Request for Information (RFI): 
Electronic Health Record (EHR) systems 
For 
New York State Designated 
Home and Community Based Services (HCBS) Providers 

Behavioral Health Information Technology (BHIT) Grant 

ISSUE DATE: FEBRUARY 1, 2016 
RESPONSE DUE DATE: FEBRUARY 29, 2016 
REPLY TO: nycbhitgrant@health.nyc.gov
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Executive summary

On January 1, 2016, Medicaid managed care plans will begin to offer a new classification of services, known as Home and Community Based Service (HCBS), to eligible Medicaid members in New York State. Providers of these services in New York City have been designated by the New York State Offices of Mental Health (NYS-OMH) and Alcohol and Substance Abuse Services (NYS-OASAS) and the New York City Department of Health and Mental Hygiene (NYC-DOHMH). Since these services are new to both Medicaid and to managed care plans, Electronic Health Record (EHR) systems must be adapted to meet the HCBS requirements for new billing coding, modifiers and rates, case documentation, capitation rules, system alerts and exchange capabilities with New York State designated Health Homes and managed care organizations.

The Behavioral Health Information Technology (BHIT) Grant has been developed to assist eligible HCBS providers to either adopt new EHR systems or upgrade current electronic health software, and to provide organizations with the technical assistance to successfully bill for these new Medicaid services. NYC-DOHMH has committed to assist, at a minimum, 100 organizations and/or 1,000 HCBS practitioners within the five NYC boroughs with the adoption, implementation, and/or upgrade of technological capabilities in order to satisfy HCBS requirements. To understand the provider landscape in NYC, an assessment was conducted asking providers to report on their current EHR System. Results of this survey indicate that between 20 – 30% of these organizations (totaling approximately 30 HCBS provider organizations) require the adoption and implementation of a new EHR system; the remaining have a Meaningful Use Certified electronic system that will need to be upgraded to meet HCBS requirements. The purpose of this RFI is to create a list of vetted vendors to recommend to those providers who will need to choose new EHR systems.

New York eHealth Collaborative (NYeC) will be assisting eligible HCBS providers in a similar fashion in the rest of New York State (i.e. outside of NYC). However, HCBS providers outside New York City are currently in the process of being designated and will bill Medicaid in late 2016. Since this designation is not yet completed, the number of organizations and practitioners that will require new EHR systems outside NYC is not yet known. While the final number of these providers will be determined after the completion of a landscape assessment, preliminary estimates indicate that the number of HCBS providers outside of New York City requiring a new EHR system will be similar to or even greater than the number of HCBS providers within NYC that will require a new EHR system.

It is expected that this RFI will be completed and the first initial list of preferred vendor solutions will be published by March 15, 2016.

Please note: Fund for Public Health in New York, Inc. (FPHNY) will be contracting separately (outside of this RFI process) with identified vendors whose EHR systems are being used by current New York City designated HCBS provider agencies. The contracts will provide funding for the upgrade of such vendor systems to add the required HCBS capabilities into their Base Product to meet the New York State HCBS requirements. Collectively this vendor group will be known as Upgraded Vendors. In order to be included on the list of vetted vendors, Upgraded Vendors must submit a complete response to this RFI.

Preliminary information

A. Introduction

This Request for Information (RFI) is issued by:

- FPHNY, the not-for-profit 501(c)(3) partner of NYC-DOHMH, acting on behalf of NYC-DOHMH
- And
- The New York eHealth Collaborative (NYeC).
**B. Purpose of RFI**

The purpose of this RFI is to evaluate products from software vendors in the area of EHR for designated HCBS providers. Both NYeC and NYC-DOHMH will review the qualifications and specifications of the vendors and their products in order to identify those that meet or exceed the minimum requirements for HCBS provider Organizations. See attached Appendix B BHIT Technical Scorecard v5 4_Attachment 1 which includes more detailed information on the functionality requirements. Software vendors who satisfy the minimum requirements will then be asked to demonstrate their ability to upgrade their systems to meet the NYS HCBS requirements.

