

INYO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act
Capital Facilities and
Information Technology Component

Technological Needs Project Proposal

POSTED

June 14 through July 14, 2010

This MHSa Technological Needs Project Proposal is available for public review and comment through July 14, 2010.

We welcome your comments via phone, fax, or email, or during the Public Hearing to be held on Wednesday, July 14, 2010.

Public Hearing Information:

Inyo County Behavioral Health Wellness Center
587 N. 3rd Street, Bishop, CA 93514
Wednesday, July 14 at 10:00 a.m.

Comments or questions? Please contact:

Inyo County Behavioral Health
162 J Grove Street
Bishop, CA 93514
Phone 760-873-6533 Fax 760-873-3277
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Thank you!

Exhibit 1 – Face Sheet
For Technological Needs Project Proposal

County Name: INYO

This Technological Needs Project Proposal is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal.

We are planning to, or have a strategy to modernize and transform clinical and administrative systems to improve quality of care, operational efficiency and cost effectiveness. Our Roadmap for moving toward an Integrated Information Systems Infrastructure, as described in our Technological Needs Assessment, has been completed. This Project Proposal also supports the Roadmap.

We recognize the need for increasing client and family empowerment by providing tools for secure client and family access to health information within a wide variety of public and private settings. The Proposal addresses these goals.

This proposed Project has been developed with contributions from stakeholders, the public and our contract services providers, in accordance with 9CCR Sections 3300, 3310 and 3315(b). The draft proposal was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made as appropriate.

Mental Health Services Act funds proposed in this Project are compliant with CCR Section 3410, non-supplant.

All documents in the attached Proposal are true and correct.

County Mental Health Director

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Exhibit 2 - Technological Needs Assessment
For Technological Needs Project Proposal

1. County Technology Strategic Plan Template

Small counties have the option of not completing this section. Inyo County has chosen to opt out of developing responses to items 1.1 through 1.9

2. Technological Needs Roadmap Template

2.1 Include a narrative and graphic of your EHR Roadmap to achieve an integrative information system.

Inyo County has developed the following plan and roadmap to achieve an Integrated Information Systems Infrastructure. The County has selected and is currently implementing ShareCare™, a product of The Echo Group. The pacing of implementation and the ordering of each element of the EHR will be structured to accommodate the County's staff, IT infrastructure and business needs. ShareCare™ will largely provide the core components of the roadmap. The essential milestones of Inyo County are:

Needs Assessment and Vendor Selection (Jan - Feb 2010)

This task is complete. The County has engaged in a thorough product review of ShareCare™ and background check of the vendor. Through this research The County has selected The Echo Group's, ShareCare™.

Infrastructure Build-out (Jul 2007 – Dec 2012)

Existing county network resources and workstations were purchased prior to the initial implementation. However, as is the normal course of such projects, we anticipate infrastructure build-out and maintenance will be continuous. Thus, this roadmap task is shown as a continuing item.

Practice Management/Conversion (Apr - Jun 2010)

As a former JPA member, Inyo County had previously used the INSYST system from the ECHO Management Group Corporation. Data from INSYST was converted successfully for each member county into the JPA product Avatar. An archival copy of INSYST data has been maintained by ECHO as an additional protection of historical information and to be used for Medi-Cal audits which occur five years out from the year services were rendered.

With the County's decision to discontinue the use of Avatar, its data will be extracted and imported into ShareCare™

Practice Management (Jun 2010)

Each of the core functions of Avatar and the previous product InSyst™ is being replaced by ShareCare™ fiscal module. Registration, Admissions, Discharge, Financial Information, and Service Transactions have all been incorporated into the new system. Key billing for the following Payor sources:

- Medi-Cal
- Medicare
- Healthy Families
- SELPA/ICOE
- TriCare
- Department of VA
- US Behavioral Health
- Cigna
- Blue Cross
- Department of Social Services

and State reporting (CSI) are currently being implemented.

EHR Components – (Jun 2010 – Jun 2011)

Clinical Progress Notes

Progress Notes are captured in the ShareCare™ E H R system, and much like the treatment planning module, the agency is able to develop multiple styles or templates of progress notes for different programs or purposes, or populations. These progress note types can contain tabular data such a fields, radio buttons, drop down menus, check boxes, formatted or not, and narrative word processing type fields. Spell check is available on the progress notes—as it is in all parts of the system where text can be entered. The spell checking function can have words added to the database, and though it is a standard dictionary, during the configuration the medical words and concepts will be added. Clinicians can use the progress note functions separate from service entry, whereby someone else enters the service and the clinician links the note to the service, or the clinician can enter the progress note and have the note itself generate the service.

Using the Group Notes function the clinician can create a Group Note and then migrate that information into individual notes for consumers in the group.

Initial implementation of Progress Notes will be:

- Mental Health Progress Note
- Mental Health Group Note
- AOD Progress Note
- AOD Soap Note

The County will continually review its needs and develop new notes as needed.

Assessments

ShareCare™ comes pre-configured with a standard Mental Status Exam, a Psycho-Social Assessment, the Addiction Severity Index, a Medical History Assessment, and assessments for Pain, DD, and Nutrition. Also included is the CalOMS assessment. All of these except for the ASI and CalOMS can be re-configured by the County for layout, field names, and option list values. (The ASI and CalOMS cannot be modified due to scoring algorithms and state mandated reporting.) Data already in the system in other locations such as Consumer Profile or Diagnosis or Admission pages is auto-populated in the assessments.

ShareCare™ provides three different tools sets that can be used for outcomes measurements. 1) There is an Outcomes module that comes with several national standard outcomes assessments, and allows the County to define new assessments and construct complex scoring algorithms; 2) an Agency Forms module that allows the County to create more or less static forms that can be completed on line and signed and printed; 3) a robust web page generator that can be used to create new web pages that attach to the standard pages in ShareCare™ and utilize existing data in the system.

The Inyo County assessments will be reflecting the philosophy of wellness and recovery module currently in use.

Treatment Plans

ShareCare™ provides the ability to create multiple plan types or templates. Each Plan Type contains its own terminology, custom fields, and clinical best practice data to assist the clinician in completing a treatment plan. The County can have different types of plans for different program types or population groups.

In every plan there is a “focus” of attention, “measurable” steps to resolve or achieve the “focus” of attention, and “tools” that are applied to do the work. In every plan, there are “staff resources” that utilize the “tools” to meet the ends of the plan. ShareCare™ allows the County to create a “plan library” to store plan elements that are used frequently. Different plan types use different parts of the library. The County can create linked focus-measurable-tool-resource elements in the Plan Library that represent the best practices and clinical protocols and then link those to the different plan types. This allows the County to present “best practice” models to staff when writing a Treatment Plan.

Multiple staff can be identified on the plan and the plan can accept multiple signatures. Signing and Committing a Plan makes the plan the accepted plan of record. Committing the plan initiates a set of rule checks to make sure the basic rules for the plan have been followed, and then “locks” the plan. This meets national best practice standards and meets the legal requirements to substantiate records that have been subpoenaed by legal authorities to be used in legal proceedings. A copy function allows an authorized user to select an existing Active plan and use the Copy button to create a new draft plan. The copy function copies all data except the participants and the prologue.

Each time a plan is updated or a new Progress Note is entered, the clinician has the ability to indicate progress on the measurable items; this function provides the county to develop progress trends and analysis.

Treatment plans and libraries will be implemented as part of the ShareCare™ Clinical module of the EHR. Before implementation Echo and Inyo County will review the current clinical workflows and evaluate how treatment planning is integrated into assessment and progress note documentation and develop the County’s desired Treatment Plans.

E-prescribing and Medication Management (Aug - Dec 2010)

The ShareCare™ medications page provides a complete summary of all medications, including those prescribed by the agency or an outside prescriber, any over the counter medications, herbs or other items reported by the consumer. To review any of the medications the user can click the Edit/View button that will show all the details of the prescription as well as any previous adverse reactions. This feature is part of the ShareCare™ Clinical module being implemented.

ShareCare™ has an embedded certified ePrescribing tool, Rcopia Dr.First. It is included in the licensing cost of ShareCare™. The prescriber accesses the ShareCare™ medications page, where a complete summary is shown and indicates (clicks a button) to indicate he or she wishes to enter a medication using this tool. The user is automatically logged onto the secure website that has their medication profile and all their consumers and the medications and their allergies recorded. The prescriber can have “favorite” prescriptions that can be provided to a consumer with one click, or can choose any medication from one of the formularies designated by the county. The program will warn the prescriber of any drug-drug interaction, or allergy interaction, or any dosing restrictions. The prescriber can provide the prescription and it will be

electronically sent to the pharmacy of choice. An authorized assistant can enter prescriptions that are held until the prescriber reviews and signs if this is desired. Treatment Plans, Progress Notes are all viewable during the process through a one click to view ability. Consent Forms and Medication Information sheets can be generated from the ShareCare™ medication page. All medications regardless of source are kept historically.

Lab Orders and Results Viewing (Aug - Dec 2010)

Using the custom page designer, the County can create a custom page for ordering laboratory work and print or fax that document using standard Windows print drivers.

PHR Implementation and Collaboration (Jan - Nov 2011)

The Echo Group and Trilogy are working on a pilot project to utilize the current Inyo County portal for the exchange of data to the consumer. This pilot project will be trialed in Lassen County and with proven data, this feature will be provided to Inyo County as part of the ShareCare™ Clinical module.

Full EHR (Jan 2011)

This milestone is noted as an approximate goal for the full implementation of all EHR components.

EHR and PHR Operational (Jan 2012)

This milestone is noted as an approximate goal for the full implementation of all EHR and PHR components.

Lacking the Microsoft Project Software, Inyo County is inserting an Excel table as our Roadmap.

