RE: CalMHSA California Semi-Statewide Health Record RFP

The attached scenarios are provided to guide the upcoming demonstration of the software offered by the Vendors selected through the application process associated with the "CalMHSA Semi-Statewide EHR RFP". Demonstrations will be performed through Zoom. There will be no accommodation for on-site participation. Vendors selected to participate will be assigned a date between December 13th and December 17th. Each Vendor demonstration will be scheduled for 8:00 am – 5:10 pm Pacific Standard Time.

These scenarios represent key processes and business requirements of California County Behavioral Health Organizations as described in the "CalMHSA Semi-Statewide EHR RFP". The evaluation committee expects vendors to present their proposed software offering using these scenarios. A broad representation of CalMHSA staff, representatives from participating Counties, and other stakeholders will evaluate each scenario presentation for use in further narrowing the field of vendor candidates.

The scenarios must be presented in the order shown. This is necessary to ensure that appropriate subject matter experts attend the appropriate sessions throughout the day. If your software cannot perform a stated scenario, please explain briefly, and move on to the next scenario. If your software must be customized to perform a certain function, this should be clearly indicated during your presentation. There will be question and answer periods after each section of the scenarios. Time limitations may not allow all questions to be asked or answered. In that case, written questions will be forwarded to you for a response after the scheduled demonstration.

There is a limited amount of time provided at the beginning of the day for introductions and a general overview of solution-specific terminology as a baseline for subsequent demonstrations. Please confine this part of the presentation to the allotted time. To expedite these initial orientation activities, Vendors are invited to create documents for distribution to the attendees.

DISCLAIMER:

The contents and information provided in these Demonstration Scenarios associated with the CalMHSA Semi-Statewide EHR RFP are meant to provide general information to interested parties. The successful Proposer(s) chosen by the California Mental Health Services Authority ("CalMHSA") will be required to execute a Contract ("the Agreement") with the CalMHSA that will govern the rights, duties and obligations between the CalMHSA and the Contractor(s). ACCORDINGLY, THE TERMS SET FORTH WITHIN THE RFP DO NOT CONSTITUTE ANY CONTRACT BETWEEN CALMHSA AND THE SUCCESSFUL PROPOSER(S). MOREOVER, CALMHSA ACCEPTS NO RESPONSIBILITY FOR ANY OMISSIONS OR DELETIONS RELATING TO THE RFP.

CALMHSA WILL NOT HONOR ANY ATTEMPT BY A PROPOSER TO DESIGNATE ITS ENTIRE RESPONSE OR DEMONSTRATION AS PROPRIETARY AND/OR TO CLAIM COPYRIGHT PROTECTION FOR ITS ENTIRE RESPONSE.

ENCLOSURES:

- Initial Workflow Demonstration
- Care Coordination Demonstration
- Treatment Episode / Clinical Documentation Demonstration
- Billing and Managed Services Organization Demonstration
- System-Wide Requirements Demonstration

Initial Workflow Demonstration

Orientation Activity 1: Introductions and Instructions	
Orientation Activity – 15 Minutes	Comments
1. General Introduction – CalMHSA 2. Instructions to Participants – CalMHSA 3. Vendor Introductions – Vendor Introduce those from your organization who will be participating in the demonstration a. Name b. Title Within Vendor Organization c. Role Within Demonstration (Vendor Introductions can be expedited/supported through the distribution of a list of Vendor Attendees with the same three identifying characteristics provided. No additional information (e.g. Background, Special Skills, etc.) will be allowed.)	
No Clarifying Questions – This Activity will not be scored	

Orientation Activity 2: Terminology and Navigation Overview	
Orientation Activity – 15 Minutes	Comments
1. Overview/Demonstration of how users navigate through your system. Use this time to orient the reviewers to the different mechanisms through which data is entered and extracted. 2. Review of Glossary of Terms (Vendor Terminology can be expedited/supported through the distribution of a Glossary of Terms. No additional information (e.g. Screenshots, Value Statements, etc.) will be allowed.)	
No Clarifying Questions – This Activity will not be scored	