Following the review of vendor responses, NYeC and/or NYC-DOHMH shall make public a list of vetted vendors that meet or exceed capabilities necessary for the objectives of the BHIT Project by March 15, 2016. The published list will include two (2) categories of vendors/EHR systems: (i) fully upgraded vendor systems meeting the NYS HCBS requirements and (ii) vendor systems which meet the minimum requirements and for which the vendor has signed a letter of “Intent to Upgrade” to meet the NYS HCBS requirements. The list will be updated on a rolling basis at the discretion of NYeC and/or NYC-DOHMH. Vendors who complete the requirements of this RFI prior to July 1, 2017 will be added to the rolling list of vetted EHR vendors for HCBS providers.

**C. Background of HCBS**

Recently, the Centers for Medicare and Medicaid Services (CMS) published the final rules related to HCBS to establish Medicaid-funded services delivered in the community where an individual resides instead of the traditional institutional settings. HCBS services are designed to allow adult individuals (18 years or older) to gain the motivation, functional skills, and personal improvement to be fully integrated into communities. Implementation of the HCBS model will help to create an environment where managed care plans, service providers, plan members, families, and government partner can help members prevent and manage chronic health conditions and recover from serious mental illness and substance use disorders.

The New York State Office of Mental Health (NYS-OMH), the New York State Office of Alcoholism & Substance Abuse Services (NYS-OASAS), and New York State Department of Health (NYS-DOH) awarded funding to FPHNY, on behalf of NYC-DOHMH, and NYeC to assist providers in purchasing new EHR licenses as well as to provide technical assistance to participating HCBS providers in order to ensure compliance with HCBS requirements in terms of quality case documentation, correct use of billing software, and minimization of Medicaid rejections. As expected, a critical component of this process is the identification of EHR systems that can integrate case documentation and billing as well as interoperate with Health Homes and managed care organizations.

NYS has approved 13 HCBS services for which designated providers can bill. These services are:

1. Psychosocial Rehabilitation (PSR)
2. Community Psychiatric Support and Treatment (CPST)
3. Habilitation/Residential Support Services
4. Family Support and Training (FST)
5. Short-Term Crisis Respite
6. Intensive Crisis Respite
7. Education Support Services
8. Empowerment Services – Peer Support
9. Pre-Vocational Services
10. Transitional Employment
11. Intensive Supported Employment (ISE)
12. Ongoing Supported Employment
13. Staff Transportation
A definition for each service can be found on Appendix A.

**D. Description of organizations requesting information**

FPHNY is a nonprofit corporation that is exempt from taxation under Section 501(c) (3) of the Internal Revenue Code and was formed for the purpose of soliciting, administering, and receiving funds and using such funds to assist the NYC-DOHMH in fulfilling its mission to implement programs that address public health needs.

NYC-DOHMH is a public agency whose single mission is to protect and promote the health of all New Yorkers. For the purposes of the BHIT Project, two separate units have joined efforts: The Division of Mental Hygiene (NYC-MHy) which oversees over 400 provider contracts throughout NYC and is responsible for coordinating efforts with external agencies located in the city to deliver mental health and substance use services, collectively known as behavioral health services, and the Bureau of Primary Care and Information Project (NYC-PCIP) which has been a pioneer nationwide in the adoption, implementation, and use of electronic health record systems for physicians as well as, more recently throughout the HEAL17 and HEAL22 Grants, for behavioral health agencies.

NYeC is a not-for-profit organization, working to improve healthcare for all New Yorkers through health information technology. NYeC was founded in 2006 by healthcare leaders, in partnership with the New York State Department of Health. NYeC receives funding from state and federal grants to serve as the focal point for health IT in the State of New York. NYeC works to develop policies and standards to assist healthcare providers in making the shift to electronic health records, as well as to coordinate the creation of a network to connect healthcare providers statewide.

**Submission guidelines**

**A. Requested documentation**

Interested vendors must submit the following:

- **Section I:** Scorecard (Appendix B) composed of the following elements:
  1. Company profile
  2. Product profile
  3. Software specifications
  4. Technical requirements to deploy and operate the solution
  5. References

- **Section II:** Pricing scheme used by the vendor (Appendix C).
  
  Please note that pricing will not be considered as a determining factor for this RFI and this information will be used only for referential purposes.

