



## **LIFEPATH SYSTEMS**

### **Request for Proposal (RFP)**

RFP – 02-2018

Electronic Health Record System  
(EHR)

Issue Date June 12, 2018

Due Date July 20, 2018

1515 Heritage Drive, Suite 105  
McKinney, TX 75069



## INVITATION

**LifePath Systems is accepting proposals from vendors experienced in providing and implementing electronic health record (EHR) systems.**

LifePath Systems invites all qualified vendors to submit a proposal. If you are interested in submitting a proposal, please carefully adhere to the instructions and requirements that follow.

A copy of the Request for Proposal (RFP) may be obtained from LifePath's website at <http://www.LifePathsystems.org/contracting-opportunities> or by contacting Randy Locke, Procurement Manager, at [rlocke@lifepathsystems.org](mailto:rlocke@lifepathsystems.org).

Vendors wishing to submit proposals are requested to submit an email indicating your intent to bid by June 26, 2018 - 5:00 p.m. Please send your email to Randy Locke, Procurement Manager, at [rlocke@lifepathsystems.org](mailto:rlocke@lifepathsystems.org). Please state in the subject of your email: "Intent to Bid – EHR 2018".

Vendors who submit an intent to bid will receive notification of all questions received and LifePath's answers to these questions in addition to any addenda that are issued. If an intent to bid is not submitted, it will be your responsibility to monitor LifePath's website to view answers to submitted questions and for any addenda issued for the RFP.

In accepting proposals, LifePath reserves the right to reject any and all proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of LifePath and is not obligated to accept the lowest cost proposal. LifePath will not pay for any costs incurred by respondents in the preparation and/or submission of a proposal. Furthermore, the RFP does not obligate LifePath to accept or contract for any expressed or implied services.

LifePath will only release names of the vendors who have responded to this solicitation after LifePath's evaluation team has evaluated the proposals and an award has been made and approved by the LifePath Systems Board of Trustees.

This Request for Proposal and the procurement process thereof is intended to comply fully with the provisions of procurement for Local Authorities:

25 TAC Part 1, §412.55(a)(1)  
Procuring goods and non-community services that provide the  
Best Value to the Local Authority

We greatly appreciate your consideration and look forward to reviewing your submission.

Randy Routon, *Chief Executive Officer*  
LifePath Systems



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## I. INTRODUCTION

Collin County Mental Health Mental Retardation Center d/b/a LifePath Systems (“LifePath”, “LPS” or “Center”) has been in operation since 1986. The Center is located in Collin County, Texas. Collin County is one of the fastest growing counties in the United States with an estimated 2018 population of 1,065,557, up 36 percent from the 2010 census.

Our mission is to build stronger communities by providing professional treatment and support to individuals with Mental Illness, Substance Abuse, and Intellectual and Developmental Delays.

The Center is comprised of 4 divisions:

1. Behavioral Health (BH) (including substance abuse),
2. Intellectual and Developmental Disabilities (IDD),
3. Early Childhood Services (ECS), and
4. Administration (Admin).

At the present time we do not anticipate changing vendors for Early Childhood Services.

LifePath is one of thirty-nine (39) Centers providing similar services throughout Texas, under contract with the Texas Health and Human Services Commission as well as other federal, state and local entities.

LifePath is a provider of services as well as the state designated Local Authority (LA) for behavioral health and individuals with intellectual and developmental disabilities. The role of the Local Authority is to plan, coordinate, develop policy, develop and allocate resources, supervise and ensure the provision of community based behavioral health and intellectual and developmental disability services for residents of Collin County, TX. LifePath also provides early childhood services to children from birth to age 3, in Collin, Kaufman, Rockwall, Grayson and Fannin counties in Texas.

LifePath Systems is a unit of government, under the sponsorship of the Collin County Commissioners Court.<sup>1</sup>

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<sup>1</sup> As those terms are defined in Tex. Civ. Prac. And Rem. Code Ann. §101.001(3).



## II. STATEMENT OF WORK

The Center is seeking proposals for the implementation and on-going maintenance of a new electronic health record system (EHR). LifePath is seeking to develop a long-term relationship with a technology vendor that provides the critical services in the areas of clinical documentation, patient scheduling, revenue cycle management, and person centered recovery and care coordination.

The Center seeks a product that facilitates effective, thorough and efficient care delivery and coordination. Additionally, we are seeking a relationship with a vendor that will support our needs today, and that will be capable of supporting the growth and development of our Center's programs. LifePath desires a partnership with a vendor that is able to meet the challenges of continual changes to health care and health IT in Texas and the United States. LifePath wants to ensure that the EHR can dynamically support changing needs, and that the partner company will similarly be able to support our growth through strong customer service and support.

LifePath is expecting a comprehensive proposal from applicants that meets all requirements detailed in this Request for Proposal (RFP). LifePath understands that a comprehensive solution that meets all the technical and business needs stipulated in the RFP may require collaboration between a few vendors and will accept proposals that demonstrate a successful partnership between vendors. It must be noted, however, that irrespective of the sub-contracting or partnership arrangement, LifePath requires one lead vendor to present the proposal and to bear all responsibility for the outcomes described in this initiative.

LifePath must maintain current levels of functionality throughout the transition, with no disruption to key systems, data collection, billing or other functions. Therefore, the Client desires a migration plan that will allow individual parts of the current system to be functional simultaneously until fully replaced in the new product.

LifePath currently uses the Cerner Community Behavioral Health product for its electronic health record system for behavioral health and limited applications for Intellectual and Developmental Disabilities services.

Our current system/ hardware platform is Windows Client/Server based utilizing both physical and virtual servers in a multi-location networked environment.

It is our expectation that our new electronic health record system will be cloud based. However, it is NOT a requirement of this RFP. If more technical information regarding our current environment is needed, please follow the RFP question submission guidelines in this RFP.



### III. SCHEDULE

RFP DISTRIBUTION:	JUNE 12, 2018
EMAIL OF INTENT TO BID DUE:	JUNE 29, 2018
VENDOR QUESTIONS DUE <sup>2</sup> :	JULY 6, 2018
FINAL RESPONSE TO ALL QUESTIONS AVAILABLE <sup>3</sup> :	JULY 12, 2018
PROPOSAL DUE:	JULY 20, 2018
VENDOR DEMOS	AUGUST 3-24, 2018
INITIATE BEST AND FINAL NEGOTIATIONS	AUGUST 24, 2018
STAFF RECOMMENDATION TO BOARD OF TRUSTEES:	SEPTEMBER 27, 2018

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<sup>2</sup> Every effort will be made to answer questions on an ongoing basis within three (3) business days of receipt.

<sup>3</sup> On this date all questions received and answers will be available to all vendors who have provided an Intent to Bid.



#### IV. PROPOSAL SUBMISSION INSTRUCTIONS

1. All proposals must be submitted by email.
2. Content, exhibits and attachments must be in M.S. Word, M.S. Excel or Adobe PDF.
3. Proposals and all questions<sup>4</sup> should be directed to:  

Mr. Randy Locke, Procurement Manager

[rlocke@lifepathsystems.org](mailto:rlocke@lifepathsystems.org)
4. In the subject line of your proposal submission email include:  

**RFP# 02-2018 Electronic Health Record System**
5. Proposals must be signed electronically by an individual legally authorized to commit to the terms of this RFP and your responses therein.
6. Proposals will not be opened until after the submission deadline.
7. Proposals must remain valid for acceptance for four (4) months post the proposal submission deadline.
8. Proposals or modifications received after the time set for submission may not be considered.
9. All statements made in the proposal will be considered final, and, if the proposal is accepted will be used as the basis of the purchase agreement.
10. The initial contract term for this system will be negotiated at the time of the contract award.
11. Each proposal must follow the format for document submission presented in the next section.

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<sup>4</sup> Vendors may not contact other members of the LifePath Systems workforce without prior approval from Mr. Locke.