Name	Duration (mos.)	Start Date	Finish Date
Needs Assessment & Vendor Selection	2	1/1/2010	2/28/2010
Infrastructure Build out	65	7/1/2007	12/30/2012
Practice Management/ Conversion	3	4/1/2010	6/30/2010
Practice Management	1	6/1/2010	6/30/2010
EHR Components	13	6/1/2010	6/30/2011
Treatment Plans	13	6/1/2010	6/30/2011
Imaging & Document Management	13	6/1/2010	6/30/2011
PHR	11	1/1/2011	11/30/2011
Full EHR	8	6/1/2010	1/31/2011
EHR & PHR Operational	20	6/1/2010	1/30/2012

2.2 Training and Schedule

The training schedule for practice management and progress notes is included in the charts below. Similar training schedules will be developed for each of the EHR enhancement sub projects described in the Technological Needs Project Proposal Description. Each EHR enhancement sub project described will incorporate the development of a training plan designed for the specific needs of Inyo County. Costs for training materials development and training of personnel are incorporated into the budget documents found towards the end of this proposal.

Training Schedule for 2010; Practice Management	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
ShareCare Overview				X								
System Administration						X						
Fiscal Operations						X						
Reports						X						

Training Schedule for 2010: Progress Notes	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
ShareCare Overview						X	X					
System Administration						X	X					
Clinical Operations						X	X					

Another, more specific, depiction of a training schedule for Progress Notes follows:

Progress Notes Work plan

#	Task	Who	Wk #
1	Build the set of Progress Notes in ShareCare <ul style="list-style-type: none"> • MH Individual note • MH Group note • AOD Individual note • AOD Group note 	Echo	Weeks 1-2
2	Review final configuration review with Inyo	Echo/Inyo	Week 2
4	Test the Notes; correct as needed.	Echo/Inyo	Week 3
7	Train the clinicians and “go-live”.	Echo	Weeks 4

2.3 Describe your communications approach to the integrated information infrastructure with stakeholders.

Since the advent of the Mental Health Services Act, we have had an ongoing dialogue with stakeholders on the Mental Health Advisory Board, the MHSA Stakeholder Committee at the wellness center sites, and the MHSA Leadership Committee about an integrated information infrastructure. We have discussed: 1) the federal mandate to move toward an electronic healthcare record, 2) the advantages and cautions surrounding portability and privacy of such a record, 3) the ongoing practice management issues for our system, 4) our current information technology (IT) needs and challenges through out the County and 5) the importance of access to internet to enhance consumer support systems and information.

In addition to these discussions, we developed and gathered data from an MHSA IT Needs Survey from stakeholders. A majority of survey responses came from consumers.

In the survey conducted in November and December 2009, 99 respondents indicated the following of how IT funding should be allocated.

How do you think Inyo County should use the Technology funds to support MHSA mental health services?		
N=99 (Participants can choose multiple responses)		
	Quantity	Percentage
Provide access to clients/family	19	19%
Provide clients with their health records	7	7%
Purchase video conference	25	25%
Train staff and clients/family	17	17%
Improve clinical computer systems	29	30%
Other	2	2%

From there, this draft plan was developed and will be posted for a 30-day comment period from June 4, 2010 to July 4, 2010. After the 30 day time period, the Mental Health Advisory Board will convene a Public Hearing on July 12, 2010. The plan will then brought before the Inyo County Board of Supervisors for approval to submit the plan.

2.4 Inventory of Current Systems:

Please see Inyo County’s attached ISCA (Attachment A) from our most recent EQRO review. This document includes our most recent inventory history.

2.5 Please attach your Work Flow Assessment Plan and provide schedule and list of staff and consultants identified The County participated in a series of collaborative-shared workflow analysis with the JPA counties to prepare for the implementation of the EHR. Additionally workflow analysis will be a critical component of implementation for assessments, treatment plan development and scanning sub-projects.

2.6 Proposed EHR component purchases:

The Echo Group’s ShareCare™ and array of proposed services delivers Inyo County an E H R that operates in compliance with state and federal mandates. The solution offers the County:

- Integrated client management
- Fiscal management for billing and claiming
- A comprehensive clinical record
- Support for clinical decision-making
- Reporting and interface engine

- Maintenance services to support future business needs and mandates

Through the purchase of ShareCare™ and related services, the County can achieve higher quality outcomes, more efficient administrative operation and cost and time savings. Our solution will advance the County's Strategic Goal of establishing a consumer-centered, information-based mental health delivery system.

ShareCare™ is a fully integrated, web based commercial off-the-shelf (COTS) product built specifically for the unique aspects of the California behavioral health market. It is supported by one central relational database and architecture to be scalable, highly available, and reliable to meet the performance demands of Inyo County.

The environment for Inyo County where ShareCare™ becomes the backbone has the following benefits:

- Web based solution with unique aspects of the California behavioral health market
- Supported by one central database
 - Electronic Health Record
 - Referral
 - Screening
 - Assessment
 - Authorization
 - Intake
 - Service Delivery
 - Treatment Plans
 - Medications
 - Progress notes
 - Outcomes
 - Billing and Claiming
 - County defined and designer forms

2.7 Vendor Selection Criteria:

The RFP that the JPA used to select the NetSmart Corporation is a document that is in excess of 100 pages. It is available upon request. This process was a great learning experience for Inyo County to understand what comparables needed to be used to satisfy the needs of the County related to:

- E H R features
- California reimbursement requirements
- Vendor support
- Initial and ongoing costs

Through this analysis the County selected The Echo Group and its product – ShareCare™. The following schedule demonstrates the features outlined in this document that the NetSmart product Avatar provided, compared to the selected product, ShareCare™ from The Echo Group.

Feature	Avatar	ShareCare™
Needs Assessment & Vendor Selection	YES	YES
Infrastructure Build out	YES	YES
Practice Management/ Conversion	YES	YES
Practice Management	YES	YES
EHR Components		
Clinical Progress Notes	YES	YES
Assessments	YES	YES
Treatment Plans	YES	YES
e-Prescribing and Medication Management	NO	YES
Imaging & Document Management	NO	YES
PHR	NO	YES
Full EHR	YES	YES

2.8 Cost estimates associated with achieving the integrated information system infrastructure.

The total cost estimate for Inyo County is \$670,510 in Cap Tech monies spread over three years, and will be directed according to the following elements: Funds for the initial year include \$120,254 that will support year two of the license agreement, software maintenance and training for ShareCare™. One hundred fifty nine thousand dollars will support a new county information systems analyst, and data analysis staff. Twenty one thousand ninety eight dollars will be used to upgrade behavioral health information system hardware, including laptops for three staff, desktops for consumers at two wellness centers and a residential care site, as well as compatible printers, scanners and electronic signature pads. A video-conference line will also be maintained. For project years two and three, \$325,105 will be directed towards maintenance of ShareCare™ information system, anticipated computer system upgrades, information systems analyst, and data analysis staff. a 15% administration cost totaling \$87,458 is factored into each of the three years Future years' costs will likely shift to CSS and Realignment.

The essential elements of the EHR are included in the costs associated with the following project proposal.

3. County Personnel Analysis (Management and Staffing)

As a very small county, Inyo County will not be completing this section.

Exhibit 3 - Technological Needs Project Proposal Description

Date: May 1, 2010

County: Inyo

Project Title: EHR Enhancement Project

Description of this MHPA Technological Needs Project:
Extends the functionality of an existing system

Type of MHPA Technological Needs Project:

Electronic Health Record Systems Projects

Infrastructure, Security, Privacy

Clinical Data Management

Other Technological Needs Projects that Support MHPA Operations

Imaging/Paper Conversion Projects

Technological Needs Project Implementation Approach

Custom Off-The-Shelf (COTS) System

Name of Vendor: The Echo Group

Project Description and Evaluation Criteria – Detailed Instructions

Complete each section listed below. Small counties (under 200,000 in population) have the option of submitting a reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project. A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. *Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with a “*”.*

Project Management Overview

For low risk Projects, as determined by the worksheet in Appendix A, the above Project management reporting is not required. Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

The following project is not a medium to high risk project as defined by Appendix A. Consequently, the detailed project management overview is not being submitted.

Project Management Overview:

The Echo Group is uniquely qualified to understand and respond to the needs and requirements of Inyo County Behavioral Health. Our unique background and history in California provides the company with great insight in the work processes of the state and the counties. Some of the elements are as follows:

- Echo has been involved in providing technology solutions for California Behavioral Health for over 29 years. Our current system is an outgrowth of the knowledge we have accumulated from designing the first system in Santa Barbara in 1980, which led to the development of the InSyst™ product in 1985. InSyst™ is still in use in many California Counties including Inyo. Members of the development team for this product still support it and have been intimately involved with the development of our new web-based product, ShareCare™. The knowledge and experience developed in working with California counties provides valuable insight into the needs of all counties, including Inyo.
- ShareCare™ is a direct outgrowth of our experience with the InSyst™ product and Echo's nationwide customer base. Our Oakland based team has worked with many counties and has been an active partner with the state through the development of CDS and then CSI, CalADDS through CADDs to CalOMS and through the development of Managed Care during the days of Medi-Cal Consolidation, and has been active in assisting the state in testing the 837 Medi-Cal Claim, the addition of NPI, the move to the new Gross format claim, and now the development of Short Doyle Medi-Cal Phase II.
- The Echo Group is committed to moving ShareCare™ into the future by providing robust and secure electronic behavioral health technology that meets administrative and clinical needs as well as security and interoperability needs.
- Recent changes in California have included the new Medi-Cal HIPAA compliant 837 claim format with NPI and Gross billing amount changes, the development of CalOMS, and the planning and development for Short Doyle Medi-Cal Phase II.
- Echo staff have been actively involved in CMHDA IT meetings, CHIP meetings, state sponsored work groups, and the InSyst™ user groups during this time. Our development staffs have been able to influence and

support these initiatives providing product enhancements in a manner designed to mitigate process changes.