- **Section IV:** Certifications and other documentation (Appendix E).
  
  Vendors seeking to be included in the list of vetted EHR systems for HCBS providers must submit the following documentation:
  1. Copy (.pdf, .jpg, or .gif file) of the company’s organization certificate issued by the Secretary of State of the state in which the vendor is organized. For those entities operating under the condition of “doing business as” (DBA), the DBA certificate must be provided if the vendor uses a trade name other than the name under which the company is organized.
  2. Copy (.pdf, .jpg, or .gif file) of certification(s) and/or accreditation(s) the vendor’s product(s) have received.
B. Responses

Interested vendors must submit responses using the unaltered forms created for each section. Each form includes its own set of instructions, titled “How to complete this form”.

Responses not submitted using the prescribed forms may be considered incomplete or non-responsive, resulting in rejection. Failure to furnish all required documentation may result in delay in review or rejection. Vendors who wish to submit additional materials are welcome to do so; these materials may be considered during the evaluation process at the sole discretion of NYC-DOHMH and NYeC.

C. Submission deadline

All responses are due no later than Monday, February 29, 2016, 11:59 PM Eastern Day Time (EDT). All responses should be submitted electronically to: NYCBHITGrant@health.nyc.gov. Responses received after Monday, February 29, 2016, 11:59 PM EDT may be reviewed at a later date but this will be determined by NYC-DOHMH in its sole discretion.

D. Inquiries

We encourage inquiries and welcome the opportunity to answer questions from interested vendors. Questions must be submitted in advance to: NYCBHITGrant@health.nyc.gov. All questions are due by Friday, February 12, 2016 11:59 PM EDT. Any oral communication with regard to this RFI and/or any email questions addressed to an account different from the above shall be considered unofficial and non-binding. Questions not submitted in advance or asked during the Q&A session will be answered at the sole discretion of NYC-DOHMH.

Questions shall be answered publicly during a Questions and Answers (Q&A) conference call which will take place on Thursday, February 18, 2016 2:00 PM EDT using the following credentials:

- **Meeting:** BHIT Grant - Q&A Conference Call
- **Date & Time:** February 18, 2016, 03:00 PM EDT
- **Meeting link:** [WebEx session](#)
- **Meeting number:** 796 948 922
- **Meeting password:** BHITgrant$2016
- **Audio connection:**
  - 1-408-792-6300 Call-in toll number (US/Canada)
  - Access code: 796 948 922

The results of the Q&A Conference Call will be posted on the following website:

- **FPHNY:** [http://www.fphny.org/whatsnew/rfps](http://www.fphny.org/whatsnew/rfps)

E. Confidentiality

Due to the nature of this RFI and to the extent permitted by law, all vendor responses will be considered confidential. However, once a list of vetted vendors has been created, components of vendor responses may be considered for public use and availability, particularly those elements associated with technical capabilities, specialized features of the solution within the behavioral health field, and company information of the vendor. Pricing will not be part of public disclosure.

Vendors should clearly identify any portions of their responses that they deem to be confidential, proprietary, or a trade secret, and provide any justification regarding why such materials, upon request as a
matter of applicable law, rule, or regulation, should not be disclosed by NYC-DOHMH, FPHNY, NYeC, NYS-DOH, NYS-OMH, and/or NYS-OASAS.

All information not identified as “Confidential” may be subject to disclosure by NYC-DOHMH, FPHNY, NYeC, NYS-DOH, NYS-OMH, and/or NYS-OASAS as part of the product and/or vendor information pursuant to such applicable law, rule, or regulation.

**F. Right to reject proposals**

FPHNY/NYC-DOHMH may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFI may be excluded from further consideration and alternative information packages may not be considered.

FPHNY/NYC-DOHMH may decline to review an application in the event the vendor submits a response after the submission deadline and/or any disparity is found during the evaluation process.

**G. Reference verification**

Each vendor must provide contact information for behavioral health providers who are currently using (live and functioning) their solution(s). References will be verified and results will be taken into consideration as part of the evaluation process.

**H. Costs incurred by the vendor to prepare this RFI**

FPHNY, NYC-DOHMH and NYeC are not responsible for any costs incurred by any vendor in preparing, delivering, or presenting responses to this RFI.