## **V. REQUIRED DOCUMENTATION AND PROCEDURES FOR SUBMITTING PROPOSAL**

1. Each proposal response must include the following items:
  - a. Title Page - Title page must show the RFP subject; the vendor's name; the name, address, and telephone number of a contact person; and the date of the proposal.
  - b. Company Background: The vendor will provide a brief one-page company description, history, number of employees, summary of financial status and number of customer implementations vendor currently supports.
  - c. Executive Background: The vendor will describe in non-technical terms its electronic health record system, identifying any unique or distinctive features of the system in which the vendor wishes to bring particular attention. Do NOT include pricing in this section. Responses are limited to one page.
  - d. Transmittal Letter - Submit a signed letter briefly addressing your understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the vendor believes itself to be best qualified to do the required work.
  - e. Vendor Representative - Include the name and title of the designated individual(s), along with respective telephone number(s) and email addresses, who will be responsible for answering technical and contractual questions regarding the proposal.
  - f. Pricing – Include pricing information and the assumptions you have made.
  - g. Vendor Responses – In addition to your pricing information include complete responses to sections VIII, IX and X and Attachments A-G.
2. Vendor Service Agreements - Vendor must submit a copy of your standard contract/master service agreement(s) and service level agreement(s).





## VI. GENERAL REQUIREMENTS AND NOTICES

### 1. Background:

All entities are expected to carefully examine the RFP documents. Any ambiguities or inconsistencies should be brought to the attention of Mr. Randy Locke, Procurement Manager.

It is the Center's intent that all information necessary to complete a response is included in this RFP. It is the responsibility of an interested entity to obtain clarification of any information contained herein that is not fully understood. Any entity, by and through the submission of a proposal, agrees to be held responsible for:

1. Examining the RFP (including attachments and amendments) and all referenced material;
2. Becoming familiar with the nature and scope of the services required; and
3. Identifying any local conditions, administrative rules, or other factors that may impact the Center's timeline for completion of the services.

LifePath Systems is responsible for interpretation of the wording of this RFP. Its staff will not give verbal answers to inquiries regarding the RFP contents. Any verbal statement regarding the RFP prior to the award shall be considered non-binding. The only formal interpretation of the RFP will be made via responses to formal questions submitted by July 6, 2018. Responses to questions will be available to all vendors by July 12, 2018.

LifePath Systems will make a good faith effort to contract with Historically Underutilized Businesses.

### 2. Conflict of Interest:

No public official shall have an interest in any contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapters 171 and 176.

### 3. Assignment:

No right, interest or obligation under this contract shall be assigned or transferred by the vendor without the express written consent by the Chief Executive Officer of LifePath Systems. Any attempted assignment or transfer by the vendor without such written consent shall be considered failure of contractual obligations and LifePath Systems will reserve the right for immediate cancellation.

### 4. Applicable Law and Venue:

The contract issued by way of this RFP shall be governed, construed and interpreted under the laws of the State of Texas. Venue for any litigation arising under the contract shall lie in Collin County, Texas.



5. Advertising:

Vendor shall not advertise or publish without LifePath's prior written consent the fact that LifePath has entered into a contract, except to the extent necessary to comply with proper requests of information from an authorized representative of the federal, state or local government. Vendor is prohibited from using contract award information, sales/values/volumes in sales brochures or other promotions, including press releases, unless prior written consent is obtained from LifePath.

6. Business Associate:

The selected vendor agrees that they are a Business Associate as that term is defined under 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e), and as such, will execute a Business Associate Agreement with LifePath Systems concurrent with the execution of any contract or agreement for services.

7. Discrimination:

Vendor will ensure that no person on the basis of race, color, national origin, religion, sex, age, sexual orientation, genetic characteristics, veteran status, disability or political affiliation, will be excluded from participation in, be denied the benefits of, or be subject to discrimination with respect to any contract, under any of the policies of the Texas Health and Human Services Commission ("HHSC"), or LifePath Systems.

8. Acceptance/rejection of Proposals:

LifePath Systems reserves the right to accept or reject any and/or all proposals, to waive informalities or defects in proposals, or to accept such proposal(s) as it shall deem to be of the best value to LifePath Systems.

9. Negotiation:

LifePath Systems reserves the right to negotiate with vendors determined to have a reasonable chance of being selected. All such vendors shall be afforded fair and equal treatment with respect to such negotiations, and no such vendor shall be given information that would give that vendor a competitive advantage over any other vendor.

10. Cancellation:

LifePath Systems may choose to cancel the RFP without award.



11. Validation:

LifePath Systems may validate any information in a proposal by using outside sources or materials. If validation discloses that information provided by a proposer is deliberately false, the proposal will be ineligible for consideration.

12. Standing:

Vendor is in good standing with all state and federal funding and regulatory agencies; is not currently debarred, suspended, or otherwise excluded from participation in federal, state, county or city contract or grant programs; is not delinquent on any repayment agreements; has not had a required license or certification revoked; has not had a contract terminated by the HHSC, DSHS, or DADS; and has not voluntarily surrendered an obligation issued by HHSC or any other entity within the past three (3) years.

13. Conflict of Interest:

LifePath Systems reserves the right to retain all performance by any successful vendor, and to recover all consideration paid to any vendor pursuant to a contract thus permitting forfeiture of such contract, in the event that vendor:

- a. Was doing business at the time of submitting the proposal or had done business during the 365 day period immediately prior to the date on which the proposal was due with an undisclosed key person;
- b. does business with a key person after the date on which the proposal is due and prior to full performance of the contract and fails to disclose the name of any such key person in writing to LifePath Systems prior to commencing business with such key person; or
- c. fails to submit a completed Form CIQ (See Attachment D) if required by Chapter 176 of the Texas Local Government Code.

14. Termination and Funding:

This agreement is made contingent upon the continuation of federally funded programs, or the continued availability of state or local funds to cover the full term and cost. This agreement is subject to termination, without penalty, either in whole or in part, if funds are not appropriated or are discontinued. In this instance, LifePath may cancel this contract by giving thirty (30) days written notice to the vendor.

15. Limitation of Liability:

LifePath Systems will not enter into any Contract that purports to in any way limit the amount of damages recoverable under the Contract.



## VII. PRICING ASSUMPTIONS AND RFP SCORING CRITERIA

1. For purposes of your proposal, assume the following:

Individually assigned licenses:

6 Administrative Rights Users  
350 Super users, data entry only users, read-only users

-- or --

Concurrent licenses:

175 Concurrent users

- a. Proposed services must clearly identify set-up and implementation fees separate from on-going monthly subscription fees.
  - b. Proposal must separately identify necessary third party licensing fees.
  - c. Proposal must address the cost and frequency of system updates.
  - d. Proposal must clearly identify all expected hardware costs.
  - e. Proposal must clearly identify the guaranteed time period for all proposed fees and subscriptions and the circumstances under which the vendor may increase fees.
  - f. Pricing should include all costs related to the system, required hardware, and conversion of existing data (if elected by LifePath), installation, training, and final implementation.
  - f. The proposal must also describe applicable fees (subscription or otherwise) applicable at the time of termination of vendor's services and the steps you would take to facilitate an orderly transfer of system data and services to a successor service provider.
  - g. Proposal must clearly articulate all pricing assumptions regarding use and access.
2. Proposals will be scored based on the criteria listed below:
    - a. Results of demonstrations and presentations
    - b. Timely and complete response to RFP
    - c. Ability to meet specifications
    - d. Vendor's history of success in delivering proposed services
    - e. System ease of use
    - f. Functionality
    - g. Flexibility and ease of implementation and data conversion
    - h. Vendor support and training
    - i. Pricing

This list is in random order and does not reflect weighting.

## VIII. USER REQUIREMENTS

### Introduction

Vendors are required to complete this section and return responses as part of the proposal submission process.

