
- Planning
- Training

Additionally, bidders shall provide a narrative description of experience each key staff member has in the areas relevant to this project. Bidder and subcontractor staff shall be separately identified. Contractor staff requirements will be addressed as outlined in subsection 4.1. Resumes will be formatted as outlined in Appendix E and included in this section of the proposal. Bidder must also provide an organization chart of all proposed staff.

If sub-contractors are being proposed, then include the name and address of each sub-contractor entity along with an organization chart indicating staffing breakdown by job title and staff numbers on this project. This organization chart must show how the individual sub or co-contractor entity will be managed by your firm as the primary contractor. Any sub or co-contractor entity(s) proposed will need prior approval by the State before the contract is signed. If proposing no sub contractors, please state in this proposal section “**No sub-contractors are being proposed as part of this contract.**” Please refer to RFP Appendix A for sub/co-contractor standards.

### **6.2.7 Firm Past Performance and Qualifications (Section G)**

The bidder shall describe their corporate experience within the last five (5) years directly related to the proposed contract. Also include experience in:

- Other state/county government projects of a similar scale
- Other behavioral health inpatient and outpatient projects of a similar scale
- Electronic Medical Records projects
- Implementation and project management experience on similar size projects

Experience of proposed subcontractors shall be presented separately.

Provide a summary description of each of these projects including the contract cost and the scheduled and actual completion dates of each project. For each project, provide name, address and phone number for an administrative or managerial customer reference familiar with the bidder’s performance. Use the form provided in Appendix L.

Provide an example of an actual client implementation plan, similar in magnitude to the CCIS, including staff, dates, milestones, deliverables, and resources.

## **6.3 Volume II – Business Proposal Contents**

The business proposal volume will contain all project costs along with evidence of the bidder’s financial stability.

### **6.3.1 Project Cost Information (Section A)**

The bidder shall provide costs for the Technical Proposal Volume as outlined in Appendix F.

In completing the cost schedules, rounding should not be used. A total must equal the sum of its details/subtotals; a subtotal must equal the sum of its details.

**The Total Cost shown in Schedule F1 must include all costs (except out year costs) that the selected vendor will be paid by DHSS. If specialized hardware or software will be provided by the vendor, it must be included as a deliverable in the this schedule.**

A sample Microsoft Excel version of Schedule F1 will be distributed to vendors attending the mandatory bidders conference.

**Cost information must only be included in the Business Proposal Volume. No cost information should be listed in the Technical Proposal Volume.**

A Project Cost Cap is specified in Appendix F and is a mandatory submission requirement.

### **6.3.2 Software and Hardware Information (Section B)**

On a separate page of the Business Proposal entitled "Software Licensing Structure" list each module and each third party software application listed in either Schedule F1 or Schedule F5. Describe what required (or optional) functions from section 4 that the particular module or application includes. Discuss the licensing structure (per seat, concurrent user, site, etc.) for each.

**All licenses must be in the name of the State and must provide for separate test and production environments.**

On a separate page of the Business Proposal entitled "Hardware Description" list each hardware item listed in either Schedule F1 or Schedule F6. Provide a description of its function and a detailed component list.

### **6.3.3 Corporate Stability and Resources (Section B)**

The bidder shall describe its corporate stability and resources that will allow it to complete a project of this scale and meet all of the requirements contained in this RFP. The bidder's demonstration of its financial solvency and sufficiency of corporate resources is dependent upon whether the bidder's organization is publicly held or not:

If the bidder is a publicly held corporation, enclose a copy of the corporation's most recent three years of audited financial reports and financial statements, a recent Dun and Bradstreet credit report, and the name, address, and telephone number of a responsible representative of the bidder's principle financial or banking organization; include this information with copy of the Technical Proposal and reference the enclosure as the response to this subsection; or

If the bidder is not a publicly held corporation, the bidder may either comply with the preceding paragraph or describe the bidding organization, including size, longevity, client base, areas of specialization and expertise, a recent Dun and Bradstreet credit report, and any other pertinent information in such a manner that the proposal evaluator may reasonably formulate a determination about the stability and financial strength of the bidding organization; also to be provided is a bank reference and a credit rating (with the name of the rating service); and

Disclosure of any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the bidding organization; or warrant that no such condition is known to exist.

This level of detail must also be provided for any subcontractor(s) who are proposed to complete at least ten (10) percent of the proposed scope of work.

## 7 Terms and Conditions

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The following provisions constitute the terms and conditions of the contractual agreement between the State of Delaware, Department of Health and Social Services (DHSS) and its contractor. This section contains terms and conditions specific to this RFP. The general terms and conditions are contained in Appendix A. The standard departmental contract is contained in Appendix C.

### 7.1 Contract Composition

The terms and conditions contained in this section constitute the basis for any contract resulting from this RFP. The State will be solely responsible for rendering all decisions on matters involving interpretation of terms and conditions. All contracts shall be in conformity with, and shall be governed by, the applicable laws of the federal government and the State of Delaware.

The component parts of the contract between the State of Delaware and the contractor selected from the evaluation of responses to this RFP shall consist of:

- The Delaware contract signed by all parties, and any subsequent amendments to that document
- The RFP, inclusive of appendices and exhibits
- Any amendments to the RFP
- The contractor's proposal and any written clarifications or representations incorporated as part of the procurement process.

In the event of any conflict between the terms and provisions of this contract and other documents executed preliminary to construction of this contract, the terms and provisions of this contract shall prevail over conflicting terms and provisions in these other documents.

### 7.2 Payment for Services Rendered

Services will be bound by a **firm fixed price contract**. The firm fixed price will be the Total Cost shown in Schedule F1 (Appendix F). Payments will be made based upon the contractor's satisfactory completion and State approval of the identified scheduled milestones.

### 7.3 Contract Term

The maximum term of the project is one year from contract signature. Bidder may propose a shorter term in their proposal.