**I. Fulfillment of requirements**

By submitting an information package, the vendor acknowledges that it has read and understands this RFI and is capable of fulfilling all requirements.

**J. Submitted information**

Once submitted, vendor responses will be the property of FPHNY and will not be returned. Vendor also acknowledges that responses can be shared by FPHNY with NYC-DOHMH, NYS-DOH, NYS-OMH, NYS-OASAS, and NYeC.

**K. Right to amend, cancel this RFI, or solicit a new RFI**

FPHNY may amend or cancel this RFI at any time, without any liability, at its sole determination. FPHNY/NYC-DOHMH may solicit new requests for information regarding the products and services addressed in this RFI at any time.

**L. Amount of business**

FPHNY does not guarantee to any vendor any specific amount of business, revenue, or contracts as a result of this RFI.

**M. Vetted vendors**

1. NYC-DOHMH and NYeC will identify vendors whose product(s) meet or exceed the technical and organizational requirements established by this RFI.

2. Once the reviewed vendors have been vetted, each Vendor’s Company Profile and Product Profile will be posted on the NYC-DOHMH and NYeC websites under their respective classification.

3. At its discretion, NYC-DOHMH will be reviewing vendor submissions on a “rolling” basis. Vendors who complete the requirements of this RFI after the deadline and are reviewed and found
to meet or exceed the required capabilities will be added to the list of EHR vendors for HCBS providers on a rolling basis.

4. Vendors that do not meet the criteria required by this RFI may request a status reevaluation. Vendors must provide a written request. Reevaluation is at the discretion of NYC-DOHMH and NYeC.

5. The issuance of this RFI does not imply an offer to do business with any RFI respondent.

6. NYC-DOHMH and NYeC will not be responsible for the performance of any product from any vendor, as a complete solution or any module, component, or functionality. Vendors are solely responsible for contractual performance with each HCBS provider organization, including delivery, installation, implementation, functioning, upgrades, support, maintenance, and other activities relating to hardware, software, or services. NYC-DOHMH will not be liable or specified in the proposal, including components and services provided by subcontractors.

**RFI process**

**A. Technical requirements expected from the EHR systems**

The BHIT Project requires electronic systems that meet the following criteria:

- ONC Certified for 2014 Edition
- Integrated solution composed of the following capabilities:
  - Practice Management
  - Behavioral Health Case Documentation
  - Care Coordination
  - Clinical care
  - Quality Reporting
  - Interoperability and Health Information Exchange capabilities
- Capacity to enable/disable specific components to adapt to the needs of each agency.
- Flexibility to adjust its Base Product to meet HCBS grant requirements in terms of case documentation and billing setup/configuration. Base product is defined here as the set of capabilities existing “out-of-the-box” in the solution at no-additional price for the customer.
- Market footprint or presence of customers currently using the EHR system in the State of New York.
- Relevant market footprint on expanded behavioral healthcare services (behavioral health, care coordination, HCBS initiatives in other states, public health).
- Demonstrated experience working with public health agencies in areas including behavioral health, human services and care coordination.
- Demonstrated RHIO/QE experience, preferably on any NYS RHIOs.

The following conditions are optional but highly desirable considering the characteristics of the HCBS providers:

- Cloud based solution: setup, user access and interface, backup, operations.
- Web native developed, preferably. Web enabled is also acceptable.
- Willingness to create with NYC-DOHMH and NYeC a long-term relationship aimed to achieve:
  - Fast and complete software implementation ratio
  - Best use of the product
B. Schedule

