Oak Hill &
Gilead Community Services

Electronic Health Record
Request for Proposal
September 1, 2023

Proposals Due Electronically No Later Than
October 16, 2023

RFP Process Primary Contact:
Rob Snyder
860-740-3425
rsnyder@gileadcs.org

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Purpose of the RFP

Oak Hill and Gilead Community Services have issued this Request for Proposal ("RFP") for the provision, implementation, and ongoing maintenance of a cloud-based Electronic Health Record with a go-live date of July 2025 that meets the requirements outlined in this RFP. Oak Hill and Gilead are seeking proposals for an Electronic Health Record that will meet the needs of each department (Oak Hill Schools, Oak Hill Centers, Oak Hill Community Programs and Gilead Behavioral Health) across both (legally affiliated) organizations. All interested parties are invited to submit proposals. Each bidder should submit a proposal in accordance with the instructions contained herein. A submitted proposal with requested documentation initiates the evaluation process.

Background Information

Oak Hill provides a full range of services to people with disabilities including all age groups with a comprehensive array of services for all intellectual, developmental, and physical disabilities. Oak Hill currently operates 10 educational classrooms, 63 group homes, 23 day-programs, 13 individual and family support programs, 7 centers, 1 advocacy program and has a presence in 73 towns across Connecticut. Gilead Community services currently operates 7 apartment programs, 4 group homes, 4 outpatient clinics, 2 rehab centers, 3 case management programs, 1 mental health resource center and 1 residential addiction treatment program. Together, Oak Hill and Gilead serve approximately 2144 individuals each year through these 136 different programs that employ over 1400 staff. It is expected that approximately 400 concurrent users will need access to this new EHR system. Oak Hill and Gilead are looking for a vendor-hosted system that includes critical interfaces including lab partners, pharmacy partners, state partners and financial/billing partners.

EHR Critical Requirements Summary

Oak Hill & Gilead are seeking to develop a collaborative relationship with an EHR Vendor that will provide the software necessary to support the varied array of services we provide. Specifically, we are looking for a Vendor that will commit the resources necessary to keep their product up to date to help us meet the challenges of the continually changing health care and IT needs in Connecticut. It is critical that the following priority areas are adequately addressed by the selected EHR Vendor:
- Data Migration and Exporting
- All Reporting Requirements
- Adequate Security Features
- Security Roles and Usage Hierarchy
- Treatment Documentation Standards
- Licensing Requirements
- EHR Connections and Data Sharing
- Technical Support and Assistance
- Training and Testing Support
- Pre and Post Go-Live Support
- Electronic Document Management and Approvals
- Contract Terms
- User Friendly Interface
- Required Portal Access
- Effective Scheduling Features
- Client Information Management
- Referral Mechanism

- Records and Confidentiality
- Notifications and Alerts
- Billing Functionality
- Prescribing/EMAR Functionality
- All State and Federal Funding and Regulatory Requirements

Detailed questions related to each of these critical areas are included in Sections 3-8 below. While it is our preference for a web or cloud-based system, we are not excluding other platform-based Vendors from submitting a proposal. We understand that a Vendor may subcontract out a portion of the software system to provide a comprehensive solution that will meet our needs. However, it is our expectation and requirement that we will contract with only the lead Vendor. The lead Vendor submitting the proposal will bear all responsibility for ensuring the functionality of the EHR System along with any third-party add-ins by their subcontractors.

Proposed EHR System Go Live Date: July 2025

RFP Schedule

Please see submission schedule below. All responses to this RFP must be received electronically by October 16, 2023. Answers to questions received from Vendors will be responded to by September 29, 2023.

All clarification questions and completed responses should be sent to the following:
Rob Snyder (rsnyder@gileadcs.org)

RFP Submission Schedule	
Process	**Due Date**
Issue RFP	9/1/23
Submission of Written Questions	9/15/23
Answers Responded by	9/29/23
RFP Responses Due Electronically	10/16/23
Anticipated Evaluation Period	10/17/23-1/17/24
Anticipated Notification to Selected Vendors	1/31/24
Vendor Overview Demonstration Dates	2/1/24 – 2/29/24
Vendor Final Demonstration Dates	3/1/24 – 4/30/24
Contact Selected Vendors Reference	5/1/24 – 5/17/24
Selection Committee Deliberation	5/20/24 – 5/31/24
Vendor of Choice Selected & Notified	6/1/24 – 6/14/24

Response Deadline

All proposals must be submitted by email. Interested Vendors must submit an electronic copy of their proposed solution to Rob Snyder (rsnyder@gileadcs.org) by the date and time indicated in the schedule. Submissions will be confirmed by reply email. **Late proposals may not be accepted or evaluated**.