- Echo understands that regulatory changes are required for California customers and Echo will work closely with the State to identify changes from the inception. When product enhancements are influenced by customers - and not only by regulatory requirements - all ShareCare™ customers benefit. Echo is focused on ensuring our product empowers our customers to be the most clinically effective and financially strong in California and in America.

The change from a paper clinical record to an electronic format is not an easy task. Echo's Implementation Specialists are educated and experienced industry individuals who understand the importance and benefits of installing the Electronic Health Record (EHR). They will work closely with the Inyo clinicians to understand workflow and the existing documentation to ensure consensus from the users.

Echo and Inyo County will jointly define clinical rollout priorities by both Program and Clinical function. Determining the County staff assignments for construction of "libraries" supporting key clinical functions is very important. Clinical functions to include:

- b.) Scheduling
- c.) Clinical Alerts
- d.) Progress notes
- e.) Treatment Plans
- f.) Medication prescribing and monitoring
- g.) Incident Reporting
- h.) Assessment Instruments
- i.) Outcome Measures and data driven program evaluation (Rapid Insight™)

Project management is not a one time deliverable to be read and put aside at the conclusion of project initiation. Project management is an active process that spans the full system development life cycle. Specifically, Project management provides a framework for managing the project effectively, resulting in the successful implementation of the County solution.

Our deliverable for Project management is based upon a rigorous set of management practices guided by the experiences of Echo's Services Group. For this project, we incorporate other inputs into our management approach, including Inyo County goals, the County's requirements and deliverable timeline, and metrics from our actual experience in implementing other solutions of similar size and scope. Our proposed approach results in an open, transparent set of policies and procedures for Echo and the County to manage the project characterized by full project scheduling, project milestone management, appropriate resource allocation, and project stakeholder status reporting.

As part of our methodology, Echo creates multiple planning documents during the initiation phase of the project life cycle. Taken together, these documents provide a “project handbook” that the entire project team and County personnel use as a guideline for performing work on the project.

1. **Stakeholder Involvement Plan** – defines the roles, responsibilities, and reporting relationships between the Echo team, the county and other external stakeholders.
2. **Configuration Management Plan** – describes the policies, procedures, and tools for managing the creation, modification, maintenance, and storage of project deliverables.
3. **Issue Management Plan** – describes how issues are identified, logged, assigned, tracked, and resolved. Includes an escalation process that defines how the project team brings issues to County management for resolution as necessary.
4. **Change Control Plan** – describes the method that the project team uses to identify, quantify, track, and resolve items that are beyond the scope of the current contract. Provides a method for bringing change items to the county for approval and for incorporating changes throughout the existing project deliverables and contract as necessary.
5. **Communication Plan** – describes the type, method, and frequency of planned communication between the county stakeholders and the Echo’s Project Team throughout the project life cycle.
6. **Quality Assurance Plan** – describes the process for creating, reviewing, and modifying deliverables incorporating standard document templates, mandatory review periods, and milestones for identified deliverables.

Aided by templates from our methodology and examples from previous projects, the Echo Project Team completes drafts of these working documents within the first month of the project for review modification by the County. We introduce these documents to key county stakeholders at a Project Kickoff Meeting, which introduces the Echo team to the county personnel, reviews the goals, objectives and activities for the project, and describes the policies and procedures by which we run the project. Benefits that accrue from our approach to Project management include:

- ▶ Consistency in the creation of project deliverables by using a proven framework that will minimize risk, maximize benefits, and achieve the greatest level of quality.
- ▶ Building quality into each deliverable as a matter of process versus auditing and correcting after the fact.
- ▶ Comprehensive tracking of issues, risks and deliverables prevents items from “falling through the cracks” resulting in unexpected and unwelcome deviations from expectations.

- ▶ Provides transparency in communications between the County and the Echo team helping to build trust and confidence that the new system meets and exceeds the County's needs.

The greatest risk related to project management is the belief that planning processes and work products are a costly overhead item that a project can reduce and save money. In fact, without this focus on planning, management, and control, the project is at risk of

- ▶ Missing deadlines and exceeding budgets.
- ▶ Allowing scope creep that endangers completion of the project on time and on budget
- ▶ Wasting hours and resources because deliverables do not meet County expectations.
- ▶ Finding errors at the end of the deliverable rather than the beginning, making it more expensive to correct.
- ▶ Lacking tools and processes for controlling the project, which prevents accurate assessment and reporting of progress to date and effort to complete the project.

The Echo team approach to project management mitigates these risks by using a proven methodology backed by years of experience in managing, complex California E H R and reimbursement systems engagement, such as the Inyo County project. We understand that the "devil is in the details" when managing these types of engagements and bring a proven solution, tools, and methodology to not only plan, but plan, manage, and control the project. Our team is well versed in our methodology and processes, and can hit the ground running.

Project Cost

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis will be highlighted. Costs will be forecasted on a quarterly basis for the life of the Project. Please refer to the budget summary, Exhibit 4, for a complete breakout of project costs.

Nature of the Project

Project Summary:

Inyo County believes that the future of information systems in the behavioral health environment is to use technology for the improvement of clinical outcomes and administrative efficiencies. From a clinical standpoint, the trend

in behavioral health is toward continuity of care for patients, using a holistic view of the patient. As with all of the healthcare industry, there are significant benefits to be gained through automation of an individual's medical record. The development of interoperability standards allows not only better information sharing between multiple behavioral health providers and provides the opportunity for information sharing between physical and behavioral health providers. While the standards governing behavioral health services are not yet finalized, the County believes the future is in a secure patient-centric health record, interoperable across providers and geographic boundaries, with controlled access governed by the individual.

These future initiatives also include a greater reliance on decision support systems, which give patients and clinicians access to evidence-based best practices. This allows patients to make more informed decisions about treatment and allows providers/regulators the means to enforce standard protocols in order to improve quality of care. In the current behavioral health environment, decision support is typically found in the pharmacy applications, where drug interaction functionality alerts the provider when a new prescription negatively interacts with current medication. As more evidence-based protocols are documented in rules engines, we feel all clinicians including behavioral health providers will utilize decision to a greater degree.

The County had participated in a JPA EHR Enhancement Project that included several sub-projects. Inyo County has identified the following sub-projects as required to achieve an operational EHR and is supported by their selection of Echo's – ShareCare™

Sub-project A: Standardized and Improved Assessment tools and workflows

Sub-project B: Treatment Planning Tools which have a wellness and recovery focus

Sub-project C: Document management and imaging

Sub-project D: Hardware and Communications Expansion

Sub-project E: Project and Application Management Staffing Expansion

Sub-project A: Standardized and Improved Assessment tools and workflows.

Standard ShareCare™ comes pre-configured with a standard Mental Status Exam, a Psycho-Social Assessment, the Addiction Severity Index, a Medical History Assessment, and assessments for Pain, DD, and Nutrition. Also included is the CalOMS assessment. All of these except for the ASI and CalOMS can be re-configured by the County for layout, field names, and option

list values. (The ASI and CalOMS cannot be modified due to scoring algorithms and state mandated reporting.) Data already in the system in other locations such as Consumer Profile or Diagnosis or Admission pages is auto-populated in the assessments.

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Sub-project B: Treatment Planning Tools which have a wellness and recovery focus

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In every plan there is a “focus” of attention, “measurable” steps to resolve or achieve the “focus” of attention, and “tools” that are applied to do the work. In every plan, there are “staff resources” that utilize the “tools” to meet the ends of the plan. ShareCare™ allows the County to create a “plan library” to store plan elements that are used frequently. Different plan types use different parts of the library. The County can create linked focus-measurable-tool-resource elements in the Plan Library that represent the best practices and clinical protocols and then link those to the different plan types. This allows the County to present “best practice” models to staff when writing a Treatment Plan.

Multiple staff can be identified on the plan and the plan can accept multiple signatures. Signing and Committing a Plan makes the plan the accepted plan of record. Committing the plan initiates a set of rule checks to make sure the basic rules for the plan have been followed, and then “locks” the plan. This meets national best practice standards and meets the legal requirements to substantiate records that have been subpoenaed by legal authorities to be used in legal proceedings. A copy function allows an authorized user to select an existing Active plan and use the Copy button to create a new draft plan. The copy function copies all data except the participants and the prologue.

Each time a plan is updated or a new Progress Note is entered, the clinician has the ability to indicate progress on the measurable items; this function provides the county to develop progress trends and analysis.

Treatment plans and libraries will be implemented as part of the ShareCare™ Clinical module of the EHR. Before implementation Echo and Inyo County will review the current clinical workflows and evaluate how treatment planning is integrated into assessment and progress note documentation and develop the County's desired Treatment Plans.

While the treatment-planning module could even be used to create consumer based Crisis and Wrap plans, there are additional alternatives as well.

The county can also use the custom web page generator to create the form that would allow the consumer to complete these types of plans and then upload them and attach them to the consumer record. However, what might be even more advantageous is a partnership with Trilogy using their Network of Care. Trilogy is in lockstep with HL7 and CCHIT developments to have a completely HIPAA, HL7 and CCHIT certified PHR. Already in their software they have the facility for the consumer to create a WRAP plan and a CRISIS plan.

Echo and Trilogy have just started a Pilot Project in Lassen County to exchange this type of data—to push medication and diagnosis data to the consumer's PHR and to accept their WRAP and CRISIS plans into ShareCare. We consider this a very exciting project, and work is already under way on the format of the electronic interchange. As this model is proven it will be provided to Inyo County.

Sub-project C: Document Management and Imaging

Users of ShareCare™ can upload scanned documents and link them to the consumer's clinical record. Because ShareCare is a web product, URL's can be embedded on standard pages. The URL can point to documents on a server, to another application on the county's network or to any external web page that contains the scanned documents.

