REQUEST FOR PROPOSALS

ELECTRONIC HEALTH RECORD 2017

April 19, 2017

Original RFP Date: March 23, 2017

PROCUREMENT WEBSITE:
HTTP://WWW.OPWDD.NY.GOV/OPWDD_RESOURCES/PROCUREMENT_OPPORTUNITIES

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<thead>
<tr>
<th>DESIGNATED CONTACT FOR INQUIRIES AND SUBMISSIONS</th>
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<tr>
<td>The Primary Point of Contact for contract related questions regarding this procurement:</td>
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<tr>
<td>Ms. Lisa F. Davis</td>
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<tr>
<td>New York State Office for People With Developmental Disabilities</td>
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<td>Director of Fiscal and Contract Management</td>
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<td>E-mail Address: <a href="mailto:Lisa.F.Davis@opwdd.ny.gov">Lisa.F.Davis@opwdd.ny.gov</a></td>
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</table>

RFP-related questions must be submitted via electronic mail, using the Vendor Questions Form (Attachment 18), to the appropriate contact as identified above.

Administrative issues pertaining to sending/receiving email through the designated mailbox may be reported at (518) 474-5513.

<table>
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<th>ADDRESS FOR PROPOSAL DELIVERIES</th>
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<tr>
<td>Address to:</td>
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<tr>
<td>ATTENTION: Ms. Lisa F. Davis, Contract Management Unit, 44 Holland Avenue, Fourth Floor, Albany, New York 12229-0001</td>
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## Calendar of Events

<table>
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<tr>
<td>RFP Release Date</td>
<td>3/23/2017</td>
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<tr>
<td>Deadline for filing Mandatory Notice of Intent to Bid</td>
<td>4/3/2017</td>
</tr>
<tr>
<td>Deadline for Submission of Questions</td>
<td>4/10/2017</td>
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<tr>
<td>Mandatory Bidder’s Conference</td>
<td>4/12/2017</td>
</tr>
<tr>
<td>Time: 8:30 AM Location: Conference Room 4B, 44 Holland Avenue, Fourth Floor, Albany, New York 12229-0001</td>
<td>4/12/2017</td>
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<tr>
<td>Issuance of Response to Submitted Questions</td>
<td>4/19/2017</td>
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<tr>
<td><strong>PROPOSAL DUE DATE</strong></td>
<td><strong>5/1/2017 at 5:00 PM EDT</strong></td>
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<tr>
<td>Vendor Presentations</td>
<td>On or about 5/30-6/6</td>
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<tr>
<td>Anticipated Notification of Award</td>
<td>On or about 6/27/2017</td>
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<tr>
<td>Debriefing Request Deadline</td>
<td>No later than 10 business days from date of award announcement</td>
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<tr>
<td>Proposal Protest Deadline</td>
<td>See Bid Protest Policy located at: Appendix D, Section 1.51.6</td>
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<tr>
<td>Timeframe for Contract Negotiations</td>
<td>10 business days from date of award announcement</td>
</tr>
<tr>
<td>Timeframe for Contract Approval; Contract to Begin</td>
<td>10/1/2017</td>
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**Note:** These dates are target/tentative dates and are subject to change at OPWDD’s sole discretion.
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1. OVERVIEW

1.1 PURPOSE OF REQUEST FOR PROPOSALS

The New York State Office for People With Developmental Disabilities (OPWDD) is issuing this Request for Proposals (RFP) to responsive and responsible Bidders that can provide a Vendor–hosted automated electronic health and care coordination record for the OPWDD’s state-run and operated residential, clinic, and day service systems. Proposals are limited to Bidders that:

- Can provide an existing “off the shelf” comprehensive electronic health record system;
- Can serve the unique needs of individuals with developmental disabilities;
- Are federally certified as meeting federal meaningful use (stage 1 and stage 2) standards;
- Will be federally certified as meeting the federal meaningful use (stage 3) standards by 12/31/2017;
- Have experience hosting an Electronic Health Record (EHR) and a care coordination application;
- Have successfully implemented the solution in at least one other organization serving predominately individuals with developmental disabilities; and
- Can be accessed by employees, individuals/families receiving services, and other healthcare providers.

The selected Bidder will be responsible for software customization, data conversion, maintenance, and OPWDD staff/end-user training in the use of the application. It is anticipated that the OPWDD will implement the system initially in a single pilot region, or regions (OPWDD’s regional map is available through [http://www.opwdd.ny.gov/node/1211](http://www.opwdd.ny.gov/node/1211)). The selected vendor will be notified of the pilot region(s) upon or before the contract award date. This initial implementation will be the pilot phase, which will provide an opportunity to identify and remediate any potential problems or issues related to system implementation. Upon successful completion of the pilot phase, the selected Bidder will phase in implementation of the solution at the remaining sites, region by region, across New York State.

In addition to procuring a comprehensive health and care coordination record, OPWDD is also seeking Bidders that can provide the following optional services and deliverables. OPWDD does not guarantee that they will procure optional deliverables through the final contract. OPWDD understands that the vendor’s existing solution may not include the deliverables or functionality that OPWDD has deemed optional. Optional deliverables or services may be provided by the vendor’s subcontractor(s). Regardless, the vendor must describe how it will provide the optional deliverables in its technical proposal and provide a cost for providing all of the optional deliverables as described in this RFP.

- Perform credentialing, including managing the appointment, reappointment, and privileging processes for OPWDD clinicians to ensure that only properly and currently licensed/credentialed staff (e.g., MDs, licensed psychologists) document the provision of services under their purview as required for successful billing. (Note: credentialing as it pertains to the e-prescribing module is required.)
- Provide an EHR that can support Telemedicine including documenting the service and providing a secure and Health Information Portability and Accountability (HIPAA) compliant network.
- Provide comprehensive Collection services. (Note for clarification: the EHR must enable OPWDD to directly bill for Article 16 clinic and Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) as described later in this proposal. The EHR must also send service codes to the existing billing solution and maintain the necessary data to ensure successful billing. While such billing module is required, the collection service is an optional component that involves the Bidder providing the service associated with billing and collection.)

1.2 AGENCY INTRODUCTIONS

This project will require the vendor to partner with two New York State agencies, the Office for People With Developmental Disabilities (OPWDD) and the Office of Information Technology Services (ITS). This is a
project that requires a great deal of collaboration. Workgroups will consist of representatives from both agencies and the project team will consist of a lead project manager representing each of these agencies and their respective project team.

1.2.1 Office for People With Developmental Disabilities (OPWDD)

The New York State Office for People With Developmental Disabilities (OPWDD) is a New York State executive agency responsible for the provision, regulation, and oversight of services to New York citizens with developmental disabilities. Individuals served by the OPWDD have a documented history of experiencing diagnoses which could include, but are not necessarily limited to, intellectual disabilities, cerebral palsy, epilepsy, neurological impairments, or autism spectrum disorders.

The OPWDD either operates as a direct service provider through what is referred to as state operations (i.e., state employees provide services directly to an eligible individual(s) such as nursing or direct support services), or oversees and monitors services delivered by an extensive network of more than 700 not-for-profit service providers, referred to as voluntary providers, who employ more than 70,000 people. More than 130,000 New York citizens are served directly by OPWDD’s state-operated sector, the not-for-profit voluntary sector, or the combined state-operated/voluntary operated service system. The OPWDD has extensive investment in stakeholder groups comprised of self-advocates, families, advocates, state and local human service agencies, state and local governments, and the business community. It is overseen by a host of federal, state, and other oversight agencies.

The OPWDD State Operated system is divided into six regions, each having two districts, with the exception of the Region 5, which covers the New York City area (see http://www.opwdd.ny.gov/node/1211). There are approximately 22,000 OPWDD employees, of which approximately 50-75% will access and utilize the EHR directly, although employee user roles and access authorization will vary by job function. Given the breadth of services provided by OPWDD, the EHR vendor should anticipate having over 25 user groups/roles to ensure that each employee only has access to the minimum system functions and data necessary to perform their job duties. Further, the vendor must ensure that only properly credentialed employees can enter information into the necessary sections of the record (e.g., only psychologists can enter psychological test results, only nurses can enter nursing assessment data).

As a direct service provider, the OPWDD performs a major role within New York’s service system. Approximately 34,000 individuals receive services solely from the OPWDD, and an additional 28,000 individuals have service plans that involve the provision of services by both OPWDD and voluntary agency programs. Settings in which OPWDD services are provided include:

- **Home**: Many individuals served by the OPWDD choose to live at home, which could include their own home, an apartment, or the home of a family member. Services and supports are placed in the home so the person can live as independently as possible. The types of services and supports provided vary and are based on the individual’s needs.
- **Family Care - Certified Private Home**: Individuals may choose to live in a home that is certified through the OPWDD. Services can be provided by a family member or a house parent, with other providers offering supports and services as needed.
- **Supervised Community Residence**: In this environment, individuals have access to a supervised or supportive environment that could include staff being available up to 24 hours a day, depending on the individual’s need. The residence offers a “home like” atmosphere with supports offered so that individuals can access independent and community-integrated living. The extent of the supports provided varies, according to the needs of the individual.
- **Individualized Residential Alternative (IRA)**: Individuals served through an IRA reside in a community home where they receive room, board, and individualized services. These programs offer 24-hour staff support and supervision.
- **Intermediate Care Facility (ICF)**: Individuals served through an ICF typically cannot live independently and, therefore, have a need for supervision, structure, and support that is more intensive than in other settings. Individuals receive a variety of therapies and day services, as well as 24-hour staff support and supervision. Intensive clinical and direct support services are provided to
assist with adaptive, medical, and behavioral needs. ICFs for individuals with intellectual disabilities may include Small Residential Units (SRU) that provide a small residential group setting. SRUs are designed to provide a less restrictive living alternative for people with developmental disabilities who are unable to reside in the community at large due to their needs but are participating in services and offered supports to prepare them to reside in a fully integrated community setting.

- Developmental Centers (DC): OPWDD operates two campus based programs that offer a wide range of intensive supports and services for individuals who have complex needs. The comprehensive services offered to individuals prepare them to successfully return to and reside in the community of their choice.

- Article 16 Clinics: Article 16 Clinics provide a wide array of clinical services to individuals. Clinical services could include rehabilitation/habilitation services, medical/dental services, pharmacy, medication management, and healthcare services, which could include nursing, dietetics and nutrition, occupational and physical therapy (OT/PT), speech and language pathology, audiology, podiatry, psychology, and rehabilitative counseling. Clinical services support an individual so they can live independently and remain in their current community-based residential setting while receiving services tailored to people with developmental disabilities.

- Day Habilitation: Day Habilitation and day services are offered to individuals who may or may not simultaneously receive services through a voluntary or state operated residential setting. Services support the skills of self-help and advocacy, socialization, adaptive skills, communication, travel to access the community, leisure and recreation, adult education, etc. Services support independent living and community inclusion. Prevocational skills, supported employment, and general day habilitation services can be supported in this setting.

- Summer camp: Individuals served by OPWDD are provided with the opportunity to attend summer camps. When not at camp these individuals may be served by state-operations, a voluntary agency, or through both voluntary and state-operated programs. Regardless of the individual’s typical program enrollment, state staff working at summer camps must have the ability to access and utilize the EHR for individuals attending the camp. Individuals typically attend a camp for one to two weeks. They are not dis-enrolled from their typical services or programs (e.g., IRA, day habilitation program) when attending camp.

The complexities of managing this vast system, even in a relatively static environment, are significant. Adding to these complexities, the OPWDD is committed to transformational goals designed to make its supports and services, business processes, administrative structure, and decision-making capabilities more person-centric, standardized across regions, and streamlined. These transformation goals involve transforming the traditional service delivery model to a system with a heightened ability to offer more opportunities for self-direction, including self-directed living arrangements, allowing the individual and their circle of support to make choices related to the types of interventions and services utilized, designing individualized and customized services, providing individuals opportunities to be a part of and contribute to their community, and the provision of services that are community-integrated.

### 1.2.2 The Office of Information Technology Services (ITS)

#### 1.2.2.1 Mission, Vision, and Values Statement

| MISSION | To create and deliver innovative solutions that foster a technology-enabled government to best serve New Yorkers |
| VISION  | To lead the nation in serving citizens, businesses, and visitors through world-class technology |
| VALUES  | Accountability, Citizens, Innovation, Integrity, People, Transformation |
1.2.2.2 Formation of ITS

In 2012, New York consolidated information technology (IT) functions and service delivery from more than 52 state agencies into a single agency in the largest IT consolidation in state government history. The ITS workforce of approximately 4,000 professionals serves more than 120,000 end users. Historically, IT systems and applications were primarily decentralized within individual state agencies supported by internal agency teams working with disparate IT tools, methods, and varied technical platforms. Now, ITS is transforming IT across the state to offer world-class service that provides a consistent and high-quality experience for end users and citizens, using an IT environment that:

- Maximizes existing resources;
- Meets agency business needs with world-class customer service;
- Creates a talented, innovative IT workforce;
- Increases accountability; and
- Provides cost savings.

1.3 RFP STRUCTURE

This RFP consists of this document, as well as the following:

- Appendices are additions to the RFP and provide additional NYS Information.
- Attachments are additions to the RFP and must be completed by the Bidder and submitted with their proposal.
- Exhibits are additions to the RFP and provide additional information specific to OPWDD.

Bidders are encouraged to review and consider all of the Appendices, Attachments, and Exhibits prior to submitting a proposal.

2. PROJECT SUMMARY

2.1 TERM OF CONTRACT

The contract will be awarded for a term of five years. Upon mutual agreement of the parties, the contract may be extended for an additional five-year term. Revisions in prices, or associated charges, may be accepted upon contract renewal. The selected Bidder will agree to demonstrate the need for such cost revisions through written documentation. Continued contract approval will be at the sole discretion of the OPWDD and the Office of the State Comptroller (OSC).

2.2 PRIMARY POINTS OF CONTACT

New York State Finance Law (SFL) §139-j restricts contact by Bidders/Vendors with any governmental entity regarding procurement contracts. Subject to certain exceptions set forth in SFL §139-j (3), any and all contacts between Bidders/Vendors and governmental entity personnel, other than the governmental entity's designated contact person(s), are prohibited during the restricted period of the governmental procurement.

Pursuant to State Finance Law §§139-j and 139-k, this procurement includes and imposes certain restrictions on communications between OPWDD/ITS and a Bidder/Vendor during the procurement process. A Bidder/Vendor is restricted from making contacts from the earliest notice of intent to solicit bids through final award and approval of the procurement contract by the Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j (3) (a). Designated staff, as of the date hereof,
is identified in this RFP. OPWDD/ITS employees are required to obtain certain information when contacted during the restricted period and will make a determination of the responsibility of the Bidder/Vendor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award. In the event of two findings within a four-year period, the Vendor is debarred from obtaining governmental Procurement contracts. Further information about these requirements can be found on the Office of General Services (OGS) website:

http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html

The Primary Point of Contact for technical questions regarding this procurement:

Mr. Michael Juzwak
New York State Office of Information Technology Services
Assistant Director of Business Solutions
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E-mail Address: Michael.Juzwak@its.ny.gov

The Primary Point of Contact for clinical, program or service delivery related questions regarding this procurement:

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New York State Office for People With Developmental Disabilities
Director of Fiscal and Contract Management
44 Holland Avenue, Fourth Floor
Albany, New York 12229-0001
E-mail Address: Lisa.F.Davis@opwdd.ny.gov

Questions concerning this RFP must be received by OPWDD in accordance with the Calendar of Events included in this RFP. All questions must be submitted via electronic mail, or standard US mail, to the appropriate Technical, Program and/or Contract contact as stipulated above. Each question should, to the degree possible, cite the specific RFP section and paragraph number to which it refers. The OPWDD will distribute its official answers to the questions by the date indicated in the Calendar of Events to all prospective Vendors having filed a Letter of Intent to Bid (Attachment 2).

2.3 MINIMUM BIDDER QUALIFICATIONS

Bidders must provide an “off the shelf” solution that meets the requirements of this RFP including providing a robust offering of existing templates, screens, and workflows that enable OPWDD to capture and track the necessary data as required by regulation, billing rules, and clinical best practices and to reduce the need for system modification and customization. The Bidder’s existing and proposed solution must fully meet the minimum qualifications set forth in Attachment 20. Failure to meet all of the requirements in this attachment will result in the proposal being deemed non-responsive and eliminated from consideration. The cost of the proposed EHR, including all of the features specified as “required” in this RFP document and Attachment 20, must be included in the cost provided in the proposal. All costs for the complete solution that contains and fulfills the required functionality, regardless of whether or not the vendor will customize the solution to meet the requirements established in this RFP, must be included in the costs provided in Attachment 22.
2.4 PROJECT BACKGROUND (CURRENT STATE)

Currently, recordkeeping is primarily a paper-intensive, manual effort thus the EHR will offer a mechanism for tracking health and care coordination information in a consistent and standardized way. There is currently inconsistency in the type, form, and format of records across state-operated services. Personal computers are used for word processing and, to a limited extent, for the development of Microsoft ACCESS applications. Various data collection forms are then printed and stored in an individual’s record. These ACCESS applications and forms may differ from region to region and can vary by employee. Record retention and archiving is a manual process.