Submission Format

Responses should be submitted in Microsoft Word, Microsoft Excel, and/or Adobe PDF formats. Vendors

should organize their proposals as defined below to ensure consistency and to facilitate the evaluation of all responses. The responses should be submitted in the following order:

(1) **Executive Summary:** provide a concise summary of the products and services proposed.

(2) **Vendor Profile:** provide answers using the template on the following page.

(3) **Technical:** provide answers using the template on the following pages.

(4) **Front Office:** provide answers using the template on the following pages.

(5) **Back Office:** provide answers using the template on the following pages.

(6) **Clinical:** provide answers using the template on the following pages.

(7) **Inpatient, Order Entry & E-Prescribing:** provide answers using the template on the following pages.

(8) **State/Payor Requirements:** provide answers using the template on the following pages.

(9) **Proposed Pricing:** provide answers using the template on the following pages.

(10) **Customer References:** provide answers using the template on the following pages.

Scoring of Proposals

Proposals will be scored based on the criteria listed below:

      a.   Results of demonstrations and presentations

      b.   Timely and complete response to RFP

      c.   Ability to meet specifications

      d.   Vendor's history of success in delivering proposed services

      e.   System ease of use

      f.   Functionality

      g.   Flexibility and ease of implementation and data conversion

      h.   Vendor support and training

      i.   Pricing

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

The following rating scale will be used for all narrative sections of the proposal.

0	25%	50%	75%	100%
	(.25)	(.50)	(.75)	(1.00)
Does Not Meet	Below Average	Average	Above Average	Exceeds

Rating Scale Definitions:

Does Not Meet: The required information was not present in the Vendor's proposal.

Below Average: A major item was not addressed or was addressed incorrectly. Vendor appears to have just re-stated the requirements outlined in the RFP. The Vendor's submission fails to indicate a clear understanding of the scope of services and lacks original effort in formulating responses. Much of the proposal simply repeats back what the RFP stated as requirements. Responses indicate a limited understanding of at least some of the scope of services or other requirements of the RFP.

Average: All major items were addressed. Vendor's submission reflects an understanding of the scope of

service and other requirements of the RFP.

Above Average: All items were addressed completely and thoroughly. Proposal includes concise, detailed descriptions of how the Vendor intends to deliver services. Concepts are stated clearly and evidence of creative or original thinking is present. Vendor indicates a solid understanding of the scope of services or other requirements of the RFP.

Exceeds: The majority of items were addressed in an exceptionally clear, concise, or original manner. Vendor not only indicates a full understanding of the scope of services and other RFP requirements but also the implications of the service for the broader community and the necessity of coordinating services closely with the Agency/Organization's providers and partners. Vendor's proposal includes value added services or service components which go beyond the minimum requirements outlined in the RFP.

General Information

Right to Accept or Reject Any or All Proposals

Oak Hill and Gilead are not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by Oak Hill or Gilead to award any contract. The rights of Oak Hill and Gilead include, but are not limited to:
1. Rejection of any and all proposals received.
2. Cancellation of the RFP at its sole discretion.
3. Suspension of the procurement process.
4. Request of Vendors to clarify their proposals and/or submit additional information pertaining the proposal, including issuance of the RFP addenda.

This RFP does not commit Oak Hill or Gilead to make an award, nor does it obligate it to pay any costs incurred by Vendors in the preparation and submission of proposals in anticipation of a contract. Oak Hill and Gilead reserve the right to modify this RFP at any time and reserves the right to reject all responses to this RFP, in whole or in part, at any time.