Scenario 1: Complete Care Coordination and Treatment Episode Workflow	
Scenario – 50 Minutes	Comments
The RFP provided extensive explanations of the activities common within County BH organizations. These activities were divided into "Care Coordination" and "Treatment Episode" workflows. You will be provided a Client Name at the Demo, please provide a demonstration of your system across both workflows: 1. Call Intake (Caller is not yet a client) 2. MH/SUD Screening (Caller is not yet a client) 3. Referral Process to a program/person for an Assessment a. Referral b. A Referral Follow-Up – Voicemail left c. A Referral Follow-Up that resulted in an Appointment being scheduled 4. Appointment Scheduling for Assessment Episode Intake 5. Initiation of an Assessment Episode (Client Created) a. Addition of client to MPI b. Medi-Cal Eligibility Verification 6. Assignment of Guarantor/Payor 7. Completion of two (2) Assessments a. Patient Health Questionnaire (PHQ-9) b. Child and Adolescent Needs and Strengths (CANS-50) 8. Progress Note (with diagnosis for billing) 9. Review Charge Creation 10. Assessment Episode Discharge 11. Prior Authorization to Treatment Episode a. Prior Authorization Request b. Prior Authorization Response c. Does the system restrict Referral to Treatment without Authorization? 12. Referral Process – To program for treatment a. Referral b. Referral Follow-up – Appointment Booked 13. Admission/Treatment Episode Initiation	

14. Client Demographics 15. Document Scanning a. Management/Organization of Documents 16. Consent Management 17. Caseload Assignment 18. Assessments a. Child and Adolescent Needs and Strengths (CANS-50) 19. Diagnosis a. Initial b. Update 20. Problem List a. Initial b. Update 21. Progress Note a. Individual Therapy i. Use Template for Narrative Note ii. Add Item to Problem List b. Group Therapy i. Group Note ii. Individualized Note for Client 22. Review Charge Creation 23. ePrescribing a. Non-Controlled b. EPCS 24. eLab a. Describe orders out to Lab Provider b. Describe results back from Lab Provider 25. Treatment Episode Discharge 26. Referral/Prior- Authorization to subsequent Treatment Episode	
Clarifying Questions – 10 minutes	

Care Coordination Demonstration

Scenario 2: Referral Process (Deep Dive)	
Scenario – 20 minutes	Comments
The RFP provided extensive details about the requirement to manage the transition of a Potential Client/Client throughout the different stages/activities within the Care Coordination Workflow Using the records created during the first Demonstration session review in detail how your solution supports the "Referral Process" covering topics such as: 4. Initiating the Referral as a function of completing an activity such as "Call Intake" or "Screening" or "Assessment Episode" (How is the "Referral Process" assigned to/initiated by forms/functions in the system.) 5. Using your system's "Highly Accessible Data Architecture and Reporting Tools", show how the "Referral" database record in Scenario 1 has a reference back to the "Screening" database record from which it was initiated 6. Using your system's "Highly Accessible Data Architecture and Reporting Tools", show how the "Referral Follow-Up" database record in Scenario 1 has a reference back to the "Referral Follow-Up" database record from which it was initiated 7. Please wrap up your demonstration and review by performing another scenario-based demonstration of the "Referral Process" highlighting how the system establishes links/joins/etc. between the different activity records	
Clarifying Questions – 5 minutes	

Scenario 3: Appointment Scheduling (Deep Dive)	
Scenario – 20 minutes	Comments
Appointment Scheduling functions vary widely across solutions. Please demonstrate your system's Appointment Scheduling capabilities with special attention to these scenarios: 1) How a scheduled appointment is promoted to a "Kept" appointment with an associated charge created as a by-product. 2) How the system aligns appointments that are "Kept" with a "Progress Note" record which may be completed later. 3) How the system accommodates rescheduling appointments. 4) How the system addressed "No-Shows". 5) How the system accommodates over-booking. 6) Using whatever tool necessary, show how the "Appointment" database record in Scenario 1 has a reference back to the "Referral Follow-Up" database record from which it was initiated	
Clarifying Questions – 5 minutes	

Scenario 4: Prior Authorization Process (Deep Dive)	
Scenario – 20 Minutes	Comments
Please demonstrate your system's Prior Authorization capabilities with special attention to these scenarios: 1) How the system identifies which Referrals require Prior Authorizations and which do not. 2) What are the screens/forms that initiate a Prior Authorization? 3) How the system can restrict admission to a treatment episode until a "Prior Authorization" is approved 4) How the system allows for additional screens to be incorporated in the "Prior Authorization" process to support the collection/recording of information to validate/support the authorization request 5) How the Authorization is approved thus allowing subsequent activities to proceed 6) Can the system presume that some Prior Authorization requests to be automatically approved, yet still allow for the collection/recording of information to validate/support the authorization request	
Clarifying Questions – 5 minutes	