### 7.4 Contractor Personnel

DHSS shall have the right to require the Contractor to remove any individual from his/her assignment to this Agreement by the Contractor or any subcontractor, if, in the opinion of DHSS, such employee is uncooperative, inept, incompetent or otherwise unacceptable. If the vendor must make a staff substitution for whatever reason, a staff person with equivalent qualifications and experience will be proposed to the State as soon as possible. The State Project Director(s) must approve this substitution before their term on the project begins. In the event that a staff position becomes temporarily or

permanently vacant for any reason, including the contractor's choice to reassign a staff member, DHSS may reduce payments to the Contractor in the amount equal to the vacated positions pay rate for the time period the position is vacant. DHSS may choose to waive its right to reduce payments if the State Project Directors approve a proposed replacement staff member who can assume the vacated position immediately upon its vacancy.

### **7.5 DTI Requirements**

The Supplier(s) shall be responsible for the professional quality, technical accuracy, timely completion, and coordination of all services furnished by the Supplier(s), its subcontractors and its and their principals, officers, employees and agents under this Agreement. In performing the specified services, the Supplier(s) shall follow practices consistent with generally accepted professional and technical standards. The Supplier(s) shall be responsible for ensuring that all services, products and deliverables furnished pursuant to this Agreement comply with the standards promulgated by the Department of Technology and Information (DTI) and as modified from time to time by DTI during the term of this Agreement. These standards will be provided upon request to vendors attending the mandatory bidder's conference. If any service, product or deliverable furnished pursuant to this Agreement does not conform to DTI standards, the Supplier(s) shall, at its expense and option either (1) replace it with a conforming equivalent or (2) modify it to conform to DTI standards. The Supplier(s) shall be and remain liable in accordance with the terms of this Agreement and applicable law for all damages to Delaware caused by the Supplier's failure to ensure compliance with DTI standards.

The contractor agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against any and all claims for injury, loss of life, or damage to or loss of use of property caused or alleged to be caused, by acts or omissions of the contractor, its employees, and invitees on or about the premises and which arise out of the contractor's performance, or failure to perform as specified in the Agreement.

It shall be the duty of the Vendor to assure that all products of its effort do not cause, directly or indirectly, any unauthorized acquisition of data that compromises the security, confidentiality, or integrity of information maintained by the State of Delaware. Vendor's agreement shall not limit or modify liability for information security breaches, and Vendor shall indemnify and hold harmless the State, its agents and employees, from any and all liability, suits, actions or claims, together with all reasonable costs and expenses (including attorneys' fees) arising out of such breaches. In addition to all rights and remedies available to it in law or in equity, the State shall subtract from any payment made to Vendor all damages, costs and expenses caused by such information security breaches which have not been previously paid to Vendor.

### **7.6 Funding**

This contract is dependent upon the appropriation of the necessary funding.

DHSS reserves the right to reject or accept any bid or portion thereof, as may be necessary to meet its funding limitations and processing constraints.

**7.7 Confidentiality**

The contractor shall safeguard any client information and other confidential information that may be obtained during the course of the project and will not use the information for any purpose other than the Contract may require.

**7.8 Method of Payment:**

The agencies or school districts involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

## 8 Appendices

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Appendices referenced in this RFP are included in this section. The following are included for the bidder's use in submitting a proposal.

**A. General Terms and Conditions**

**B. Certification and Statement of Compliance**

**C. Standard Departmental Contract**

**D. Website Links**

**E. Key Position Resume**

**F. Project Cost Forms**

**G. Mandatory (Pass/Fail) Submission Requirements Checklist**

**H. State of Delaware Contracts Disclosure**

**I. Crosswalk of RFP Section 4**

**J. Bidders Signature Form**

**K. Office of Minority and Women Business Enterprise Self-Certification Tracking Form**

**L. Bidder Project Experience**

**M. List of all Relevant Forms and Reports**

The following Appendices must be completed by all bidders and included as part of the specified proposal:

- Technical Proposal - Appendices B, E, G, H, I, J, L
- Business Proposal – Appendix F

# Appendix

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## A. General Terms and Conditions

## **Appendix A General Terms and Conditions**

The following provisions are applicable to all DHSS RFP's

### **1) Proposal Becomes State Property**

All proposals become the property of the State of Delaware and will not be returned to contractors.

### **2) RFP and Final Contract**

The contents of this RFP will be incorporated into the final contract and will become binding upon the successful bidder. If bidders are unwilling to comply with certain RFP requirements, terms and conditions, objections must be clearly stated in the proposal and will be subject to negotiation at the discretion of the Department.

### **3) Proposal and Final Contract**

The bidder's proposal will be incorporated into the final contract and be considered binding upon the successful bidder.

### **4) Amendments to Proposals**

Amendments to proposals will not be accepted after the submission deadline. DHSS reserves the right to request clarification and/or further technical information from any contractor submitting a proposal at any time.

### **5) Cost of Proposal Preparation**

All costs of proposal preparation will be borne by the bidder.

### **6) Investigation of Contractor's Qualifications**

The State of Delaware may make such investigation as it deems necessary to determine ability of potential contractors to furnish required services, and contractors shall furnish the State with data requested for this purpose. The State reserves the right to reject any offer if evidence submitted or investigation of such contractor fails to satisfy the State that the contractor is properly qualified to deliver services.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these as additional references and may contact these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and may be factored

into the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

### **7) Certifications, Representations, Acknowledgments**

Using Appendix B, bidding contractors must certify that:

They are a regular dealer in the services being procured.  
They have the ability to fulfill all requirements specified for development with this RFP.  
They have independently determined their prices.  
They are accurately representing their type of business and affiliations.  
They have acknowledged any contingency fees paid to obtain award of this contract.  
They have included in their quotation all costs necessary for or incidental to their total performance under the contract.  
They will secure a Delaware Business License.  
They will secure the appropriate type and amounts of insurance coverage required by the State. Proof of such coverage will be a requirement of the contract.

### **8) Ownership Rights**

The State will retain ownership rights to all materials including software, designs, drawings, specifications, notes, electronically or magnetically recorded material, and other work in whatever form, developed during the performance of this contract. A fundamental obligation herein imposed on the Contractor is the assignment by the Contractor to DHSS of all ownership rights in the completed project. This obligation on the part of the Contractor to assign all ownership rights is not subject to limitation in any respect, whether by characterization of any part of the deliverables as proprietary or by failure to claim for the cost thereof. The provisions of this article shall be incorporated into any subcontract.