Rights to Request Additional Information

Vendors are encouraged to provide their best response to the scope of work contained in the solicitation. Based upon Oak Hill and Gilead's evaluation of the responses to this RFP, Oak Hill and Gilead will determine if there is a need to request a Best and Final Offer (BAFO). A request for a BAFO will be at the sole discretion of Gilead and Oak Hill and will be requested in writing from the Vendors determined to be within the competitive range.

Proposal Retention

Information submitted in response to this RFP will become the property of Oak Hill and Gilead.

Negotiation

Oak Hill and Gilead reserve the right to negotiate with Vendors determined to have a reasonable chance of being selected. All such Vendors shall be afforded fair and equal treatment with respect to such negotiations, and no such Vendor shall be given information that would give that Vendor a competitive advantage over any other Vendor.

References

Oak Hill and Gilead require Vendors to furnish, with this proposal, a list of at least three (3) references where similar services have been supplied by the Vendor. Include the name of the customer, address, contact name, email, and telephone number.

Modifications

Oak Hill and Gilead reserve the right to modify the general description and scope of services, by issuing a written addendum of any such modifications.

Withdrawal of Proposals

A proposal shall not be withdrawn or canceled by the Vendor unless the Vendor submits a letter prior to the closing date. The signature on the withdrawal letter must be original and must be equal authority as the signature of the offer.

Non-Discrimination

Oak Hill and Gilead shall not discriminate against a Vendor/Provider with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status, or disability that is unrelated to the provider's ability to perform the duties of a particular job or position. The Vendor/Provider shall observe and comply with all applicable federal, state, and local laws, ordinances, rules, and regulations, which shall be deemed to include, but not be limited to, the Civil Rights Act and the Persons with Disabilities Civil Rights Act.

Non-Collusion

The Vendor certifies that this proposal has not been made or prepared in collusion with any other Vendor and the prices, terms or conditions thereof have not been communicated by or on behalf of the Vendor to any other firm and will not be so communicated prior to the official receipt of this proposal. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury.

1. Executive Summary

Please provide a brief company description, including history, ownership, number of employees, summary of financial status, and number of customers Vendor currently supports. Describe your proposed Electronic Health Record (EHR) System in non-technical terms, including any unique or distinctive features of the system.

2. Vendor Profile

Using the template below, please provide the requested information on your organization. Your response to a specific item may be attached to this section as an additional page if necessary.

2. Vendor Profile	
General	
Name	Click here to enter text.
Address (Headquarters)	Click here to enter text.
Main Telephone Number	Click here to enter text.
Website	Click here to enter text.
Publicly Traded or Privately Held	Click here to enter text.
Is your company a woman or minority owned business?	Click here to enter text.
Parent Company (if applicable)	
Name	Click here to enter text.
Address	Click here to enter text.
Telephone Number	Click here to enter text.
Primary Proposal Contact	
Name	Click here to enter text.
Title	Click here to enter text.
Address	Click here to enter text.
Telephone Number	Click here to enter text.
Fax Number	Click here to enter text.
Email Address	Click here to enter text.
Market Data	
Number of years as EHR Vendor?	Click here to enter text.
Total number of live customers in how many states?	Click here to enter text.
Total number of customers in implementation stage in how many states?	Click here to enter text.
Total number of end user licenses?	Click here to enter text.
Average customer size in revenue dollars using your EHR?	Click here to enter text.
Average customer size in number of end user licenses using your EHR?	Click here to enter text.
What is your EHR customer retention rate for the years 2022, 2021, 2020, 2019, and 2018?	Click here to enter text.
Number of live sites?	Click here to enter text.
Number of new EHR installations over the last 3 years?	Click here to enter text.
What is the percentage of vendor-provided installs vs. outsourced to 3rd party companies?	Click here to enter text.
What is the breakdown of customers by specialty	Click here to enter text.
What percentage of customer base is Non-Profit?	Click here to enter text.

Does the product have a Connecticut presence? If so, # of install sites by specialty and size; list of Connecticut reference sites.	Click here to enter text.
What is the current implementation timeframe when using only vendor-supplied resources?	Click here to enter text.
Based on the implementation timeframe stated above, what percentage of implementations met the timeline expectation?	Click here to enter text.
Explain how your company is planning to meet the increase in demand for your EHR product (including implementation, training, and support) over the next five (5) years.	Click here to enter text.
What is your strategic position on acquisitions of other EHR products or companies?	Click here to enter text.
What is your strategic position on selling of your EHR product or company?	Click here to enter text.
Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last five (5) years? If yes, please describe.	Click here to enter text.
Is your company planning to acquire, be acquired, merge with other organizations, or have any "change in control" events within the next five (5) years? If yes, please describe.	Click here to enter text.
Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause.	Click here to enter text.