Standardized throughout OPWDD programs are the following OPWDD software applications and tools.

- **The OPWDD Tracking and Billing System (TABS)** generates electronic Medicaid claims to the fiscal agent for the New York State Department of Health (DOH). TABS tracks the claims submitted to the fiscal agent and the Computer Sciences Research Applications (CSRA) in addition to the payment information related to those claims. This all-payer billing system includes a financial eligibility database, automated payer selection functionality, liability distribution module, and customized billing account management software. The system also generates payment claims to third party insurers and submits charges to State appropriations. Information from this system also feeds approximately 40 sub-systems, including but not limited to systems that maintain provider directories, relate to quality assurance, and incident reporting. The proposed EHR solution must be able to interface in near real-time with the OPWDD TABS, a legacy application performing numerous business operations and running on the Open VMS 8.4 Operating System, utilizing an InterSystems Caché 2016.x database.

- **The OPWDD CHOICES System** houses a wide range of information about service recipients within the state-operated and voluntary sectors, however, not all agencies enter information in CHOICES. Information that is entered into CHOICES is entered around the initial time of assessment, and information is updated periodically. The type of information housed in CHOICES includes, but is not limited to, eligibility information and criteria, findings from an assessment of needs and identification of services that address such needs, and an individual’s service plan (ISP), which outlines supports and services that will be made available to help the individual live as independently as possible. Information is entered into CHOICES through data entry into text fields or through the storage of scanned documents relating to an individual’s service plan. CHOICES is a CRM using Microsoft Dynamics that has a real time interface with TABS. Online integration with the CHOICES application is not within the scope of mandatory deliverables.

- **The Incident Report and Management Application (IRMA)** is a secure internet application used to track incidents and events that occur at both state-operated and voluntary programs. Incidents are reported to OPWDD through IRMA as required by regulation and law. Voluntary agencies and OPWDD programs and central office staff monitor IRMA data to ensure that incidents are investigated and responded to appropriately and to ensure quality assurance. IRMA also sends and receives information to/from an incident tracking system utilized by the Justice Center. This enables the OPWDD and the Justice Center to efficiently transmit data on incidents involving allegations of abuse or neglect. The EHR will not replace IRMA and will not be used to track incidents. Incidents data will continue to be entered directly into IRMA. **The Restrictive Intervention Application (RIA)** is a component of IRMA that tracks the use of restrictive interventions, which are considered events (i.e., restrictive physical interventions, use of emergency [STAT] medications, use of as needed [PRN] medications, and time out). State-operated and voluntary providers are required by regulation to enter the use of certain restrictive interventions into RIA. RIA is used to track and trend the use of restrictive interventions for quality assurance and improvement purposes. It is critical that there be interoperability between RIA and the EHR, to avoid the need for duplicative entry of data. If the use of a restrictive intervention is entered into the EHR, this data must be exported into RIA; however, the EHR will not replace RIA.
The Medical Appointment Tracking System (MATS) is a browser-based appointment tracking system. The system provides nursing staff and other relevant users, such as a house manager, reminders or alerts to make or keep appointments for the individual and offers reports pertaining to appointments attended and/or needed. The system also provides appointment tracking, as providers can enter scheduled appointments, modify existing appointments, and maintain a consultation form that staff and the individual bring to appointments to support continuity of care. The EHR must offer functionality to replace MATS as MATS will no longer be used post EHR implementation.

OPWDD currently utilizes a contracted vendor, RxNT, for electronically prescribing pharmaceuticals and treatments. RxNT offers integrated web and wireless PDA functionality. Features include wireless PDA functionality for mobile prescribers, a comprehensive drug database, real-time patient specific prescription plan eligibility and formularies, drug utilization review, a custom sig creator for frequently prescribed drugs, access to more than 72,000 pharmacies nationwide and HIPAA compliant interfaces to many of the popular practice management systems.

In addition to the above-referenced applications, the OPWDD’s technical infrastructure consists of a variety of operating systems, databases, and applications that use multiple interfaces.

Architecture:
- Systems: Intel-based, AIX, Tru64, Linux, HP-UX, VMS clusters, VMS stand-alone, and a VMS Test Network within an internal network and external DMZ zones
- Backups: VMS tapesys, Unix sysback, Veritas, CommVault, and Oracle RMAN
- Robotics: StorageTek, IBM, VMS, and Multiple stand-alone backup storage devices

Applications:
- Oracle Forms 11g
- InterSystems Caché/MUMPS
- Java non-proprietary jsp/servlets
- Various third-party

Products: OPWDD has a broad range of products, including:
- Oracle 10g, 11g, 12c databases, SQLServer 2005, 2008, and 2008R2
- Oracle 11g Application Servers
- Sun One and IIS web servers
- Outlook Exchange; Pathworks File Share, NFS, CIFS
- Microsoft Exchange
- InterSystems Caché database (MUMPS programming language)
- LDAP and Active Directory
- Crystal Reports/InfoView
- McAfee
- Citrix
- VMWare, Hyper-V
- Microsoft Dynamics
- WebSphere 8.5
- Adobe Professional
2.5 BUSINESS GOALS (FUTURE STATE)

In their proposal, Bidders are expected to describe how their proposed EHR solution and services will assist OPWDD in achieving the goals below.

**Standardization and streamlining**

OPWDD envisions a software as a service turnkey solution. The EHR solution will automate, standardize, and streamline the health and care coordination record that will be used consistently statewide. This means that through the use of the EHR across the state, staff will utilize the same templates and screens and record structure for all individuals allowing for consistency.

The proposed solution should offer a comprehensive system of tracking planned and delivered services. The EHR must also allow staff to enter an individual’s progress or response to a service or support offered. The NYS OPWDD maintains health and care coordination records that are capacious and collect a breadth of information. Post EHR implementation, OPWDD staff will continue to be required to maintain the necessary information whether that be completing a clinical assessment, tracking medication administration, documenting a bed check, or documenting program attendance. OPWDD will make available form templates that are based on the paper forms and charting currently used in the field. These templates provide the vendor with an understanding of the data elements that must be tracked in the EHR, however, the EHR screens, forms, or format are not required to replicate these templates or paper forms currently in use within the agency. The proposed solution, if it has been implemented in a setting similar to OPWDD by services and population type, should have existing screens and data fields that will meet the needs of the agency. OPWDD seeks a vendor who can provide an “off the shelf” solution to reduce the need for customization so that OPWDD can implement the solution as expeditiously as possible.

**Data Conversion to prepare for system implementation**

Data conversion of defined existing structured and unstructured data files for individuals who are actively receiving services must occur prior to system implementation/roll-out.

**Interoperability**

This RFP is soliciting Bidders to address the automation needs of OPWDD’s state-operated programs only. While many services are provided through a network of voluntary agencies, the RFP is not proposing a single statewide Bidder solution for all OPWDD providers. Several voluntary agencies already have an EHR and case management/care coordination systems that will not be replaced through this procurement. That said, the EHR System must be able to integrate an individual’s health and care coordination data, and information pertaining to services delivered, when services are received from both state-operated and voluntary providers. To the extent possible, the EHR must be able to receive or send information to other EHR solutions used by voluntary agencies or other health care providers (e.g., private practitioners, hospitals).

The EHR solution must be able to send and receive information from TABS and IRMA (RIA is a component of IRMA), both systems that are used currently and will continue to be used in the future.

In reflecting federal goals for electronic health information exchange, New York State has implemented the State Health Information Network for New York (SHIN-NY) (http://www.health.ny.gov/technology/technical_infrastructure.htm). The SHIN-NY establishes a network of Regional Health Information exchange organizations (RHIOs) as part of its structure. Health organizations participate as members of one or more of these RHIOs, with the RHIOs maintaining the infrastructure for data exchanged across the state. The Bidder’s solution will be required to enable OPWDD to remain a service provider in a managed care model and therefore must have the capacity to send/receive information from the RHIOs.

**Modernization or record keeping to ensure compliance with applicable rules and regulations**

The EHR system will maintain the necessary documentation to allow for the efficient and accurate billing for services. The EHR system must utilize ICD-10 codes to ensure compliance with Centers for Medicare and Medicaid Services (CMS) standards. The EHR needs to attain Meaningful Use Stage 3, prior to 12/31/2017. In addition, the EHR solution must offer some degree of flexibility so that the solution can be
changed or modified in response to changes in applicable federal and state rules, laws, regulations, etc. or changes in the direction of the agency such as moving from a fee for service methodology to managed care.

**Data Security**

The data that will be contained within the EHR has been classified to the MARS-E standard as Moderate Plus. All MARS-E moderate level security controls need to be satisfied as well as selected MARS-E high level security controls. The data also needs to be secured according to HIPAA, HITECH, FedRAMP standards, NYS Information Security Office (ISO) policies, and NYS Enterprise Information Security Office (EISO) policies. All required security controls are identified in this RFP. In addition, the vendor will be required to ensure continued and ongoing compliance with the security requirements established herein, including upon such requirements or policies being updated in the future, for the duration of the contract. This will ensure that the Vendor provides an EHR solution that is consistently compliant to security requirements.

**Staff Training**

The EHR vendor must provide end-user training for approximately 15,000 end-users who work in various disciplines or who perform varied job functions. This end-user training must be applicable and specific to the trainees’ job duties and functions. Training is to be offered at least one month prior to system roll-out with ongoing train-the-trainer training offered to OPWDD staff after the initial training is provided so that OPWDD can designate employees who will be responsible for ongoing training post-system implementation. The training plan, developed in conjunction with OPWDD and approved by OPWDD, must provide adequate time to train all end-users however should be timed to be offered as close to system implementation as possible to support end-user retention of the information and knowledge gained through the training.

### 3. EHR SCOPE OF WORK OVERVIEW

#### 3.1 EHR SCOPE

OPWDD State Operations procuring and implementing a complete “turnkey” EHR solution for persons with developmental disabilities is within the scope of work. The EHR will be the system of record for individual health and care coordination information including Protected Health Information (PHI) while TABS will continue to be the system of record for demographic information, eligibility information, and program enrollment. The EHR must perform the necessary functions described within this RFP. Corresponding to the narrative descriptions are detailed system requirements listed in Attachment 23 – Requirements Verification and Traceability Matrix. Bidders must respond to work defined in this section, indicating whether each is included in the proposed solution, not planned as part of the solution, or will be provided as a customized feature. Bidders must ensure that all required functionality is fulfilled by the EHR and the cost for providing the solution that performs, or offers, all functionality deemed required must be listed in the Bidder’s Attachment 22 - Financial Proposal.

Individuals who receive services through a Developmental Disabilities State Operations Office (DDSOO) will have their health and care coordination information housed in the EHR. This includes but is not limited to, individuals enrolled in the following residential program types; Individual Residential Alternative (IRA), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF), Small Residential Unit (SRU), Article 16 Clinics, IPSIDD; and campus based settings (Developmental Center/Special Populations). The following program types will also be included in the EHR; Article 16 Clinics, IPSIDD, day treatment, HCBS (Home and Community Based Services) waiver, day habilitation and residential habilitation, and summer camps. These programs and services may change or be modified over time as OPWDD undergoes the transformation. For individual’s enrolled in one or more DDSOO programs, all of an individual’s program enrollments, even those from non-state/voluntary providers, will be extracted from TABS and uploaded into the EHR so that program staff can view an individual’s service utilization and clinical record. All current and
future OPWDD service types will be supported in the proposed solution, regardless of the number of service types.

OPWDD employees at the Institute for Basic Research (IBR) and employees serving on the NYS System, Therapeutic, Assessment, Resources, and Treatment (START) crisis team will access and can enter data into the proposed solution to some degree. The level of authorization to access the system will vary depending on the employee’s user role assignment. In addition, Central Office staff, including representatives from the Division of Quality Improvement/Assurance (DQI) and the Division of Service Delivery will have access to the EHR system to some degree. The level of authorization to access the system will vary depending on the employee’s user role assignment.
Interfaces:
1 – Service Authorizations, ISP information, Care Coordinators, etc.
2 – Demographics, Service Authorizations, CAS Reports, etc. (bi-directional)
3 – Demographics, Diagnosis, Medication, Treatment Information
4 – OPWDD Managed Care Enrollments and Terminations
5 – CAS Reports, Contacts, Diagnoses, Entitlements, Program Information, Individual’s Demographics, etc.

Figure 1, OPWDD EHR Context Diagram
3.1.1 EHR Functions

EHR functions are briefly defined below. Further detail on the functions is provided elsewhere in this RFP, Attachments, and Exhibits.

- Analytics and Reporting - Provide comprehensive standardized reports and support for the creation of Ad Hoc reports
- Appointment Management – Appointment management and tracking including tracking appointments for individuals who have appointments with community providers
- Article 16/IPSIDD Billing – The EHR will be used to successfully bill for Article 16 Clinic services pertaining to a Medicaid state plan service, Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD). The Ambulatory Patient Groups (APGs) payment methodology will be used to bill for such services.
- Assessments- Collect and maintain assessment data. OPWDD conducts and maintains various types of assessments which vary by discipline and program type.
- Consent Management – Collect and manage consents from individuals or their authorized consent-givers before services, treatments, or interventions can be offered or continued.
- Credentialing – Optional deliverable to manage the appointment, reappointment, and privileging processes for all clinicians. Note: The Bidder is required to provide credentialing for those end-users who will use the Bidder’s electronic prescribing solution. In both cases, the credentialing service could be provided directly by the EHR Bidder or be outsourced by the Bidder.
- e-Prescribe – Manage and electronically transmit prescription data to pharmacies and integrate prescribing data with the individual’s health record including the Medication Administration Record (MAR).
- Individualized Service Plans (ISP) – store or create and manage individualized and person-centered service plans. Services must be provided in accordance with the ISP.
- Managed Care - OPWDD is currently undergoing a transition to managed care and transforming to a system that focuses on three key areas; access enrollment and advocacy, care coordination, and modernizing the fiscal platform. OPWDD will move away from the traditional fee-for-service payment model toward a model that focuses on improved outcomes and coordinated care under managed care plans. In a managed care system, the managed care plan will oversee individualized plans, authorize and coordinate the delivery of services, and measure outcomes. OPWDD will continue to be a direct provider of services under the managed care model.
- Release of Information (ROI) - The release of information contained in the health and care coordination record must only be done in accordance with applicable OPWDD policy and regulation as well as in accordance with federal rules including such rules established through HIPAA.
- Restrictive Intervention – Restrictive interventions tracked include restrictive physical interventions, time out, PRN medication, STAT medication, and the use of 911 in response to an individual demonstrating challenging behavior. RIA maintains a record of restrictive interventions that have been applied.
- Record Retention- The records for all individuals receiving services must be maintained according to all record retention rules established by HIPAA, CMS, S-MCO/CCOs, and other payors as well as in accordance with all agency, state and federal record retention rules, regulations, or laws. In addition, the EHR solution must provide a mechanism for any individual’s EHR record, at a particular point in time, to be archived for purposes of legal holds or litigation. This means that on any given date, all of the information in an EHR record must be secured and archived so that no information in the archived record can be altered while an individual continues to receive future services that are tracked and maintained in the EHR.
- Self-Directed Care Portal - allow individuals, their families, and/or advocates to view available information regarding the individual and their services
- Telemedicine – Optional deliverable to facilitate interactive, two-way, secure, and real-time communication between an individual receiving services and a qualified practitioner
- Wellness Monitoring Technology and Preventative Care – The use of technology to collect data, pertaining to acute or chronic conditions, that enables staff to immediately and accurately identify when there is a change in the individual’s condition or symptoms so that intervention or treatment can be offered quickly and reduce the individual’s need for a higher level of care.