For each requirement, respond using the following scale:

- 1= you can meet this requirement fully and it is included in your proposal
- 2= you can meet this requirement but with modifications or increased cost
- 3= you cannot meet this requirement
- 4= you believe this requirement is not applicable based on your service delivery model

### User Requirements Subsections:

		<u>No. Questions</u>
A.	ADMIN Administrative	17
B.	ASM Assessments	89
C.	BH Behavioral Health	29
D.	BILL Billing	50
E.	CS Crisis Center	11
F.	ECS Early Childhood Services	12
G.	FUNC Functional	24
H.	BUS General	25
I.	IDD IDD Services	26
J.	IC Integrated Care	7
K.	SEC Security	5
L.	TECH Technical	14
M.	RPTS Reports	38
	Total	347

**SECTION VIII Subsection A. -- ADMINISTRATION**

	<b>Subsection A. Administrative</b>	<b>Rating</b>
ADMIN-001	Support a method to extract patient insurance and billing data for loading into LifePath financial system.	
ADMIN-002	Facilitates and supports single-data entry throughout system.	
ADMIN-003	Provide dashboard capabilities for administrative reporting of LifePath financial productivity and key components of service delivery and revenue collection.	
ADMIN-004	Purge records in accordance with retention policies.	
ADMIN-005	Merge client records when duplicate records are found.	
ADMIN-006	Archive records for inactive clients.	
ADMIN-007	Provide an enterprise-wide master patient index that includes patients' demographic information and medical record number(s) from different parts of the same organization to identify patients before importing data.	
ADMIN-008	Ability to assign access to patient records based on role, location, or unit, including ability to sequester charts from individuals. Sequester capabilities should include an audit trail and reporting.	
ADMIN-009	Audit trail of record access and actions performed in the record including length of time on task/page.	
ADMIN-010	Include Spanish language documents.	
ADMIN-011	Support audits for Medicaid and all other pay sources, including partial or full record retrieval.	
ADMIN-012	Availability of user documentation, such as user and technical manuals, help features within the system.	
ADMIN-013	Provide live Help Desk Services for designated users via telephone from 8 – 5 Mon – Friday, and a smaller number of help-desk calls for crisis services that are available 24 hours a day, 7 days a week, 365 days per year.	
ADMIN-014	Allow designated users to record electronic support requests and provide confirmation of request.	
ADMIN-015	Solution and services for back-up data/file retention and retrieval.	
ADMIN-016	Ability to view critical information during widespread power or internet outages.	
ADMIN-017	Ability for report information to be exported to CSV, Excel, Text, PDF, VPE, to screen for preview, and to a printer.	

**SECTION VIII Subsection B. – ASSESSMENTS**

	<b>Subsection B. ASSESSMENTS</b>	<b>Rating</b>
ASM-001	The ability to create assessment, consents and reportable documents as needed internally.	
ASM-002	The ability to "bundle" assessments into "packets". (IE for Intake)	
ASM-003	BH Adult Consent for Services	
ASM-004	BH Adult Psychiatric Assessment	
ASM-005	BH Adult Psychosocial Assessment	
ASM-006	BH Agreement & Consent for NRT (Nicotine Replacement Therapy)	
ASM-007	BH AIMS	
ASM-008	BH ANSA	
ASM-009	BH AQOL	
ASM-010	BH AUDIT	
ASM-011	BH BDSS	
ASM-012	BH C/A Consent for Services	
ASM-013	BH C/A Psychiatric Evaluation	
ASM-014	BH C/A Psychosocial Assessment	
ASM-015	BH C/A Screening	
ASM-016	BH CANS 2.0	
ASM-017	BH CANS 3-5	
ASM-018	BH CANS 6-17	
ASM-019	BH Columbia SSRS	
ASM-020	BH Consent for Medication	
ASM-021	BH Consent for Telemedicine	
ASM-022	BH Consent for Telemedicine - Spanish	
ASM-023	BH Controlled RX Agreement	
ASM-024	BH Crisis Assessment	
ASM-025	BH Crisis Center Discharge	
ASM-026	BH Crisis Center EOU/CRU House Rules	
ASM-027	BH Crisis Center Intake	
ASM-028	BH Crisis Center Nursing Assessment	
ASM-029	BH Crisis Center Nursing Intake	
ASM-030	BH Crisis Hotline Assessment	
ASM-031	BH Crisis Treatment Plan	
ASM-032	BH Crisis Voluntary Admission	
ASM-033	BH DAST	
ASM-034	BH Demographic	
ASM-035	BH Diagnosis	
ASM-036	BH Discharge Summary	
ASM-037	BH Disclosure to LTSS	

	<b>Subsection B. ASSESSMENTS (Continued)</b>	<b>Rating</b>
ASM-038	BH Disclosure to/from 3rd Party	
ASM-039	BH Evaluation and Management Service	
ASM-040	BH Fee Notification	
ASM-041	BH Hospitalization History	
ASM-042	BH Housing Assessment	
ASM-043	BH Injection Log	
ASM-044	BH Mental Status Exam for Adults	
ASM-045	BH Mental Status Exams for C/A	
ASM-046	BH MH Provider Selection	
ASM-047	BH Opportunity to Register to Vote	
ASM-048	BH OSAR Bill of Rights	
ASM-049	BH OSAR Consent	
ASM-050	BH OSAR Provider Selection	
ASM-051	BH PCP Notification	
ASM-052	BH PHQ9	
ASM-053	BH PHQ-A	
ASM-054	BH Privacy Acknowledgement Notice	
ASM-055	BH PSRS/BNSA	
ASM-056	BH QIDS	
ASM-057	BH Receipt of Documents Acknowledgement Form	
ASM-058	BH Receipt of Medications	
ASM-059	BH Record of Disclosures	
ASM-060	BH Revocation of Authorization	
ASM-061	BH Rights & Responsibilities	
ASM-062	BH Risk Assessment	
ASM-063	BH SUD Admission	
ASM-064	BH SUD Discharge Assessment	
ASM-065	BH SUD Discharge Follow-Up	
ASM-066	BH SUD Discharge Plan	
ASM-067	BH SUD Discharge Summary	
ASM-068	BH SUD Financial Eligibility	
ASM-069	BH SUD Initial Assessment	
ASM-070	BH SUD MEV (Medicaid Eligibility Verification)	
ASM-071	BH SUD Referral	
ASM-072	BH SUD Screening	
ASM-073	BH SUD Treatment Plan Review	
ASM-074	BH SUD Update Assessment	
ASM-075	BH Tobacco Use Assessment	
ASM-076	BH UA Attachment	
ASM-077	BH Wellness Plan Assessment	



	<b>Subsection B. ASSESSMENTS (Continued)</b>	<b>Rating</b>
ASM-078	IDD Benefit Screening Tool	
ASM-079	IDD DADS Contact Information	
ASM-080	IDD DADS Implementation Plan	
ASM-081	IDD DADS Individual Plan of Care	
ASM-082	IDD DADS M/R Related Condition	
ASM-083	IDD DADS MRA Reassignment	
ASM-084	IDD DADS PDP Discovery Tool	
ASM-085	IDD DADS Person Directed Plan	
ASM-086	IDD DADS Termination of WPS	
ASM-087	IDD DADS Transfer of WPS	
ASM-088	IDD DADS Continue Suspension WPS	
ASM-089	IDD Supplemental Diagnosis	