### **9) Federal/State Access Rights**

Appropriate Federal and/or State representatives will have access to work in progress and to pertinent cost records of the contractor and its subcontractors at such intervals as any representative shall deem necessary.

### **10) Reserved Rights of the Department of Health & Social Services**

The Department reserves the right to:

Reject any and all proposals received in response to this RFP  
Select for contract or for negotiations a proposal other than that with the lowest cost  
Waive or modify any information, irregularities or inconsistencies in proposals received;  
Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time;  
If negotiations fail to result in an agreement within two weeks, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate.

### **11) Standard for Subcontractors**

The contract with the prime contractor will bind sub contractors to the prime contractor by the terms, specifications and standards of this statement of work and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the State with respect to the services to be performed by the sub, or co-contractor, so that the sub or co-contractor will not prejudice such rights. The use of subcontractors on this project must have the prior approval of the State.

### **12) Irrevocable License**

The State of Delaware reserves a royalty-free, exclusive, and irrevocable license to reproduce, publish, or otherwise use the copyright of any deliverables developed under the resulting contract.

### **13) Non-Discrimination**

The selected provider will be required to sign a contract containing a clause that prohibits the provider from discriminating against employees on the basis of their race, color, sex, religion, age and national origin.

### **14) Right to a Debriefing**

To request a debriefing on a bidder selection, the bidder must submit a letter requesting a debriefing to the Procurement Administrator, DHSS, within ten days of the announced selection. In the letter, the bidder must specifically state the reason(s) for the debriefing. Debriefing requests must be based on pertinent issues relating to the selection process. Debriefing requests based on specifications in the RFP will not be accepted. All debriefing requests will be evaluated in accordance with these conditions. Debriefing requests that meet these conditions will be reviewed and respectively answered by the Procurement Administrator and/or Debriefing Committee.

### **15) Hiring Provision**

Staff contracted to provide the services requested in this RFP are not precluded from seeking employment with the State of Delaware. The contractor firm selected as a result of this RFP shall not prohibit their employees or subcontractor staff from seeking employment with the State of Delaware.

### **16) Anti Lobbying**

The selected contractor must certify that no Federal funds will be used to lobby or influence a Federal officer or a Member of Congress and that the contractor will file required Federal lobbying reports.

### **17) Anti Kick-back**

The selected contractor will be expected to comply with other federal statutes including the Copeland "Anti-Kickback Act" (18 U.S.C.874), Section 306 of the Clean Air Act, Section 508 of the Clean Water Act , and the Debarment Act.

### **18) Delaware Contract Language**

Appendix C contains a copy of the standard Departmental contract, which will be used for the agreement between the State and the winning bidder. The State will not entertain any modifications to the language of this document. By submitting a proposal to this RFP, the bidder agrees to be bound by the terms and conditions in that contract document.

### **19) Project Cost**

The Department reserves the right to award this project to a bidder other than the one with the lowest cost or to decide not to fund this project at all. Cost will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in judgment of the Selection Committee, a lack of sufficient budgeted resources would jeopardize the successful completion of the project.

### **20) Public Record**

The Department will not divulge specific content of proposals to the extent that the contractor identifies contents as privileged or confidential. Any information not so designated will be considered public information.

### **21) Minority/Women/Disadvantaged Business Certification**

If the proposer wishes to have M/W/D business enterprise status taken into consideration, they should submit proof of such certification with their bid response. Further information, guidelines and forms for such certifications can be found at:

<http://www2.state.de.us/omwdb/>

# Appendix

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## B. Certification and Statement of Compliance



DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL

CERTIFICATION SHEET

As the official representative for the bidder, I certify on behalf of the agency that:

- a. They are a regular dealer in the services being procured.
- b. They have the ability to fulfill all requirements specified for development within this RFP.
- c. They have independently determined their prices.
- d. They are accurately representing their type of business and affiliations.
- e. They will secure a Delaware Business License.
- f. They have acknowledged that no contingency fees have been paid to obtain award of this contract.
- g. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
- h. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and
- i. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
- j. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.
- k. They (check one) operate \_\_\_an individual; \_\_\_a Partnership \_\_\_a non-profit (501 C-3) organization; \_\_\_a not-for-profit organization; or \_\_\_for Profit Corporation, incorporated under the laws of the State of \_\_\_\_\_.
- l. The referenced bidder has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services
- m. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all specifications and special provisions.

- n. They (check one): \_\_\_\_\_ are; \_\_\_\_\_ are not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violations and Penalties:

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and
3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

- a. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.
- b. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title of Official Representative

\_\_\_\_\_  
Type Name of Official Representative

**PROCUREMENT**

**STATEMENT OF COMPLIANCE**

As the official representative for the contractor, I  
Certify that on behalf of the agency that \_\_\_\_\_  
(Company name) will comply with all Federal and State of Delaware laws, rules, and  
regulations, pertaining to equal employment opportunity and affirmative action laws. In  
addition, compliance will be assured in regard to Federal and State of Delaware laws  
and Regulations relating to confidentiality and individual and family privacy in the  
collection and reporting of data.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Appendix

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## C. Standard Departmental Contract

# CONTRACT

## A) Introduction

1. This contract is entered into between the Delaware Department of Health and Social Services (the Department), Division of \_\_\_\_\_ (Division) and \_\_\_\_\_(the Contractor).
  
2. The Contract shall commence on \_\_\_\_\_ and terminate on \_\_\_\_\_ unless specifically extended by an amendment, signed by all parties to the Contract. Time is of the essence. (Effective contract start date is subject to the provisions of Paragraph C 1 of this Agreement.)

## B) Administrative Requirements

1. Contractor recognizes that it is operating as an independent Contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Contractor's negligent performance under this Contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Contractor in their negligent performance under this Contract.
  
2. The Contractor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not an employee of the State.
  
3. During the term of this Contract, the Contractor shall, at its own expense, carry insurance with minimum coverage limits as follows:

	a) Comprehensive General Liability	\$1,000,000
and	b) Medical/Professional Liability	\$1,000,000/ \$3,000,000
or	c) Misc. Errors and Omissions	\$1,000,000/\$3,000,000
or	d) Product Liability	\$1,000,000/\$3,000,000

All contractors must carry (a) and at least one of (b), (c), or (d), depending on the type of service or product being delivered.