The schedule for the present RFI will be as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFI posted</td>
<td>Announcement of Request for Information to Vendor EHR systems</td>
<td>Monday, February 1, 2016</td>
</tr>
<tr>
<td>Questions about the RFI</td>
<td>All questions should be submitted to the following email address: <a href="mailto:nycbhitanet@health.nyc.gov">nycbhitanet@health.nyc.gov</a></td>
<td>Friday, February 12, 2016 11:59 PM EDT</td>
</tr>
<tr>
<td>Questions and Answer (Q&amp;A) session</td>
<td>Vendors will have the opportunity to participate in the Q&amp;A session. NYC-DOHMH will provide clarification on any items that relate to the RFI criteria.</td>
<td>Thursday, February 18, 2016 03:00 PM EDT</td>
</tr>
<tr>
<td></td>
<td><strong>Meeting:</strong> BHIT Grant – Q&amp;A Conference Call</td>
<td></td>
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<tr>
<td></td>
<td><strong>Date &amp; Time:</strong> February 18, 2016 – 03:00 PM EDT</td>
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<tr>
<td></td>
<td><strong>Meeting link:</strong> <a href="https://healthnycgov.webex.com/healthnycgov/j.php?MTID=m10f4e2e401c4a63133fca09d73f39827">https://healthnycgov.webex.com/healthnycgov/j.php?MTID=m10f4e2e401c4a63133fca09d73f39827</a></td>
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<td><strong>Meeting number:</strong> 796 948 922</td>
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<td><strong>Meeting password:</strong> BHITgrant$2016</td>
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<td></td>
<td><strong>Audio connection:</strong> Call-in toll number (US/Canada): 1-408-792-6300</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access code:</strong> 796 948 922</td>
<td></td>
</tr>
<tr>
<td>Results of the Q&amp;A posted</td>
<td>Questions and responses will be posted on the FPHNY website <a href="http://fphny.org/whatsnew/rfps">http://fphny.org/whatsnew/rfps</a></td>
<td>Monday, February 22, 2016 – 11:59 PM EDT</td>
</tr>
<tr>
<td>RFI Response Deadline</td>
<td>Vendors must submit all RFI package materials required by NYC-DOHMH</td>
<td>Monday, February 29, 2016 – 11:59 PM EDT</td>
</tr>
<tr>
<td>Vendor Vetting phase</td>
<td>Vetting committee will review all RFI package materials and evaluate vendor responses</td>
<td>March 1 to March 15, 2016</td>
</tr>
<tr>
<td>Vendor Demos</td>
<td>Pre-vetted vendors may be asked to prepare a live demo of their software to the vetting committee</td>
<td>March 15 to 31, 2016</td>
</tr>
<tr>
<td>Announcements of results</td>
<td>Notification to selected vendors and publication of results</td>
<td>Friday, April 15, 2016</td>
</tr>
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C. Evaluation of responses

The vetting committee will be composed of representatives from FPHNY, NYC-DOHMH, NYS-OMH, NYS-OASAS, NYeC, and some NYS Advocacy Groups. This committee will review responses for completeness and level of compliance with technical specifications and additional information as outlined in this RFI.

Scorecard will be graded depending upon answers from the vendor. A technical HCBS Specification document will be shared with the vendor during the evaluation process to assess the vendor solutions ability to incorporate and enable the new HCBS requirements. Questions will be weighted based on the priorities of the project. NYC-DOHMH reserves the right to keep confidential the weight of each question as well as the minimal total score required to approve a solution.
• Minor problems regarding completeness or compliance may be called to the attention of vendor for clarification.
• Substantial deviations from specifications or other requirements of this RFI may cause the response to be deemed non-responsive. Applications deemed non-responsive with regard to a mandatory section may not be reviewed.
• Vendor references may be contacted.
• Detailed evaluation of vendor responses may involve a determination of the most favorable combination of various products proposed in the vendor’s response.
• There are not a predefined number of vendors that may qualify.
• Any false or misleading statement found in a proposal may be grounds for disqualification.

D. Software demonstration
A demonstration of the proposed software system may be requested from those vendors who are found to qualify after evaluating their responses.
• Individual presentations shall be arranged on an appointment basis.
• The presentation is a forum for the vendor to present its product and demonstrate the key functions requested. In addition, the Evaluation Panel will use this session to validate the system and its features.
• The presentation must be conducted using the specific product and version (release) included in the vendor’s response and should demonstrate the requirements outlined in this RFI.
• Each demonstration will be limited to two hours and may be web-based.