**SECTION VIII Subsection C. -- BEHAVIORAL HEALTH**

	<b>Subsection C. Behavioral Health</b>	<b>Rating</b>
BH-001	Ability to define progress note (PN) criteria and create PN types based on service delivery and the requirements for documentation of that service.	
BH-002	Ability to make elements of a PN required or optional and reportable.	
BH-003	Ability to assign progress note types by provider role or roles.	
BH-004	Ability to show/include individualized, client developed (in their own words) goals and objectives on PCRP and have them reflected in the progress notes.	
BH-005	Ability to define units and subunits that may be based on level of care, location or both.	
BH-006	Ability to locally add and modify units/subunits.	
BH-007	Ability to internally control mapping of services to encounter and adjust these tables locally as necessary.	
BH-008	Canned reports with many ad hoc choices covering service delivery, open clients, program assignments, pay source, billed rate, reimbursed rate, and other topics to allow clarity into service delivery, productivity and reimbursement.	
BH-009	Controlled ability correct progress notes that are finalized in error.	
BH-010	Ability to add an addendum to a finalized note by original author.	
BH-011	Copy and paste from internal or external source.	
BH-012	Signature image capture on all documents requiring a client signature.	
BH-013	Continued use of existing service codes for billing, encounter and internal tracking. LifePath currently has approximately 400 active service codes.	
BH-014	Ability to view other parts of the client record while working on a note or assessment.	
BH-015	The option to copy or import information from another part of the record into a new note, assessment or recovery plan.	
BH-016	The ability to assign multiple servers to one individual.	
BH-017	Large caseload will not slow down the system for an individual worker.	
BH-018	Lab orders submitted from the system and results imported directly into the system with alerts for no timely results or outside normal limits.	
BH-019	Scanned documents are a part of the client record and do not require a third party application and can be reported on.	
BH-020	Printing selections based on record request that does not require individually selecting documents.	
BH-021	Ability to track required documentation due dates with auto alerts for staff.	
BH-022	Alerts and communication method between or among providers or treatment teams.	
BH-023	Ability to create treatment teams in which all members can see all individuals, in a caseload format, assigned to that team.	



	<b>Subsection C. Behavioral Health (Continued)</b>	<b>Rating</b>
BH-024	Ability to identify, at a glance, the program to which your clients are assigned.	
BH-025	Ability to identify pay source of your entire caseload in one view.	
BH-026	Ability to identify individuals that have not received a specific service in a specified time period.	
BH-027	Ability to update PCRPs at any point during the treatment process when a new need is identified.	
BH-028	Support existing LifePath assessments in current or improved forms (assessments are used for internal, state, federal or quality reporting).	
BH-029	Emergency Assessment in which recommendation sheet can be provided to a third party (example jail or judge), that can include or exclude substance use information.	

**SECTION VIII Subsection D. -- BILLING**

	<b>Subsection D. Billing</b>	<b>Rating</b>
BILL-001	Facilitate, in a flexible manner, the bundling/unbundling of services and associated charges.	
BILL-002	Facilitate multiple fee schedules per patient, if the patient is in multiple programs.	
BILL-003	Support ability to charge a no-show fee.	
BILL-004	Facilitate case-rate structure.	
BILL-005	Support magnetic strip scanning of commercial insurance and benefit cards.	
BILL-006	Support tracking clinician credentials and privilege date used for billing edits and billing claims including payer-specific identifiers.	
BILL-007	Track authorizations based on usage and insurance authorizations, including drug benefits (automated verification capabilities).	
BILL-008	Include co-pay, insurance information, pending balance, payments, pending reimbursements and reimbursements from insurance company in one central location in the record.	
BILL-009	Ability to review and edit claims prior to transmitting (and print edited claims if desired).	
BILL-010	Provide or integrate with on-site application (MCO Generator, third party product) for the tracking of authorization requests (e.g., content and date sent, confirmation of successful transmission from EHR).	
BILL-011	Provide or integrate with On-site application (MCO Generator, third party product) that monitors EHR system to generate the SRF by using client's insurance coverage information and the new CANS/ANSA when completed.	
BILL-012	Provide for or integrate with Benefit Eligibility Comparison Application- ability (BECA, third party product) to perform verification checks on groups of clients served instead of individual verifications.	
BILL-013	Ability to send an appeal directly from the EHR when an authorization doesn't match the request (i.e., original request can be resent with additional information manually added).	
BILL-014	Authorize services for network providers, including notifications issued throughout the multi-step process.	
BILL-015	Set and manage rates per provider, per pay source and per benefit plan.	
BILL-016	Variable Charge Data Entry – The system supports the ability to change or enter the charge for services at the time of data entry for products or services that have a rate that is unique to an individual product or service (e.g., for billing mileage, consumer rents or utilities, prescription costs, etc.).	
BILL-017	Track and monitor provider time for the purposes of billing in non-overlapping 15 minutes increments with ability to add note justifying overlap in some instances and auto-correct errors (e.g. time reversals).	
BILL-018	Support the monitoring of targeted case management to ensure appropriate billing of encounter types (e.g., monthly type A visits to support multiple type B encounters).	

	<b>Subsection D. Billing (Continued)</b>	<b>Rating</b>
BILL-019	Provide the ability to crosswalk or map diagnoses based on State of Texas or health plan criteria and reimbursement requirements for reporting, while maintaining the more specific clinical diagnosis.	
BILL-020	Support billing for primary care and behavioral health, and injectables and the ability to bill based on the diagnosis associated with the service provided.	
BILL-021	Ability for the provider to select the diagnosis associated with the service provided.	
BILL-022	Support use of telehealth service delivery for clients with appropriate billing modifications.	
BILL-023	The systems supports traditional FFS billing, per diem billing, Case Rate and grant or contract fund billing, including support for the billing logic of individual payers and programs	
BILL-024	The software supports electronic billing for the 837i and 837p file formats, as well as 835 remittances.	
BILL-025	The system supports payer-specific billing edits and rules, including indicating whether or not specific services are covered for billing and payment.	
BILL-026	The system supports determining the correct procedure code (and modifier code if required) as well as the net revenue for a service (fee screen) based upon payer, clinician privileges, date of service, location, and clinical program.	
BILL-027	Billing net charges instead of gross, bundling services, allowing final bills to be edited, billing in units, per encounter and limiting of units billed per day, restrict billing by age or location of service provided or provider licensure.	
BILL-028	The system supports the ability to automatically bill secondary or tertiary payers when the primary payer denies payment when required (e.g., to automatically bill Medicaid when the primary payer Medicare does not cover the service).	
BILL-029	Ability to flag Medicare/Medicaid duals as QMB or MQMB.	
BILL-030	The system has edit capabilities based upon payer requirements and authorization data to prevent billing of claims that are likely to be rejected for payment. This includes more complex payer rules, such as a limitation on the number of particular services that can occur in a time frame.	
BILL-031	The system supports billing for consumer transportation services, including support for fixed rate, per trip and mileage-based billing.	
BILL-032	The system supports the billing requirements related to placing beds on hold or indicating leaves of absence.	
BILL-033	The system supports the ability to correctly select the proper evaluation and management (E & M) codes for services based on length of time, intensity, and other required elements.	
BILL-034	The software supports rebilling Medicaid (and related accounts receivable functions) for individual consumers in the event that they obtain retroactive coverage for services.	
BILL-035	Integrated with Claim MD (third party) clearing house for Medicare claims transmissions (or any other clearinghouse).	

	<b>Subsection D. Billing (Continued)</b>	<b>Rating</b>
BILL-036	Facilitate calculating and updating client financial cost share and conduct financial reviews for the various funding sources within required time frames.	
BILL-037	Consumer Sliding Scale Fee Screen – The software supports consumer-specific sliding scale fees for services in both flat fees and as a percentage of the gross service charge.	
BILL-038	Monthly Maximum Ability to Pay (MAP) scale for mental health clients - ability to identify MAP owed each month, MAP paid, MAP owed to date, etc..	
BILL-039	Ability to connect family members together to ensure MAP is not exceeded for family.	
BILL-040	Ability to maintain GR pay source and collect MAP or sliding scale against this pay source.	
BILL-041	Billing/Collection Ticklers – The system has the ability to set reminders for tasks necessary and related to billing and collection based on consumer/payer data.	
BILL-042	Guarantor Private Pay Statements – The software supports generating guarantor private pay statements with flexible content.	
BILL-043	Correctly apply payment to appropriate account or program.	
BILL-044	Individual Claim Payment Posting Capability – The software supports the ability for a payment to be applied to specific service date and procedure and supports the 835 file to be auto posted to the system.	
BILL-045	Provide for flexible assignment of user defined reason codes, incorporate reasons codes from electronic remittances.	
BILL-046	Ability to add and edit CPT/HCPC modifiers in billing system.	
BILL-047	Support 270 and 271 transaction.	
BILL-048	Recognize face-to-face services in multiple programs.	
BILL-049	Ability to edit diagnosis priorities when needed on claim based on service.	
BILL-050	Reporting capabilities to run ad hoc reports that include:	
BILL-50a	State required reports for Medicaid, Medicare, MCO and commercial carriers.	
BILL-50b	Service dates.	
BILL-50c	Adjustment and denial reasons.	
BILL-50d	Delinquent accounts and A/R aging.	
BILL-50e	Revenues and cash.	
BILL-50f	Individual client account summary.	