If the contractual service requires the transportation of Departmental clients or staff, the contractor shall, in addition to the above coverage, secure at its own expense the following coverage:

e) Automotive Liability (Bodily Injury)	\$100,000/\$300,000
f) Automotive Property Damage (to others)	\$ 25,000

4. Notwithstanding the information contained above, the Contractor shall indemnify and hold harmless the State of Delaware, the Department and the Division from contingent liability to others for damages because of bodily injury, including death, that may result from the Contractor's negligent performance under this Contract, and any other liability for damages for which the Contractor is required to indemnify the State, the Department and the Division under any provision of this Contract.
5. The policies required under Paragraph B3 must be written to include Comprehensive General Liability coverage, including Bodily Injury and Property damage insurance to protect against claims arising from the performance of the Contractor and the contractor's subcontractors under this Contract and Medical/Professional Liability coverage when applicable.
6. The Contractor shall provide a Certificate of Insurance as proof that the Contractor has the required insurance. The certificate shall identify the Department and the Division as the "Certificate Holder" and shall be valid for the contract's period of performance as detailed in Paragraph A 2.
7. The Contractor acknowledges and accepts full responsibility for securing and maintaining all licenses and permits, including the Delaware business license, as applicable and required by law, to engage in business and provide the goods and/or services to be acquired under the terms of this Contract. The Contractor acknowledges and is aware that Delaware law provides for significant penalties associated with the conduct of business without the appropriate license.
8. The Contractor agrees to comply with all State and Federal licensing standards and all other applicable standards as required to provide services under this Contract, to assure the quality of services provided under this Contract. The Contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status regards the fact that its accreditation, licensure, or certification is suspended, revoked, or otherwise impaired in any jurisdiction, the Contractor understands that such action may be grounds for termination of the Contract.

9. Contractor agrees to comply with all the terms, requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and any other federal, state, local or any other anti discriminatory act, law, statute, regulation or policy along with all amendments and revision of these laws, in the performance of this Contract and will not discriminate against any applicant or employee or service recipient because of race, creed, religion, age, sex, color, national or ethnic origin, disability or any other unlawful discriminatory basis or criteria.
10. The Contractor agrees to provide to the Divisional Contract Manager, on an annual basis, if requested, information regarding its client population served under this Contract by race, color, national origin or disability.
11. This Contract may be terminated in whole or part:
  - a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
  - b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services as described in Appendix B,
  - c) by either party without cause upon thirty (30) calendar days written notice to the other Party, unless a longer period is specified in Appendix A.

In the event of termination, all finished or unfinished documents, data, studies, surveys, drawings, models, maps, photographs, and reports or other material prepared by Contractor under this contract shall, at the option of the Department, become the property of the Department.

In the event of termination, the Contractor, upon receiving the termination notice, shall immediately cease work and refrain from purchasing contract related items unless otherwise instructed by the Department.

The Contractor shall be entitled to receive reasonable compensation as determined by the Department in its sole discretion for any satisfactory work completed on such documents and other materials that are usable to the Department. Whether such work is satisfactory and usable is determined by the Department in its sole discretion.

Should the Contractor cease conducting business, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors, then at the option of the Department, this Contract shall terminate and be of no further force and effect. Contractor shall notify the Department immediately of such events.

12. Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested or by registered or certified mail with return receipt requested. Either Party may change its address for notices and official formal correspondence upon five (5) days written notice to the other.
13. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Contract, the remainder of the Contract will remain unaffected.
14. This Contract shall not be altered, changed, modified or amended except by written consent of all Parties to the Contract.
15. The Contractor shall not enter into any subcontract for any portion of the services covered by this Contract without obtaining prior written approval of the Department. Any such subcontract shall be subject to all the conditions and provisions of this Contract. The approval requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, rentals, leases and other day-to-day operational expenses in support of staff or facilities providing the services covered by this Contract.
16. This entire Contract between the Contractor and the Department is composed of these several pages and the attached:
  - Appendix A - Divisional Requirements
  - Appendix B - Services Description
  - Appendix C - Contract Budget
  - Appendix .....
17. This Contract shall be interpreted and any disputes resolved according to the Laws of the State of Delaware. Except as may be otherwise provided in this contract, all claims, counterclaims, disputes and other matters in question between the Department and Contractor arising out of or relating to this Contract or the breach thereof will be decided by arbitration if the parties hereto mutually agree, or in a court of competent jurisdiction within the State of Delaware.

18. In the event Contractor is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who provides particular goods or services to the Contractor that impact the budget for this Contract, Contractor agrees to reimburse the State of Delaware, Department of Health and Social Services for the pro-rata portion of the damages awarded that are attributable to the goods or services used by the Contractor to fulfill the requirements of this Contract. In the event Contractor refuses or neglects after reasonable written notice by the Department to bring such antitrust action, Contractor shall be deemed to have assigned such action to the Department.
19. Contractor covenants that it presently has no interest and shall not acquire any interests, direct or indirect, that would conflict in any manner or degree with the performance of this Contract. Contractor further covenants that in the performance of this contract, it shall not employ any person having such interest.
20. Contractor covenants that it has not employed or retained any company or person who is working primarily for the Contractor, to solicit or secure this agreement, by improperly influencing the Department or any of its employees in any professional procurement process; and, the Contractor has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bona fide employee working primarily for the Contractor, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this agreement. For the violation of this provision, the Department shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift or consideration.
21. The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.

22. Contractor agrees that no information obtained pursuant to this Contract may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the Contractor's obligations under this Contract.

23. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by authorized representatives of all parties and attached to the original Contract.
24. If the amount of this contract listed in Paragraph C2 is over \$100,000, the Contractor, by their signature in Section E, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this agreement, are not currently subject to either suspension or debarment from Procurement and Non-Procurement activities by the Federal Government.