3.1.2 EHR Interfaces
The following table provides a list of the EHR interfaces and the data that is exchanged.

<table>
<thead>
<tr>
<th>Sending System</th>
<th>Receiving System</th>
<th>Interface Description</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Centers for Medicare &amp; Medicaid Services (CMS) or CMS service provider</td>
<td>HIPAA Acceptable Electronic Bills in ANSI X12 835 EDI format for Article 16 Clinics/IPSIDD</td>
<td>Upon Service Completion</td>
</tr>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS) or CMS service provider</td>
<td>Electronic Health Record (EHR)</td>
<td>Electronic Remittances for Article 16 Clinics/IPSIDD</td>
<td>Daily</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>eMedNY</td>
<td>HIPAA Acceptable Electronic Bills in ANSI X12 835 EDI format where possible, otherwise printed.</td>
<td>Daily</td>
</tr>
<tr>
<td>eMedNY</td>
<td>Electronic Health Record (EHR)</td>
<td>Electronic Remittances</td>
<td>Daily</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Third-Party Health Insurance (TPHI)</td>
<td>HIPAA Acceptable Electronic Bills in ANSI X12 835 EDI format</td>
<td>Daily</td>
</tr>
<tr>
<td>Third-Party Health Insurance (TPHI)</td>
<td>Electronic Health Record (EHR)</td>
<td>Electronic Remittances</td>
<td>Daily</td>
</tr>
<tr>
<td>NYeNet</td>
<td>Electronic Health Record (EHR)</td>
<td>User Authentication Information</td>
<td>Upon successful user login</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Incident Report and Management Application (IRMA) Restrictive Intervention Application (RIA)</td>
<td>Restricted Intervention records</td>
<td>Upon record completion</td>
</tr>
<tr>
<td>START Information Reporting System (SIRS)</td>
<td>Electronic Health Record (EHR)</td>
<td>Identified data elements and Assessment summary reports completed by the local crisis (START) team</td>
<td>As needed</td>
</tr>
<tr>
<td>Specialized Managed Care Organizations (S-MCO)</td>
<td>Electronic Health Record (EHR)</td>
<td>Required data elements established by the Specialized Managed Care Organizations (S-MCO)</td>
<td>Frequency will be established by the S-MCO</td>
</tr>
<tr>
<td>Sending System</td>
<td>Receiving System</td>
<td>Interface Description</td>
<td>How Often</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Specialized Managed Care Organizations (S-MCO)</td>
<td>Required data elements established by the Specialized Managed Care Organizations (S-MCO)</td>
<td>Frequency will be established by the S-MCO</td>
</tr>
<tr>
<td>Care Coordination Organizations (CCOs)</td>
<td>Electronic Health Record (EHR)</td>
<td>Required data elements established by the Care Coordination Organizations (CCOs)</td>
<td>Frequency will be established by the CCOs</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Care Coordination Organizations (CCOs)</td>
<td>Required data elements established by the Care Coordination Organizations (CCOs)</td>
<td>Frequency will be established by the CCOs</td>
</tr>
<tr>
<td>Other Providers and Health Information Exchanges</td>
<td>Electronic Health Record (EHR)</td>
<td>The EHR must be able to receive any necessary data from other providers such as primary care physicians and hospitals. Necessary data includes but is not limited to discharge or summary reports, lab results, prescription/medication information, diagnoses, etc.</td>
<td>As needed</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Other Providers and Health Information Exchanges</td>
<td>The EHR must be able to send any necessary data to other providers such as hospitals or primary care physicians to ensure continuity of care. Necessary data includes but is not limited to diagnostic information, discharge or summary reports, lab results, etc.</td>
<td>As needed</td>
</tr>
<tr>
<td>Regional Health Information Organizations (RHIOs)</td>
<td>Electronic Health Record (EHR)</td>
<td>EHR will receive requested data from the RHIO</td>
<td>As needed</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Regional Health Information Organizations (RHIOs)</td>
<td>EHR will query requested data from the RHIO or send information to the RHIO</td>
<td>As needed</td>
</tr>
<tr>
<td>Sending System</td>
<td>Receiving System</td>
<td>Interface Description</td>
<td>How Often</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>Tracking and Billing System (TABS)</td>
<td>• Service (Activity) records, other data elements identified.</td>
<td>As they are completed in real time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Article 16 Clinics and IPSIDD Ledger Information including:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Services delivered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Services billed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Remittances received</td>
<td></td>
</tr>
<tr>
<td>Sending System</td>
<td>Receiving System</td>
<td>Interface Description * Includes but may not be limited to</td>
<td>How Often</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
</tbody>
</table>
| Tracking and Billing System (TABS)                 | Electronic Health Record (EHR)    | - TABS ID  
- DD eligibility  
- Level of Care eligibility determination  
- Program enrollment and disenrollment data  
- HCBS waiver enrollment  
- Coordinated Assessment System (CAS) Reports  
- Contacts  
- Diagnoses (ICD-10)  
- Entitlements (Payor Selection Data, including Medicaid, Medicare, and TPHI payor coverage detailed data)  
- Provider hierarchy (e.g., corporation, agency name, DDSOO, or DDRO data)  
- Program Information including program name, definition, and code  
- Residential placement disruptions (e.g., Room and Care status changes)  
- Individuals’ core Demographics  
- Address where currently residing  
- Staff identification data.  
- Other necessary data elements | Based on data requirements |

The interfacing systems referenced in the table above are further described below.

**Care Coordination Organizations (CCO)** – OPWDD is pursuing managed care options to move from a fee-for-service methodology toward a model where Specialized Managed Care Organizations (S-MCOs) and CCOs provide care coordination and service choices for people with intellectual and developmental disabilities who reside in the community. The CCOs will oversee a network of providers and allow for the integration of primary, acute, behavioral, health, and long-term services for enrollees. Managed care will require collaboration between OPWDD, the New York State Department of Health (DOH), the Centers for Medicare and Medicaid Services (CMS), and the S-MCO/plan.
The CMS is part of the U.S. Department of Health and Human Services (HHS). CMS administers Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace. This EHR interface is bi-directional, with HIPAA Acceptable Electronic Bills sent on a daily basis and electronic remittances received. The bills will be sent using Ambulatory Patient Group (APG) formatting. The remittances will follow the APG payment methodology. CMS billing and remittances may be processed by CMS service providers.

Electronic Health Record (EHR) – The OPWDD electronic health and care coordination record for which this RFP is issued.

eMedNY – eMedNY is the electronic system platform utilized by CSRA, the New York State Medicaid Fiscal Agent. This EHR interface is bi-directional, with HIPAA Acceptable Electronic Bills sent on a daily basis and electronic remittances received. The bills will be sent using Ambulatory Patient Group (APG) methodology formatting. The remittances will also follow the APG payment methodology.

Incident Report and Management Application (IRMA) – Restrictive Intervention records are sent to the Restrictive Intervention Application (RIA), which is a component of IRMA. IRMA tracks incidents that occur at both state-operated and voluntary programs. The RIA tracks the use of restrictive interventions (e.g., restrictive physical interventions, use of emergency [STAT] medications, use of as needed [PRN] medications, and time out). The EHR/IRMA interface is uni-directional with Restrictive Intervention records transmitted as soon as they are completed or updated in the EHR.

NYeNet - The NYeNet is the NYS Statewide Network. The NYeNet will provide user authentication services.

Other Providers and Health Information Exchanges - Other providers consists of health care providers not employed by OPWDD. Such providers likely have their own EHR solution. Electronic Health Information Exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and individuals to efficiently and appropriately access and securely share a patient’s medical information electronically.

Regional Health Information Organizations (RHIOs) – RHIOs maintain the infrastructure for data exchanged across the state. Individual RHIOs provide a data exchange for managed care organizations within a particular region of the state and are part of a network of regional health information exchange organizations. Providers must send queries through the RHIO in order to access the State Health Information Network for New York (SHIN-NY) (http://www.health.ny.gov/technology/technical_infrastructure.htm). The SHIN-NY will send information through the RHIO to the EHR so that OPWDD staff have access to a breadth of the individual’s health information including the individual’s primary care and hospitalization records.

Specialized Managed Care Organizations (S-MCO) – OPWDD is pursuing managed care options to move away from a fee-for-service methodology toward a model where Specialized Managed Care Organizations (S-MCOs) and Care Coordination Organizations (CCOs) provide care coordination and service choices for people with intellectual and developmental disabilities who reside in the community. The S-MCOs will plan and support the integration of primary, acute, behavioral, health, and long-term services for enrollees. Managed care will require collaboration between OPWDD, the New York State Department of Health (DOH), the Centers for Medicare and Medicaid Services (CMS), and the S-MCO/plan.

START Information Reporting System (SIRS) – OPWDD is piloting a program called Systemic Therapeutic Assessment Respite and Treatment (START) which will provide community based crisis intervention and prevention Services (www.centerforstartservices.com) with the goal of providing intensive services in the community whenever possible rather than relying on inpatient hospitalization or other restrictive settings. The START program utilizes an electronic system called START Information Reporting System (SIRS) which is used to track various data elements including current stressors, behavior demonstrated by the individual, crisis prevention plans, and activities completed by START staff such as referrals, planning, and education. SIRS also tracks intake information and utilizes various assessment tools and checklists that guide planning.

Third-Party Health Insurance (TPHI) - This interface is where the EHR interfaces with any applicable third-party health insurance systems. This EHR interface is bi-directional, with HIPAA Acceptable
Electronic Bills sent on a daily basis and electronic remittances received. The bills will be sent using Ambulatory Patient Group (APG) formatting. The remittances will follow the APG payment methodology.

**Tracking and Billing System (TABS)** - TABS is a robust legacy and tracking and billing system used by OPWDD to bill for various services. TABS is a system used by both the state-operated and voluntary sectors and will not be replaced at this time. The TABS and EHR interface is bi-directional as described in Table 1.

### 3.1.3 Future Interfaces

The proposed solution must allow the OPWDD to receive data from systems that are either existing at the time of implementation of the EHR or will be utilized within five years after implementation of the EHR. The Bidder must ensure that the EHR can receive data from various systems from the OPWDD and outside parties using standard interfacing techniques. The EHR is expected to fully perform as described in the vendor’s proposal and the final contract. Requests for functionality that is not specified in the contract will be subject to the change request procedures. Change Requests will be utilized to manage any changes requested by the OPWDD. Appendix H provides the Change Request Form.

### 3.2 BUSINESS REQUIREMENTS

#### 3.2.1 Analytics and Reporting

OPWDD must respond to the increasing demand that service provision is data driven and that benchmarks are monitored and evaluated. The solution needs to provide comprehensive standardized reports and a mechanism for staff to create Ad Hoc reports. The Bidder’s solutions should reflect this requirement. Reports will generally be used for tracking and reviewing billing and payment activities, for quality assurance purposes, tracking utilization, aggregating information detailing staff licensure, tracking the efficacy of services offered, and aggregating the necessary data that must be submitted to the S-MCOs, under the managed care model, or CMS.

This function will allow the OPWDD to continually monitor and track the quality and utilization of services provided by tracking quality indicators. Activities monitored could include data pertaining to events such as the use of restrictive interventions; the individual’s response to a particular intervention or service; their satisfaction with the service; agency and program compliance with state and federal laws and regulations governing services; and compliance with OPWDD management directives, policies, and procedures. It is expected that the selected Bidder’s solution will offer quality metrics, data manipulation and analytics, and a robust reporting capability.

Through the EHR, OPWDD will incorporate quality assurance indicators, such as the Council on Quality and Leadership (CQL) Personal Outcome Measures (POMs), to assess an individual’s quality of life and to assess whether services and supports meet the individual’s personal goals and desires. Bidders are requested to document how the functionality within their proposed solution would be used to track the effectiveness of services through indicators, such as personal outcome measures, and the extent to which this will integrate with the individual portal.

#### 3.2.2 Appointment Management

The EHR must provide a mechanism to track medical appointments and provide a “Ready to Go face sheet” that includes the individual’s current diagnosis, medical needs, medication orders and prescriptions, allergies, contacts, etc., to ensure that relevant health information is communicated to care providers who do not work for the OPWDD yet are serving an individual who is also served by a state-operated program. The system should provide nursing staff and other relevant users, like a house manager, reminders or alerts to make or keep an appointment and offer reports pertaining to appointments attended and/or needed by individual, program, or service. The EHR also should allow identified end-users to enter scheduled appointments, modify existing appointments, and maintain a consultation form that staff and the individual can bring to appointments to ensure continuity of care. Further detail is provided in Exhibit 6.
3.2.3 Article 16 Clinic/IPSIDD Billing

The OPWDD requires an EHR solution that can consistently and accurately bill for Article 16 Clinic services and through a new Medicaid state plan, Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD).

**Article 16 Clinics** are OPWDD-certified treatment clinic facilities that provide clinical services to individuals with developmental disabilities, as well as to those caregivers and other support staff whose participation in the service is deemed necessary to maintain the effectiveness of the treatment, enable the individual to remain in his/her current residential setting, and enhance the individual’s quality of life. Services, provided at a main clinic or satellite site by appropriately licensed/certified practitioners, may include the following:

- Rehabilitation/habilitation services (e.g., physical therapy, occupational therapy, psychology, speech and language pathology, social work)
- Medical/dental services
- Healthcare services (e.g., nursing, dietetics and nutrition, audiology, podiatry)

Further detail is available at: [https://opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/article_16_clinics](https://opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/article_16_clinics)

**Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)** are included in the Medicaid State Plan and are defined in 14 NYCRR 635-13. IPSIDD services include the following clinical services, delivered by a clinician licensed in NYS or otherwise specified in regulation, that are not delivered as part of an individual’s residential and/or day habilitation service:

- Occupational therapy
- Physical therapy
- Speech and language pathology
- Psychology and Social Work services

Providers must be approved by OPWDD and meet the requirements established in regulation in order to provide IPSIDD services.

The **Article 16 Clinic/IPSIDD Billing capability** should be able to integrate financial assessment data with service data to establish online accounts that will provide the capability for processing bills and payments. The system must provide a secure environment that is capable of posting and displaying, in near real-time, an individual’s account records, as well as generating and displaying a variety of transactions and reports, both on screen and in hard-copy format, including but not limited to adjudicated claims, pended claims, denied claims, accounts receivable ledgers, aging-account reports, uncollectible and bad-debt write-off transactions, payment data, and balances outstanding as of the end of the billing cycle.

This billing capability should be able to interface with the Centers for Medicare & Medicaid Services (CMS), eMedNY, and Third Party Health Insurance (TPHI) to send HIPAA Acceptable Electronic Bills daily and receive electronic remittances using Ambulatory Patient Group (APG) formatting. The bills should include the Ambulatory Patient Groups (APGs) payment methodology procedure codes.

Information about the OPWDD’s billing requirements and procedures can be found at [http://www.opwdd.ny.gov/opwdd_regulations_guidance/links_to_opwdd_guidance_documents_with_payment_standards](http://www.opwdd.ny.gov/opwdd_regulations_guidance/links_to_opwdd_guidance_documents_with_payment_standards).

Information about the Ambulatory Patient Groups (APGs) payment methodology can be found at: [https://opwdd.ny.gov/sites/default/files/documents/APG_manual.pdf](https://opwdd.ny.gov/sites/default/files/documents/APG_manual.pdf)

Remittances received from eMedNY and CMS need to comply with standard 835 [https://www.healthpartnersplans.com/media/100017241/254_Electronic-Remittance-Advice.pdf](https://www.healthpartnersplans.com/media/100017241/254_Electronic-Remittance-Advice.pdf)

The billing capability should:
• Be capable of generating, in a format acceptable to all payers, hardcopy bills that can be submitted to payers who may be responsible for receiving bills and who do not accept electronic format,

• Allow users to stop or postpone a bill when insurance or other information needs to be corrected, or if billing data has been rejected by a payer upon initial submission, and then support resubmission of the bill for full or adjusted payment,

• Support reconciliations or adjustments to bills,

• Accommodate changes to billing for services as vendors and billing requirements change,

• Maintain complete account receivable ledgers, reflecting payments made and balances outstanding as of the end of the billing period

• Maintain an accounts receivable “aging” feature that displays account balances outstanding for 60 days, 90 days, 120 days, and more than 120 days; and produce individual and summary reports on screen, in hard copy, and in electronic format,

• Accommodate OPWDD requests for ad hoc reports, and

• Provide to TABS, via a secure data exchange, data related to services delivered, service billed, and remittances received. This data will include but will not be limited to: service provider, service type, service date, payor billed, full charge amount, liability amount, claim data, remittance amount, denial information, remittance date, payor balance. The actual schedule for the exchange of data will be established during implementation of the EHR, but a typical schedule might be:

  - Services Delivered (Daily)
  - Services Billed (Monthly)
  - Remittances Received (Weekly)

Note that the TABS secure data exchange formats could include: web services, XML file exchange, flat/fixed length files, CSV files, etc.

With regard to billing, the following is expected:

• Include the ability to produce full-cost bills for submission to primary and secondary third-party payers, including health insurance and managed care providers. The system must ensure that the billing sent to a secondary provider is not sent until the bill sent to the primary provider has been settled.

• The bill to secondary insurers must indicate whether the primary insurer has paid the maximum benefit for its coverage.

• Generate third-party bills that display the full cost on the bill and the full cost and anticipated payment amounts on the accounts receivable record. The system should automatically write off the unpaid balance upon receipt of the correct anticipated payment amount and must hold open any accounts with discrepancies until such discrepancies are resolved.