General Question and Answer Period – 10 minutes

Treatment Episode / Clinical Documentation Demonstration

Scenario 5: Clinical Documentation (Deep Dive 1)	
Scenario – 20 minutes	Comments
The RFP provided extensive details about requested mechanisms to enforce clinical documentation standards. Please review in detail how your solution supports the requirements such as: 8. Dynamic User Interface a. Ability to combine two record types into one screen presented to the user b. Ability to combine data input fields/records and data views together into one interactive screen c. Ability to append/add additional records to be completed by user for client based upon information/conditions met as user completes various fields 9. Required fields in screens 10. Conditional logic driven by user input a. Subsequent fields conditionally required b. Subsequent fields completed c. Subsequent fields calculating running Total/Score 11. Mechanisms to assure only one version of an Assessment is created per Client/Episode 12. Dictation Capabilities (Voice recognition) 13. Ability to save work in Draft and mechanisms "auto save" 14. Finalize Records 15. Append data to Finalized Records 16. Ability to "Void" Finalized Records Using the "Progress Note" functions in your system, demonstrate: 1. Availability of customizable, role-based templates for the narrative fields a. Including the defaulting/importing of data from other areas of the client's chart (e.g. Diagnosis and/or Allergies) 2. Ability to link the Progress Note to an applicable	

value in the Problem List 3. Ability to Add/Edit the Problem List from within the Progress Note screen 4. Restriction of Service/Charge Codes based upon Provider certifications. 5. Ability to imbed external scripts/code into screens to be executed based upon conditional logic driven by user input a. For example, a Provider has entered a Progress Note with a Service Code that is not medically necessary based upon the Client's Diagnosis. We want the Progress Note to be saved, but we want the Charge to be set to $0 or the Charge to be otherwise identified as "unbillable"	
Clarifying Questions – 5 minutes	

Scenario 6: Clinical Documentation (Deep Dive 2)	
Scenario – 10 minutes	Comments
Please demonstrate how the system's Dynamic User Interface can be used to create ONE screen for Psychiatrists to efficiently complete a Medication Review service for a client: 1. Ability to review client's Rx History 2. Ability to review client's past Lab Results 3. Ability to review client's Problem List 4. Ability to order/update client's Rx 5. Ability to order client new Lab Tests 6. Ability to update client's Problem List 7. Ability to enter Progress Note with Charge	
Clarifying Questions – 5 minutes	

[Lunch Break]

Scenario 7: eRx, eLab, and CPOE (Deep Dive 3)	
Scenario – 15 minutes	Comments
Please spend 15 minutes highlighting the capabilities related to entering orders in an Outpatient (eRx and eLab) and Inpatient (CPOE) treatment setting: 1. Are these external systems integrated into your EHR? If these are external systems demonstrate how the eRx/eLab data is passed to the primary EHR/system for reporting purposes 2. For eLabs, how are Lab Results returned to the system? How are users alerted to the presence of Lab Results ready for review? 3. For eRx, what network is used to pass the Rx to the local retail pharmacy? 4. Does your eRx system support eFax? Is this function core to the solution or an add-on? Is there additional cost? 5. Does your solution support electronic data exchange of outbound orders and inbound results? How? Are there known limitations? 6. Demonstrate the inpatient CPOE functions (Order Entry and eMAR) 7. Describe how the EHR is integrated with Pharmacy Systems and Dispensing Units to support Closed Loop Medication process 8. Across all functions, please be sure to cover contra-indicator functions to assure patient safety.	
Clarifying Questions – 5 minutes	

Scenario 8: Patient Portal (Deep Dive 4)	
Scenario – 15 minutes	Comments
Please spend 15 minutes highlighting the capabilities of your Patient Portal. 1. How is the Patient Portal integrated into your EHR? What data collected from the Patient through the Portal is available in the EHR database? Is it real-time or is there a lag? 2. How configurable is the Patient Portal? Demonstrate how it is configured. 3. Highlight the following: a. Access to personal health information including: i. Recent Visits ii. Discharge Documentation iii. Medication Hx iv. Immunizations v. Allergies vi. Lab Results b. Capability for the client to: i. Securely Message Tx Team Members ii. Request reordering of Rx's iii. Appointment Scheduling iv. Complete electronic questionnaires (e.g. Screening Form)	
Clarifying Questions – 5 minutes	