### C) Financial Requirements

1. The rights and obligations of each Party to this Contract are not effective and no Party is bound by the terms of this contract unless, and until, a validly executed Purchase Order is approved by the Secretary of Finance and received by Contractor, *if required by the State of Delaware Budget and Accounting Manual*, and all policies and procedures of the Department of Finance have been met. The obligations of the Department under this Contract are expressly limited to the amount of any approved Purchase Order. The State will not be liable for expenditures made or services delivered prior to Contractor's receipt of the Purchase Order.
2. Total payments under this Contract shall not exceed \$ \_\_\_\_\_ in accordance with the budget presented in Appendix C. Payment will be made upon receipt of an itemized invoice from the Contractor in accordance with the payment schedule, if any. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.
3. The Contractor is solely responsible for the payment of all amounts due to all subcontractors and suppliers of goods, materials or services which may have been acquired by or provided to the Contractor in the performance of this contract. The Department is not responsible for the payment of such subcontractors or suppliers.
4. The Contractor shall not assign the Contract or any portion thereof without prior written approval of the Department and subject to such conditions and revisions as the Department may deem necessary. No such approval by the Department of any assignment shall be deemed to provide for the incurrence of any obligations of the Department in addition to the total agreed upon price of the Contract.

5. Contractor shall maintain books, records, documents and other evidence directly pertinent to performance under this Contract in accordance with generally accepted accounting principles and practices. Contractor shall also maintain the financial information and data used by Contractor in the preparation of support of its bid or proposal. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Department shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the Contractor after giving reasonable notice. Contractor will provide facilities for such access and inspection.
6. The Contractor agrees that any submission by or on behalf of the Contractor of any claim for payment by the Department shall constitute certification by the Contractor that the services or items for which payment is claimed were actually rendered by the Contractor or its agents, and that all information submitted in support of the claims is true, accurate, and complete.
7. The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.
8. When the Department desires any addition or deletion to the deliverables or a change in the services to be provided under this Contract, it shall so notify the Contractor. The Department will develop a Contract Amendment authorizing said change. The Amendment shall state whether the change shall cause an alteration in the price or time required by the Contractor for any aspect of its performance under the Contract. Pricing of changes shall be consistent with those prices or costs established within this Contract. Such amendment shall not be effective until executed by all Parties pursuant to Paragraph B 14.

#### D) Miscellaneous Requirements

1. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 46, (PM # 46, effective 5/23/97), and divisional procedures regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury of residents/clients receiving services. The policy and procedures are included as Appendix \_\_\_\_\_ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the position(s) responsible for the PM46 process in the provider agency. Documentation of staff training on PM46 must be maintained by the Contractor.

2. The Contractor, including its parent company and its subsidiaries, and any subcontractor, including its parent company and subsidiaries, agree to comply with the provisions of 29 Del. Code, Chapter 58: “Laws Regulating the Conduct of Officers and Employees of the State,” and in particular with Section 5805 (d): “Post Employment Restrictions.”
  
3. *When required by Law*, Contractor shall conduct child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del. Code Section 708; and 11 Del. Code, Sections 8563 and 8564. Contractor shall not employ individuals with adverse registry findings in the performance of this contract.

E) Authorized Signatures:

For the Contractor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For the Department:

\_\_\_\_\_  
Vincent P. Meconi  
Secretary

\_\_\_\_\_  
Date

For the Division:

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

# Appendix

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## D. Website Links

- DHSS Information Technology Standards  
<http://www.dhss.delaware.gov/dhss/dms/repstats.html>
- State of Delaware Web Standards  
<http://www.state.de.us/sos/gic/information/webstandards.shtml>
- DTI Executive Sponsor Reporting Standards and Change Management Standards  
<http://dti.delaware.gov/majorproj/majorproj.shtml>.
- Substance Abuse and Mental Health Services Administration (SAMHSA) web site  
<http://www.samhsa.gov/>
- SAMHSA National Outcome Measures (NOMS) web site  
<http://www.samhsa.gov/>
- DSAMH website  
<http://www.dhss.delaware.gov/dhss/dsamh/>

# Appendix

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## E. Key Position Resume

**Key Position Resume**

Name: \_\_\_\_\_ Proposed Project Position: \_\_\_\_\_

Number of years experience in the proposed position: \_\_\_\_\_

Number of years experience in this field of work: \_\_\_\_\_

**Detail Training/Education**

(Repeat the format below for as many degrees/certificates as are relevant to this proposal. Dates between training/education may overlap.)

Degree/Certificate	Dates of Training/Education
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Detail Experience**

(Repeat the format below for as many jobs/projects as are relevant to this proposal. Dates between jobs/projects may overlap.)

Job/Project: \_\_\_\_\_ Position: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Description of the tasks this person performed in this job/project. Detail any state or government planning projects and specify the role of the person on each project

# Appendix

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## F. Project Cost Forms

**F1. Project Costs by Deliverables & Milestones**

**CCIS Deliverable & Milestone Cost Schedule**

Phase	Project Deliverables & Milestones	Deliverable Cost	Phase Cost	Holdback	Vendor Payment	State Share	Projected Date	Actual Date Approved
<b>Phase 1</b>	Deliverable 1: Detailed Project Workplan							
	Deliverable 2: Deliverable Document Templates							
	<b>State Approval of Phase 1 (M1)</b>							
<b>Phase 2</b>	Deliverable 3: Enrollment and Eligibility Module							
	Deliverable 4: Admissions and Registration Module							
	Deliverable 5: Client Assessment Module							
	Deliverable 6: Treatment Planning Module							
	Deliverable 7: Clinical Documentation Module							
<b>State Approval of Phase 2 (M2)</b>								
<b>Phase 3</b>	Deliverable 8: Order Entry Module							
	Deliverable 9: Charge Capture Module							
	Deliverable 10: Reporting Module							
	Deliverable 11: Care Management Module							
	Deliverable 12: Pharmacy Module/Interface							
<b>State Approval of Phase 3 (M3)</b>								
<b>Phase 4</b>	Deliverable 13: Clinical Care Delivery Module							
	Deliverable 14: Case Management Module							
	<b>Approval of Phase 4 (M4)</b>							
<b>Phase 5</b>	Deliverable 15: Clinical Support Module							
	Deliverable 16: Results Reporting Module							
	Deliverable 17: Minimum Data Set (LTC Clients) Module							
	Deliverable 18: Radiology Module							
	<b>Approval of Phase 5 (M5)</b>							

<b>Phase 6</b>	Deliverable 19: Laboratory Module						
	Deliverable 20: Client Scheduling Module						
	Deliverable 21: Patient Accounting/Trust Module						
	Deliverable 22: Substance Abuse Contractor Module						
	Approval of Phase 6 (M6)						
<b>Phase 7</b>	Deliverable 23: Acceptance in Production of All Delivered Modules						
	Deliverable 24: Ninety (90) Day Warranty Period						
	State Approval of Phase 5 and Entire Project, Including Holdback From Prior Phases (M7)		N/A	N/A			
<b>Total Cost</b>							

Holdback Percent	10.00%
State Share Percent	100%

The Total Cost shown in Schedule F1 must include all costs (except out year costs) that the selected vendor will be paid by DHSS. If specialized hardware or software will be provided by the vendor, it must be included as a deliverable in the above schedule.