Scanned documents can be categorized by the County defined definitions and linked to the consumer's Clinical Summary page in the EHR.

With an ultimate goal of reducing and eliminating the paper record, three scanners will be purchased and document-imaging technology will be implemented with the initial installation of ShareCare™. This will provide the County the ability to eliminate paper documents immediately and allow for tactical decisions on the electronic storage of existing documents.

Sub-project D: Hardware and Communications Expansion

In coordination with other JPA members, Inyo County will purchase the following hardware to support the delivery of services on a deployed basis, out of the office in the community. Such service delivery is entirely consistent with the goals of the MHSA. As MHSA programs have expanded, there is an increasing requirement to move technology out of the traditional office setting and into the field.

5 Air cards – Inyo County will purchase Air cards appropriate to the local geography and accessibility of wireless technology. Air cards can permit remote access to the system using secure Internet access. The purchase of these devices will support the use of the expanding EHR in various non-office field settings.

5 Digital Signature Devices - Inyo County plans to incorporate the signature of consumers into EHR documentation by using commercially available digital signature devices. The devices will be used both in the office and field where consumer/family signatures are often required. The digital image of the signature will be retained a part of the EHR.

3 Digital Scanners – As stated in Sub-project C, scanners will allow Inyo County to reduce paper records. The scanners will be selected based on image quality, network capability, and the ability to both scan multiple documents from a feeder, and scan from a flatbed, as necessary.

Sub-project E: Project and Application Management Staffing Expansion

Echo employs staff with extensive experience in technology, project management, software and behavioral health. These full time Echo employees deliver the services that make our customers successful including process consulting, implementation management, transaction management, information technology/infrastructure consulting, customization and system design services.

The Echo Team's proposed project organization is designed to meet the specific needs of the Inyo EHR project. Our organizational structure is based on our analysis of the deliverables and the tasks required, the scope and timing of the work we need to accomplish, and our experience in successfully managing and implementing similar sized projects.

Echo has more than 29 years of experience structuring teams for quality implementations of projects such as Inyo County. Consider the following highlights of the Echo Team:

- Every staff member proposed for a key role has worked in a similar position on a previous, successful California implementation of

ShareCare™.

- Our proposed project manager has substantial experience in the California mental health system and project management.
- Our proposed key technical and functional staff members are very familiar with California behavioral health policies as well as the architecture, tools, hardware and software we have proposed.

Based on our experience with complex California projects, we propose a staffing plan for the Inyo County project that reflects the key principles:

- Group the teams responsible for related activities together to establish effective communication; provide management process to support cross-team coordination and enforcement of standards.
- Allow project management and team leaders to deliver the results for which they are accountable by delegating authority as necessary to get the job done.
- Establish collaborative working relationships with and among the major engagement stakeholders and implement a structure that fosters communication and promotes accountability.
- Provide for regular participation with Inyo senior level technical and functional managers to expedite the resolution of issues before project integrity is threatened.

Deploying a very experienced and educated staff is one of the key reasons for Echo's successful installations. These groups will provide a broad scope of services that compliments the experience of the Inyo County staff. The Project Manager will work with the county to identify process groups to execute:

- Implementation
- Training
- Product Development and Engineering
- Conversion
- Information Technology/Infrastructure

The Echo Group and Inyo County will jointly assess their current workflow, identify the workload associated with conversion of all existing functions, and create a gap analysis and detailed Project Plan for "go-live" requirements. Some details to be covered during this step include:

- Definition of all detail level milestones
- Assignment of responsibilities for milestone achievement
- Development of work team assignments and meeting/monitoring schedule
- Assessment of new functionality impact on Inyo County operations

- Review of Inyo County workflow under existing products and creation of a Process Review/Gap Analysis incorporating workflow change recommendations.
- Identify reports or customizations that need to be incorporated in ShareCare™ and which may be developed at additional cost.
- Conversion process, review of data elements for inclusion, and assessment of impact on full implementation timeframe

The extent to which the Project is critical to the accomplishment of the County, MHSa, and DMH goals and objectives

Inyo County sees the establishment of an integrated information system, including each of the sub-projects noted in this MHSa Technical Needs Proposal to be an essential step towards using technology more effectively to meet the needs of consumers and families in our communities. The elements in this proposal are entirely consistent with our County's MHSa goals.

The degree of centralization or decentralization required for this activity

Inyo County is generally centralized with limited satellite facilities, however, as previously noted the County seeks to bring services and technology out of the centralized setting whenever it is required utilizing the full technology of the Web-based product. Consequently the use of mobile computing technology will be used to assist the service delivery system.

The data communication requirements associated with the activity

As described in Sub-project D: Hardware and Communications Expansion, the County sees the EHR Enhancement project as an opportunity to expand on current network technology already installed. Inyo plans to use wireless technology and mobile computing taking full advantage of the selected Web-based application.

The characteristics of the data to be collected and processed, i.e., source, volume, volatility, distribution, and security or confidentiality

Data to be collected and processed includes all data elements collected and reported to DMH as part of Medi-Cal as well as the client services information reporting (CSI) required by the State. There is a high degree of security and confidentiality required for transmission of this data. In addition, data will be more expanded because the whole Electronic Health Records system will be included, as described elsewhere in this document.

The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure

ShareCare™ meets the criteria for interoperability articulated by DMH and as cited in their recent RFI. The Echo Group has sufficient corporate capacity to meet CCHIT and other standards as they emerge and are modified in the future.

As new opportunities develop to link our system with other resources, we believe the underlying infrastructure -- both internal and from the vendor -- will be sufficient.

Hardware Considerations *(as applicable)

This section is not applicable

Describe:

- Compatibility with existing hardware, including telecommunications equipment
- Physical space requirements necessary for proper operation of the equipment
- Hardware maintenance
- Backup processing capability
- Existing capacity, immediate required capacity and future capacity

Software Considerations * (as applicable)

Describe:

- **Compatibility of computer languages with existing and planned activities**
Since all software is coming from the same vendor, language compatibility should not be an issue.
- **Maintenance of the proposed software, e.g. vendor-supplied**
Costs for the maintenance of all software for the EHR Enhancement Project are included in the software budget. Maintenance of software will be purchased from the vendors.
- **Availability of complete documentation of software capabilities**
Documentation for ShareCare includes a User Manual and Database Administrator Manual, which are provided in a searchable PDF format. For administrators, there are also readme and technical readme files provided with each service pack or release. These provide the agency's internal technical staff with an overview of functionality in the release along with any changes that may have occurred with the database.

A customizable help function is also embedded in the application and accessed through a simple keyboard command.

Complete and thorough documentation (user manuals, data dictionaries, et al) are shipped with all Echo software. Any time a change is made to the software; new documentation is automatically shipped with the update. There is never any additional charge for manuals or software documentation.

- **Availability of necessary security features as defined in DMH standards noted in Appendix B.**

ShareCare™ meets the security features as defined in Appendix B.

1. Functional Standards

A critical factor in the County's selection of ShareCare™ is The Echo Group's demonstrated commitment to supporting industry standards. Echo's EHR was the first behavioral health software to receive the Davies Award for Best Demonstrated Practices for a complete EHR System, Presented by the Healthcare Information and Management Systems Society (HIMSS). Echo's software also complies with HIPAA security and privacy standards.

2. User Friendly Interface Standard

The User Interface was one of the factors considered in the vendor selection process. Echo's software complies with this standard.

*The EHR Project **MUST MOVE TOWARDS** the following:*

-Be Internet based, available from any standard web browser, so that consumers or family members may access their PHRs.

ShareCare™ is a Web-based product and by utilizing this development technologies a consumer portal can be opened that can allow the user to interact with the record based on the county's authorization.

It also should be noted that Echo is working with Trilogy to export and import data between ShareCare and Trilogy's Network of Care

-Be able to transmit an approved form of Continuity of Care Record as applicable.

Echo has a demonstrated commitment to standards including HL7 standards.

- Provide ability of the client and family to communicate with the clinician and service provider, especially in the multi-lingual environment.

Documents can be printed in multiple languages; the county will need to provide the translated text to be printed. It can be written and printed in any language supported by Microsoft Internet Explorer

Vendor Commitment Standard The EHR Project vendor **MUST** meet current industry and government standards. At a minimum, the technology must support current basic standards and the vendor must provide a written agreement to continually upgrade the technology to meet future standards as they become available. The vendor **MUST**:

- Include implementation plans that meet minimum staffing criteria for planning, implementation, conversion/migration, oversight, risk management and quality assurance of the technology.

Inyo County and The Echo Group continue to develop a sound working business relationship through the planning and implementation processes outline earlier in this document. Echo is an active participant in CMHDA IT and MHSA IT workgroups and is active in both industry and government standard setting organizations.

-Specify how their product meets or is planning to address all State and federal regulations including, but not limited to, HIPAA regulations.

ShareCare™ is HIPAA compliant regarding transactions, security and privacy. It is used by a number of California County Mental Health departments and complies with State regulations regarding reporting and claiming.

In the Agreement with the vendor, the County has included clauses that obligate The Echo Group to comply with all State and Federal regulations.

- Provide the necessary plan for the product to have application interfaces as necessary to meet California mental health reporting and claiming requirements.

ShareCare™ is used by a number of California County Mental Health departments and complies with State regulations regarding reporting and claiming.

- *Meet the CCHIT behavioral health criteria within one year of the availability of final CCHIT behavioral health certification criteria.*

The Echo Group's software will undergo certification for the CCHIT Behavioral Health standard when they become available.