Scenario 9: Caseload Management (Deep Dive 5)	
Scenario – 10 minutes	Comments
Please spend 10 minutes highlighting the capabilities related to Caseload Management. Please address the following: 1. Does your system allow Caseload to extend across episodes of care? (e.g. client has two active Mental Health episodes and one Treatment Team across both episodes 2. Does your system support the definition of specific roles within a Treatment Team, and then the assignment of specific staff to these roles? 3. Demonstrate how a staff member assigned to a client via their Treatment Team can review metrics associated with treatment associated with their caseload 4. Demonstrate how staff assigned specific roles can see information specific to their scope of practice (e.g. Prescribing staff are able to view Medication Hx/Status for their caseload) 5. Demonstrate how the system would re-assign a staff member's entire caseload to another staff member. (e.g. Staff member is assigned as the "Care Manager" for 25 clients. They have quit the organization and so all 25 clients need to be updated with a new "Care Manager") 6. Does your solution support electronic data exchange of outbound orders and inbound results? How? Are there known limitations? 7. Demonstrate the inpatient CPOE functions (Order Entry and eMAR) 8. Describe how the EHR is integrated with Pharmacy Systems and Dispensing Units to support Closed Loop Medication process	
Clarifying Questions – 5 minutes	

General Question and Answer Period – 10 minutes

Billing and Managed Services Organization Demonstration

Scenario 10: Guarantor / Plan Assignment	
Scenario – 10 minutes	Comments
Please spend 10 minutes reviewing and demonstrating (as needed) the different mechanisms through which a client is associated with the Guarantor/Payors that will be fiscally responsible for the Client's Treatment: 1. Is this information episode specific? Cross Episode? 2. It is very common for Medi-Cal Beneficiaries to lose and gain eligibility within each month. As such, a client may be: a. eligible 11/1/2021 – 11/10/2021 b. ineligible 11/11/2021 – 11/20/2021 c. eligible 11/21/2021 – 11/30/2021 How would this be addressed in the system?	
Clarifying Questions – 5 minutes	

Scenario 11: QI Rules	
Scenario – 10 minutes	Comments
Demonstrate your systems capabilities to enforce Quality Improvement requirements at the point of Service Entry (e.g. Progress Note) 1. Duration of Service does not meet Medi-Cal standards for billing 2. Does not allow Providers to enter services not in their scope of practice 3. Warns user for duplication of services for a client (Would prefer logic to determine which services are allowable to have duplicates with Qualifier versus those that Medi-Cal does not allow) 4. Cross references against "Prior Authorization" records	
Clarifying Questions – 5 minutes	

Scenario 12: Claims Creation	
Scenario – 5 minutes	Comments
Demonstrate your systems capabilities to produce: 1. 837I 2. 837P 3. HCFA 1500 4. UB04 (CSM 1450) 5. Self-Pay Claim	
Clarifying Questions – None	

Scenario 13: Remittance Processing	
Scenario – 5 minutes	Comments
Demonstrate your systems capabilities to process remittance information using: 1. 835- Electronic Admittance Advice 2. Manual Remittance Processing for Individual Client, including: a. Partial Payment b. Transfer of remaining liability c. Adjustment/Write-Off 3. Batch Remittance Processing (One Payor across multiple clients) 4. Other	
Clarifying Questions – None	

Scenario 14: Billing Configuration	
Scenario – 10 minutes	Comments
Please review how the following are configured by displaying the associated screens/functions in the system: 7) Service Codes a. Unit Based vs Duration b. Fee Definition i. By date range 1. By Program 2. By Guarantor/Payor c. Procedure Code Cross-Reference i. By Guarantor/Payor ii. By Time Span d. E&M Add-On Logic 8) Payment / Transfer / Adjustment Codes 9) Electronic Remittance Logic a. Group Code/Reason Code Cross Reference to Payment/Adjustment Codes	
Clarifying Questions – 5 minutes	

Scenario 15: Sub-Contractor Provider Management Definition (Deep Dive 1)	
Scenario - 10 minutes	Comments
Please demonstrate your systems capabilities to define "Sub-Contractor Providers" in the system focusing on: 1) How these "Sub-Contractor Providers" are distinguished from County Directly Operated Programs 2) How information related to network adequacy is collected in the system for these "Sub-Contractor Providers" a. Clinicians i. Start Date ii. End Date iii. NPI iv. Annual Hours v. Languages vi. License Types b. Provider/Program i. Hours	

ii. NPI iii. Languages iv. Specialties v. License Types vi. Hours of Operation	
Clarifying Questions – 5 minutes	