E. Evaluation criteria:
1. Demonstrated Level of Technical Behavioral Health Functionalities ........................................... 45%
2. Market footprint or presence of customers currently using the solution within the State of New York. .................................................................................................................................................. 15%
3. Demonstrated experience working with expanded behavioral healthcare services (behavioral, care coordination, HCBS initiatives in other states, public health) .......... 15%
4. Demonstrated RHIO/QE experience, preferably on any NYS RHIOs ................................. 10%
5. Organizational Capability .......................................................................................................... 10%
6. Quality of Proposed Approach.................................................................................................. 5%

Pricing will not be considered in this RFI

F. Verification of references
The Scorecard requests six references of behavioral health providers who are currently using (live and functioning) the vendor’s solution(s). References may be verified and results will be taken into consideration as part of the evaluation process. The verification can be done over the phone or through site visits.
Appendices
Appendix A: Approved HCBS for the State of New York

Psychosocial Rehabilitation (PSR)

PSR services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their behavioral health condition (i.e., SUD and/or mental health). Rehabilitation counseling including recovery activities and interventions that support and restore social and interpersonal skills necessary to increase or maintain community tenure, enhance interpersonal skills, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual’s social environment such as home, work, and school.

Community Psychiatric Support and Treatment (CPST)

CPST includes time-limited goal-directed supports and solution-focused interventions intended to achieve identified person-centered goals or objectives as set forth in the individual’s Plan of Care and CPST Individual Recovery Plan. Activities can include; daily living, finances, housing, education, employment, personal recovery and/or resilience, family and interpersonal relationships and community integration.

Habilitation/Residential Support Services

Habilitation services are typically provided on a 1:1 basis and assist participants with developing skills necessary for community living and, if applicable, to continue the process of recovery from an SUD disorder. Services include things such as: instruction in accessing transportation, shopping and performing other necessary activities of community and civic life including self-advocacy, locating housing, working with landlords and roommates and budgeting.

Family Support and Training (FST)

FST is training and support necessary to facilitate engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.

Short-Term Crisis Respite

Short-term Crisis Respite is a short-term care and intervention strategy individuals who have a mental health or co-occurring diagnosis and are experiencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the person’s home and community environment without onsite support. Components offered may include: peer support, either on site or as a wrap-around service during the respite stay, health and wellness coaching, WRAP planning, wellness activities, family support, conflict resolution, and other services needed.

Intensive Crisis Respite

Intensive Crisis Respite (ICR) is a short-term, residential care and clinical intervention strategy for individuals who are facing a behavioral health crisis, including individuals who are suicidal, express homicidal ideation, or have a mental health or co-occurring diagnosis and are experiencing acute escalation of mental health symptoms.

Education Support Services

Education Support Services are provided to assist individuals with mental health or substance use disorders who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment. Education Support Services may consist of general adult educational services such as applying for and attending community college, university or other college-level courses. Services may also include classes, vocational training, and tutoring to receive a Test Assessing
Secondary Completion (TASC) diploma, as well as support to the participant to participate in an apprenticeship program.

Empowerment Services – Peer Supports

Peer Support services are peer-delivered services with a rehabilitation and recovery focus. They are designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of recovery-oriented principles. The intent of these activities is to assist recipients in initiating recovery, maintaining recovery, sustaining recovery and enhancing the quality of personal and family life in long-term recovery.

Pre-Vocational Services

Pre-vocational services are time-limited services that prepare a participant for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/or disabling substance use disorders can develop general, non-job-task-specific strengths and soft skills that that contribute to employability in competitive work environment as well as in the integrated community settings. Service components include teaching work compliance, providing scheduled activities outside of an individual’s home, gaining work-related experience considered crucial for job placement.

Transitional Employment

This service is designed to strengthen the participant’s work record and work skills toward the goal of achieving assisted or unassisted competitive employment at or above the minimum wage paid by the competitive sector employer. The outcome of this activity is documentation of the participant’s stated career objective and a career plan used to guide individual employment support. Service components include on-the-job training, employment planning and advancement and the teaching of Activities of Daily Living (ADL) skills.

Intensive Supported Employment (ISE)

ISE services that assist individuals with MH/SUD to obtain and keep competitive employment. These services consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage. The outcome of this activity is documentation of the participant’s stated career objective and a career plan used to guide individual employment support.