3. Connectivity and Language (Interoperability) Standards

Connectivity Standard:

- *Be compatible with modern local and wide area network technology supporting*

Internet and intranet communication. YES

- *Be distributed, with "ownership" of the data remaining at both the sending and the receiving ends. YES*

- *Use standard protocols that include: YES (to all below)*

Extensible Markup Language (XML)

Simple Object Access Protocol (SOAP)

Security Assertion Markup Language (SAML)

Web services used for application programming interfaces

Message-oriented middleware

*The EHR Project **MUST** use industry standard coding and classification systems such as: YES*

- *International Classification of Diseases (ICD-9)*

- *Common Procedural Terminology (CPT)*

*The EHR Project **MUST** be able to capture and report: YES*

- *California specific cost reporting and performance outcome data*

*In addition, the EHR Project **MUST MOVE TOWARDS: YES***

- *Standardized clinical nomenclature within structured messages (reference terminologies such as SNOMED (Standardized Nomenclature of Medicine)*

- *HL7 2.X (with vendor commitment to migrate to HL7 RIM)*

- *Logical Observation Identifiers Names and Codes (LOINC) as applicable*

- *Having a cross-mapping of terms from one formal terminology or classification to another consistent with federal, state and DMH standard languages*

4. Client Access, Security and Privacy Standards

Government Compliance Standard: YES

Privacy Standard: YES

- *Comply with current Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act requirements. YES*

- *Address cultural and language issues to facilitate access and sharing of data YES.*

Security: YES, as demonstrated by CCHIT, MH certification when they become available.

Access Control Standard: YES, based on role based security with a high level of granularity.

Auditing Standard: YES

Authentication Standards: YES

- *Compatibility of computer languages with existing and planned activities*

Ability of the software to meet current technology standards or be modified to meet them in the future

ShareCare™ meets the technology standards today and in the future

Interagency Considerations* (as applicable)

Not Applicable at this time

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

Training and Implementation * (as applicable)

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

Defining the roles and responsibilities of an implementation requires discussion and agreement between Inyo County staff and Echo. In the following areas of this document, very concise details are provided on the following categories of the installation of ShareCare:

- 1.) Project planning
- 2.) Project Resources
- 3.) Development of a detailed Work Plan
 - Project Status Reporting
- 4.) Verify System hardware
- 5.) Deliver Application software
 - Load application

- 6.) Test the installation
- 7.) Develop training plan
- 8.) Conduct trainings
 - Provide County training materials
- 9.) Configure system
- 10.) Integration installation and test
 - MMEF
 - MEDS emulation
- 11.) System test Plans
 - Conduct Module tests
 - Conduct reporting Tools tests
 - Conduct Performance test
- 12.) Data Conversion Plan
 - Execute conversion test
 - Execute complete data conversion
- 13.) System Cut Over Plan
- 14.) Final System Acceptance
- 15.) Move to Technical Support

All of these tasks require County participation to understand and receive education on the application. These will provide the County the knowledge to use the tools to maintain the product on a day-to day basis (i.e. screen development, report writing, data extraction, set-up functions, table maintenance)

The change from a paper clinical record to an electronic format is not an easy task. Echo's Implementation Specialists are educated and experienced industry individuals who understand the importance and benefits of installing the Electronic Health Record (EHR). They will work closely with the Inyo clinicians to understand workflow and the existing documentation to ensure consensus from the users.

Echo and Inyo County will jointly define clinical rollout priorities by both Program and Clinical function. Determining the County staff assignments for construction of "libraries" supporting key clinical functions is very important. Clinical functions to include:

- Scheduling
- Clinical Alerts
- Progress notes
- Treatment Plans
- Medication prescribing and monitoring
- Incident Reporting
- Assessment Instruments
- Outcome Measures and data driven program evaluation (Rapid Insight™)

Security Strategy * (as applicable)

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Please address specifics related to:

- Protecting data security and privacy
- Operational Recovery Planning
- Business Continuity Planning
- Emergency Response Planning
- HIPAA Compliance

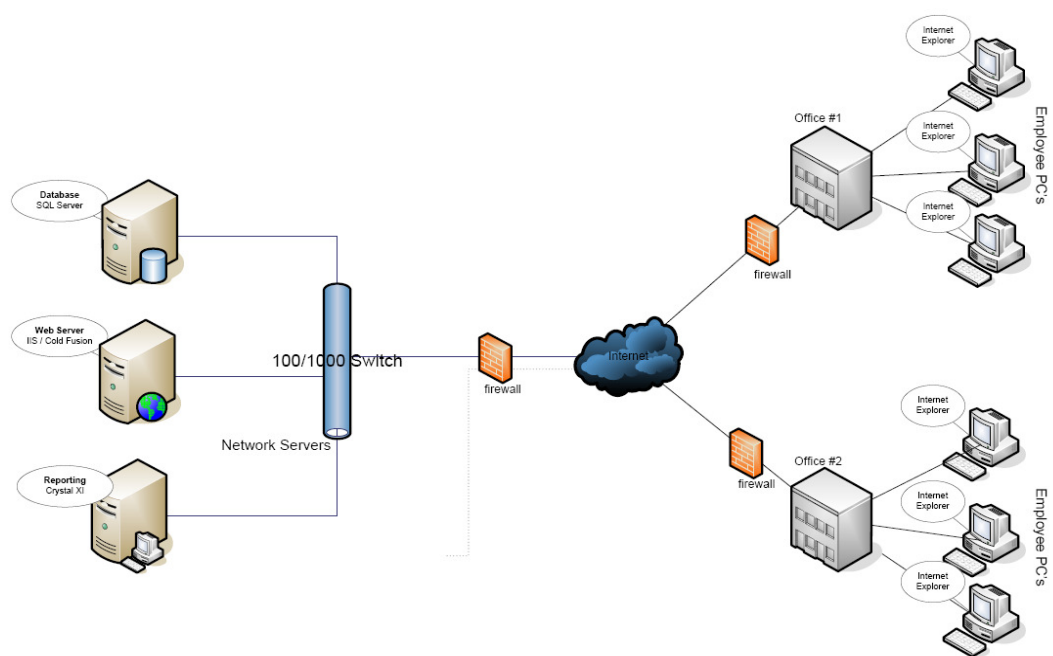
The County expects that ShareCare™ will **protect data security and the privacy** of our electronic data. The security model used by Echo allows the County to implement a more granular level of appropriate security.

Inyo County is accessing ShareCare™ via Echo's servers as part of the ASP solution. Consequently, Echo's data center has both a documented and a well-defined operation recovery planning approach. Inyo's access for purposes of urgent **operational recovery** or for **Business Continuity Planning** is greatly enhanced since any secure browser site may access the Echo's servers located in their secure data center. The Echo Group has provided for redundancy and recovery in the event of a disaster at the Oakland, CA location.

The County participates in local county **Disaster Recovery** planning and exercises. As in all counties, the behavioral health department plays an essential role in any local disaster recovery effort. Access to ongoing ShareCare™ operations will be limited only by access to the Internet. We anticipate that a remote server could be a substantial advantage in such a situation.

The County policies are consistent with HIPAA Compliance. Further, the ShareCare™ is designed with attention to HIPAA requirements.

Echo Hosting Option		
ShareCare	5/7/2007	



The following items outline what services The Echo Group will provide to Inyo as part of its ASP/Hosting arrangement for ShareCare. It supports the security efforts being planned by the County.

1. Inyo will provide a Primary Contact who will be the sole voice of decisions and instructions for The Echo Group. While it might be advantageous for Inyo to develop a ShareCare Guidance Group (SCGG) with representatives from the various stakeholders and constituencies, it is most important that only a single voice give direction and guidance to the Echo Group in carrying out its tasks outlined in the agreement.
 - One of the first tasks under any contract of this type with Inyo will be the early development and adoption of a complete and detailed calendar of events so that the resources of the system are used appropriately and there is a consistency of production that Inyo can rely upon.
2. Staffing. The Echo Group will provide dedicated staffing for this project.
3. Hardware / Software. The Echo Group will provide the required hardware and software as part of this contract. We will maintain application, database, and communications servers adequate for Inyo to operate ShareCare. Hosting will include:
 - a. Installation of all application software
 - b. Installation of all operating system and communications software necessary on the server to operate the software and the required number of users

- c. Creation of the initial database necessary for the operation of the application software
- d. Maintenance of the application database, including indexes, stored procedures and triggers
- e. TCP/IP communications linkages accessible to Inyo via the Internet
- f. Adequate data storage capacity for application software operation
- g. Network Monitoring
- h. A full database back up will be executed nightly, without interruption of system operation. In addition, at least four (4) times during each Echo workday, a complete transaction log back-up will be made. Verification of successfully completed backup processes is included
- i. Monitoring of key system metrics including: Threshold based monitoring of CPU utilization, file systems space utilization, and memory utilization
- j. Network/firewall monitoring
- k. Server Redundancy: In order to maximize system availability, server redundancy will be maintained, including web server and application server, as well as industry standard RAID data storage configuration. In addition, Internet connectivity will have multiple broadband or faster connections.
- l. Security / Encryption: Echo will utilize industry standard digital certificates that provide a minimum of 128-bit encryption through Secure Socket Layer (SSL) technology to manage server-based security of Inyo data and data communications.
- m. Updates and System Maintenance
- n. Database and operating system software will be installed and maintained in operating order
- o. Echo will provide updated versions of application, database and operating system software
- p. Echo will establish maintenance timeframe windows with Inyo for required updates and general system maintenance.

4. Calendar content. Echo Group staff will work with the SCGG to develop a comprehensive calendar of programs and operations that will run on a daily, weekly, monthly or other periodic basis. While some fluidity in the calendar operations is acceptable, with proper processing power, most programs will be run on a consistent basis.

5. Periodic data fixes, rollbacks, and other minor programming issues will be covered in this proposal for any item not exceeding an estimate of 10 hours. Projects that exceed that will be negotiable and will be handled as standard service requests.