**SECTION VIII Subsection E. -- CRISIS CENTER**

	<b>Subsection E. Crisis Center</b>	<b>Rating</b>
CS-001	Support residential services used for extended observation of patients in crisis or respite care.	
CS-002	Support exchange of data with Crisis Center contractors.	
CS-003	Bed board functionality that allows quick view of all clients on unit, documentation of routine checks, medication order and administration.	
CS-004	Group progress notes and ability to edit.	
CS-005	Crisis plans and risk alerts.	
CS-006	Billing of day bed rates.	
CS-007	MARs - Medication Administration Records for all patients.	
CS-008	Registration and documentation on individuals with limited demographic information, prior to arrival at the unit (often provided by law enforcement or other community sources) and the ability to correct demographic information upon arrival.	
CS-009	Ability to track arrival time and warrant status of individual in order to meet the required assessment times for service delivery.	
CS-010	Robust nursing assessments for behavioral and medical needs.	
CS-011	Inventory of individuals' possessions upon arrival.	

**SECTION VIII Subsection F. -- EARLY CHILDHOOD SERVICES**

	<b>Subsection F. Early Childhood Services</b>	<b>Rating</b>
ECS-001	Support State of Texas required assessments.	
ECS-002	Battelle Developmental Inventory II including date completed and team members.	
ECS-003	Hawaii Early Learning Profile (HELP Strands 0-3) including date completed and team members.	
ECS-004	Referral - age of child, concerns and referral source and name of primary care physician.	
ECS-005	Eligibility: child is eligible or not eligible, areas of delay, medical diagnoses, hearing Impairment, vision impairment, team members determined eligible, date eligibility determination, duration (length of time to determine eligible).	
ECS-006	Screening dates and outcome of screening (passed or failed): vision, hearing, assistance technology, nutrition and the ability to indicate the outcome of the screening and the need for referral to other resources.	
ECS-007	Family/Individual Service plan: initial, annual, periodic reviews, date plan completed, team members present, signature of parent and the ability to calculate and alert for due dates for the reviews.	
ECS-008	Transition Plan: 120 days and 90 days due dates calculated and alerted.	
ECS-009	Connect to and interface with T-KIDS (Texas Kids Intervention Data System) for all required data elements and accommodate state requirement changes as needed.	
ECS-010	Handle appointments with multiple providers including notifications and billing.	
ECS-011	Track state mandated timelines (e.g., 28-day clock to begin providing services, 45-day timeline120-day to transition out of services) and alert staff/service providers to upcoming due dates for client documents.	
ECS-012	Family cost share calculation based on state sliding scale for ECI	



**SECTION VIII Subsection G. -- FUNCTIONAL**

	<b>Subsection G. Functional</b>	<b>Rating</b>
FUNC-001	Provides a user interface for billing and encounter modalities, staff maintenance, scheduler, and other key components of the EHR.	
FUNC-002	Connect to and support standards-based exchange of information.	
FUNC-003	Support the creation and management of stored phrases that can be managed at the enterprise, practice and user level.	
FUNC-004	Deployable via the Internet and/or 'Web', including, but not limited to: Natively web-based, deliverable via Citrix, Microsoft RDS and Terminal Services, or a common industry virtual server and desktop internet delivery solution.	
FUNC-005	Support fully UI context integrated IMO.	
FUNC-006	Support historical ICD-9, current ICD-10, SNOMED and DSM5.	
FUNC-007	Support reporting for Meaningful Use/MIPS/ CCBHC Measures/DSRIP and continuation of capture and reporting of current measures.	
FUNC-009	Facilitate the ability of the system to recognize when a note does not have specific terms or phrases. Create an alert when note does not meet requirements and support E&M coding requirements.	
FUNC-010	Easily import text from M.S. Word or Adobe PDF (cut/paste features).	
FUNC-011	Make templates available offline with ability to store the information and forward to the server when connected.	
FUNC-012	Support multiple (record, store, date, electronically sign) types of consents, including Authorization to Disclose (Release of Information), Medication Consent, Consent to Treatment, CFR42 Part 2 Disclosure.	
FUNC-013	Support care team coordination, including the ability to share patient data, create and assign tasks, facilitate communication between care team members, and enable rule-based clinical decision support.	
FUNC-014	Facilitate the contribution of a patient/family to their medical record (e.g. via a patient portal or health vault), including:	
FUNC-14a	Portal contribution of documentation in the medical record	
FUNC-14b	Portal Homework	
FUNC-14c	Portal self-assessments	
FUNC-14d	Portal pay bills	
FUNC-14e	Portal schedule or request an appointment	
FUNC-14f	Portal communicate contributions to care team with ability for provider to upload/decline upload to medical record.	
FUNC-015	Facilitate the ability to receive and incorporate information from external sources.	

	<b>Subsection G. Functional (Continued)</b>	<b>Rating</b>
FUNC-016	Support the assignment of Medical Power of Attorney & Guardianship & present this information on templates used by CSRs and providers.	
FUNC-017	Support integration with popular email and calendaring applications, such as M.S. Outlook.	
FUNC-018	Integrate with popular intranet solutions such as SharePoint.	
FUNC-019	Facilitate rules-based alerting set locally by the organization.	
FUNC-020	Support a robust scanning solution with quality readability, using well-known hardware that includes intelligent routing of scanned documents of various sizes, as well as bulk-scanning.	
FUNC-021	Facilitate the uploading, storage and display of images or photographs, including patient photographs, injury photographs, Sand Tray documentation, etc.	
FUNC-022	Facilitate automatic referrals within the organization and participating external treatment sources. (I.E. FQHC)	
FUNC-023	Provide multiple environments, Live, Train and Test.	
FUNC-024	Capture all required billing information based on payer NPI, TPI, insurer provider number, license number, etc.	

**SECTION VIII Subsection H. – GENERAL BUSINESS**

<b>Subsection H. General Business</b>		<b>Rating</b>
BUS-001	Certified to support electronic prescribing and electronic prescribing of controlled substances including the use of two-factor user authentication.	
BUS-002	Support use of remote telehealth service delivery for on-site clients, including appropriate billing modifications.	
BUS-003	Support routing of emergency/crisis intervention services to teams who conduct remote assessments.	
BUS-004	Support maintenance of medication inventory maintained by the facility and prescribing medication from that inventory.	
BUS-005	Facilitate in a flexible manner its roles, services and billing items associated with specific services lines. The proposed solution facilitates the creation of new services lines, including templates, billing, units/subunits and internal codes.	
BUS-006	Support alternative payment models/value based reimbursement.	
BUS-007	Limit the ability for staff to schedule clients for a service based on the following information: Schedule only with credentialed staff based on the current pay source, schedule to provide only covered services under the pay source, ensure there is a current authorization for the date of service and type of service, ensure all assessment(s) and treatment plan are current.	
BUS-008	Provide warnings of overlapping client and/or clinician time prior to completing service documentation.	
BUS-009	Support the ability to automatically scan individual charts and alert on items that are required on their next visit, including:	
BUS-09a	Check on currency of demographics	
BUS-09b	Update payer source	
BUS-09c	Insurance authorizations, including drug benefits	
BUS-09d	Expiring treatment plans, ANSA/CANS assessments, Financial, Release of Information	
BUS-09e	Complete medication consents	
BUS-09f	Documents required but missing (i.e. Consent to Treat, Proof of Residency, Proof of Income, Guardianship paperwork), with ability for staff to indicate when documents are needed at next visit.	
BUS-010	Support the ability for all designated staff to have visibility into the schedule and where a patient is in the intake process.	
BUS-011	Scheduler adjusts schedules dynamically to handle walk-ins, waitlist, call to fill cancellations.	
BUS-012	The system's scheduler handles the scheduling of multiple resources/staff at one time across locations (e.g. telehealth visits: patient, prescriber, transportation, case worker & treatment room and other resources).	
BUS-013	The system's scheduler supports centralized scheduling across locations and programs.	