Ongoing Supported Employment

This service is provided after a participant successfully obtains and becomes oriented to competitive and integrated employment. Ongoing follow-along is support available for an indefinite period as needed by the participant to maintain their paid employment position. The outcome of this activity is documentation of the participant’s stated career objective and a career plan used to guide individual employment support. Service components include providing support in a variety of settings, providing activities needed to sustain paid work by participants, providing reminders of effective workplace practices and reinforcement of skills gained.

Staff Transportation

Non-medical Transportation services are offered, in addition to any medical transportation. Non-medical Transportation services are necessary, as specified by the service plan, to enable participants to gain access to authorized home and community based services that enable them to integrate more fully into the community and ensure the health, welfare, and safety of the participant. This Transportation service is delivered by providers, family members, and other qualified, licensed drivers. Services must be delivered in a manner that supports the participant’s communication needs.
Appendix B: Scorecard

BHIT Technical Scorecard – Attached
Appendix C: Pricing scheme used by the vendor

Introduction

FPHNY and NYC-DOHMH understands that there a huge variety on how vendors contracts with customers and determine pricing to their products and services. We are also aware that there are many variables to be taken into consideration by each vendor at the moment of submitting a quote to a particular customer closing a deal.

The information we are requesting will be confidential and pricing will not be used as criteria for the RFI vetting process. However it is important to have this information as part of the integral information for each solution.

Concepts

Please consider the following concepts when preparing your response:

**Base Product**

Set of capabilities existing “out-of-the-box” in the solution at no-additional price for the customer.

**Optional capabilities**

Additional functionalities that your product can provide but require additional price for the customer.

**Basic services**

Services provided by the vendor without additional costs by the customer. Usually the customer can have access to them as a result of acquiring a new solution and/or upgrading the existing version provided that the customer is current with software maintenance costs and these services are included as part of the system contracted between the vendor and the customer. Examples of this category include bug fixing or adding new capabilities to maintain current the solution for ONC certification.

**Optional services**

These are services which may require additional costs to the customer. Examples include adding specific functionalities, generating specific reports, providing additional configuration or delivery of training not considered as part of the Basic Services.

**One-Time cost**

Costs paid by the customer once in order to enable some features or receive services.

**Recurrent costs**

Costs that are paid by the customer on a determined cycle as defined in the contract. These costs usually have some regularity (i.e., monthly or annually) or are associated to a specific condition (i.e., number of licenses, number of concurrent users or type of product).

**New product**

Base product installed for the first time to a customer.

**Updated product**

New capabilities incorporated by the vendor within the same release or version (i.e., version 1.2.1 to version 1.2.2; version 1.2 to 1.3). It presumes the existence of a “live” product and a current contract with the customer.
Upgraded product

Major changes incorporated by the vendor and usually are associated to a new version or release (i.e., version 1.x to version 2.x). It presumes the existence of a “live” product and a current contract with the customer.

Pricing scheme

**Base Product:**

**One-time costs**
- List capabilities included within your "Base Product"
- Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  - New product
  - Updated product
  - Upgraded product

**Recurrent costs**
- Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  - Updated product
  - Upgraded product

**Optional capabilities:**

**One-time costs**
- List capabilities considered as “optional” for your company
- Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  - New optional capabilities
  - Updated optional capabilities
  - Upgraded optional capabilities

**Recurrent costs**
- Indicate pricing scheme and costs (i.e., per license; per number of concurrent users) for:
  - Updated optional capabilities
  - Upgraded optional capabilities

**Services**

For each service please indicate pricing scheme and costs
- Implementation of the new solution in order to setup the solution to the needs of the customer
- Training to end users
- Training to customer onsite trainers (train-the-trainers)
- Workflow consulting
- Development costs to provide solutions to particular needs from customers. Please specify for:
  - New form
  - New alert or rule
  - New report
  - New interface with other system
Appendix D: Certifications and other documentation

Include copy (.pdf, .jpg, or .gif file) of:

- Company’s organization certificate issued by the Secretary of State of the state in which the vendor is organized. For those entities operating under the condition of “doing business as” (DBA), the DBA certificate must be provided if the vendor uses a trade name other than the name under which the company is organized.

- Certification(s) and/or accreditation(s) the vendor’s product(s) have received.