6. New development requests over the stated 10-hour estimate will be managed as standard service requests.
7. Networking.
 - a. The hardware will be located in Oakland, California and The Echo Group will provide the bandwidth to facilitate network and processing load.
 - b. The Echo Group will provide no network support for printers or other hardware in Inyo.
 - c. All remote circuits will be linked directly to Inyo and through the dedicated link to the servers in Oakland.
8. Printing
 - a. All printing done in Inyo.
9. Claims
 - a. Echo Group
 - i. Run Test Claims for Medi-Cal, Medicare, insurance, and patient.
 - ii. Run Production Claims for Medi-Cal, Medicare, insurance, and patient
 - iii. Submit electronic claims in Medi-Cal and Medicare approved formats
 - b. Inyo
 - i. Print all paper claims
10. CSI/CalOMS (1X per month)
 - a. Echo Group
 - i. Test Runs
 - ii. Production Processing
 - iii. Submission
 - b. Inyo
 - i. Error correction
 - ii. Notification of error correction completed
11. Backup and Restore
 - a. Echo Group
 - i. Nightly
 - ii. Weekly Backups
 - iii. Offsite Iron Mountain storage and protection.
 - iv. Recovery and restore if required.
12. User Accounts
 - a. Echo Group
 - i. Provide forms and process for adding new users and authorizations
 - ii. Create new users and authorizations
 - b. Inyo
 - i. Identify new users or user update information
 - ii. Identify new authorizations or authorization updates.

13. Extracts/Uploads/Processes as required

- a. MMEF

14. Short Doyle Phase II Setup and Testing

- a. Echo Group
 - i. Set up testing environment and interface with state on submissions and technology.
 - ii. We correct any programming or environment issues.
- b. Inyo
 - i. Enter test data and review error logs and make data corrections,
 - ii. Interface with the state regarding policy and data issues.

Project Sponsor(s) Commitments (Small Counties may elect to not complete this section)

Inyo County will not be completing this section, as it is neither required, nor applicable to our proposal.

Sponsor(s) Name(s) and Title(s)

Identify the Project Sponsor name and title. If multiple Sponsors, identify each separately.

Commitment

Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.

Approvals/Contacts

Please include separate signoff sheet with the names, titles, phone, e-mail, signatures and dates for:

Individual responsible for the preparation of this Exhibit was:

Gail Zwier, Ph.D.
Mental Health Director
County of Inyo
760 873-6533
gzwier@inyocounty.us

Signature

Date

Exhibit 4- Budget Summary
For Technological Needs Project Proposal
(List Dollars in Thousands)

County	INYO				
Project Name	SHARECARE				
Category	(1) FY1011	(2) FY1112	(3) Future Years	(1+2+3) Total One-Time costs	Estimated Annual Ongoing costs*
Personnel	159,000	159,000	39,000	357,000	
Total Staff (Salaries & Benefits)	159,000	159,000	39,000	357,000	\$ -
Hardware From Exhibit 2					
Laptops, docking sta, scanners, etc. for Elec.Hlth Record	21,098	7,248	12,948	41,294	
Total Hardware	21,098	7,248	12,948	41,294	\$ -
Software From Exhibit 2 - ShareCare					
- Annual maint. Admin/Fiscal	57,000	57,000		114,000	
Annual maint. Clinical and Dr.	7,504	7,504		15,008	
One -Time ShareCare license fees - 15 users	26,250			26,250	
Total Software	90,754	64,504	-	155,258	\$ -
Contract Services (list services to be provided)					
ShareCare Admin/Fiscal Implementation training	10,125			10,125	
ShareCare Clinical Impementation training.	16,875			16,875	
Total Contract Services	27,000	-	-	27,000	\$ -
Other Expenses (Describe)					
ShareCare travel	2,500			2,500	
Subtotal	300,352	230,752	51,948	583,052	
Administrative Overhead 15%	45,053	34,613	7,792	87,458	
Total Costs (A)	345,405	265,365	59,740	670,510	
Total Offsetting Revenues (B)**	-	-	-	-	
MHSA Funding Requirements (A-B)	345,405	265,365	59,740	670,510	

Exhibit 5 – Stakeholder Participation
For Technological Needs Project Proposal

Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

Stakeholder Type	Meeting Type	Meeting Date
Consumers, family members, clinicians, non-licensed mental health staff, community members	Public meetings of the Mental Health Advisory Board – agendaized MHSA IT project planning meeting, including survey to determine IT project priorities.	January 11, 2010 February 8, 2010
Clinicians, non-licensed mental health staff, MH and HHS executive staff, fiscal managers	Internal staff meetings of the MHSA Leadership Committee. Vendor analysis and transition planning for EHR.	December 16, 2009 January 6, 2010 March 24, 2010
Consumers, family members, community partners and members of the general public	Electronically posted copy of the draft Technological Needs Project Proposal for public comment on County of Inyo website.	June 14, 2010 to July 14, 2010

Attachment A- Inyo County ISCA
For Technological Needs Project Proposal

Information Systems Capabilities Assessment
(ISCA)
Version 7.0

California Mental Health Plans
FY 2010

MHP Name: Inyo

Return an electronic copy of the completed assessment to CAEQRO for review by

This document was produced by the California EQRO in collaboration with the California Department of Mental Health and California MHP stakeholders.



Information Systems Capabilities Assessment (ISCA)

Contact Information

Insert MHP identification information below. The contact name should be the person completing or coordinating the completion of this assessment.

<i>ISCA contact name and title:</i>	Gail Zwier
<i>Mailing address:</i>	162 J Grove St
<i>Phone number:</i>	(760) 873-6533
<i>Fax number:</i>	(760) 873-3277
<i>E-mail address:</i>	gzwier@inyocounty.us
<i>Identify primary persons who participated in completion of the ISCA (name, title):</i>	Gail Zwier, Behavioral Health Director Justine Kokx, Fiscal Analyst Kathy McKinley, Office Manager
<i>Date assessment completed:</i>	4-14-10

PURPOSE of the Information Systems Capabilities Assessment (ISCA)

Knowledge of the capabilities of a Mental Health Plan’s (MHP) information systems (IS) is essential to evaluate effectively and efficiently the MHP’s capacity to manage the health care of its beneficiaries. The purpose of this assessment is to specify the desired capabilities of the MHP’s information systems and to pose standard questions to be used to assess the strength of an MHP with respect to these capabilities. This will assist an External Quality Review Organization (EQRO) to assess the extent to which an MHP’s information systems are capable of producing valid encounter data¹, performance measures, and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its beneficiaries.

¹ “For the purposes of this protocol, an encounter refers to the electronic record of a service provided to an MCO/PIHP [MHP] enrollee by both institutional and practitioner providers (regardless of how the provider was paid) when the service would traditionally be a billable service under fee-for-service (FFS) reimbursement systems. Encounter data provides substantially the same type of information that is found on a claim form (e.g., UB-04 or CMS 1500), but not necessarily in the same format.” – Validating Encounter Data, CMS Protocol, P. 2, May 2002.

OVERVIEW of the Assessment Process

Assessment of the MHP's information systems is a process of four consecutive activities.

Step One involves the collection of standard information about each MHP's information systems. This is accomplished by having the MHP complete an *Information Systems Capabilities Assessment (ISCA) for California Mental Health Plans*. CAEQRO developed the ISCA in cooperation with California stakeholders and the California Department of Mental Health. It is provided to the MHP as part of the CAEQRO review notification packet. The California Department of Mental Health defined the time frame in which it expects the MHP to complete and return the tool. The MHP will commonly require input from multiple areas of the organization such as IT/IS, Finance, Operations, and QI in completing the ISCA. The MHP may also attach additional sheets as needed and clearly identify them as applicable to the numbered item on the tool (e.g., 1.4, or 2.2.3).

Step Two involves a review of the completed ISCA by the EQRO reviewers. Materials submitted by the MHP will be reviewed in advance of a site visit.

Step Three involves a series of onsite and telephone interviews, and discussion with key MHP staff members who completed the ISCA, as well as other knowledgeable MHP staff members. These discussions focus on various elements of the ISCA. The purpose of the interviews is to gather additional information to assess the integrity of the MHP's information systems.

Step Four produces an analysis of the findings from both the ISCA and the follow-up discussions with the MHP staff. A summary report of the interviews, as well as the completed ISCA document, is included in an information systems section of the EQRO report. The report discusses the ability of the MHP to use its information systems and to analyze its data to conduct quality assessment and improvement initiatives. Further, the report considers the ability of the MHP's information systems to support the management and delivery of mental health care to its beneficiaries.

SECTION A. General Information

A.1. List the top priorities for your MHP’s IS department at the present time:

Implement the ECHO Share Care product
Train staff in the use of the product
Create and utilize data reports for cost reporting
Create reports for data monitoring for quality assurance, improvement and informed decision-making
Track MHPA components and outcomes

A.2. Describe any significant IS-related achievements or initiatives completed since the last CAEQRO review:

Made decision to implement the ECHO product

A.3. Do you have a written strategic plan for IS? If yes, attach a copy or be prepared to provide it for review at the on-site CAEQRO interview.”strategic plan? We are in process of writing MHPA IT plan

Yes No

A.4. How are mental health services delivered?

Of the total number of services provided, approximately what percentage is provided by:

Type of Provider	Distribution
County-operated/staffed clinics	90%
Contract providers	5%
Network providers	5%
Total	100%

A.5. Of the total number of services provided, approximately what percentage is claimed to Medi-Cal?