<b>Subsection H. General Business (Continued)</b>		<b>Rating</b>
BUS-014	The system's scheduler includes rule-based logic to handle scheduling logic such as time between appointments based on patient type, transportation resources/scheduling based on location.	
BUS-015	The solution works with third-party applications (texting patient when provider is ready, or hand-held device with tracking if patient in building).	
BUS-016	State of Texas HHSC reporting requirements for all programs.	
BUS-017	Notify staff of need for consents, authorization and assessments based on programs (including programs subject to 42 CFR Part 2) clients are admitted to and allow for recurrent notifications based on time or event.	
BUS-018	Ability to account for exceptions to standard gender (i.e. non-binary).	
BUS-019	Ability to show nicknames or preferred names throughout record (for transgender and other cases).	
BUS-020	Ability to import medication orders into the medication administration record (MAR).	
BUS-021	Ability for medical support staff to enter medication(s) into system for prescriber signature and transmission to pharmacy.	
BUS-022	Ability to save to client's chart more than one preferred pharmacy for transmission of medications.	
BUS-023	Ability to print client list of prescribed medications for a specified time frame.	
BUS-024	Capacity to link to appropriate medication formulary based on client's payer source.	
BUS-025	Capacity to send out appointment reminders via call and text message and email to multiple numbers based upon client permissions which are stored within the EHR.	



**SECTION VIII Subsection I -- IDD SERVICES**

	<b>Subsection I. IDD Services</b>	<b>Rating</b>
IDD-001	Ability to create a plan based on assessments.	
IDD-002	Ability to document and report on training data.	
IDD-003	Ability to document quarterly on training.	
IDD-004	Ability to document progress or lack of progress and report.	
IDD-005	Ability to document hours/money needed for service.	
IDD-006	Ability to keep up with hours/money on plan and utilized.	
IDD-007	Ability to review list of current medications from all sources.	
IDD-008	Ability to document scheduled doctor appointments such as primary care physicians, dentists, neurologist, etc.	
IDD-009	Ability to document nursing care plans and report on it.	
IDD-010	Ability to document quarterly nursing care with recommendations.	
IDD-011	Ability to document behavior plans.	
IDD-012	Ability to document behavior data based on behavior plans and report.	
IDD-013	Ability to report incidents of illness, behaviors, accidents and medication errors.	
IDD-014	Ability to document clients' attendance and when they are discharged or on home visits.	
IDD-015	Ability to run reports that will give us information for billing in CARE.	
IDD-016	Ability to create a Person Directed Plan as required by Texas guidelines.	
IDD-017	Ability to populate monthly and quarterly notes with each service and related outcome listed on the action plan of the PDP	
IDD-018	Attach monthly/quarterly monitoring assessments to a billable progress note.	
IDD-019	Support the monitoring of targeted case management to ensure appropriate billing of encounter types (e.g., monthly type A visits to support multiple type B encounters).	
IDD-020	Ability to send an alert if not all services are listed on a quarterly note.	
IDD-021	Ability to track when reports are due.	
IDD-022	Ability to edit a completed note.	
IDD-023	Ability to modify create or modify forms in a timely manner to meet state required changes.	
IDD-024	Ability to integrate CARE billing with financial solutions to monitor and maintain AR.	
IDD-025	Ability to provide ICF billing.	
IDD-026	IPC – Deduct and immediately send an alert when below a specified dollar amount.	

**SECTION VIII Subsection J. -- INTEGRATED CARE**

	<b>Subsection J. Integrated Care</b>	<b>Rating</b>
IC-001	Ability to assign the appropriate medical diagnosis to a service.	
IC-002	Medical diagnosis to become historical when no longer a valid diagnosis.	
IC-003	Lab orders and results directly from the system.	
IC-004	Coding and billing that supports primary health care.	
IC-005	Decision support for primary health care needs.	
IC-006	Supports documentation and billing of in office medical procedures.	
IC-007	Documentation that is flexible and supports a brief office visit or an extensive exam.	

**SECTION VIII Subsection K. -- SECURITY**

	<b>Subsection K. Security</b>	<b>Rating</b>
SEC-001	For a hosted solution, the proposer's ability to provide solutions for network security, including perimeter defense (firewall, intrusion detection and vulnerability scanning services), auditing, etc.	
SEC-002	For a hosted solution, provide "endpoint" security solutions for desktop, laptop and workstation security that allow enforcement of security policies. Examples of expected endpoint security solutions include: firewall, network access control (NAC), program control, antivirus, anti-spyware, data security, password audit capability, encryption, and remote access.	
SEC-003	Use of industry accepted application privacy and security features, including those related to multi-factor authentication, authorization, non-repudiation, encryption in transit, encryption at rest and secure coding practices that prevent common application level attacks such as SQL-Injection and/or buffer override.	
SEC-004	Data must be secure in accordance with National Institute of Standards and Technology (NIST) standard SP 800-66 Rev.1.	
SEC-005	For hosted solutions the system MUST NOT store live or redundant data outside the United States.	

**SECTION VIII Subsection L. -- TECHNICAL REQUIREMENTS**

	<b>Subsection L. Technical Requirements</b>	<b>Rating</b>
TECH-001	Support for Citrix (if client-server system)	
TECH-002	Runs on an operating system supported by VMWare and Microsoft HYPER-V.	
TECH-003	Runs on a system that is run on, or can be integrated with currently supported Microsoft Desktop Operating systems	
TECH-004	If not a browser-based system, can be run on an iPad or Android tablet device.	
TECH-005	If server-based (and hosted by LifePath), system must be Windows 2012 Server or newer and must use or be compatible with MS SQL Server 2012 or newer.	
TECH-006	Support a proposer-based or a proposer partner third party vendor hosting solution that facilitates/allows near real-time access to all LifePath data for any purposes that LPS sees fit.	
TECH-007	Include a separate Report Server that has no more than 6 hours lag time regarding data in the production transaction database.	
TECH-008	Support mobile access for provider/staff/contractors (and vetted third partners) and individuals who receive services.	
TECH-009	Support tablet-based collection and storage of patient signatures and continue support of existing signature pads.	
TECH-010	Have uptime minimum requirements that are consistent with industry standards for a healthcare delivery organization (provide your specifications)	
TECH-011	The system SHOULD meet the following response times:	
TECH-11a	Response time of .1 second limit for users feeling like they are directly manipulating objects in the UI.	
TECH-11b	Response time of 1 second limit for users to feel they are freely navigating the command space without having to unduly wait for the computer.	
TECH-011c	Response time 10 second limit for users keeping their attention on the task.	
TECH-012	Support the SMART on FHIR open specifications for the integration of Electronic Health Records, portals, Health Information Exchanges, and other Health IT system.	
TECH-013	Support third-party externally built apps and services that integrate with the vended product. For example: such apps as the State's Level Of Care Calculator and Managed Care Generator, ProMedDa, and CMBHS.	
TECH-14	System uses industry accepted and HIPAA compliant privacy and security features including those related to multi-factor authentication, authorization, non-repudiation, encryption in transit, encryption at rest and secure coding practices that prevent common application level attacks such as SQL-injection and/or buffer override.	