The modules listed above are those described in the RFP. If a vendor’s COTS solution provides the same functionality as described in the RFP, but organizes this functionality in a different combination of modules, the vendor should show its own organization of modules in the above schedule and in Schedules F3 and F4.

Milestone Cost Breakdown

- M1 = Total Cost for Phase 1 deliverables – 10% holdback
- M2 = Total Cost for Phase 2 deliverables – 10% holdback
- M3 = Total Cost for Phase 3 deliverables – 10% holdback
- M4 = Total Cost for Phase 4 deliverables – 10% holdback

- M5 = Total Cost for Phase 5 deliverables – 10% holdback
- M6 = Total Cost for Phase 6 deliverables – 10% holdback
- M7 = M1 + M2 + M3 + M4 + M5 + M6 holdbacks

Costs for each task/deliverable listed must be specified along with the total cost of all tasks/deliverables in each specified phase. Please check all figures for accuracy.

Contractor may invoice for **milestone payments** upon formal approval by the Division and IRM.

### **Cost Cap**

**The Total Cost from Schedule F1 cannot exceed \$1,830,000.**



### F3 Software Licensing Schedule

<b>Module Name</b>	<b>Number of Licenses</b>	<b>Percent Customization</b>
Deliverable 3: Enrollment and Eligibility Module		
Deliverable 4: Admissions and Registration Module		
Deliverable 5: Client Assessment Module		
Deliverable 6: Treatment Planning Module		
Deliverable 7: Clinical Documentation Module		
Deliverable 8: Order Entry Module		
Deliverable 9: Charge Capture Module		
Deliverable10: Reporting Module		
Deliverable 11: Care Management Module		
Deliverable 12: Pharmacy Module/Interface		
Deliverable 13: Clinical Care Delivery Module		
Deliverable 14: Case Management Module		
Deliverable 15: Clinical Support Module		
Deliverable 16: Results Reporting Module		
Deliverable 17: Minimum Data Set (LTC Clients) Module		
Deliverable 18: Radiology Module		
Deliverable 19: Laboratory Module		
Deliverable 20: Client Scheduling Module		
Deliverable 21: Patient Accounting/Trust Module		
Deliverable 22: Substance Abuse Contractor Module		

**F4 Out year Software Support and Maintenance Cost Schedule**

Out year support costs are to be listed in the following schedules for each module. Support and maintenance costs are capped at a 2% inflation rate per year. Out year support and maintenance costs will be taken into effect in determining the Appropriateness of Solution Score. **Year 1 is defined as the first 12 months after the expiration of the 90 day warranty period.**

**Support Costs**

<b>Module Name</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Deliverable 3: Enrollment and Eligibility Module					
Deliverable 4: Admissions and Registration Module					
Deliverable 5: Client Assessment Module					
Deliverable 6: Treatment Planning Module					
Deliverable 7: Clinical Documentation Module					
Deliverable 8: Order Entry Module					
Deliverable 9: Charge Capture Module					
Deliverable10: Reporting Module					
Deliverable 11: Care Management Module					
Deliverable 12: Pharmacy Module/Interface					
Deliverable 13: Clinical Care Delivery Module					
Deliverable 14: Case Management Module					
Deliverable 15: Clinical Support Module					
Deliverable 16: Results Reporting Module					
Deliverable 17: Minimum Data Set (LTC Clients) Module					
Deliverable 18: Radiology Module					
Deliverable 19: Laboratory Module					
Deliverable 20: Client Scheduling Module					
Deliverable 21: Patient Accounting/Trust Module					
Deliverable 22: Substance Abuse Contractor Module					
<b>Total</b>					

**Maintenance Costs**

Estimate of the number of hours required to apply the DHSS customization features to new releases \_\_\_\_\_

Year 1 single fully loaded hourly rate which will apply to this work, as well as to future customization \_\_\_\_\_

**F5.State Purchased Third Party Software Schedule**

List all third party software that the State is responsible for purchasing for use after implementation. This includes State developer licenses as well as user licenses. The State is not responsible for purchasing vendor developer licenses. Only new software or additional licenses for existing software being proposed for this project will be listed here. If the proposed software solution comprises multiple separately-costed modules, please list them separately in the following Schedule.

Software Description/Name	Required Version	Number of Licenses

Total Estimated State Purchased Third Party Software Cost \_\_\_\_\_

The State will purchase the above items from a third party, not the selected vendor. They should not be included in Schedule F1 and will not impact the cost cap.

**F6. State Purchased Hardware Schedule**

This is a hardware summary cost schedule. Only new hardware or upgrades to existing hardware being proposed for this project will be listed here.

Hardware Description/Name	Quantity

Total Estimated State Purchased Hardware Cost \_\_\_\_\_

The State will purchase the above items from a third party, not the selected vendor. They should not be included in Schedule F1 and will not impact the cost cap.