70%

A.6. Of the total number of services provided, approximately what percentage is claimed to Medi-Cal by the following types of providers:

Type of Provider	Medi-Cal	Non-Medi-Cal	Total
County-operated/staffed clinics	65%	35%	100%
Contract providers	80%	20%	100%
Network providers	80%	20%	100%

A.7. Provide approximate total annual MHP budget for the following, using your most recent cost report:

Type of Provider	Medi-Cal Approved	Non-Medi-Cal	Total
County-operated/staffed clinics	\$890,000	\$3,138,000	\$4,028,000
Contract providers	\$50,000	\$10,000	\$60,000
Network providers	\$10,000	\$2,000	\$12,000
Total	\$950,000	\$3,150,000	\$4,100,000

A.8. Please estimate the number of staff that use your current information system:

Type of Staff	Estimated Number of Hands-on Users	Estimated Number of Total FTEs
MHP Administrative and Clerical	5	7
MHP Clinical	13	13
MHP Quality Improvement	2	1
Contract provider Administrative and Clerical	0	
Contract provider Quality Improvement	0	
Contract provider Clinical	0	

Primary Information Systems Used by the MHP

A.9. Describe the primary information systems currently in use:* We are currently in process of transitioning from the Netsmart Avatar product to the ECHO Share Care product

Vendor/Supplier	Product/Module or Function	Date implemented (MM/YY)
Netsmart	Avatar PM	Month: 02 Year: 2007
ECHO	Share Care	Month: 04 Year: 2010
		Month: [] Year: []
		Month: [] Year: []
		Month: [] Year: []

A.9.1. What functions do these products perform or support? (Check all that currently are used)

<input checked="" type="checkbox"/> Practice Management	<input checked="" type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> e-Prescribing	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> MHPA Reporting	<input type="checkbox"/> Clinical Functions	<input type="checkbox"/> Document Imaging/Storage
<input type="checkbox"/> Personal Health Record (PHR)	<input type="checkbox"/> Other (describe): []	

A.9.2. Who performs programming changes/upgrades for this software application(s)?

<input checked="" type="checkbox"/> Vendor IS	<input type="checkbox"/> MHP IS	<input type="checkbox"/> County IS
<input type="checkbox"/> Health Agency IS	<input type="checkbox"/> Contract Staff/Consultant	<input checked="" type="checkbox"/> Application Service Provider (ASP)
<input type="checkbox"/> Other (describe): []		

A.9.3. Who is responsible for performing daily operation tasks for this system? (Includes running batch jobs, performing backups, monitoring status, etc.)

<input checked="" type="checkbox"/> Vendor IS	<input type="checkbox"/> MHP IS	<input type="checkbox"/> County IS
<input type="checkbox"/> Health Agency IS	<input type="checkbox"/> Contract Staff/Consultant	<input type="checkbox"/> ASP
<input type="checkbox"/> Non-vendor ASP	<input type="checkbox"/> Other (describe): []	

A.9.4. Where is this system physically housed/sited?

<input type="checkbox"/>	MHP site
<input type="checkbox"/>	Health Agency IS site
<input type="checkbox"/>	County IS site
<input checked="" type="checkbox"/>	ASP Model — hosted by application service provider
<input type="checkbox"/>	ASP Model — hosted by third-party independent hosting service
<input type="checkbox"/>	Other (describe): <input type="text"/>

A.9.5. What departments/agencies use this system?

What departments/agencies have direct access to the system? (Check all that apply)	
<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health Contract Providers
<input type="checkbox"/> Alcohol and Drug	<input type="checkbox"/> Public Health
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other (describe): <input type="text"/>

Secondary Information Systems Used by the MHP

A.10. List any other significant information systems used by your MHP in addition to your primary IS:

Vendor/supplier	Product/module	Purpose/function
DMH	ITWS	CSI submission monitoring, provider (NPI) registration, cost report submission, POQI, MHSA FSP
SunGard BiTech	IFAS	County accounting system
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

A.11. Selection and implementation of a new Information System

Mark one box that best describes your status today and respond to the associated questions:

<input type="checkbox"/>	A) No plans to replace current system
<input type="checkbox"/>	B) Considering a new system
<input type="checkbox"/>	C) Actively searching for a new system
<input type="checkbox"/>	D) New system selected, not yet in implementation phase
<input checked="" type="checkbox"/>	E) Implementation in progress
<input type="checkbox"/>	F) New system in place (use this for systems fully installed in past 5 years)

A.12. Implementation of a new Information System

If you marked box D, E, or F above, complete the following questions. Otherwise, skip to Section B.

A.12.1. Details of the new system:

Vendor: ECHO
Product(s): Share Care
Implementation start date: 4-1-2010 <input type="text"/>
Estimated go live date: 7-1-10 <input type="text"/>
Estimated completion date: 7-1-2011 <input type="text"/>

A.12.2. For those items listed which you are electronically or manually transferring to the new system, indicate for which consumers these items will be transferred (enter "X" in boxes):

Item	All Consumers	Active Consumers Only
MHP consumer ID, name/address, other demographic data	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Episode history, including admit/discharge dates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnoses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medi-Cal/insurance information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Payor Financial Information (UMDAP)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A.12.3. Please identify staff directly responsible for system implementation:

Project Responsibility	Name and Title
Overall Project Manager	Justine Kokx, Fiscal Analyst: Gail Zwier, Behavioral Health Director: Kathy McKinley, Office Manager
Technology Project Manager	Cathy Kelty, HHS IT
Clinical Project Manager	Grace Cook, Ph.D. and Pamela Blackwell, LMFT

A.12.4. Specify key modules included in the system:

What functions do these products perform or support?			
<input checked="" type="checkbox"/> Practice Management	<input checked="" type="checkbox"/> Appointment Scheduling	<input checked="" type="checkbox"/> Medication Tracking	
<input checked="" type="checkbox"/> Managed Care	<input checked="" type="checkbox"/> e-Prescribing	<input checked="" type="checkbox"/> Data Warehouse/Mart	
<input checked="" type="checkbox"/> MHSA Reporting	<input type="checkbox"/> Clinical Functions	<input checked="" type="checkbox"/> Document Imaging/Storage	
<input checked="" type="checkbox"/> Personal Health Record (PHR)	<input type="checkbox"/> Other (describe):		

A.12.5. What departments/agencies will use the system?

What departments/agencies will have direct access to the system? (Check all that apply)	
<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health Contract Providers
<input checked="" type="checkbox"/> Alcohol and Drug	<input type="checkbox"/> Public Health
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other (describe):

SECTION B. Data Collection and Processing

Data Timeliness and Accuracy

B.1. Please specify precisely what the expectation is for timely entry of service data (such as same day, within 24 hours after service is delivered, within 3 business days, etc.)?

Within 3-5 business days

B.1.1. Describe how you track compliance with this policy. Include an example of any available summary data and the period of time this represents.

Tracking/billing sheets are logged in as received by account clerk

B.2. Describe how you ensure that all services actually provided were entered into your information system?

Tracking/billing sheet matched to progress note, unposted service log

B.3. Do you review the following data items for accuracy and completeness at specified frequencies?

Item	Yes/No	
Gender	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Date of birth	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Race/ethnicity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Primary language	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Dates of services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Procedure codes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

B.3.1. Identify the staff or the unit responsible to monitor for accuracy and completeness.

Clerical staff and QI contracted provider

B.4. Describe how data errors discovered during back-end validations/processing are reported out and corrected?

Corrected at time of intake, brought back to provider for correction

B.4.1. Who performs any needed corrections?

Office Manager or provider

B.5. Describe any recent audit findings and recommendations. This may include EPSDT audits, Medi-Cal audits, independent county initiated IS or other audits, OIG audits, and others.

JPA audit of systems: working as designed. No significant IT-related audit findings.

B.6. On a periodic basis, key system tables that control data validations, enforce business rules, and control rates in your information system must be reviewed and updated. Indicate who maintains these tables (check all that apply):

- MHP Staff
- Health Agency Staff (“umbrella” health agency)
- County IS Staff
- Vendor/ASP Staff
- Outside consultant

B.7. Who is responsible for authorizing and implementing the following system activities?

Activity	Who authorizes? (Staff title or committee/ working group)	Who implements? (Staff title or committee/ working group)
Establishes new providers/ reporting units/cost centers	County MH	BH Director, Fiscal Director
Determines allowable services for a provider/RU/CC	County MH	BH Director, Fiscal Director
Establishes or decides changes to billing rates	County MH	BH Director, Fiscal Director
Determines assignments of payer types to services	County MH	BH Director, Fiscal Director
Determines staff billing rights/restrictions	County MH	BH Director, Fiscal Director
Determines level of access to information system	County MH	BH Director, Fiscal Director
Terminates or expires access to information system	County MH	BH Director, Fiscal Director

Staff Credentialing

B.8. Are staff credentials entered into your information system and used to validate appropriate Medi-Cal billing by qualified/authorized staff?

Yes No

Training

B.9. List regular IS training offerings and frequency of trainings, or, provide a list of classes conducted over the past year.

Crystal Report and modeling training through Avatar (one time occurrence)
Phase II Webinars

B.10. Do you routinely administer competency tests for IS users, to evaluate training effectiveness?

Yes No

B.11. Do you maintain a formal record or log of IS/computer training activities?

Yes No

B.12. What is your technology staff turnover rate since the last EQRO review?

Total Number of IS Staff	Number of New Hires	Number of Staff Retired, Transferred, Terminated	Current Number of Unfilled Positions
1 for HHS	1	1	0

Staff/Contract Provider Communications

B.13. Does your MHP have User Groups or other forums for the staff to discuss information system issues and share knowledge, tips, and concerns?

Type of Group	Meeting Frequency (weekly, monthly, quarterly, as needed)	Who chairs meetings? (Name and title)	Meeting minutes? (Yes/No)
Clerical User Group			
Clinical User Group	Twice monthly	Phone (Netsmart)	Yes
Financial User Group	monthly	Phone in (CMHDA, CAUG)	Yes
Contract Providers			
Reports User Group			
IS Vendor Group			
Other	JPA Clinical/fiscal	Linda Hood Gail Zwier	yes

B.14. What types of technology do you utilize to communicate policy, procedures, and information among MHP staff (Check all that apply)?