3. Technical

3. Technical	
Product Information	
Product name and version #?	Click here to enter text.
When is your next version scheduled to release?	Click here to enter text.
How often do you update your product? What is the update cycle?	Click here to enter text.
Is it a client/server, ASP, or Hosted model?	Click here to enter text.
If ASP or Hosted model, does your system provide a dedicated server instance or is it multi-tenant?	Click here to enter text.
How many environments do you provide in addition to production? Please list all possible environments.	Click here to enter text.
Is the product comprehensive or modular?	Click here to enter text.
Was the product (or any of its significant functionality) acquired from another company? If yes, please answer the following: – What was the original company's name that developed the product or functionality? – What was the original product's name? – What version did you purchase?	Click here to enter text.
Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change Vendors? Are there any additional details?	Click here to enter text.
What is the timeframe to receive demonstration of product?	Click here to enter text.

Does your product have a communication splash page for general announcements?	Click here to enter text.
Data Migration and Exporting	
Is there any data that is not allowed to be copied locally	Please List All.
What formats can data be exported in?	Please List All.
Do you allow access to (LIVE) data for exporting purposes?	Yes/No.
Do you have an established methodology for data migration projects? What is this methodology?	Click here to enter text or attach
What can be migrated into the EHR?	<List>
What data cannot be migrated into the EHR?	<List>
Do you allow for additional custom data migration?	Yes/No.
What can be migrated out of the EHR?	<List>
What data cannot be migrated out of the EHR?	<List>
Is there additional cost for data migration?	Yes/No.
Do you have a limit to the number of times data can be migrated during the project?	Yes/No.
How long do you retain data? Do you have a data retention policy that will affect how long we can store our data in your product?	Click here to enter text.
Reporting Capabilities	
Are all database tables and fields accessible to be added in every form? Please provide any details or limitations to access of tables or fields within a form.	Click here to enter text.
Is access to the database for reporting available in real time? Do you use Microsoft SQL? If not, what database is utilized?	Click here to enter text.
Can stored procedure data logic be accessed and reviewed?	Yes/No.
Do you allow the customer to build custom reports against (LIVE) data?	Click here to enter text or attach
Can we build custom reports outside of the EHR?	Yes/No
Do we have full access to all tables for external reporting needs?	Yes/No
Can we build custom reports within the EHR?	Yes/No
Can user run canned/built-in reports?	Yes/No.
Is there an ability to run reports to indicate progress towards client treatment plan objectives (e.g., achieved or not achieved)?	Click here to enter text.
Does the product provide the ability for staff to run their own reports to see missing documentation or upcoming documentation due dates?	Click here to enter text.
Does the product provide the ability to run reports to calculate client service hours, staff service hours, overall productivity, etc.?	Click here to enter text.
Please describe the product's functionality in relation to business intelligence, key performance indicators/outcomes, data visualization and artificial intelligence features.	Click here to enter text.
Does the product provide the ability to pull guardian and family contacts for use in email communications and surveys?	Click here to enter text.
Does the product provide the ability to securely and electronically send reports to clients/teams?	Click here to enter text.
Do you have all requirements for MIPS and PQRS reporting? Please describe this functionality.	Click here to enter text.