• Ensure that necessary documentation is linked to the services billed
The Article 16 and IPSIDD billing activity peak message traffic estimates are provided in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Peak Message Traffic Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 16 Activities</td>
<td>900</td>
</tr>
<tr>
<td>Article 16 Transactions</td>
<td>2000</td>
</tr>
<tr>
<td>IPSIDD Activities</td>
<td>300</td>
</tr>
<tr>
<td>IPSIDD Transactions</td>
<td>1000</td>
</tr>
</tbody>
</table>

### 3.2.4 Assessments

The EHR is expected to maintain assessment data, including information entered directly into the EHR in narrative form and/or through appending documents to the record. OPWDD seeks to automate assessments within the EHR to the greatest extent possible to reduce the need to append documents to a record. A workflow must be established so that assessment information and findings can be associated with an individual's needs, services offered and utilized, and progress in achieving goals according to their individualized service plan (ISP) or other person-centered plan.

Service recipients must be assessed based on the individual's needs or condition and at intervals and frequencies specified by both state and federal regulatory and oversight entities. Data elements required for a "complete" assessment are specified in both federal and state regulations as well as discipline best practice standards. Sample copies of assessments currently used by the OPWDD can be found at: [http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities](http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities). Bidders are not expected to develop their software to include currently used specific OPWDD forms but are expected to provide a comprehensive set of assessment tools that maintain similar data elements as required by regulation. Examples of assessments that must be contained in the EHR include but are not limited to:

- The individual's medical problems, health, and nursing/physician assessments,
- The level of impact these problems have on the individual's independent functioning,
- All current medications used by the individual and the individual's response to any prescribed medications,
- Assessment of the individual's ability to self-monitor health status,
- Assessment of the individual's ability to self-administer medication and to schedule/attend medical appointments,
- Assessment of the individual's ability to self-monitor nutritional status,
- Sensorimotor development, such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity,
- Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's ability to function,
- Auditory functioning, and extent to which amplification devices (e.g., hearing aid) or a program of amplification can improve the individual's functioning,
Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others,

Academic/educational development, including functional learning skills,

Activities of daily living, such as toileting, dressing, grooming, and eating,

Independent living skills, such as meal preparation, budgeting and personal finances, ability to respond in an emergency, ability to report abuse or neglect, ability to maintain safety, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bed making, care of clothing, and ability to navigate the environment,

Vocational development, including present vocational skills,

Affective development, such as skills involved with expressing and managing emotions, making reasonable judgments, and healthy decision making,

Risk assessments,

Psychological, cognitive, or mental health evaluations.

Behavior assessments, and

The presence of identifiable maladaptive or challenging behaviors of the individual based on systematic observation (including but not limited to the frequency and intensity of identified maladaptive or challenging behaviors).

The OPWDD is participating in the Uniform Assessment System (UAS) hosted by NYS Department of Health. The UAS will provide an integrated core data set of information on individuals served by state health and disability agencies. As part of this integrated system, the OPWDD is researching and piloting the Coordinated Assessment System (CAS) that will serve as an initial assessment tool designed to identify the needs of those with Intellectual and/or Developmental Disabilities (I/DD). The CAS, unique to New York State (NYS) OPWDD, is part of the interRAI (http://www.interrai.org/) integrated assessment suite. The EHR must be able to integrate data gathered from the CAS into the individual’s record. Information about the OPWDD’s use of the CAS is available through:

- https://opwdd.ny.gov/people_first_waiver/coordinated_assessment_system

The CAS Core Assessment maintains information from the following categories:

- Identification information
- Intake and initial history
- Community and social involvement
- Strengths, relationships, and supports
- Lifestyle
- Environmental assessment
- Communication and vision
- Cognition
- Health conditions
- Everyday activities
- Oral and nutritional status
- Mood and behavior
- Medications
NYS Office for People With Developmental Disabilities

Request for Proposals

- Services
- Disease diagnosis
- Assessment information

At this time, CAS summary reports will be sent through TABS to the EHR in PDF format. The EHR will update the summary reports as they are received through TABS.

The OPWDD uses the Systemic Therapeutic Assessment Respite and Treatment (START) model to provide community-based crisis intervention and prevention services (www.centerforstartservices.com) with the goal of providing intensive services in the community whenever possible, rather than relying on inpatient hospitalization or other restrictive settings. The START program promotes collaboration between service providers and individuals so that individuals can be active in their treatment planning and service delivery processes. The START program utilizes the START Information Reporting System (SIRS). SIRS is used to track various data elements, including current stressors, behavior demonstrated by the individual, crisis prevention plans, and activities completed by START staff, such as referrals, education, planning, outreach, and the provision of services. SIRS also maintains intake information and assessment data through tools such as the Matson Evaluation of Drug Side Effects Checklist (MEDS), the Aberrant Behavior Checklist (ABC), and the Recent Stressors Questionnaire (RSQ). The EHR must be able to integrate data and information from SIRS.

3.2.5 E-Prescribe

The Bidder’s EHR is expected to provide a prescribing solution that can successfully transmit prescription data to pharmacies across the state, including pharmacies that are part of large chain stores, midsize pharmacies, and pharmacies that operate as small businesses. The EHR must have the capability, through the e-Prescribe functionality, to securely access aggregated medication history data and information from pharmacies (Surescripts), as well as patient medication claims history from payers and Pharmacy Benefit Managers (PBMs), current health insurance plan information (including Medicare Part D), and formulary information. This information must be received by the EHR e-prescribing solution in real time. This prescription information will enable clinicians at the point of service to ensure that the service recipient’s selected medication regimen will be covered by their health insurance provider (i.e., private health insurance provider, Medicaid, Medicare Part D) and to have access to the current medication list.

The bidder shall implement an e-prescribing solution that is U.S. Drug Enforcement Administration (DEA), Electronic Prescribing of Controlled Substances (EPCS), and Surescripts certified, including requiring two-factor authentication. The bidder must ensure continuous EPCS certification throughout the life of the contract. The e-Prescribing solution must also comply with New York State Department of Health (NYS DOH) and Bureau of Narcotics Enforcement (BNE) requirements throughout the life of the contract.

The OPWDD does not currently have a credentialing office; thus, the selected Bidder will be responsible for providing identity proofing services for Electronic Prescriptions for Controlled Substances (EPCS) certification.

OPWDD’s current e-prescribing vendor is RxNT which maintains the prescribing information for individuals currently receiving services through state operations. If the Bidder’s solution does not use RxNT to perform e-prescribing functionality, then the Bidder will need to migrate e-prescription information from RxNT to the EHR electronic prescribing module to ensure a seamless transition to the EHR.

3.2.6 Individualized Service Plan (ISP)

A core component of an EHR serving persons with developmental disabilities is a comprehensive individualized and person-centered service plan that summarizes what a person wants, needs, and aspires to. The ISP is developed by the individual, members of their circle of support, and their Medicaid Service Coordinator (MSC), who is not an employee of OPWDD. Once the plan is provided by the MSC to OPWDD the ISP must play an integral part in the individual’s record and will be automated as part of the selected Bidder’s solution. This is critical as services provided to individuals must be done so in accordance with the ISP to ensure successful billing and reimbursement for the service, intervention, or treatment. The ISP
contains some data elements that will be sent from the EHR to the oversight entity. Oversight entities may include OPWDD, Coordinated Care Organizations or other auditing entities. These data elements are a subset of the full ISP and are referred to as the e-ISp or Care Coordination Data Dictionary (CCDD). The definitions of the ISP data fields will be provided to the selected Bidder.

Bidders are expected to include the ISP data fields within their person-centered electronic service plan format.

The person-centered service plan should:

- Integrate the individual’s needs and wants identified through the completion of various assessments,
- Identify and outline services and supports that the person chooses to help them achieve their identified and desired outcomes,
- Be maintained in a manner that is usable to OPWDD employees, the individual, and others whom the individual wishes to have access to their ISP,
- Support linkages across the multiple organizations that may be involved in delivering the plan,
- Document that components are designed to meet an individual’s unique needs,
- Document and track the use of multiple services and supports that may be provided through multiple programs by varied staff, and
- Integrate data pertaining to outcomes, including but not limited to quality of life and the maintenance of rights (Personal outcome data is obtained through collecting feedback from the individual and members of their circle of support. This person-centered approach is used to promote choice, decision-making, and self-advocacy and overall captures whether an individual believes the services and supports they receive contribute to their unique and personal goals, overall well-being, and desired outcomes. Information about assessing these outcomes can be found through http://www.opwdd.ny.gov/opwdd_services_supports/person_centered_planning/POMs_fact_Sheet_clean.)

3.2.7 Managed Care

The EHR will support the transition to managed care.

As described throughout this RFP, New York State OPWDD will continue to provide services directly to individuals deemed eligible for such services. The EHR will provide a standardized and consistent solution for maintaining health and care coordination information statewide while the billing module for Article 16 Clinic and IPSIDD services will allow for efficient and accurate service billing. The OPWDD as an oversight agency is pursuing managed care options, for both long term and acute care that provide care coordination and service choices for people with intellectual or developmental disabilities who reside in the community.

The managed care model will enable individuals to self-direct their services by choosing an in-network service provider. The managed care model allows for the integration of primary, acute, behavioral, and health and long-term services and supports for enrollees. Specialized Managed Care Organizations (SMCOs) will have experience in the area of care coordination for individuals with intellectual and developmental disabilities.

The OPWDD, New York State Department of Health (DOH), the Centers for Medicare and Medicaid Services (CMS), and Partners Health Plan (PHP) have joined together to implement the Fully Integrated Duals Advantage (FIDA-IDD) plan, a demonstration health plan available to adults who are eligible for both Medicare and Medicaid services and who are also eligible for OPWDD services. The plan offers coordinated care opportunities for individuals who live in the community who also have intellectual and developmental disabilities. FIDA-IDD is currently available in New York City, Long Island, and Rockland and Westchester counties. The FIDA moves away from a fee-for-service (FFS) payment methodology toward plans that offer financial incentives for enhanced quality and for supporting individuals as they live in the community.
Since OPWDD will continue as a direct service provider, the EHR procured by OPWDD must receive managed care plan enrollment and disenrollment information at least monthly in accordance to the plans enrollment/disenrollment rules. At the time of system implementation, this information will be sent from TABS to the EHR; however, the EHR, including the Article 16 Clinic/IPSSD billing module if available, must have the capacity to share information bi-directionally between OPWDD, all Specialized Managed Care Organizations (S-MCOs) (number of S-MCOs is to be determined), Care Coordination Organizations (CCOs)/health homes, and various other third party health plans. The EHR must also regularly (e.g., quarterly, semi-annually, or annually) send identified data elements to the S-MCOs, once such organization is established. Data includes but is not limited to:

- Diagnoses,
- Encounter, monitoring (e.g., diabetes, cardiovascular), and appointments data,
- Dates various assessments (e.g., initial assessments, assessments of Activity of Daily Living Skills) and screenings (e.g., depression, cancer) are complete,
- Dates of vaccinations including the flu vaccine,
- Falls, and
- The use of medication including medication history, drug regimen review, and medication compliance.

The EHR must also receive and store the Individual’s Life Plan (LP) or Individual Service Plan (ISP). Ideally the information contained in these plans is automatically integrated and auto populated into the EHR. Service documentation, care coordination, and health information housed in the EHR must directly relate to such plans including the goals and personal outcomes identified in the plans to ensure successful billing and reimbursement. The bidder must ensure that person-level/person-centered data may only be shared with S-MCOs to the extent allowed by law and regulation and must comply with relevant federal and state laws and regulations, including but not limited to regulations related to HIPAA and electronic file submission.

3.2.8 Release of Information (ROI)

OPWDD procedures pertaining to record management and the release of records have the ultimate goal of maintaining individual’s fundamental constitutional right to personal privacy. Therefore, the EHR must maintain adequate security standards to ensure that individual’s right to privacy is not abridged. The release of information contained in the health and care coordination record must only be done in accordance with applicable OPWDD policy and regulation. The request to release information must be made by the individual or their authorized representative and include the personal information which the individual wants disclosed, the person to whom the disclosure is authorized, and the situation specific use which will be made of such information by the person receiving it. The EHR must track (date, time, requestor) the receipt of a request to release information, when the release expires, and the information released. Prior to releasing personal information, the EHR shall enable the appropriate staff to acknowledge that they have obtained the necessary consent, verified the identity of the requestor, verify that they are sending the correct information from the correct individual’s record, and track the release of information.

Release of Information (ROI) is critical to the quality of the continuity of care provided to the individuals that OPWDD serves. ROI also plays an important role in billing and reporting.

The HIPAA privacy rule contains specific requirements for the management of health information to ensure the confidentiality of any individual. This includes the tracking of all disclosure for individuals.

The EHR solution should enable authorized staff to log and track all approved ROI requests received, what was requested, status of the request, and what was provided. This includes, but not limited to Individual, Guardian, Disability/Social Security Administration (SSA), Department of Social Services (DSS), Legal/Lawyer- Subpoena, Health Insurance Company, Provider or Law Enforcement - Local, State and Federal.
The OPWDD is required to charge for releases of information. The solution shall enable users to generate invoices for ROIs. The solution shall enable users to record and track ROI billing and ROI payments related to the ROI process.

### 3.2.9 Record Retention

OPWDD requires that accurate and thorough health and care coordination records be maintained. These records store both historical and current information and are used to ensure continuity of health care and support staff in providing the best possible services and supports to the individuals we serve.

An individual's electronic health records can also be used for litigation purposes. Retaining an individual's health and care coordination record for litigation purposes requires archiving a copy of the entire record beginning at a particular point in time. At the identified point in time, no information in the record may be lost, altered, modified, destroyed/deleted, or added. OPWDD refers to this as a "litigation hold" and this means that all information in the record could become evidence and must be preserved and secured. All information in the record would include recordings, if they are available, preservation of e-mails or messages housed in the EHR, any attached documents (e.g., PDFs, word documents), contact logs, calendars or appointments. Such information must remain preserved until written notice is given that the litigation hold has been released. OPWDD’s Counsel’s Office will contact the Vendor to implement and coordinate litigation holds. The entire record as described in this paragraph must be stored in an accessible, secure, human readable, read-only manner.

### 3.2.10 Restrictive Intervention

The EHR will enable users to record restrictive interventions that have been applied. Restrictive interventions that must be reported into the Restrictive Intervention Application (RIA) are restrictive physical interventions, the use of PRN/Stat medication, the use of 911 in response to a behavioral episode, and Time Out interventions. Once restrictive intervention records are complete, they must be transmitted immediately to the Restrictive Intervention Application (RIA) which is embedded within the Incident Report and Management Application (IRMA). (Note: The EHR will not replace IRMA nor be used to track incidents).

The existing IRMA-RIA application is used to monitor, track, and trend the use of restrictive physical/personal interventions and to analyze the correlation between the use of these interventions and the prevalence/nature of NYCRR Part 624 incidents, especially those where the most egregious situations occur (serious reportable injuries and/or allegations of physical abuse).

In anticipation of the implementation of a vendor-hosted EHR application, the OPWDD has documented requirements for the proposed EHR–RIA system in an RIA Business Requirements Document (BRD). This was done to ensure that the future vendor-hosted EHR-RIA system will meet all of the OPWDD’s intervention tracking needs for state-operated programs. In addition, the RIA BRD provides a functionality description, data elements, and screens of the already existing IRMA-RIA application. The RIA BRD is provided in Exhibit 5.

### 3.2.11 Self-Directed Care and Portal

Self-directed care is a key element of the OPWDD’s transformation initiative. The self-directed portal, referred to as a patient portal in the medical field, will allow individuals, their families, and/or advocates to view available information regarding the individual and their services irrespective of the particular types of services they receive. This portal is envisioned to be a secure online tool (e.g., website, mobile app) that gives the individual or their representative(s) convenient, 24/7 access to personal health information using a username and password. The portal will also provide individuals and their families and/or advocates with a means to communicate their satisfaction with particular services and their perspective regarding the service and how receipt of the service contributes to their quality of life or desired outcomes. If an individual, or their representative, uses the portal, then the data could be used to document utilization of services offered based on the ISP. Information gathered from and maintained in the individual portal will be used to track personal outcomes, as well as quality of services. This health information should be accessible anywhere an internet connection is available. The information contained within a portal can include, at a
minimum, a schedule of upcoming doctor visits or appointments, current diagnoses, medication list, immunization information, allergies, and diagnostic lab results.

3.2.12 Consent Management

OPWDD promotes self-direction and free choice through encouraging individuals and their circle of support to participate in all aspects of service planning and delivery. To protect the rights of individuals, OPWDD requires that the provider obtain written informed consent from the individual or their authorized consent-giver before a particular and specified service, treatment, or intervention can be offered. Requirements regarding informed consent are established through regulation or law. The EHR solution must enable end-users to create, maintain, and store all consents and efforts to obtain them. The solution shall also provide a mechanism to alert staff when consents are due, must be updated, or have been withdrawn.