<input type="checkbox"/> Web server	<input type="checkbox"/> Intranet server
<input checked="" type="checkbox"/> Shared network folders/files	<input type="checkbox"/> Content management software
<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> Other (describe): phone

B.14.1. If none of the above, how is information shared among MHP staff?

Q2 Meetings

B.15. Is this technology open to contract providers also?

Yes No

B.16. How do contract providers submit client and service data to the MHP? (Check all that apply)

Submittal Method	Frequency
<input type="checkbox"/> Direct entry into MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Electronic transfer to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Documents/files e-mailed to MHP	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Paper documents FAXed to MHP	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Paper documents delivered to MHP	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Other: 	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

B.17. What is the basis for payment to contract providers? (Check all that apply)

Basis
<input type="checkbox"/> Advanced 1/12 th of annual contract each month
<input type="checkbox"/> Paid monthly using printout of service units entered in IS
<input type="checkbox"/> Paid monthly using online report from provider
<input checked="" type="checkbox"/> Paid monthly using estimated units on invoice from provider
<input type="checkbox"/> Other:

B.17.1. If monthly or other, what is the average time lag between end-of-month/date invoice and payment to contract providers?

Lag (in days)
<input checked="" type="checkbox"/> ≤ 15
<input type="checkbox"/> 16 – 30
<input type="checkbox"/> 31 – 90
<input type="checkbox"/> > 90

SECTION C. Medi-Cal Claims Processing

C.1. Who in your organization is authorized to sign the MH1982A attestation statement for meeting the State Medi-Cal claiming regulatory requirements? (Identify all persons who have authority)

Name: Gail Zwier	Title: BH Director
Name: Leslie Chapman	Title: County Auditor
Name:	Title:
Name:	Title:

C.2. Indicate normal cycle for submitting current fiscal year Medi-Cal claim files to DMH.

- Monthly More than 1x month Weekly More than 1x weekly

C.3. Do you have an operations manual or other documentation that describes activities to prepare SD/MC claims? (Be prepared to present and discuss this during the on-site CAEQRO review.)

- Yes No

C.4. Do you produce and review test claims before final production of Medi-Cal claims?

- Yes No

C.5. What Medi-Cal eligibility sources does your MHP use to determine monthly eligibility? (Check all that apply)

<input checked="" type="checkbox"/> IS Inquiry/retrieval from MEDS	<input checked="" type="checkbox"/> POS devices
<input type="checkbox"/> MEDS terminal (standalone)	<input type="checkbox"/> AEVS
<input type="checkbox"/> MEDS terminal (integrated with IS)	<input checked="" type="checkbox"/> Web-based search
<input checked="" type="checkbox"/> MMEF	<input type="checkbox"/> FAME
<input type="checkbox"/> Eligibility verification using 270/271 transactions	<input type="checkbox"/> Other:

C.5.1. Do you have procedures in place that monitor or review retroactive eligibility?

- Yes No

C.6. Does your system store the Medi-Cal eligibility information listed below?

Item	System stores automatically? (Y/N)	System stores but manually entered? (Y/N)	Able to use/query for reports? (Y/N)
CIN	Y	Y	N
Eligibility Verification Confirmation (EVC)	Y	N	Y
County of eligibility	Y	N	N
Aid code	Y	N	Y
Share of cost information	Y	N	Y

C.7. Do you have an operations manual or other documentation that describes the applications of Medi-Cal EOB (835)? (Be prepared to present and discuss this during the on-site CAEQRO review.)

Yes No

C.8. Do you bill any private insurance?

Yes No

C.9. Do you bill Medicare?

Yes No

SECTION D. Incoming Claims Processing (Network Providers)

Note: “Network providers” (commonly known as fee-for-service providers or managed care network providers) may submit claims to the MHP with the expectation of payment. Network providers do not submit a cost report to the MHP.

D.1. Provide the approximate monthly volume of claims received from network providers:

Average number of claims per month	19
Average claims in dollars per month	\$3577

If average claims in dollars per month for network providers is zero, skip rest of Section D.

D.2. Do you have any documentation, such as policies and procedures, for processing incoming claims from network providers? Be prepared to discuss during the on-site CAEQRO interview, if requested.

Item	Yes/No	
Processing incoming claims	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Payment to network providers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Billing Short-Doyle/Medi-Cal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D.3. What is the average length of time between claim receipt and payment to network provider, in days?

15

D.4. Does your MHP maintain network provider profiles in your information system?

Yes No

D.4.1. If Yes, describe what provider information is maintained in the provider profile database.

Provider Information	
<input type="checkbox"/>	Languages spoken
<input type="checkbox"/>	Gender-specific care
<input type="checkbox"/>	Age-specific care
<input type="checkbox"/>	Specialty health care
<input type="checkbox"/>	Specialty therapy
<input type="checkbox"/>	Accessibility
<input type="checkbox"/>	Other: <input type="text"/>

D.5. Does your MHP use a manual or an automated system to process, adjudicate and pay incoming claims from network providers?

Manual Automated Combination of Both

D.6. Estimate the percentage of your network providers' claims that were not approved for payment during the last fiscal year.

17%

SECTION E. Information Systems Security and Controls

E.1. Indicate the frequency of back-ups that are required to protect your primary information systems and data. (Check all that apply)

Back-up Frequency (at least)	
<input checked="" type="checkbox"/> Daily full back-up	<input type="checkbox"/> Daily incremental back-up
<input type="checkbox"/> Weekly full back-up	<input type="checkbox"/> Weekly incremental back-up
<input type="checkbox"/> Other: <input type="text"/>	

E.1.1. Where is the back-up media stored? (Check all that apply)

Back-up location	
<input type="checkbox"/> MHP site	<input checked="" type="checkbox"/> County site
<input type="checkbox"/> Health department site	<input type="checkbox"/> IS Vendor site
<input type="checkbox"/> Data Security Vendor	<input type="checkbox"/> Other: <input type="text"/>

E.1.2. How often do you require passwords to be changed?

Password Change Frequency (at least)	
<input type="checkbox"/> ≤ 60 days	<input checked="" type="checkbox"/> 61 – 90 days
<input type="checkbox"/> 91 – 180 days	<input type="checkbox"/> 181 – 365 days
<input type="checkbox"/> > 365 days	<input type="checkbox"/> Never

E.1.3. Do you enforce the use of strong passwords for your core systems?

Yes No

E.2. Do you have policies and procedures that describe the provisions in place for the following? Be prepared to discuss during the on-site CAEQRO interview, if requested.

Item	Yes/No	
Physical security of the computer system(s) and hardcopy files	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security of laptops and other portable storage devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management of user access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Termination of user access	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E.3. Do you require encryption for laptops or other portable storage devices that contain PHI?

Yes No

SECTION F. Data Access, Usage and Analysis

F.1. Who is the person(s) most responsible for analyzing data from your information system?

Staff Name/Title	Organization/Department/Division
Justine Kokx, Fiscal Sup, Analyst	CMH
Grace Cook, QI Contractor	CMH
Anna Scott, Management Analyst	HHS
Gail Zwier, BH Director	BH

F.2. Describe two examples of data analyses performed in the last year that were used in quality improvement or business process improvement activities. Be prepared to discuss during the on-site CAEQRO interview, if requested.

Medication in Jail setting
Productivity

F.3. Indicate the reporting tools used by your staff to create reports from the IS.

<input checked="" type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Access
<input checked="" type="checkbox"/> Crystal Reports	<input type="checkbox"/> SPSS
<input type="checkbox"/> SAS	<input type="checkbox"/> Vendor-supplied report writer
<input type="checkbox"/> Other (describe) _____	

F.4. Do your systems interface or exchange data with other systems? If Yes, specify the purpose (such as lab, Rx, ER) and standards/methods used for the interface/exchange.

Entity	Yes	Description of purpose	Standards/Methods used
Other internal MHP IS	<input type="checkbox"/>		
Other County department	<input type="checkbox"/>		
DMH	<input type="checkbox"/>		
Other State departments	<input type="checkbox"/>		
Contract providers	<input type="checkbox"/>		
Other MHPs	<input type="checkbox"/>		
Other (specify):	<input checked="" type="checkbox"/>	lab	

F.5. Do your consumers have on-line access to their health records, either through a personal health record (PHR) feature provided within your IS or through a third-party PHR such as those available through Network of Care, Google, or Microsoft?

Yes No

F.5.1. If Yes, what product(s) are used?

F.6. Does your information system capture co-occurring mental health and substance abuse diagnoses for active consumers?

Yes No

F.6.1. If Yes, what is the percent of active consumers with co-occurring diagnoses?

%

F.7. What tools or instruments do you use to measure consumer outcomes?

MHSIP, FSP tool, PCIT tool, preparing to use MORS

F.7.1. Describe how these outcomes are communicated and used within the organization.

Discussed in QI meetings, senior management

F.8. Does your information system record consumer missed appointments?

Yes No

F.8.1. Indicate how you categorize missed appointments by reason, such as cancellation or no-show by consumer versus cancellation by staff.

Missed Appointment Category	Yes/No	
Consumer no-show	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Consumer called and cancelled	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Staff cancelled/unavailable	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

F.8.2. What is your average monthly percentage of missed appointments?
Specific to provider

UNK%

F.9. Do you have a staff productivity standard?

Yes No

If No, go to F.10

F.9.1. How do you measure productivity?

Time in minutes
spent using "billable"
codes

F.9.2. What is the expected percentage rate?

Calculated available
time X .75 %

F.9.3. What was the actual rate when last measured?

We were at
approximately 80%
of goal %

F.9.4. What was the low-high range over the last year?

60 % to
90 %

F.10. Do you track and report the time from initial contact to the following events? (Check boxes)

Event	Yes/No	
Assessment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
First Appointment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
First psychiatric appointment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No