Scenario 16: Sub-Contractor Provider Management Authorization (Deep Dive 2)	
Scenario – 10 minutes	Comments
Please demonstrate your systems capabilities to define Authorizations and other limits of service for "Sub-Contractor Providers" in the system focusing on: 1. Aggregate Annual Amount – County authorizes "Sub-Contractor Provider" to provide unlimited services to county-referred clients up to an annual monetary maximum 2. Client-Specific Authorizations – County authorizes "Sub-Contractor Provider" to provide a specific number of units (or $) to a specific client within a specific date range. (e.g. Contractor is authorized to provide 30 days of residential services within a specific date range)	
Clarifying Questions – 5 minutes	

Scenario 17: Sub-Contractor Provider Management Data Aggregation (Deep Dive 4)	
Scenario -10 minutes	Comments
Please describe and demonstrate how your system provides mechanisms for external "Sub-Contractor Providers" to enter/upload required data across the following scenarios: 1. Sub-Contractor does not have an EHR and instead is provided a web-portal that is integrated with the proposed Enterprise Health Record, through which they enter: a. Client Demographics b. Admission c. Diagnosis d. State Reporting (e.g. CSI Admission) e. Claims/Service Data 2. Sub-Contractor has their own EHR and can	

support FHIR integration with your solution to provide the following data to be integrated into the Enterprise Health Record for: a. Client Demographics b. Admission c. Diagnosis d. State Reporting (e.g. CSI Admission) e. Service Data i. Flat file, or ii. 837P / 837I	
Clarifying Questions – 5 minutes	

General Question and Answer Period – 5 minutes

System-Wide Requirements Demonstration

Scenario 18: Highly Accessible Data Architecture and Reporting Tools	
Scenario – 10 minutes	Comments
Using your "Demo" environment, please spend 10 minutes reviewing and demonstrating: 1. How an organization can use an Open Data Base Connectivity (ODBC) compliant tool to connect to the database 2. Demonstrate how the system supports data extraction and reporting using Structured Query Language (SQL) 3. Demonstrate how reports written/developed against the system database are deployed within the application 4. Explain how the system encrypts protects data in transit for reports executed from within the cloud-based application 5. Demonstrate how external database access is controlled by User.	
Clarifying Questions – 5 minutes	

Scenario 19: Multi-County Installation	
Scenario – 10 minutes	Comments
Please spend 10 minutes explaining how the system will support the requirement of one system implemented across multiple County agencies Please demonstrate to the best of your ability: 1. How the application code-set will be consistent across all counties and will be able to be updated with system-wide patches 2. How system will comply with Privacy and Security requirements (e.g., CFR 42) data so that users within one county are not able to see data associated with other counties 3. How Data Management tools assure that Privacy and Security requirements (e.g., CFR 42) can be enforced through any reporting or data extraction tools 4. If applicable, how the assignment of "Unique ID" values to records within the different databases are not duplicated	
Clarifying Questions – 5 minutes	

Scenario 20: Application Configuration Tools	
Scenario – 10 minutes	Comments
1. Demonstrate how custom data input forms (CDIF) can be developed and deployed without the need for programming resources 2. Please cover the following: a. How CDIF support single record and multi-iteration tables b. How CDIF support the entry of records across multiple entities (e.g. Client, Potential Client, User, Staff, Program, etc.) c. How CDIF support "Dynamic User Interface" requirements as described in the RFP d. How CDIF support "API and Integration Tools" as described in the RFP e. How CDIF support the "Workflow Definition and Application Functions" as described in the RFP 3. Demonstrate your systems capabilities to integrate external programing scripts to be executed upon: a. Form/Screen Load b. Activation or Completion of a Field c. Form/Record Submission d. Post Record Filing	
Clarifying Questions – 5 minutes	

Scenario 21: Organizational and Personnel Data Hierarchy	
Scenario – 10 minutes	Comments
1. Demonstrate your systems ability to support an organizational hierarchy with the following entities/levels: a. Organization b. Department c. Site/Legal Entity d. Program/Provider 2. Demonstrate that each hierarchical entity/level, is comprised of a single-row primary table coupled with a multi-row historical table. 3. Demonstrate your systems ability to support a "personnel hierarchy" with the following entities/levels: a. User b. Clinician c. Staff 4. Demonstrate that each hierarchical entity/level, is comprised of a single-row primary table coupled with a multi-row historical table. 5. Demonstrate how the system allows the addition of new data collection fields for both parent and child records of each level/entity 6. Using the "Fourth Use Case" in the "2.2.13 Personnel Data Hierarchy" section of the RFP (page #36) please demonstrate/explain how such a report can be created for the required historical period considering: a. Staff turnover b. Staff Promotions c. Program alignment with i. Focus on Homelessness ii. Clinicians	
Clarifying Questions – 5 minutes	

General Question and Answer Period – 10 minutes