The EHR will not only be used to track consent but will also maintain an assessment of an individual's capacity to provide consent. Not all individuals receive an assessment of their capacity to provide consent but for some individuals such assessment is necessary. Note that individuals may be able to consent to some of their treatment or services but may not be able to provide consent for other services. As a result, consent must be obtained for each intervention/treatment/service. It is also possible that consent is obtained for some interventions but not all. Given the variables, the EHR consent functionality must be flexible.

3.2.13 Wellness Monitoring Technology and Preventative Care

The EHR solution should provide staff with tools that can be customized or modified to track any necessary health or treatment data, acute or chronic, so that staff can swiftly and accurately identify when there has been a change in the individual's condition. Data tracking may occur through direct data entry into the EHR with alerts or notifications when an individual's symptoms or condition regress or may incorporate the use of health promotion technologies or wearable wellness technologies. The EHR should maintain customizable wellness data that could vary depending on the individuals' needs, symptoms, or diagnoses. For example, it may be necessary to track blood pressure, cholesterol, weight, sleep, medication compliance, orientation, skin characteristics, personal hygiene, respiration, pulse, pain, temperature, nutrition/diet, etc. The identification of changes in one or more of these areas could indicate that the particular individual requires additional or different treatment/interventions, ultimately allowing staff to intervene before the individual requires a higher level of care or hospitalization. Tracking data pertaining to wellness is not necessary for every individual and may be time limited (e.g., one week after discharge from a hospital); thus, local OPWDD staff must be able to develop, modify, or customize these tools efficiently, at any time, based on the individuals' needs.

3.2.14 Detailed Business Requirements

The Detailed Business Requirements are specified in Attachment 23.

3.3 TECHNICAL REQUIREMENTS

3.3.1 Meaningful Use Criteria for Electronic Health Records

Upon implementation of the pilot phase, the selected Bidder's solution is expected to satisfy the CMS Meaningful Use Stage 1 and Stage 2 requirements for certified electronic health records. The selected Bidder's solution is also expected to satisfy Meaningful Use Stage 3 requirement no later than December 31, 2017.

3.3.2 Solution Security Requirements

The proposed solution is required to comply with security, breach notification, and privacy standards, as stated in Attachment 23 – Requirements Traceability Matrix and Attachment 27 – System Security Plan.
3.3.3 System Interoperability Requirements

The proposed solution must interface with various systems that are utilized within NYS agencies, by healthcare providers, and by voluntary providers. Any modifications made to existing OPWDD systems necessary to interface with the proposed EHR system will be performed by ITS staff.

- The EHR must exchange healthcare data with primary healthcare providers to ensure that OPWDD staff can access up-to-date healthcare information from external providers for all individuals who have a record in the EHR. Additionally, the EHR must make primary healthcare data available to authorized external healthcare providers serving individuals who have a record in the EHR. The interface with primary healthcare is expected to be through the State Health Information Network for New York (SHIN-NY) (http://www.health.ny.gov/technology/technical_infrastructure.htm). SHIN-NY incorporates a network of regional health information exchange organizations (RHIOs) as part of its structure. Health organizations participate as members of one or more of these RHIOs, with the RHIOs maintaining the infrastructure for data exchanged across the state.

- In addition to the data exchange requirements of the SHIN-NY, the proposed solution must be able to accept and transmit data electronically with applications maintained by the OPWDD, DOH, and Specialized Managed Care Organizations (S-MCOs) and Care Coordination Organizations (CCOs).
  - The selected Bidder will be responsible for implementing a near real-time data exchange with the TABS system. TABS will send individual data, including but not limited to demographic, service, billing, and assessment data.
  - The vendor must also ensure that EHR can incorporate data from an OPWDD summary assessment tool, known as DDP2 (Developmental Disabilities Profile Second Edition), http://www.opwdd.ny.gov/opwdd_resources/opwdd_forms/developmental_disabilities_profile_user_guide_and_forms/ddp_2, which provides a description of the individuals skills, needs, and challenges that are related to their service needs. OPWDD is in the process of replacing the DDP2 with the Coordinated Assessment System (CAS). Data from the DDP2 and CAS is housed in the OPWDD’s TABS application and are used for several OPWDD functions.
  - The OPWDD will be implementing a data warehouse in the future. The selected Bidder’s solution will be expected to provide a daily data feed to the future OPWDD data warehouse. The data feed for the data warehouse will need to include a comprehensive set of data, including demographic, medical, service, assessment, and billing for each individual enrolled in the EHR.

3.3.4 System Performance and Reliability

The OPWDD anticipates as many as 5,000 concurrent users of the fully implemented EHR solution. The OPWDD further expects the system to be performant. While OPWDD recognizes that system performance can vary depending upon hardware, system design, architecture, and associated technologies, the bidder’s solution should include a scalable technology stack and include accommodations to minimize service disruptions that could prevent or impair OPWDD staff from utilizing the EHR. Likewise, OPWDD expects that the Bidder’s offering will include disaster recovery and business continuity accommodations.

3.3.5 Detailed Technical Requirements

The Detailed Technical Requirements are specified in Attachment 23.

3.4 SERVICE REQUIREMENTS

This section defines the proposed project phases and the service requirements that the selected Bidder is expected to satisfy while under contract. The required documentation deliverables are listed for each phase. Additional details defining the documentation deliverables are outlined in Exhibit 3.
OPWDD requires that the selected Bidder describe their project development lifecycle. As part of the description the selected Bidder must include the milestones that the Bidder will adhere to and achieve throughout the development lifecycle.

An iterative approach is to be taken. The intent behind an iterative model is to enable OPWDD to plan for and measurably verify project progress and solution quality throughout the project.

An outline of the content of each iterative milestone will be established and shall be included in the detailed project schedule and plan. OPWDD understands and accepts that the nature of an iterative approach means the detailed project plan and schedule will be subject to change throughout the project lifecycle. Specific content for any given iteration may be altered due to project conditions per OPWDD input and approval. The specific quality criteria for each iterative milestone will therefore be altered accordingly.

As part of the development lifecycle approach, the Bidder shall include how they implement changes into the system. This will include but not be limited to: expected durations, impact on system, impact on business processes, training, and support.

3.4.1 Project Initiation and Planning

During this phase, the selected Bidder shall establish the methodology, processes, and procedures for managing the project and all required activities throughout the duration of the project contract term. The selected Bidder shall create a comprehensive set of plans, collectively referred to as the Project Management Plan, to manage the project from this phase until project termination. The selected Bidder must provide an experienced Project Manager to manage the provision of services and activities under the Contract.

A review of compliance with security related requirements, as well as a Security Risk Analysis, will also begin during this phase. The review and analysis will be performed by OPWDD, ITS, and/or their designated consultant(s). The selected Bidder will be required to submit, as part of the proposal submission, documentation and artifacts demonstrating compliance with HIPAA, HITECH, FedRAMP, MARS-E, as well as NYS Information Security Policies and Standards http://www.its.ny.gov/tables/technologypolicyindex.htm/security. The selected Bidder will be expected to provide the requested documentation in a timely manner thereafter, as failure to demonstrate compliance could seriously impact the project schedule. Documentation demonstrating such compliance must be submitted within one week following the request for such information unless OPWDD approves another timeline. Further guidance will be provided once the selected Bidder is under contract.

Within twenty four hours following the contract start date, the selected Bidder shall provide an Initial Startup Schedule detailing all activities to be undertaken during the Project Initiation and Planning phase. During this phase the selected Bidder shall complete the following activities:

- Establish a regular recurring Weekly Status Meeting in order to provide project status and updates to the OPWDD project management team, ITS project management team, and other team members as deemed appropriate,
- Develop a Weekly Status Report format,
- Identify and schedule any other required meetings,
- Establish a process to utilize the OPWDD SharePoint site for the project document repository,
- Prepare and deliver a Project Implementation Plan,
- Prepare and deliver a Project Management Plan, including:
  - Detailed MS Project Plan and Schedule,
  - Communication Plan,
  - Risk Management Plan,
  - Issue Management Plan,
- Action Item Management Plan,
- Requirements Management Plan,
- Change Management Plan,
- Quality Management Plan, and
- Staffing Plan.

- Prepare and deliver a Help Desk Plan.

The OPWDD desires an incremental or iterative approach to the solution implementation, avoiding an approach in which the entire solution is brought online in one cutover. Implementing the solution in multiple increments or iterations, depending on the methodology proposed, should reduce the amount of change that must be absorbed by the organization at any one time.

Therefore, Bidders must structure their implementation into several functional rollouts. As a minimum, OPWDD requires that there be a Pilot Phase, followed by a full implementation phase.

Note that the OPWDD is not specifying the duration of any of the phases although the overall schedule must ensure conformance with the timeline included in this RFP.

The dates the required documentation is due will be provided to the vendor prior to contract signing. These due dates will also be tied to payment points established on the payment schedule.

**Required Documentation Deliverables for Project Initiation and Planning:**

- Initial Startup Schedule
- Project Implementation Plan
- Detailed Project Schedule
- Weekly Status Report Format
- Project Management Plan, including:
  - Detailed MS Project Plan and Schedule
  - Communication Plan
  - Risk Management Plan
  - Issue Management Plan
  - Action Item Management Plan
  - Requirements Management Plan
  - Change Management Plan
  - Quality Management Plan
  - Staffing Plan
- Requirement Traceability Matrix (RTM)
- Help Desk Plan
- Security related documentation and artifacts as requested

**3.4.2 Analysis**

OPWDD is seeking an existing “off the shelf” solution that can be implemented within the timeline established within this RFP. That said, the OPWDD understands that the selected Bidder’s commercial off-the-shelf (COTS) solution may not address all of the OPWDD solution requirements specified in Attachment 23 without additional development. The selected Bidder is expected to hold Joint Application
Development (JAD) sessions with OPWDD staff to compare the OPWDD EHR Solution requirements and the Bidder’s solution. The Bidder’s proposed system modifications or customizations necessary to address the gaps shall be reviewed and approved by OPWDD staff. Note that all required functionality must be provided by the Bidder and the costs of providing the required functionality must be accounted for in the Bidder’s cost proposal. Change orders will not be used to pay for proposed customizations that are necessary to meet the functionality requirements established in the contract.

Once the necessary customizations have been approved, the selected Bidder will document the customizations. A revised RTM, Project Plan, and schedule shall then be developed by the Bidder.

**Required Documentation Deliverables for Analysis:**
- Gap Analysis
- Revised/Updated RTM
- Revised/Updated Project Plan and Schedule
- Security related documentation and artifacts as requested

### 3.4.3 Solution Design and Development

The selected Bidder shall hold design sessions with OPWDD staff to address any customizations or modifications. As a result of the design sessions, the selected Bidder will be expected to provide the OPWDD with a design specification document that, when paired with the selected Bidder’s existing solution documentation, provides an overall OPWDD EHR solution design. The design specification should provide a brief overview of the request and reason for the change, the construction details of the system, each system component’s interaction with other components and external systems, and the interface that allows end users to operate the system and its functions. The design specification should include:

- Specifications on the implementation of each requirement.
- Screen changes/mockups
- User stories or use cases
- Functional and non-functional requirements changes
- Data dictionary changes
- Security impacts/changes
- Analysis of any effects that changes could have on other areas of the EHR or other related systems including how the change may affect staff workload, resources, or efficiency.

Once the design specification has been approved by the OPWDD, the selected Bidder can begin development of the approved design solution.

The selected Bidder shall provide a Technical Specification Document, separately or as a component of the Design Specification, which specifies the technical details of the overall solution. The Technical Specification should include:

- End user devices and requirements
- Connectivity requirements
- Data flow diagram
- End to end interface configurations
- Transport mechanisms and protocols
- Network system configuration
- System performance capacities
The selected Bidder will need to provide an Information Security Plan that follows the NYS Secure Systems Development Lifecycle (SSDLC) that defines security requirements and tasks that must be considered and addressed within every system, project or application that is created or updated to address a business need. The SSDLC is used to ensure that security is adequately considered and built into each phase of every system development lifecycle (SDLC). The SSDLC is defined at: https://its.ny.gov/secure-system-development-life-cycle-standard.

**Required Documentation Deliverables for Solution Design and Development:**

- Design Specification Document
- Technical Specification Document
- Site and System Security Plan
- Information Security Plan
- Backup and Disaster Recovery plans
- RTM Updates
- Project Plan and Schedule updates
- Security related documentation and artifacts as requested

### 3.4.4 Data Conversion

Prior to any conversion, migration, or upload of data, a comprehensive Data Migration Plan must be submitted by the selected Bidder and Fully Approved by OPWDD and ITS. Additionally, OPWDD and ITS must approve and agree that all security requirements have been satisfactorily addressed by the selected Bidder, including compliance with NYS Information Security Policies and Standards, HIPAA, HITECH, FedRAMP, and MARS-E.

The OPWDD will provide the selected Bidder with a CSV file of demographic and service information on approximately 34,000 individuals (number may change over time) currently receiving services at OPWDD-operated facilities and programs and an additional 28,000 individuals (again, number may change over time) receiving services from both the OPWDD and voluntary agencies. It will be the selected Bidder’s responsibility to use this data to populate individual care coordination records for each person. If it is deemed mutually beneficial, the state may provide the selected Bidder with information on all individuals who receive one or more services directly from the OPWDD.

Prior to installation, the selected Bidder must be able to load initial data into the system and make the system available to the OPWDD Central Office and the pilot region. The selected Bidder will ensure that the system is operational and will implement the training plan. OPWDD anticipates hiring staff to manually enter narrative information that must be in the EHR on day one of roll-out within the respective region when such data is not uniformly tracked electronically and thus cannot be automatically uploaded. For example, Behavior Support Plans (BSPs) in paper form are currently developed in Microsoft Word, printed, and entered into the record. Given that this data entry must be completed prior to roll-out, the vendor will be required to upload TABS information to establish a record approximately one month prior to the implementation of the EHR in the designated region.

**Required Documentation Deliverables for Data Conversion:**

- Data Migration Plan
- Data Migration Reports (Exception Reports)
- Data Mapping
- Data Dictionary
- RTM Updates
- Project Plan and Schedule updates
- Security related documentation and artifacts as requested

### 3.4.5 Test and Implementation

#### 3.4.5.1 Test Planning

The selected Bidder is expected to perform a comprehensive test of the solution after the planned customizations and modifications have been implemented. The selected Bidder will work with the State to determine an agreed-upon strategy to test and verify that the overall solution works as intended. The test strategy should identify the approach to be used for performing the vendor testing, integration testing, user acceptance testing (UAT), and pilot testing. The OPWDD expects that the selected Bidder’s complete existing solution, as well as all of the agreed-to OPWDD customizations, will be thoroughly tested.

The selected Bidder will then develop and submit a Test Plan which shall outline the details, procedures, responsibilities, and schedule for executing the Test Strategy. The selected Bidder shall also provide a complete set of test data that will be used for all test cycles. Where appropriate, the selected Bidder will use automated tools for testing. The selected Bidder shall provide a test environment for all phases of testing, which is accessible to all designated testers. This environment will be separate from the Development, Training, and Production environments.

Further detail on the test planning deliverable expectations are provided in Exhibit 3.

#### 3.4.5.2 Integration Testing

The successful Bidder will set up an operating version of the solution in a test environment to be used for integration and User Acceptance Testing. The OPWDD in partnership with ITS will be responsible for assisting the selected Bidder by arranging for test versions of all interfacing NYS systems.

Integration Test Cases will be developed by the selected Bidder and approved by the OPWDD and ITS prior to performing the tests.

The selected Bidder will perform integration testing in a full test environment.

#### 3.4.5.3 User Acceptance Testing

User Acceptance Testing is intended to ensure the OPWDD that the solution operates according to the approved design. User Acceptance Test Cases will be developed by the selected Bidder and approved by the OPWDD prior to performing tests. State and Consultant staff will perform all tests according to the previously agreed-upon and established Test Plan and the approved User Acceptance Test Cases.

When system revisions are necessary, the State will require the selected Bidder to perform additional rounds of testing of system performance, and the selected Bidder is to make any necessary further revisions until successful completion of User Acceptance Testing is achieved.

When the selected Bidder and the OPWDD agree that the system is ready for the start of User Acceptance Testing, the selected Bidder will:

- Allow the state to continue to test the operational solution
- Assist the OPWDD by loading and/or refreshing test data
- Provide training on the solution for all UAT test participants
- Provide assistance during the State’s testing

This testing is expected to last at least ten business days.

The selected Bidder should be available on-site to assist the State with this testing.

Upon completion of acceptance testing, the State may identify how and where the solution does not conform to the design and provide the selected Bidder with a written list of issues. The selected Bidder will be expected to address such issues as necessary. If revisions to the solution are necessary, the State may
require additional rounds of acceptance testing and further revisions until successful completion of the testing.

3.4.5.4 Pilot Implementation and Testing

Prior to pilot implementation and testing, the vendor is required to train end-users in the pilot region on the use of the system. Subsequent to UAT completion and approval, pilot testing in a production environment will begin. The pilot testing will include all aspects of implementation and operation of the system at the OPWDD Central Office and throughout the OPWDD pilot region(s).