Security Functions and Security Features	
Does the product meet all HIPAA, HITECH, and other security requirements?	Yes/No.
Does the product allow for restricting access to client records that may also be employees or relatives to employees that are receiving services? Please describe.	Click here to enter text.
Is there a security audit process (audit log) within the product?	Yes/No.
List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs.	Click here to enter text.
Is there any data that is stored on a laptop, tablet, or mobile phone that needs to be secured when using your product? Please describe.	Click here to enter text.
Is there a risk of data exposure if a laptop/tablet/mobile device is lost, stolen, or breached? Please explain.	Click here to enter text.
Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected.	Click here to enter text.
Describe the product's ability to lockout users while maintaining past entries and documentation (for upgrades, security breaches, employee terminations, etc.).	Click here to enter text.
Describe the product's built-in multifactor authentication requirements and usage.	Click here to enter text.
Does the company provide a site-to-site VPN connection.	Click here to enter text.
What security measures are in place to safeguard data? Please describe.	Click here to enter text.
Is the data for the product stored in your data center, or a third-party data center? Please describe.	Click here to enter text.
Describe how the patient's data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).	Click here to enter text..
Describe how the patient's data is secured when accessed via handheld devices (e.g., secured through SSL websites, mobile phone apps, etc.).	Click here to enter text.
Security Roles/Usage Hierarchy	
Does the product provide different levels of security based on internal User Role, Site, and/or Enterprise settings? Does the product have the ability to tailor what staff at different levels are able to see for each client (e.g., receptionists, clinicians, etc.). Please describe.	Click here to enter text.
Does the product provide different levels of security based on type of external user role (patient vs. guardian)? Is there the flexibility to be able to change this security as needed and partition security as needed? Please describe.	Click here to enter text.
Does the product have ability to apply supervisors to staff members? Please describe.	Click here to enter text.
Does the product allow for documents to be submitted to supervisors for approval? Please describe.	Click here to enter text.
Is there an ability to assign more than one supervisor to a staff	Click here to enter text.

member (Supervisor Hierarchy)? Please describe.	
Does the product have the ability to allow staff to see all documentation for a client across all programs regardless of the "home" program for the staff member? Please describe.	Click here to enter text.
Describe the product's ability to assign staff to more than one program/location.	Click here to enter text.
Documentation & Usage	
Describe the process to document all notes (group, individual, collateral contacts, intake etc.) How many different clicks or fields are necessary to enter notes?	Click here to enter text.
Does your system allow for required fields that prevent users from moving forward with service or forms documentation until there is a response in the field? If there are "hard stops" imbedded in a note, is there a way to save the note as a draft?	Click here to enter text.
Does the EHR have AI integration? If yes, please describe.	Click here to enter text.
Please describe the process your product uses for transferring clients and caseloads between staff.	Click here to enter text.
Please describe the process your product uses to un-sign/un-approve notation/documentation.	Click here to enter text.
Please describe the process your product uses to un-sign/un-approve group members' notations/documentation. (I.e. can an individual group member's note be un-signed or does the entire group have to be un-signed).	Click here to enter text.
Licensing	
How is the product licensed (e.g., named user-based, device-based, concurrent user-based)?	Click here to enter text.
Are there additional/specialty licenses needed beyond the core product? If so, please describe.	Click here to enter text.
Define 'user' as it relates to the licensing model (i.e., FTE MD, all clinical staff, etc.).	Click here to enter text.
Can user licenses be reassigned when an employee leaves?	Yes/No.
For modular systems, does each module require a unique license?	Yes/No.
In concurrent user licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?	Click here to enter text.
Cost/Add-ons	
Will your product have access to the ICD-10/DSM-5 library? Will your product be updated when changes to the library are made? Is there a cost for on-going access or updates to the library?	Click here to enter text.
Do you ensure that your product meets all federal and state mandated requirements without passing on those as additional costs to us?	Click here to enter text.
Do the costs of the EHR or related components increase with time and if so at what frequency can they increase. Is there a maximum percentage set for any cost increases?	Click here to enter text.
EHR Connections & Data Sharing	
Does your product have the functionality to share files/documents/data from one EHR to another (e.g., HL7). Is there an additional cost to use it?	Click here to enter text.