**SECTION VIII Subsection M. -- Reports**

	<b>Subsection M. Reports</b>	<b>Rating</b>
RPTS-001	The ability to replicate all current report mechanisms as well as any improvements/additions noted below	
RPTS.002	The ability to create our own reports using specific criteria or that reports can be built in a timely manner to accommodate our needs as new state data collection requirements arise.	
RPTS-003	The ability to filter without limitation (i.e. If we filter by server, we can only see 7 at a time. If we filter by service codes, we can only see 15 at a time)	
RPTS-004	All events that occurred for a client on a particular day (progress note/service/assessment/consent/etc.)	
RPTS-005	New client list (with criteria of new client being entered - i.e. a client who has not been seen in the past 6 months= new client)	
RPTS-006	Client service data (date, being/end time, location, appointment type, contact type, service code, procedure code, payer source that paid for service, diagnosis on date of service, age on date of service, medication prescribed, duration, billable, intensity, server name/id, procedure code, etc.)	
RPTS-007	List of clients with addresses and phone numbers filtered by assignment	
RPTS-008	Staff productivity reports	
RPTS-009	Medication reporting (Name of medication, date prescribed, name of prescriber, date filled with pharmacy)	
RPTS-010	Reports capable of pulling data from progress notes and assessments (i.e. If client answered Yes to being a Smoker on an Assessment, or If client was "checkbox" referred for additional services/community resources in a progress note)	
RPTS-011	Medical data (height, weight, BMI, BMI percentile, blood pressure, blood sugar, etc.)	
RPTS-012	Timeliness (Length of time between date of service and progress note being completed by staff)	
RPTS-013	Initial Service in system (or initial screening/intake/prescriber appointment).	
RPTS-014	The ability to pull a particular service after a significant event (i.e. Prescriber visit following a hospitalization record, Outpatient visit following a crisis service)	
RPTS-015	Clinic flow report (Scheduled appointment time, time seen by caseworker, time seen by prescriber)	
RPTS-016	Staff Schedules Report	
RPTS-017	Unresolved Services	
RPTS-018	Unsigned Progress Notes, Assessments, Treatment Plans, other Documents (As well as Non Final Approved if applicable)	



	<b>Subsection M. Reports (Continued)</b>	<b>Rating</b>
RPTS-019	Insurance Coverage (i.e. All GR Clients, All Amerigroup CHIP Clients, etc. The ability to see all active insurances for clients - ex. all clients with Medicare & Medicaid)	
RPTS-020	Caseload Reports	
RPTS-021	Unit/Subunit Roster Reports	
RPTS-022	Report by Assessments (i.e. Prescriber Evaluations, AQOLS, etc.) and Treatment Plan types (i.e. LOC 1 Treatment Plan, Crisis Plan, Client Benefits Plan, etc.)	
RPTS-023	Reports that include County of Residence as a filter	
RPTS-024	Report by missing documents (i.e. If every client needs to update a new consent form, Clients without a Treatment Plan), sorted by assigned caseworker	
RPTS-025	Clients who have Medicare Part D	
RPTS-026	Clients by therapy/skills curriculum provided (i.e. All clients receiving Skills Streaming, Seeking Safety, CBT, etc.)	
RPTS-027	No Show/Cancellation/Rescheduled Reports (as well as filtering by Scheduled/Walk-in Appointment Types)	
RPTS-028	Intakes with a non-qualifying diagnosis/Non-Qualifying Intakes	
RPTS-029	Emergent, Urgent, and Non-Qualifying Screenings	
RPTS-030	Client Expiring Financials Listing	
RPTS-031	Clients not seen in a particular timeframe (i.e. not seen in the last 3 to 6 months)	
RPTS-032	TDMHMR Encounter data extract - (with additional option to run this report at the server ID level)	
RPTS-033	Duplicate Services Report	
RPTS-034	TX Encounter Modality Report	
RPTS-035	Unduplicated Clients Served (With the ability to filter out all unnecessary service codes)	
RPTS-036	Reports to easily extract data needed for CCBHC requirements	
RPTS-037	Reports to easily extract data needed for MIPS requirements	
RPTS-038	Reports to easily extract data needed for DSRIP requirements	

## IX. TOLERANCES, FUNCTIONALITY AND WORK FLOWS

**Provide a brief narrative on your products' ability to provide the functionality required for the specific needs below:**

1. Provide minimum system requirements.
2. Describe your system's ability to enter data into the system one time to avoid or minimize duplicate data entry.
3. Please provide your system reports catalogue and a description of ad hoc reports.
4. Advise if your system has internal limits or tolerances that, based on the LPS specifications are likely to come into play during the normal operation of the EHR. For example, are there limits on the number of users that can be logged into the system at any point? If system limitations are encountered what steps will you take to diagnose the issue(s) and notify LPS of your findings?
5. Describe your strategy regarding interoperability and your progress toward implementing your strategy.
6. Describe your contingency plans in the event of systems or hardware failures.
7. Reporting dashboards (scorecards) are an important need for the Center. Describe your:
  - a. Available user and manager role dashboards and related work flows (requests and approvals) and functionalities.
  - b. User interface to your system.
  - c. Dashboards to report on service provision, authorizations status, assessments completed, assessments due, show/no-show, number of clients served (by payer source, by adult vs C&A, by unit/subunit, etc.), treatment plans due, caseloads, etc.
8. Is your system real time or batch processing? Explain if it is a combination.
9. Are upgrades scheduled outside of normal working hours? Will we be notified in advance of any scheduled downtime due to system maintenance?
10. Identify any component described in this RFP—particularly where it affects the business and technical requirements—that will require LifePath Systems expenditures above and beyond those included in your bid.
11. Other Services -- Identify and provide details for other supporting services that will be provided as part of the on-going servicing of the overall implementation and maintenance, such as:
  - a. Help Desk Services;
  - b. Documentation and Knowledge Transfer Services;
  - c. Addition of new staff members including roles and credentialing;
  - d. Updates for changes to state and federal requirements.

## X. IMPLEMENTATION, TRAINING AND SUPPORT

1. Describe your tools, and provide examples of work plans that demonstrate your experience to ensure a timely and successful implementation.
2. If any part of your proposal anticipates the use of subcontractors, provide the names of the subcontracts.
3. Our goal is to go live on or before September 1, 2019. Please submit a proposed work plan including a timeline showing your implementation strategy to help us meet this deadline. Your strategy should include system training and work steps to be taken by your implementation team and steps to be taken by the LifePath Systems implementation team.
4. What is your best estimate of the resources LPS will have to commit for a successful implementation? Your estimate should include the number of hours by level of experience.
5. How long do you recommend running parallel with our current system?
6. Please identify additional training opportunities provided by your organization.
7. Does your system have built-in “help” functions for users?
8. Are you agreeable to negotiating implementation performance guarantees?
9. What additional information would you like us to consider regarding implementation, training, and support?

**XI. ASSURANCES AND CERTIFICATIONS**

Vendor must submit the Assurance and Certifications that follow:

Attachment	A	Vendor Profile
Attachment	B	Signature Page
Attachment	C	Assurances Document
Attachment	D	Conflict of Interest Questionnaire
Attachment	E	Lobbying Certification
Attachment	F	Form W-9
Attachment	G	Miscellaneous Documents



**ATTACHMENT A  
VENDOR PROFILE**

1. Legal name of Proposer: \_\_\_\_\_
2. Address of office, which will fulfill any awarded Contract: \_\_\_\_\_  
\_\_\_\_\_
3. Number of years in business related to the proposed services: \_\_\_\_\_
4. Certification Number if an Historically Underutilized Business: \_\_\_\_\_
5. Qualifications if HUB eligible, but not certified: \_\_\_\_\_
6. Type of Operation:  Individual  Partnership  Corporation  Government  
Other (please explain): \_\_\_\_\_
7. Number of employees dedicated to fulfillment of any awarded Contract: \_\_\_\_\_
8. Please disclose any GPO affiliations or State of Texas contract participation  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you currently for sale or involved in any transaction to expand or to become acquired by another business entity?  Yes  No  
If yes, please explain the impact both in organizational and directional terms.  
\_\_\_\_\_  
\_\_\_\_\_
10. Provide any details of past or pending litigation within the last ten (10) years, or claims filed against you that are either related to the services or that would affect your performance under a contract.  
\_\_\_\_\_  
\_\_\_\_\_
11. Are you currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity?  Yes  No  
If yes, specify date(s), details, circumstances, and prospects for resolution.  
\_\_\_\_\_  
\_\_\_\_\_

12. Are there any circumstances that could affect your ability to perform under a Contract?

Yes       No

If yes, please describe the circumstances and potential effect.