When the selected Bidder and OPWDD agree that the system is ready for the start of pilot testing, the selected Bidder will:

- Load pilot region data into the system
- Make the system available to the OPWDD Central Office and DDSO Regional Staff
- Provide training on the solution for all pilot test participants
- Provide assistance during the State’s testing

The OPWDD, ITS, and the selected Bidder will systematically test and monitor all activities at the pilot sites, to ensure that the system is operational. The selected Bidder will make all changes necessary to meet the requirements of the RFP and the customization that the State approved. The OPWDD will ensure that a sufficient number of staff and individual records participate in the pilot test, to ensure a comprehensive and complete test of the system.

The selected bidder will provide a Release Management Plan that follows the Information Technology Infrastructure Library (ITIL) Release Management processes.

3.4.5.5 Full Implementation

The EHR, including the training on the use of the EHR, will be rolled out across NYS region by region across OPWDD’s six state operations regions (DDSOs). Upon completion of the pilot testing, the selected Bidder must be able to load initial data into the system and make the system available to the OPWDD according to the Project Implementation Plan. The OPWDD’s plan for implementing the solution across the OPWDD regions will be provided to the selected Bidder prior to contract signing. The selected Bidder will ensure that the System is operational, and will implement the training plan. The selected Bidder will begin implementation region by region at the remaining OPWDD regions according to the OPWDD plan and based upon the selected Bidder's approved Project Implementation Plan including:

- Converting remaining OPWDD region data to the new EHR data system,
- Uploading TABS information to establish records within the EHR so additional unstructured data can be manually entered, when necessary, prior to implementation or roll-out, and
- Providing training, consultation, and direction to OPWDD Region and Local Agency staff in converting their procedures, filing system, and data over to the new system.

**Required Documentation Deliverables for Test and Implementation:**

- Test Strategy
- Test Plan
- Test Cases
- Test Scripts
- Test Results
- Bug Fix/Remediation Plan
- Release Management Plan
3.4.6 Training

The OPWDD expects the selected Bidder to provide training to all end-users in accordance with the selected Bidder’s state approved Training Plan, without leveraging state staff to provide training. End-user training must be provided prior to system implementation and a test EHR site platform must be available for training and practice purposes. The selected Bidder will be required to comply with the training requirements stated in Attachment 23 under Service Requirements. Additionally:

- Approximately 18,000 OPWDD staff must receive training in the use of the EHR system. Training must include assisting staff in implementing any newly required functional flow and/or altered workstation responsibilities that may be required.

- Training must be provided to OPWDD staff at each permanent site in accordance with the selected Bidder’s approved Training Plan and Project Implementation Plan. The selected Bidder must provide training sufficient to ensure that OPWDD staff, who have varied degrees of experience and knowledge regarding the use of technology, can sufficiently operate the EHR system, to the degree necessary based on their job duties, at the completion of training.

- The selected Bidder will certify that end-users have attained proficiency in the EHR system. If the selected Bidder finds that end-users have not attained proficiency in the EHR system, or if the State subsequently determines that end-users have not attained proficiency in the EHR system, the selected Bidder will provide additional training at the next available training site, within a maximum 50-mile radius from the original training site, or by tele/video conference. This supplementary training will be coincidental with another scheduled training session when possible. If the necessary supplementary training is not scheduled to occur within a 50 mile radius within one month of notice that the original training was unsatisfactory, and teleconference training is not possible, the selected Bidder will schedule supplementary training as necessary for end-users to achieve EHR system proficiency.

Required Documentation Deliverables for Training:
- Training Plan
- Training Schedule
- Training Materials
- RTM Updates
- Project Plan and Schedule updates
- Security related documentation and artifacts as requested

3.4.7 Change Management

3.4.7.1 Additional Services Change Orders

If the modifications, additions, or deletions beyond the work described in this RFP are requested in writing by the State and are agreed to by the selected Bidder, during the contract period, then the selected Bidder will provide the State with the requested modifications, additions or deletions at the rates agreed upon in the resulting Contract. The price for additional services in effect at the time of the Change Order will apply.

If any modifications requested by the State cause an increase or decrease in the time required for performance of one or more Change Orders issued under the resulting Contract, or otherwise affect any other provision of the Contract, an equitable adjustment shall be made in the periods of performance, delivery schedule, or other terms of the Change Order(s), or of the Contract, and in such other provisions
of the Contract as may be so affected. The affected Change Orders and the Contract shall be modified in writing to reflect agreed upon changes.

3.4.7.2 Change Order Project Schedule

- **Overall Schedule** – The selected Bidder and the State agree that the work performed on Change Orders issued under the resulting Agreement will be completed within the time frame set forth in the respective Change Orders, unless circumstances beyond the selected Bidder’s or State’s reasonable control impact performance.

- **Milestone Dates** – The Work performed on Change Orders issued under the resulting Contract shall be completed in accordance with milestone dates, as set forth in the respective Change Orders.

- **Reports of Work** – The selected Bidder shall prepare a written report on the progress of the work on any outstanding Change Orders on a monthly basis. Up to four (4) copies of such reports shall be furnished in such form as specified by the State, and shall disclose all significant results, and indicate whether the work is on time, in conformity with the schedules set forth in the respective Change Orders and, if not, why not, and what steps will be taken by the selected Bidder to correct the delay.

- **Inspection** – The State, through any authorized representatives, has the right, at all reasonable times, to inspect or otherwise evaluate the work performed or being performed. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work being performed hereunder.

3.4.7.3 Issuance of Change Orders

1. **Issuance of Change Orders** – Any Change Order issued under this Contract shall be subject to the terms and conditions of the Contract and shall be issued as specified in this RFP

2. **Contents of Change Orders** – The State shall:
   - Submit brief statements of work for any additional Change Orders that may be issued
   - Submit a broadly defined Acceptance Test for each deliverable under the Change Order

3. **To Finalize the Change Orders** – The selected Bidder shall then prepare a Change Order statement of work, proposed sub-tasks and proposed milestone dates. Such Change Order statements shall be prepared and delivered to the State by the Bidder within ten (10) business days of the request
   - Statement of Work. The statement of work shall:
     i. Set forth the specific services or products desired by the State
     ii. Specify any further requirements if other than set forth under the resulting Contract
   - Submission of Proposal – Unless otherwise required, in preparing and submitting proposed Change Orders, the selected Bidder shall furnish the State with applicable pricing data consisting of:
     i. Total fixed or estimated price, based on the rates specified for additional services and any required travel arrangements based on the State Government rates
     ii. Critical milestones and payment schedules in the performance of fixed price work
     iii. Documentation to be furnished, including updates to existing documentation (For example, FRL, TDD, Operations/User Manuals and Training Materials)
   - Finalized Change Order – Upon receipt of the proposed Change Order and upon completion of any necessary negotiations, the selected Bidder shall submit to the State a signed copy of
the Change Order which includes a scope of work, period of performance, estimated or fixed price and any other terms and conditions agreed upon by the parties. Upon receipt of the signed Change Order, the State shall indicate its acceptance, return a copy to the selected Bidder who shall commence performance in accordance with the terms and conditions set forth herein.

3.4.8 Ongoing Services

3.4.8.1 Technical Support and Help Desk Services

The selected Bidder will be required to comply with the Help Desk requirements stated in Attachment 23 under Service Requirements. The selected Bidder will submit a Help Desk Plan that provides the plan for addressing the Help Desk requirements.

3.4.8.2 Operations and Maintenance Services

The selected Bidder will operate the system in a reasonable and efficient manner, warranting that the system operates as intended. The selected Bidder will be responsible for any defects or corrections to the system that are necessary so that the system functions as stated in the proposal and contract. In addition, the State may require modifications to the system in order to ensure compliance with state or federal regulations or to enhance the EHR system in order to improve service delivery as per negotiated Change Requests. Appendix H provides the Change Request Form. The selected Bidder may be required to provide assistance to the OPWDD, at no additional cost to the OPWDD, to comply with state and federal audits, including providing documentation of procedures and protocols, system audit trails, and records access.

The selected Bidder will be responsible for the following management activities sufficient to ensure the proper operation of the system.

3.4.8.2.1 Administrative Activities

- Establish and enforce a schedule for all central facility data processing activities:
  - Operations Calendar: A three-month prospective plan informing the State of planned outages, and processing, including any overloads, disaster recovery tests, conflicts, or hardware/software modifications at the selected Bidder’s facility that may impact the performance of the system negatively.
  - System Maintenance/Enhancement Calendar: A six-month prospective plan detailing future corrections, modifications, or enhancements to the EHR.

- Establish and enforce a schedule for performance by all subcontractors.

- Provide and maintain sufficient resources for the operation and management of the System.

- Maintain and test a comprehensive Backup and Disaster Recovery Plan.

- Meet (in person or via telephone/video conferencing) regularly with State employees to review operations and maintenance or enhancement projects:
  - The selected Bidder will meet, at least monthly, with State staff to discuss operation of the system.
  - Conclusions and decisions reached at these meetings, as well as future plans and matters related to problem resolution, shall be documented in a detailed memorandum prepared by the selected Bidder and submitted to the state staff.

3.4.8.2.2 Coordinate and Audit Operational Activities

The selected Bidder will be required to coordinate and participate in activities related to the trouble-shooting and remediation of system failures. In the event of system failures to TABS or IRMA, the Bidder may be
required under the direction of the State to assist with certain trouble-shooting and remediation activities related to the interface with the EHR. In the event of system failures to the EHR, the Bidder will be required to collaborate with State staff to assist with trouble-shooting and remediation related to the interface with the EHR.

Given the integration of the EHR with TABS and IRMA, the Bidder will be required to participate in planning and testing of changes made to the infrastructure supporting TABS, and IRMA. Likewise the Bidder will have to coordinate with State staff when planning and testing changes to the EHR infrastructure. Testing must ensure that changes in the infrastructure do not negatively affect the end-user experience.

The selected Bidder will be responsible for coordinating Bidder, State, and subcontractor staff during operation of the selected Bidder’s EHR solution. Tasks to be performed include:

- Provide overall project management for the operation of the solution
  - Maintain Staff
  - Maintain required staff credentials
  - Manage change requests
- Monitor, analyze, and suggest improvements for increased efficiencies in:
  - Monitor monthly activity
  - Data communication between the various platforms
  - Processing functions within the EHR
  - Computer system usage
- Managing technical problems that arise during operation that impact processing or system functionality, including:
  - Scheduled down time
  - Bug reporting and tracking
- Providing Help Desk support for the solution, including
  - A maximum 15 minute Help Desk response time to technical calls 24 x 7 x 365
  - Toll-free hotline;
  - Remote monitoring;
  - Training tutorials;
  - Web based support tracking.
  - Remote diagnostics;
- Manage solution updates, including:
  - Interface changes
  - Technology updates
  - Solution updates
- Perform solution and data backups
- Monitor, analyze, and suggest improvements to the system security, including:
  - Annual security assessments
  - Security related updates
  - Vulnerability testing
- Provide Breach Notifications as necessary
  - Manage and report monthly on the progress of optional collection services

3.4.8.2.3 Operational Status Reports
The selected Bidder will provide the state staff with monthly operational status reports detailing the operation of the EHR system, including:

- Detailed audit trails
- Lists of problems
- Results and actions taken to rectify any errors or problems detected
- Selected Bidder’s staff activities and time expended
- Future action steps and potential problems or issues and steps necessary to overcome and resolve any potential problems or issues
- Maintenance/enhancement projects report
- Detailed and summary help desk reports

Required Documentation Deliverables for Ongoing Services:

- Help Desk Plan
- Monthly Operational Status Reports
- Optional Monthly Collection Services Reports
- RTM Updates
- Project Plan and Schedule updates
- Security related documentation and artifacts as requested

3.4.9 Security Services
The selected Bidder will be required to comply with the security requirements stated in Attachment 23 under Service Requirements.

OPWDD is following a security framework created by the NYS Department of Health (DOH) Office of Health Insurance Programs (OHIP) called the Security Privacy and Confidentiality Plan (SPCP) to ensure compliance with NYS Security Policies and Standards, consistency across program areas, and compliance for systems containing PHI and PII. The purpose of the framework is to document and assess security and privacy controls for information systems and associated processes.

The SPCP framework is based on the NIST 800-53 family of security and privacy controls that form the control baseline that has been adopted by CMS and NYS. OPWDD has adopted the CMS-provided workbooks known as System Security Plans as the foundation of the SPCP and has mapped the NIST 800-53 controls to the corresponding NYS Policies and Standards. The NYS Policies and Standards, which all systems in NYS must comply with, are based heavily on NIST 800-53 and other NIST guidelines and this is evidenced throughout the NYS Policies and Standards. The NYS SPCP also combines various security and privacy controls required by New York State Policies and Standards, Centers for Medicare & Medicaid Services (CMS) Information Security Minimal Acceptable Risk Safeguards (MARS), and related Federal laws, which include but are not limited to HIPAA and HITECH. The SPCP represents the minimal controls necessary and maps them to other relevant criteria to aid with compliance assurance for information systems across OHIP.

A completed SPCP is the control repository for required risk assessments. Risk assessments for new systems and annual risk assessments are required by CMS, HIPAA and New York State. Thus, a completed SPCP is required by OPWDD for all new and legacy systems supporting the OPWDD mission.
The SPCP is a framework that permits NYS organizations and vendors to evaluate systems against the required controls and document them in a consistent manner that can be easily understood, and can be provided to CMS and other regulatory entities.

Compliance with the CMS MARS moderate control baseline augmented with NYS Policy and Standards requirements and HIPAA control is required for all NYS systems that process PHI and or PII. All vendors with a role in providing systems and supporting the mission and business processes are required to meet these requirements. The SPCP is the OPWDD tool that demonstrates compliance by documenting each security control with evidence that it is implemented correctly and operating properly.

Bidders must provide a description of their security approach as defined in Attachment 25. The selected Bidder will be required to complete and submit the System Security Workbooks provided in Attachment 27 for review and acceptance prior to final contract execution.

Additionally, the selected Bidder will need to comply with the applicable NYS Enterprise Information Security Policies provided at https://its.ny.gov/eiso/policies/security.

3.4.10 Deliverables

3.4.10.1 Deliverable Acceptance Process

The selected Bidder shall submit for each deliverable, prior to beginning the work on the deliverable, a Deliverables Expectations Document (DED) to OPWDD for approval. Each DED shall include the format, outline, and key content, including key figures, diagrams, and tables for the deliverable. The purpose of the DED is to ensure that a common understanding exists between NYS and the selected Bidder regarding the scope and content (depth and breadth) of the deliverable prior to beginning the work on the deliverable.

The selected Bidder will use Appendix G – Deliverable Acceptance Form to request written approval and acceptance by the OPWDD of Contract Deliverables. Deliverables must meet contract requirements and the evaluation criteria specified in Exhibit 3 – OPWDD EHR Deliverable Document Review Plan. There shall be no verbal acceptance, or acceptance by default, of a deliverable.

3.4.10.2 Table of Deliverables

The following Table 2, Deliverable Document List, identifies all Deliverable Documentation to be provided by the Vendor. Additional information can be found in Exhibit 3 – Deliverable Document Review Plan.