# Appendix

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## G. Mandatory (Pass/Fail) Submission Requirements Checklist

### Mandatory (Pass/Fail) Submission Requirements Checklist

Mandatory Submission Requirement	RFP Section	Compliance Y or N
The bid is submitted no later than the closing date and time	6.1.2	
The bid is submitted in separate sealed volumes containing the Technical and Business proposals	6.1	
The correct number of copies of each proposal is submitted	6.1	
Each proposal volume is labeled correctly	6.1	
Proposal conditions are valid for 180 days from the deadline date for proposal submission	6.2.1	
The proposal contains a single solution in terms of this project	6.1.10	
Bidder/Proposed Subcontractor has appropriate project experience	6.2.7	
Transmittal Letter submitted on official business letterhead and signed by an authorized representative	6.2.1	
Proposal CD's have been scanned and are free from viruses and other malicious software.	6.1	
Bidder Agrees to Comply with the provisions specified in the General Terms and Conditions	Appendix A	
Technical proposal is submitted with a duly signed and dated copy of the Certification/Statement of Compliance	Appendix B	
Completed Project Cost Forms	Appendix F	
Total project cost does not exceed cost cap	Appendix F	
Firm fixed price contract proposed	7.2	
Technical proposal is submitted with a completed, duly signed and dated copy of the Submission Requirements Checklist	6.2.2 & Appendix G	
Completed State of Delaware Contracts Disclosure	Appendix H	
Completed Crosswalk of RFP Section 4	6.2.5 & Appendix I	
Completed Bidders Signature Form	Appendix J	
Project timeline does not exceed specified project length	7.3	
Compliance with HIPAA Regulations & Standards	4.3	
Proposal includes required resumes	6.2.6	
All exceptions to State policies and standards are addressed in the Technical Proposal.	4.4	
The latest releases of all vendor and third-party software	2.3	

included in the proposed Clinical Care solution is in production at two separate client sites		
MCI/SI integration is included	1.2	
Customization to the COTS software for the CCIS must not exceed 15%		
All 9 mandatory modules are included	4.12	

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title / Company

\_\_\_\_\_  
Date



# Appendix

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## H. State of Delaware Contracts Disclosure

**State of Delaware Contracts Disclosure**

<b>Vendor/Predecessor Firm Name</b>	<b>State Department and Division</b>	<b>Contact Name, Address and Phone Number</b>	<b>Period of Performance</b>	<b>Contract Number</b>	<b>Amount</b>
Sample Vendor Firm Name	DHSS \ DMS	Contact Name 1901 N DuPont Highway New Castle, DE 19720 302.999.9999	01/01/2002 – 12/31/2002	PSC-999999	\$100,000

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three (3) years, by State Department, Division, Contact Person (with address/phone number), period of performance, contract number and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

List contracts in the format specified. Include those contracts whose period of performance has been within the past three (3) years in addition to those awarded within this timeframe. Contracts with amendments only have to be listed once. If a vendor has had no contracts within this timeframe, enter **“No contracts to specify”** under Vendor/Predecessor Firm Name in the first row of the table.

# Appendix

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## I. Crosswalk of RFP Section 4

**Crosswalk of RFP Section 4**

<b>RFP Section</b>	<b>Proposal Section Number</b>	<b>Proposal Page Number</b>
4 Contractor Responsibilities/Project Requirements		
4.1 Staffing		
4.2 Project Management		
4.3 Requirement To Comply With HIPAA Regulations and Standards		
4.4 Requirement to Comply with Policies and Standards		
...		
4.14 Technical Approach [1 through 13]		

This is a template for the crosswalk of Section 4 in the RFP. It links the numbered RFP sections to the sections and page numbers of the bidder’s proposal. Bidders are required to fill out this crosswalk completely for each numbered section in Section 4.

# Appendix

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## J. Bidders Signature Form



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**BIDDERS SIGNATURE FORM**

**NAME OF BIDDER:** \_\_\_\_\_  
**SIGNATURE OF AUTHORIZED PERSON:** \_\_\_\_\_  
**TYPE IN NAME OF AUTHORIZED PERSON:** \_\_\_\_\_  
**TITLE OF AUTHORIZED PERSON:** \_\_\_\_\_  
**STREET NAME AND NUMBER:** \_\_\_\_\_  
**CITY, STATE, & ZIP CODE:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_  
**TELEPHONE NUMBER:** \_\_\_\_\_  
**FAX NUMBER:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER:** \_\_\_\_\_  
**DELIVERY DAYS/COMPLETION TIME:** \_\_\_\_\_  
**F.O.B.:** \_\_\_\_\_  
**TERMS:** \_\_\_\_\_

THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:

**AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) \_\_\_\_\_**  
 HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

# Appendix

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## **K. Office of Minority and Women Business Enterprise Self-Certification Tracking Form**



**OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE  
SELF-CERTIFICATION TRACKING FORM**

If your firm wishes to be considered for one of the classifications listed below, this page must be signed, notarized and returned with your proposal.

COMPANY NAME \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE (Please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

EMAILADDRESS \_\_\_\_\_

FEDERAL EI# \_\_\_\_\_

STATE OF DE BUSINESS LIC# \_\_\_\_\_

Note: Signature of the authorized representative MUST be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

Organization Classifications (Please circle)

Women Business Enterprise (WBE) \_\_\_\_\_ Yes/No

Minority Business Enterprise (MBE) \_\_\_\_\_ Yes/No

PLEASE CHECK ONE---CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

For certification (WBE), (MBE), (DBE) please apply to Office of Minority & Women Business Enterprise Phone # (302) 739-7830 X34 (Mary Schrieber)

Fax# (302) 739-7839 Certification # \_\_\_\_\_ Certifying Agency \_\_\_\_\_

<http://www.state.de.us/omwbe>

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

CITY OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

## **Definitions**

The following definitions are from the State Office of Minority and Women Business Enterprise.