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13. Provide three references for clients currently under contract for similar services. Two of these clients must be fully implemented:

Client Name	Address	Key Contact	Phone	Years with Client

**14. Including LifePath Systems, there are 39 community based centers in Texas. Is Proposer currently providing services to any other community center? If yes, provide the name of the center, your contact and the year services began.**

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15. Describe your product development expenditures and accomplishments for the most recently completed fiscal year?

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16. Does Proposer's product strategy offer a software as a service model, a customer-hosted platform or both?  Software as a Service     Customer Hosted     Both



**ATTACHMENT B  
SIGNATURE PAGE**

**The attached proposal is being submitted in response to the Request for Proposal RFP # 01-2018 Electronic Health Record System (EHR). The proposal is a firm offer and shall remain an open offer, valid for one hundred and twenty (120) days from the due date of this proposal.**

**LifePath Systems in its sole and absolute discretion shall have the right to award contracts for any or all materials listed in each proposal, shall have the right to reject any and all proposals and shall not be bound to accept the lowest cost proposal and shall be allowed to accept the total proposal of any one vendor. I understand that this proposal will be reviewed and evaluated according to the procedures indicated in this RFP.**

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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**ATTACHMENT C  
ASSURANCES DOCUMENT**

Proposer assures the following:

1. All addenda and attachments to the RFP as distributed by LifePath and designated by the checklist have been received.
2. No attempt has been or will be made by the proposer to induce any person or firm to submit or not to submit a proposal, unless so described in its proposal.
3. The proposer does not discriminate in its services or employment practices on the basis of race, color, genetic information, religion, sex, sexual orientation, national origin, disability, veteran status, or age.
4. All cost and pricing information is reflected in the RFP response documents or attachments.
5. Proposer accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. Proposer accepts LifePath's right to cancel the RFP at any time prior to contract award.
7. Proposer accepts the LifePath's right to alter the timetables for procurement that are set forth in the RFP.
8. The proposal submitted by the proposer has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the proposal submitted by the proposer has not been knowingly disclosed by the proposer to any other proposer prior to the notice of intent to award.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the proposal or any other associated costs.
11. LifePath has the right to complete background checks and verify information.
12. The individual(s) signing this document and any contract awarded to proposer is authorized to legally bind the proposer.
13. No employee of LifePath, and no member of LifePath's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract to proposer. If the proposer is unable to make the affirmation, then the proposer must disclose any knowledge of such interests in accordance with Attachment D.
14. Proposer is not currently held in abeyance or barred from the award of a federal or state contract.
15. Proposer has not filed for bankruptcy within the past five (5) years.
16. Proposer is not currently in the process of filing for bankruptcy.





**ATTACHMENT C  
ASSURANCES DOCUMENT  
(CONTINUED)**

17. Proposer is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas 2 Tax Code §171.
18. Proposer shall disclose whether any of the directors or personnel of proposer have either been an employee or a trustee of LifePath within the past two (2) years preceding the date of submission of the proposal. If such employment has existed, or a term of office served, the proposal shall state in writing the nature and time of the affiliations as defined and in accordance with, Attachment D.
19. Proposer shall identify in writing any trustee or employee of LifePath who has a financial interest in proposer or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable, in accordance with Attachment D.
20. No former employee or officer of LifePath directly or indirectly aided or attempted to aid in procurement of proposer's service.
21. Proposer shall disclose in writing the name of every LifePath employee and/or member of LifePath's Board of Trustees with whom proposer is doing business or has done business during the three hundred and sixty five (365) day period immediately prior to the date on which the proposal is due; failure to include such a disclosure will be a binding representation by proposer that the natural person executing the proposal has no knowledge of any key persons with whom proposer is doing business or has done business during the three hundred and sixty five (365) day period prior to the immediate date on which the proposal is due. See Attachment D.

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Signature of Applicant or Applicant's Authorized Representative

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Date

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Printed Name

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Title

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Organization



**ATTACHMENT D  
CONFLICT OF INTEREST QUESTIONNAIRE**

Please retrieve CIQ Form from the following website:

<http://www.ethics.state.tx.us/forms/CIQ.pdf>

**(Attach completed CIQ Form as part of your proposal)**

***A signature is required in Box 7 regardless of any other entry on the form.***



**ATTACHMENT E  
LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

**This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S. Code § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual



**ATTACHMENT F  
FORM W-9**

**Request for Taxpayer Identification Number and Certification**

Vendors are to complete a W-9 Form and submit with proposal documents.

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>



**ATTACHMENT G**  
**MISCELLANEOUS DOCUMENTS**

**A. Financial Information**

- a. Provide a copy of a Certified External Audit report for the past three (3) years.
- b. Provide a copy of the most recent Tax Statement (IRS Form 1120, Form 990 as applicable).
- c. Submit the most current Annual Report available.

**B. Insurance**

- a. Provide a Certificate of Insurance secured and maintained with an insurance company, or companies, licensed to do business in Texas for the following coverage in the following amounts:
  - i. Comprehensive general liability, professional liability, and employee misconduct insurance with limits of at least five million dollars (\$5,000,000) per occurrence, ten million dollars (\$10,000,000) aggregate.
  - ii. Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract. Workers' Compensation policies shall also include a waiver of subrogation in favor of LifePath Systems.
  - iii. Cyber and Errors and Omissions Liability insurance. Proposer must have a limit of five million dollars (\$5,000,000), covering liabilities arising from a) product or service financial injury caused by a product or service defect or performance failure; b) technology-related injury caused by an errors or omissions and all series of continuous, repeated or related acts, errors or omissions; c) breach mitigation and notification expenses related to a privacy breach; d) and defense for liability from copyright infringement. Coverage also includes reasonable legal litigation expenses.
  - iv. Automobile Liability: If a successful proposer-owned vehicle is used in the provision of Services, successful proposer must maintain automobile liability insurance coverage in the amount of at least one million dollars (\$1,000,000) combined single limit, with hired and non-owned coverage included;

**B. Insurance (Continued)**

Successful proposer is responsible for obtaining and maintaining any riders or other documents necessary to ensure that the coverage described above. A legally qualified insurance company acceptable to LifePath Systems must underwrite all insurance coverage listed above. Each policy shall contain a provision (to the extent legally permitted) that the insurance company shall give LifePath Systems as a certificate holder thirty (30) days written notice in advance of (a) any cancellation or non-renewal of the policy, (b) any reduction in the policy amount, (c) any deletion of additional insureds, or (d) any other material modification of the policy. If successful proposer is required to carry professional liability coverage and that professional liability coverage is a "claims made" policy, successful proposer shall maintain "tail" coverage with the same minimum coverage limits as stated above with respect to professional liability insurance until all possible statutes of limitations have expired. Upon the effective date of a contract, upon any renewal or change in terms of any insurance policy required above in this section ("Insurance") and within ten (10) days of any request by LifePath Systems, successful proposer shall provide LifePath Systems with written evidence (i.e. certificate of insurance), acceptable to LifePath Systems, of all insurance coverage required herein.

**C. Staffing Plans**

- a. For vendors with more than 100 employees, the RFP submission must include the vendors' status regarding equal employment opportunity. Please submit verification of status using the Employer Information Report EEO-1 or the State and Local Government Report EEO-4

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