<table>
<thead>
<tr>
<th>Deliverable Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliverables Expectation Documents (DED)</td>
<td>The DED (one for each deliverable document) outlines the expectations for each deliverable document identified herein.</td>
</tr>
<tr>
<td>Initial Startup Schedule</td>
<td>Provided within 24 hours of contract signing and details all activities to be undertaken during the Project Initiation and Planning phase.</td>
</tr>
<tr>
<td>Project Implementation Plan</td>
<td>A narrative work plan clearly describing the approach to this project, state specifically how deliverables, including the optional deliverables (e.g., financial and billing modules, Article 16 clinic and IPSIDD collection services) will be achieved by the Bidder.</td>
</tr>
<tr>
<td>Detailed Project Schedule</td>
<td>Schedule of major activities and milestones.</td>
</tr>
<tr>
<td>Weekly Status Report Format</td>
<td>Draft outline of the weekly status report.</td>
</tr>
<tr>
<td>Deliverable Name</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Project Management Plan, including:</td>
<td></td>
</tr>
<tr>
<td>• Detailed MS Project Plan and Schedule</td>
<td>MS Project Plan with a WBS of level 5.</td>
</tr>
<tr>
<td>• Communication Plan</td>
<td>Plan for managing communications, including a project org chart.</td>
</tr>
<tr>
<td>• Risk Management Plan</td>
<td>Vendor plan for managing risk.</td>
</tr>
<tr>
<td>• Issue Management Plan</td>
<td>Vendor plan for managing issues.</td>
</tr>
<tr>
<td>• Action Item Management Plan</td>
<td>Vendor plan for managing action items.</td>
</tr>
<tr>
<td>• Requirements Management Plan</td>
<td>Vendor plan for managing requirements.</td>
</tr>
<tr>
<td>• Change Management Plan</td>
<td>Vendor plan for managing change requests.</td>
</tr>
<tr>
<td>• Quality Management Plan</td>
<td>Vendor plan for managing and maintaining quality.</td>
</tr>
<tr>
<td>• Staffing Plan</td>
<td>Detailed vendor staffing plan.</td>
</tr>
<tr>
<td>Requirement Traceability Matrix (RTM)</td>
<td>Matrix for tracing requirements from the RFP through design and final UAT testing.</td>
</tr>
<tr>
<td>Gap Analysis</td>
<td>Analysis of the requirements not implemented in the core COTS product, which will require further development activities.</td>
</tr>
<tr>
<td>Design Specification Document</td>
<td>Defines the functional implementation of each requirement.</td>
</tr>
<tr>
<td>Technical Specification Document</td>
<td>Defines the end to end system technical architecture and specifications.</td>
</tr>
<tr>
<td>Site and System Security Plan</td>
<td>Vendor plan for meeting all project security requirements.</td>
</tr>
<tr>
<td>Information Security Plan</td>
<td>Follows the NYS Secure Systems Development Lifecycle (SSDLC)</td>
</tr>
<tr>
<td>Backup and Disaster Recovery Plan</td>
<td>Plan to restore operability and protect data in the event of extended interruption of services.</td>
</tr>
<tr>
<td>Data Migration Plan</td>
<td>Describes the detailed strategies and approaches for converting, migrating, and validating data.</td>
</tr>
<tr>
<td>Data Migration Reports (Exception Reports)</td>
<td>Report on errors and exceptions in the data migration process</td>
</tr>
<tr>
<td>Data Mapping</td>
<td>Comprehensive mapping of data elements between the existing and to-be systems.</td>
</tr>
<tr>
<td>Deliverable Name</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Data Dictionary</td>
<td>Describes the contents, format, and structure of the new database, and the relationship between its elements.</td>
</tr>
<tr>
<td>Test Strategy</td>
<td>Vendor strategy for all phases of system testing.</td>
</tr>
<tr>
<td>Test Plan</td>
<td>Vendor plan for implementing the test strategy.</td>
</tr>
<tr>
<td>Test Cases</td>
<td>The set of conditions, variables, assumptions, criteria, and expected results for system testing of all functional requirements.</td>
</tr>
<tr>
<td>Test Scripts</td>
<td>Procedures to be followed in order to perform specific requirement tests.</td>
</tr>
<tr>
<td>Test Results</td>
<td>Outcomes for each test script performed.</td>
</tr>
<tr>
<td>Bug Fix/Remediation Plan</td>
<td>Vendor plan for managing exceptions encountered during testing.</td>
</tr>
<tr>
<td>Release Management Plan</td>
<td>Vendor plan for managing subsequent software upgrades and release notes.</td>
</tr>
<tr>
<td>Help Desk Plan</td>
<td>Detailed vendor plan for implementing the Help Desk requirements.</td>
</tr>
<tr>
<td>Training Plan</td>
<td>Detailed vendor plan for implementing the Training requirements.</td>
</tr>
<tr>
<td>Training Schedule</td>
<td>Detailed schedule for implementing the Training Plan.</td>
</tr>
<tr>
<td>Training Materials</td>
<td>User Guides, Training Videos, Training Guides, etc.</td>
</tr>
<tr>
<td>Security documentation and artifacts as requested</td>
<td>Documentation and artifacts demonstrating compliance with security requirements, including HIPAA, HITECH, FedRAMP, MARS-E, and compliance with NYS Information Security Policies and Standards.</td>
</tr>
<tr>
<td>RTM Updates</td>
<td>Updates to the RTM as needed</td>
</tr>
<tr>
<td>Monthly Operational Status Reports</td>
<td>Monthly status reports detailing the operation of the EHR.</td>
</tr>
<tr>
<td>Project Plan and Schedule updates</td>
<td>Updates to the Project Plan and Schedule as needed</td>
</tr>
<tr>
<td>Other documentation updates as necessary</td>
<td>Updates to all other submitted documentation as needed</td>
</tr>
</tbody>
</table>

### 3.4.11 Consultant Qualification and Staffing Requirements

The Bidder experience and qualifications requirements are specified in Attachment 21 – Bidder Experience and Qualifications.

The qualifications for Key Personnel are specified in Attachment 24 – Key Personnel Forms.

Key personnel include:

- Engagement Manager
• Project Manager
• Information Security Officer
• Clinical Solutions Architect / Business Analyst
• Pharmacy Solutions Architect
• Technical Solutions Architect
• Data Architect
• Test Manager
• Training Manager
• Financial Solutions Manager

The Key Personnel are expected to be available for applicable Services for the solution. For most positions, individuals may fill multiple positions, or be available just the services that they provide, as long as Services are not impacted. The OPWDD expects that the Information Security Officer will be satisfy that role in a full time position across multiple solutions or projects.

No redeployment of any Key Personnel may be made without prior written consent of the OPWDD. Replacement of Key Personnel, if approved, shall be with personnel of equal ability and qualifications. The OPWDD shall retain the right to reject any of the Bidder’s and/or Subcontractors’ personnel whose qualifications, in the OPWDD’s judgment, do not meet the standards established by the OPWDD as necessary for the performance of the Services. In considering the Contractor’s employee’s qualifications, the OPWDD will act reasonably and in good faith.

During the term of the Contract, the OPWDD reserves the right to require the Consultant to reassign or otherwise remove from the project any personnel found unacceptable by the OPWDD. Such decisions will be made reasonably and in good faith.

3.4.12 Detailed Service Requirements
The Detailed Service Requirements are specified in Attachment 23.

3.5 OPTIONAL REQUIREMENTS

3.5.1 Credentialing

(Optional Deliverable: OPWDD at its sole discretion may determine whether or not to include Credentialing functionality as part of the award.) As stated in section 3.2.5 of this RFP, the OPWDD does not have a credentialing office. The Bidder will be responsible for providing identity proofing services for electronic prescribing of controlled substances. Credentialing services for all other components of the EHR is optional. Bidders should describe any Credentialing functionality available in the proposed system. Bidders should also include the cost of this Credentialing functionality in the cost proposal.

The solution must efficiently and accurately manage the appointment, reappointment, and privileging processes for providers. Additional requirements of the credentialing system include:

• Track the requests for external verifications,
• Reduce the effort and timeline for re-working incomplete applications and processing new ones,
• Complete the process electronically, and
• Standardize and track credentialing to satisfactory conclusions.

The credentialing system needs to:

• Use primary sources to verify a healthcare practitioner’s education, training, work experience, current license/board certification, and malpractice history,
• Enroll the clinical staff with payers so that claims can be submitted and adjudicated (e.g., Medicare and Medicaid),
• Manage workflows and have triggers to ensure that deadlines or expiration dates on certificates and licenses are known,
• Have the ability to create custom reports to monitor staff requirements,
• Have the ability to maintain existing OPWDD facility enrollments, including any required revalidation and/or certification requirements, and perform work related to new facility enrollments that are required for any of the identified payers,
• Have the capability to capture and track clinician information that will be required for enrollment, licensure tracking, and reporting of data captured within its credentialing system,
• Track enrollment information for OPWDD facilities and be able to report this information as needed, and
• Be available to the OPWDD Central Office and clinical staff working in OPWDD District Offices.

3.5.2 Telemedicine

(Optional Deliverable: OPWDD at its sole discretion may determine whether or not to include Telemedicine functionality as part of the award.) Bidders should describe any Telemedicine and Remote Patient Monitoring (RPM) functionality available in the proposed system. Bidders should also include the cost of Telemedicine functionality in the cost proposal.

In the future, the OPWDD plans to offer telemedicine and possibly RPM to individuals who are enrolled in Medicare and/or Medicaid and who are eligible to participate in a service via telemedicine. OPWDD is seeking a vendor whose solution offers telemedicine; the secure connection for the provision of telemedicine and a record that enables staff to document the service. Telemedicine must offer quality synchronous, interactive, two-way, real-time communication between an individual receiving services and a qualified practitioner. The NYS Department of Health (DOH) is establishing guidelines on the practice of telemedicine (see documents titled “Telemedicine Coverage to be Further Expanded,” available through https://www.health.ny.gov/health_care/medicaid/program/update/2015/2015-03#tel).

The solution must meet standards set forth under HIPAA and HITECH policies, as well as the requirements set forth by the American Telemedicine Association (http://hub.americantelemed.org/home).

The DOH is currently drafting regulations on the use of telemedicine. OPWDD will need to establish policies and modify regulations prior to permitting the use of telemedicine and RPM thus if this feature is available in the EHR it would likely not be implemented in the near future.

3.5.3 Financial Tracking and Billing

As stated in section 3.2.3, the EHR must consistently and accurately perform Article 16 clinic and IPSIDD billing. Billing beyond clinic and IPSIDD billing is optional. (Optional Deliverable: OPWDD at its sole discretion may determine whether or not to include financial tracking and billing functionality as part of the award.) Bidders should describe any financial tracking and billing functionality available in the proposed system. Bidders should also include the cost of this financial tracking and billing functionality in the cost proposal.

The proposed software should be able to integrate financial assessment data with service data to establish on-line accounts that will provide the capability for processing bills and payments. The system must provide a secure environment that is capable of posting and displaying, in near real-time, an individual’s account records as well as generating and displaying a variety of transactions and reports both on screen and in hard-copy format. Examples include, but are not limited to, the following: accounts receivable ledgers, aging-account reports, uncollectible and bad-debt write-off transactions, payment data, and balances outstanding as of the end of the billing cycle. Information about OPWDD’s billing requirements and procedures can be found at http://www.opwdd.ny.gov/opwdd_regulations_guidance/links_to_opwdd_guidance_documents_with_payment_standards.
As part of a financial module, the software should be able to bill for services. The software or proposed solution functionality must include the ability to:

- Generate electronic bills in a HIPAA-acceptable format to payors,
- Generate, in a format acceptable to payors, hardcopy bills that can be submitted to payors that will not accept electronic format,
- Allow for correction of billing data rejected by a payor upon initial submission, and the subsequent resubmission of the bill for full or adjusted payment,
- Maintain complete account receivable ledgers, reflecting payments made and balances outstanding as of the end of the billing period,
- Maintain an accounts receivable “aging” feature that displays account balances outstanding for 60 days, 90 days, 120 days, and more than 120 days; enable the write-off uncollectible accounts and bad debts, as appropriate, and produce individual and summary reports on screen and in hard copy,
- Include the ability to produce full-cost bills for submission to primary and secondary third party payors, including health insurance and managed care providers. The system must ensure that the billing sent to a secondary provider is not sent until the bill sent to the primary provider has been settled,
- The bill to secondary insurers should indicate whether the primary insurer has paid maximum benefit for its coverage,
- Generate third party bills which display the full cost on the bill and the full cost and anticipated payment amounts on the accounts receivable record. The system should automatically write off the unpaid balance upon receipt of the correct anticipated payment amount. The system should hold open any accounts with discrepancies until such discrepancies are resolved, and
- Ensure that necessary documentation is linked to the services billed.

### 3.5.4 Article 16/IPSIDD Collection Services

As stated in section 3.2.3 in this RFP, the Bidder is required to provide an EHR solution that directly bills for Article 16 clinic and IPSIDD services. This optional deliverable pertains to collection services. (Optional Deliverable: OPWDD at its sole discretion may determine whether or not to include Article 16/IPSIDD Collection Services as part of the award.) Bidders should describe any available Article 16/IPSIDD Collection Services. Bidders should also include the cost of providing Article 16/IPSIDD Collection Services in the cost proposal.

The Bidder’s Article 16 Clinic / IPSIDD collection service should:

- Submit all claims (electronically when possible) for both primary and secondary carriers. Follow-up on outstanding claims as necessary,
- Allow OPWDD to stop or postpone a bill when insurance or other information needs to be corrected, or if billing data has been rejected by a payor upon initial submission; and then support resubmission of the bill for full or adjusted payment,
- Follow OPWDD, CMS and TPHI guidelines in collection of the bills including order of billing and communication with payors,
- Handle payment denials and communicate reasons for denials to OPWDD for resolution prior to rebilling,
- Write-off uncollectible accounts and bad debts, with guidance from OPWDD and produce individual and summary reports on screen, in hard copy, and in electronic format,
- Produce, at least weekly, reports reflecting individual charges, payments and adjustments entered into the system. Provide monthly financial reports of total charges, payments and
adjustments posted during the month as well as a breakdown of accounts receivable by financial
class and aging category,

- Produce individual and summary reports on screen, in hard copy, and electronically of debts and
accounts that cannot be written off so that OPWDD can make the final decision on uncollectible
amounts, and
- Return collected payments to OPWDD via EFT.

4. PROCUREMENT PROCESS

4.1 METHOD OF AWARD

The OPWDD will make an award for the services described in this RFP to a responsive and responsible
Bidder on a “Best Value” basis. Best Value means that the proposal that optimizes quality, cost, and
efficiency among responsive and responsible Bidders shall be selected for award (State Finance Law,
Article 11, Section 163).

4.2 ADMINISTRATIVE REQUIREMENTS AND INFORMATION

4.2.1 Inquiries from Bidders

New York State Finance Law §§139-j and 139-k impose certain restrictions on communication between
NYS and Bidders during a procurement. Bidders should submit all RFP inquiries, questions, or comments
via email using the Vendor Questions Form (Attachment 18) by the due date indicated on the Calendar of
Events. No other method of inquires will be accepted.

The primary point of contact for technical questions regarding this procurement is Mr. Michael
Juzwak (Michael.Juzwak@its.ny.gov).

The primary point of contact for clinical, program, or service delivery related questions regarding
this procurement is Dr. Virginia Scott-Adams (virginia.l.scottadams@opwdd.ny.gov).

The primary point of contact for contract related questions regarding this procurement is Ms. Lisa
Davis (Lisa.F.Davis@opwdd.ny.gov).

Additional information is available at: http://ogs.ny.gov/Aboutogs/regulations/defaultAdvisoryCouncil.html.

Administrative issues pertaining to sending/receiving email through the designated mailbox may be
reported at (518) 474-5513.

4.2.2 Filing by Bidders of Mandatory Intent to Bid

Bidders must file a notice of Intent to Bid (Attachment 2) by the due date indicated on the Calendar of
Events. Filing a notice of Intent to Bid does not obligate Bidders to submit a proposal. Failure to submit an
Intent to Bid will disqualify a vendor from submitting a proposal.

Any Bidder intending to submit a proposal in response to this RFP may submit a letter of intent (see
Attachment 02). If a letter is submitted, it must be submitted to Virginia Scott-Adams, as identified in Section
2.2.

Bidders must notify Virginia Scott-Adams of any and all changes relative to the point of contact provided in
the letter of intent. The OPWDD is not responsible for any miscommunications that occur throughout this
RFP process as a result of a Bidder’s failure to provide notification of changes in the point of contact
information.

A prospective Vendor which elects not to submit a proposal but wishes to be kept advised of subsequent
developments in this procurement (including changes to the RFP) can make arrangements in such regard
by submission of a written request to Lisa F. Davis (see Section 2.2).
4.2.3 OPWDD Procurement Website

The OPWDD has established a procurement website for the purpose of disseminating information relating to this procurement, and vendors are encouraged to monitor this. The website URL is provided on the cover page of this RFP.

4.2.4 Bidder’s Conference

A mandatory Bidder’s conference is scheduled for 4/12/2017 and will take place at the NYS Office for People With Developmental Disabilities, Central Office, 44 Holland Avenue, Room Conference Room 4B, Albany, New York at 8:30 AM EST. Bidders must attend this conference in person as there will be no remote access to the conference. Bidder attendance is mandatory; attendance will be taken.

4.2.5 Procurement Record

The OPWDD shall maintain a Procurement Record that documents the procurement process.

4.2.6 Building Access Procedures for Visitors and Hand Deliveries

To access the OPWDD office building, all visitors must enter through the main entrance facing Holland Avenue and present photo identification at the Security Desk and comply with all requirements and procedures applicable to visitors. Bidders who intend to hand-deliver proposals or utilize independent courier services should allow extra time to comply with these procedures. Bidders hand-delivering their proposals should ask the security personnel at the security desk to call Lisa Davis (518) 474-5513 as indicated in this RFP. Building Access procedures may change or be modified at any time. Bidders assume all risks for timely, properly-submitted hand deliveries.

4.3 NO LATE SUBMISSIONS

All Proposals must be submitted and received by the Proposal submission dates and times specified in this RFP. Proposals received after the Proposal Submission Deadline shall be rejected.

Faxed proposals and electronic submissions will not be accepted. If proposal packaging labels are not sufficient to identify the contents, the OPWDD reserves the right to open packages for the purpose of identifying the source and contents of the package. All materials submitted by the Bidder become the property of the OPWDD and may be returned only at the sole discretion of OPWDD.