### Women Owned Business Enterprise (WBE):

At least 51% is owned by a women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

### Minority Business Enterprise (MBE):

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

### Corporation:

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

### Partnership:

An agreement under which two or more persons agree to carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

### Individual:

Self-explanatory

### For Certification in one of above bidder must contract:

Mary Schrieber

Office of Minority and Women Business Enterprise

(302) 739-7830 X 34

Fax (302) 739-7839

# Appendix

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## L. Bidder Project Experience



**Delaware Health and Social Services**  
**Bidder Project Experience**

<b>Client</b>	
<b>Contact Name</b>	
<b>Telephone No.</b>	
<b>Location Street Address/City State/ZIP</b>	
<b>Location City/State</b>	
<b>Type of Facility</b>	
<b>Comparable Project Experience</b>	
<b>Current Status (WIP/Complete)</b>	
<b>Original Budget</b>	
<b>Completed Budget</b>	
<b>Original Schedule</b>	
<b>Completed Schedule</b>	
<b>Comments:</b>	
<p>Use one page per client. All clients will be used as references and all projects must be completed or work in progress. For projects in progress, state the estimated final budget and schedule dates based on current status. The Contact must be an administrative or managerial customer reference familiar with the bidder's performance.</p>	

# Appendix

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## **M. List of all Relevant Forms and Reports**

<b><i>Preliminary Client Assessment</i></b>	<b><i>Forms &amp; Reports</i></b>
<b>Enrollment &amp; Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Client Application</li> <li>▪ Psychiatric Assessment</li> <li>▪ Inter-agency Transfer</li> <li>▪ Detox Forms</li> <li>▪ EEU Forms</li> </ul>
<b>Admission &amp; Registration</b>	<ul style="list-style-type: none"> <li>▪ Consumer Reporting Form</li> <li>▪ Advanced Directive</li> <li>▪ Acknowledgement of Privacy Practices</li> <li>▪ Physical Examination Form</li> <li>▪ Nursing Assessment Form (DPC only)</li> </ul>
<b>Client Scheduling</b>	<ul style="list-style-type: none"> <li>▪ Unit Calendar</li> <li>▪ Therapy Schedule</li> </ul>
<b>Client Assessment</b>	<ul style="list-style-type: none"> <li>▪ Psychiatric Assessment</li> <li>▪ Annual Psychiatric Reassessment</li> <li>▪ Seclusion or Restraint Nursing Assessment</li> <li>▪ Social Assessment</li> <li>▪ Pain Assessment</li> <li>▪ Therapeutic Recreation Assessment</li> <li>▪ Abnormal Involuntary Movement Scale</li> <li>▪ Psychological Assessment</li> </ul>
<b>Minimum Data Set (MDS) for LTC Clients</b>	<ul style="list-style-type: none"> <li>▪ MDS Assessment Form</li> </ul>
<b><i>Care Plans/Treatment Plans</i></b>	<b><i>Forms &amp; Reports</i></b>
<b>Treatment/Care Plans</b>	<ul style="list-style-type: none"> <li>▪ Initial Treatment Plan</li> <li>▪ Master Treatment Plan</li> <li>▪ Treatment Plan Update</li> <li>▪ 1 : 1 Treatment Plan</li> </ul>
<b><i>Caregiver Clinical Documentation</i></b>	<b><i>Forms &amp; Reports</i></b>

<b>Nursing Care Delivery</b>	<ul style="list-style-type: none"> <li>▪ Nursing Observation Record</li> <li>▪ Treatment Record</li> <li>▪ Vital Signs Record</li> <li>▪ Immunization Record</li> <li>▪ Intake &amp; Output Record</li> <li>▪ Diabetic Record</li> <li>▪ Special Precaution Flow Sheet</li> <li>▪ Prompted Voiding Worksheet</li> </ul>
<b>Clinical Documentation</b>	<ul style="list-style-type: none"> <li>▪ Progress Notes</li> <li>▪ Interdisciplinary Group Therapy Documentation Sheet</li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>▪ Med Card</li> <li>▪ Pharmacy Data Sheet</li> <li>▪ Medication Education Workshop</li> <li>▪ Medication Administration Record</li> <li>▪ Medical Consent Form</li> </ul>
<b>Radiology</b>	<ul style="list-style-type: none"> <li>▪ DPC Radiology Requisition</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>▪ LabCorp Requisition</li> <li>▪ Redwood Toxicology Laboratory Requisition</li> </ul>
<b>Therapy &amp; Rehabilitation</b>	<ul style="list-style-type: none"> <li>▪ Interdisciplinary Group Therapy Documentation Sheet</li> </ul>
<b>Social Services</b>	<ul style="list-style-type: none"> <li>▪ Social Assessment</li> <li>▪ Discharge Fact Sheet</li> <li>▪ Money Request Form</li> </ul>
<b>Case Management</b>	<ul style="list-style-type: none"> <li>▪ Progress Note</li> <li>▪ Work List</li> <li>▪ Client Service Plan</li> </ul>

<b>Clinical Support</b>	<ul style="list-style-type: none"> <li>▪ ORYX Report</li> <li>▪ Medicare Tracking Report</li> <li>▪ Medication Error Report</li> </ul>
<b>Crisis Intervention</b>	<ul style="list-style-type: none"> <li>▪ Initial Contact Assessment</li> <li>▪ Crisis Treatment Plan</li> <li>▪ Progress Note</li> </ul>
<b><i>Physician Support</i></b>	<b><i>Forms &amp; Reports</i></b>
<b>Order Entry</b>	<ul style="list-style-type: none"> <li>▪ Doctor's Order Sheet</li> <li>▪ Consultation Request and Report</li> <li>▪ Redwood Toxicology Laboratory Requisition</li> <li>▪ Other Lab Requisitions</li> </ul>
<b>Results Reporting</b>	<ul style="list-style-type: none"> <li>▪ Clinical Laboratory Reports</li> <li>▪ Radiology Report</li> <li>▪ Medication Administration Reports</li> <li>▪ Dietary Reports</li> </ul>
<b><i>Non-Clinical Administrative Support</i></b>	<b><i>Forms &amp; Reports</i></b>
<b>Charge Capture</b>	<ul style="list-style-type: none"> <li>▪ Service Ticket</li> </ul>
<b>Patient Accounting/Patient Trust</b>	<ul style="list-style-type: none"> <li>▪ N/A</li> </ul>
<b>Staff Scheduling</b>	<ul style="list-style-type: none"> <li>▪ Staff Schedule</li> <li>▪ Weekly Schedule by Unit</li> <li>▪ Daily Attendance Sheet</li> </ul>

<b>1.3.6 Outcome/Performance Measurement</b>	<b>Forms &amp; Reports</b>
<b>Reporting</b>	<ul style="list-style-type: none"><li>▪ Census By Unit</li><li>▪ Census By Attending Physician</li><li>▪ Sample DataMart Reports</li><li>▪ CRF Report</li><li>▪ Product Line Report</li></ul>