5. PROPOSAL REQUIREMENTS

5.1 PACKAGE LABEL

All Proposals must have a label on the outside of the package or shipping container with the following information:

OPWDD EHR 2017 - PROPOSAL ENCLOSED
NOT TO BE OPENED EXCEPT BY AUTHORIZED PERSONNEL

5.2 MULTIPLE SUBMISSIONS

Bidders may submit more than one proposal for the purpose of offering alternative solutions, but each proposal must meet all of the mandatory requirements of the RFP, be complete in itself, and must not reference or incorporate portions of another proposal submitted by Bidder. Multiple proposals received from the same Bidder will be evaluated separately by OPWDD, as if each proposal were the sole submission of the Bidder.
5.3 GENERAL REQUIREMENTS FOR PROPOSALS

Bidders must submit a complete response to this RFP that satisfies the requirements set forth below. Failure to do so may render the Bidder’s proposal non responsive. A proposal checklist is included in this RFP as Attachment 1.

Proposals that make extensive use of color photographs or illustrations, or that include separate brochures or marketing materials and overly elaborate embellishments, are discouraged. Images of screens within the EHR (i.e. screen shots) that explain required functionality may be useful.

All proposals submitted in response to this RFP must be written in the English language, with quantities expressed using Arabic numerals and United States Dollars ($ USD), as applicable.

5.4 TECHNICAL, FINANCIAL, AND ADMINISTRATIVE PROPOSAL REQUIREMENTS

5.4.1 Technical Proposal Requirements

Note that the Technical Proposal must NOT include any financial information.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Directions</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title Page</td>
<td>Label this page “Technical Proposal” and include:</td>
<td>Bidder Format</td>
</tr>
<tr>
<td></td>
<td>• RFP Title</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bidder’s name and address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Name, address, telephone number, and email address of Bidder’s contact person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Date of Proposal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bidder’s Federal Tax ID Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bidder’s NYS Statewide Financial System Supplier (SFS) ID Number, if known</td>
<td></td>
</tr>
<tr>
<td>Table of Contents</td>
<td>Must identify all proposal contents by page and section number</td>
<td>Bidder Format</td>
</tr>
<tr>
<td>Minimum Qualifications</td>
<td>Must describe how Bidder meets each minimum requirement</td>
<td>Completed Attachment #20</td>
</tr>
<tr>
<td>Technical Approach</td>
<td>Describe how the Bidder will meet the RFP requirements, including:</td>
<td>Completed Attachment #23</td>
</tr>
<tr>
<td></td>
<td>• Project Implementation Plan</td>
<td>&amp; #25</td>
</tr>
<tr>
<td></td>
<td>• Project Management Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Project Schedule</td>
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<td></td>
<td>• Security Plan</td>
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<td></td>
<td>• Staffing Plan</td>
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<td></td>
<td>• Test Strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Training Plan</td>
<td></td>
</tr>
<tr>
<td>Bidder Experience</td>
<td>Must describe Bidder’s relevant experience and provide the names and contact information of 3 references. OPWDD will contact each reference provided and request that the reference respond to a series of questions that have been developed by OPWDD. Information gathered during the reference check will be considered by the evaluators responsible for scoring the Bidder’s proposal.</td>
<td>Completed Attachment #21</td>
</tr>
<tr>
<td>Key Personnel</td>
<td>Bidders should identify and include experience information about Key Personnel</td>
<td>Completed Attachment #24</td>
</tr>
<tr>
<td>Diversity Questions</td>
<td>Must be completed</td>
<td>Completed Attachment #28</td>
</tr>
</tbody>
</table>
### 5.4.2 Financial Proposal Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Directions</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Proposal Workbook</td>
<td>Pricing shall be:</td>
<td>Completed Attachment #22</td>
</tr>
<tr>
<td></td>
<td>• Inclusive of all labor, licenses, insurance, administration, overhead, travel, and all other applicable expenses required to meet the applicable RFP requirements. No other costs will be allowed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pricing must include the cost to provide all of the required functionality and elements even if such functionality is not available in the out of the box solution (i.e. cost of conforming to all of the requirements of the RFP regardless of if providing such requirements requires customization or modification to the Bidder’s solution). Change orders will not be used to develop functionality that is specified as “required” in this RFP.</td>
<td></td>
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<tr>
<td></td>
<td>• No overtime rates will apply.</td>
<td></td>
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<tr>
<td></td>
<td>• Proposed price must be firm for 270 calendar days from the date the Proposal is submitted.</td>
<td></td>
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<tr>
<td></td>
<td>• All terminology used in the Financial/Administrative Proposal must be consistent with and correspond to the terminology used in the Technical Proposal.</td>
<td></td>
</tr>
</tbody>
</table>
## 5.4.3 Administrative Proposal Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Directions</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Offer Letter</td>
<td>Must be signed and notarized</td>
<td>Completed Attachment #7</td>
</tr>
<tr>
<td>Bidder Information</td>
<td>Must be completed</td>
<td>Completed Attachment #16</td>
</tr>
<tr>
<td>Executive Summary/Company Background</td>
<td>Must include:</td>
<td>Bidder Format</td>
</tr>
<tr>
<td></td>
<td>- Name and address of contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Corporate structure identifying any parent company and affiliate(s) for Bidder and subcontractor(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Date and place of incorporation, where registered, licensed, as applicable, corporate headquarters, and other background information, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Describe the corporate profile, core business, and state the number of years the providing each service function for the Bidder and any subcontractors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Organization chart for Bidder and any subcontractors</td>
<td></td>
</tr>
<tr>
<td>NYS Required Certifications</td>
<td>Must be completed and signed</td>
<td>Completed Attachment #5</td>
</tr>
<tr>
<td>Confidentiality and Non-disclosure Agreement</td>
<td>Must be completed, signed, and notarized</td>
<td>Completed Attachment #6</td>
</tr>
<tr>
<td>Lobbying Forms</td>
<td>Must be completed and signed</td>
<td>Completed Attachment #8</td>
</tr>
<tr>
<td>Contractor Requirements for EEO</td>
<td>Must be completed and signed</td>
<td>Completed Attachment #9</td>
</tr>
<tr>
<td>EEO Policy Statement</td>
<td>Must be completed</td>
<td>Completed Attachment #11</td>
</tr>
<tr>
<td>Consultant Disclosure Form A</td>
<td>Must be completed and signed</td>
<td>Completed Attachment #12</td>
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<tr>
<td>Use of NYS Business</td>
<td>Must be completed</td>
<td>Completed Attachment #14</td>
</tr>
<tr>
<td>ST-220-CA Contractor Certification</td>
<td>Must be completed, signed, and notarized</td>
<td>Completed Attachment #15</td>
</tr>
<tr>
<td>NYS form CE-200, C-105.2, U-26.3, SI-12 or GSI-105.2 (Workers Comp) and NYS form CE-200, DB-120.1 or DB-155 (Disability)</td>
<td>Sections 57 and 220 of the New York State Workers’ Compensation Law (WCL) provide that ITS shall not enter into any Contract unless proof of workers’ compensation and disability benefits insurance coverage is produced. Prior to entering into a Contract, the selected Bidders will be required to verify for ITS, on forms authorized by the New York State Workers’ Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. It is preferred that Bidders submit this insurance verification information with their bids if possible.</td>
<td>Completed Attachment #17</td>
</tr>
<tr>
<td>Vendor Responsibility Questionnaire For-Prof Business Entity</td>
<td>May be completed online at <a href="http://www.osc.state.ny.us/vendrep/forms_vendor.htm">http://www.osc.state.ny.us/vendrep/forms_vendor.htm</a>, or a hardcopy may be submitted</td>
<td>Completed Attachment #4</td>
</tr>
<tr>
<td>Extraneous Terms and Conditions Form</td>
<td>This should be submitted only if Bidder is proposing extraneous terms</td>
<td>Completed Attachment #13</td>
</tr>
<tr>
<td>OPWDD HIPAA Business Association Agreement</td>
<td>Must be completed</td>
<td>Completed Attachment #26</td>
</tr>
</tbody>
</table>
5.5 EVALUATION METHODOLOGY

The evaluation process will be conducted in a comprehensive and impartial manner. The Technical Proposal will be weighted at 70%, the Financial Proposal will be weighted at 20%, and the Oral Presentation will be weighted at 10%. There will be no points awarded to the Administrative Proposal.

5.5.1 Proposal Completeness Review

After the proposal opening, each proposal will be screened for completeness and conformance with the RFP requirements. Incomplete responses, the failure to complete as specified, and/or the failure to provide any of the required functionality may result in a proposal being deemed unresponsive and the disqualification of the Bidder, and the Bidder will be notified accordingly. Proposals that pass will proceed to the Technical Evaluation.

5.5.2 Minimum Qualifications Evaluation

Proposals submitted by Bidders will be evaluated on a Pass/Fail basis to determine whether they satisfy the RFP’s Minimum Bidder Qualifications specified in Attachment 20. Proposals that fail to meet the minimum qualifications will be deemed non-responsive, will not be further evaluated, and the Bidder will be notified accordingly. Passing proposals next proceed to the Technical and Financial Evaluations. Bidders may still be disqualified if it is later determined that the Bidder did not meet all of the RFP minimum qualifications and should not have qualified to move on to the Technical and Financial Evaluations stage.

5.5.3 Technical Proposal Evaluation

The Technical Evaluators will score each Technical Proposal independently, using a weighted average to calculate the Technical Score for each responsive Bidder.

5.5.4 Financial Proposal Evaluation

The Financial Proposal evaluation will be based on a maximum score of 20 points. The points will be allocated among the Mandatory Deliverables Total Cost, Optional Deliverables Costs and the Average Hourly Rate, with the lowest of each receiving the maximum allocated points and the other responsive proposals receiving a proportionate score based on their relation to the proposal(s) with the lowest Mandatory Deliverables Total Cost, Optional Deliverables Costs and/or Average Hourly Rate. Mandatory Deliverables are defined as the costs for Solution Requirements (Business and Technical Requirements), Service Requirements and Ongoing Services.

5.5.5 Oral Presentation Evaluation

The OPWDD will invite at least three bidders to provide Oral Presentations. After completion of the Technical Proposal Evaluation and the Financial Proposal Evaluation, a composite score will be assigned to each Bidder with the Technical Proposal weighed at 70% and the Financial Proposal weighted at 20%. Bidders within 10 points of the top Bidder’s composite score will be considered as finalists and will be required to deliver a demonstration to the Evaluation Team. However, in order to maintain a pool of at least three Bidders, the OPWDD reserves the right to advance a Bidder(s) with the next highest composite score.

The format of the oral presentation will be provided prior to the scheduled demonstration. The OPWDD will provide the finalists with a script with information that is to be entered into the proposed solution and presented during the Oral Presentation. The vendor will be required to demonstrate the complete functionality of their solution including the e-prescribing and billing components. The vendor’s oral presentation will be scored based on its demonstration of the script and respective solution functionality. A Bidder’s failure to fully demonstrate the solution’s functionality based on the script will negatively impact the score provided for the demonstrated component. The demonstrations may take up to two days.

The Technical Evaluators will score each Oral Presentation independently, with a maximum of 10 points awarded.
If as a result of the Oral Presentation, the OPWDD determines that material differences exist in the proposed solution between what was submitted in the Technical Proposal and the subsequent Oral Presentation, OPWDD at its sole discretion may permit the Technical Evaluators to adjust the Technical Proposal scores accordingly. This may result in additional proposers being invited to orally present per the criteria above.

5.5.6 Final Composite Score

A final composite score will be calculated by combining the Technical Proposal score, the Oral Presentation score, and the Financial Proposal score. The proposals will be ranked based on the combined scores. The Bidder with the highest score may receive a tentative award, subject to successful contract negotiations and approval by the Attorney General and Office of the State Comptroller. Should more than one Bidder obtain the same total score, the tie will be broken using the Financial Proposal score. When price and other factors are found to be substantially equivalent, the OPWDD will select the winning Bidder at its sole discretion.

5.5.7 System Security Workbook Acceptance

During contract negotiations, the selected Bidder will be required complete and submit each of the 18 System Security Workbooks provided in Attachment 27 for review and acceptance prior to final contract execution. The acceptance or rejection of a Bidder's System Security Workbooks is at OPWDD’s sole discretion. If the System Security Workbooks submitted by the selected Bidder are rejected, OPWDD may disqualify the selected Bidder and tentatively award the contract to next highest scoring Bidder.

6. APPENDICES

This section provides a description of the Appendices associated with this RFP. Appendices are utilized to provide additional information to the Bidders and require no action from Bidders.

<table>
<thead>
<tr>
<th>Table 4, Table of Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
</tr>
<tr>
<td>A</td>
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<tr>
<td>B</td>
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<tr>
<td>C</td>
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<td>E</td>
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<td>G</td>
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<td>H</td>
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</tbody>
</table>

7. ATTACHMENTS

This section provides a description of the Attachments associated with this RFP. Attachments must be completed by Bidders and submitted with their proposals, except that Attachment 27 is to be submitted by the Bidder selected as the tentative awardee (see RFP sections 3.4.9, 5.5.7) and Attachment 13 is to be submitted only if applicable (see Appendix D, section 1.51.13). Reserved attachments (3, 10 and 19) are not available because they are not applicable to this RFP.
### Table 5, Table of Attachments

<table>
<thead>
<tr>
<th>Number</th>
<th>Attachment Title</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Proposal Checklist</td>
</tr>
<tr>
<td>2</td>
<td>Intent to Bid and Pre-Bid Conference Registration Form</td>
</tr>
<tr>
<td>3</td>
<td>Reserved</td>
</tr>
<tr>
<td>4</td>
<td>Vendor Responsibility Questionnaire</td>
</tr>
<tr>
<td>5</td>
<td>NYS Required Certifications</td>
</tr>
<tr>
<td>6</td>
<td>Consultant Confidentiality and Non-Disclosure Agreement</td>
</tr>
<tr>
<td>7</td>
<td>Firm Offer Letter and Conflict of Interest Disclosure</td>
</tr>
<tr>
<td>8</td>
<td>Lobbying Forms All-in-One</td>
</tr>
<tr>
<td>9</td>
<td>EEO 100 – Equal Employment Opportunity Staffing Plan</td>
</tr>
<tr>
<td>10</td>
<td>Reserved</td>
</tr>
<tr>
<td>11</td>
<td>Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement – Form #4</td>
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<tr>
<td>12</td>
<td>Consultant Disclosure, Form A</td>
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<tr>
<td>13</td>
<td>Extraneous Terms Template (if applicable)</td>
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<tr>
<td>14</td>
<td>Encouraging Use of NYS Businesses in Contract Performance</td>
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<tr>
<td>15</td>
<td>Contractor Certification to Covered Agency, ST-220-CA</td>
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<tr>
<td>16</td>
<td>Bidder Information Form</td>
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<tr>
<td>17</td>
<td>Workers Compensation and Disability Insurance Requirements</td>
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<tr>
<td>18</td>
<td>Vendor Questions Form</td>
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<tr>
<td>19</td>
<td>Reserved</td>
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<tr>
<td>20</td>
<td>Minimum Bidder Qualifications</td>
</tr>
<tr>
<td>21</td>
<td>Bidder Experience Forms</td>
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<tr>
<td>22</td>
<td>Financial Proposal</td>
</tr>
<tr>
<td>23</td>
<td>Requirements Verification and Traceability Matrix</td>
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<tr>
<td>24</td>
<td>Key Personnel Forms</td>
</tr>
<tr>
<td>25</td>
<td>Technical Proposal Narrative</td>
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<tr>
<td>26</td>
<td>Vendor Assurance of No Conflict of Interest or Detrimental Effect</td>
</tr>
<tr>
<td>27</td>
<td>System Security Plan Workbooks</td>
</tr>
<tr>
<td>28</td>
<td>OPWDD Diversity Questions</td>
</tr>
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</table>

### 8. EXHIBITS

This section provides a description of the Exhibits associated with this RFP. Exhibits are used to provide project specific information to Bidders.
Table 6, Table of Exhibits

<table>
<thead>
<tr>
<th>Number</th>
<th>Exhibit Title</th>
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<tbody>
<tr>
<td>1</td>
<td>Technology Services Overview</td>
</tr>
<tr>
<td>2</td>
<td>OPWDD Security Standards</td>
</tr>
<tr>
<td>3</td>
<td>OPWDD EHR Deliverable Document Review Plan</td>
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<tr>
<td>4</td>
<td>Glossary</td>
</tr>
<tr>
<td>5</td>
<td>Restrictive Intervention Application (RIA) Business Requirements Document</td>
</tr>
<tr>
<td>6</td>
<td>Medical Appointment Tracking System (MATS) Business Requirements Document</td>
</tr>
<tr>
<td>7</td>
<td>OPWDD HIPAA Business Association Agreement</td>
</tr>
</tbody>
</table>