Describe the ability to have the EHR communicate to other EHRs and import relevant information (e.g., prescriptions, appointments, etc.).	Click here to enter text.
Can the product communicate with external systems and import our information in the opposite direction (e.g., CONNIE and other interfaces)?	Click here to enter text.
Does your system support Microsoft Azure or Microsoft SharePoint integration?	Yes/No
Does the product provide the ability to send email communications to selected audiences?	Click here to enter text.
Vendor Support	
Do you offer multiple support programs/options (e.g., Tiered Approach, Client assigned 1 point of contact, maximum hours of support per month, etc.) Please provide a list of each with your standard SLA for each support program.	Click here to enter text.
Customer support: • Preferred method of contact (Phone call, e-mail, etc.)? • Where is your customer support staff located? • What are your normal hours of support? • How is after-hours support handled?	Click here to enter text.
Problem/Resolution Process: • Response time expectations for all levels of severity • Escalation Process • Issue/Resolution Tracking System	Click here to enter text.
Who has ownership of the following: • Data • Software • Enhancements or Customizations Paid for by Customer • Hardware • Servers	Click here to enter text.
Do you have an online support portal (user guides, chat, a knowledgebase, etc.)? If yes, please explain.	Click here to enter text.
Is your support staff certified (i.e., HDI, SCP)?	Click here to enter text.
Is remote assistance an option for workstation and server issues?	Yes/No.
Do you have a user group and/or conference that meets regularly so that users can seek help from peers and share ideas? If so, please describe.	Click here to enter text.
Upgrade Process: • Will customer get to choose which upgrades they want? • How long can a customer delay an upgrade without losing support? • Will training be provided for new functionality?	Click here to enter text.
Product Enhancement Requests: • If customer wants to add an enhancement, what is the process? • Are there additional costs for an enhancement? • How soon will customer be able to view, test, and use enhancement? • Will all other customers get the enhancement one company has paid for?	Click here to enter text.

• How will the company stay up-to-date on required MIPS definition changes? • Will the product be able to be customized to meet dynamic compliance requirements? • Does the product proactively monitor Mental Health/CT Developmental Disability Services (DDS)/School environments to produce necessary enhancements?	
What is the Vendor's responsibility when: • Problem resolution is not met by a certain time based on severity level of the problem or issue. • MIPS criteria are not met as promised. • Upgrades cause problems (MIPS criteria not met or critical workflows break following upgrade). • Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables. • Implementation is not completed by Vendor in the agreed upon timeframe due to issues related to the Vendor (staffing conflicts, software problems, etc.). • Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software. • Promised product functionality does not exist at time of implementation. • Data is corrupted during the course of normal use and operation of the product. • SLAs are not met.	Click here to enter text.
Is there a guarantee to provide maintenance (or other support) on this product? Please describe why or why not.	Click here to enter text.
Training/Testing – All Phases (Selection through Post Go-Live)	
Specify if the Training or Development environments will be provided before or after a contract is signed.	Click here to enter text.
Will access be granted to development/training environment for testing during upgrades and during training processes?	Yes/No.
Contractually, can administrative or train the trainer users access the live/production EHR system prior to Go-Live for build or 'pilot' purposes?	Click here to enter text.
What types of training are available – facilitator/consultant led training, web-based training, etc.?	Click here to enter text.
Is training documentation provided? What type of documentation is provided? (e.g., training manuals, quick reference guides, etc.) Is training documentation provided in an electronic format that we will be able to edit? If yes, please describe.	Click here to enter text.
Will workflow assessments be completed by the Vendor? • Will Vendor complete onsite workflow assessments? • Is there an additional cost for workflow assessments?	Click here to enter text.
What is created by vendor vs. customer?	Click here to enter text.

– Creating specialized templates for efficient documentation – Creating favorites/shortcuts within the product – Does the product have customizable preferences?	
Will recommendations be provided for abstracting or bulk loading data from paper charts into the EHR? If yes, please describe.	Click here to enter text.
Please describe your implementation/training process, including location, train-the-trainer, # hours all staff.	Click here to enter text.
Please describe your training and technical support after Go Live.	Click here to enter text.
Do you have a training/certification process that creates agency subject matter experts for your EHR so that we can have on-site staff resolve issues and customize the EHR? Will remote or on-site training be provided? Please describe.	Click here to enter text.
Cost of Training	
Will additional costs be incurred on the agency for training? Please Describe.	Click here to enter text.
On-Site Training	
Is On-site training provided? If so, please describe the answers to the below: – How many days does EHR vendor provide for on-site training? – Will Go-Live be scheduled shortly after initial staff training? – What is the consultant/provider ratio during training? – Will trainers complete a readiness assessment before Go-Live? – Will vendor provide the agency with on-site demos before and after contract is signed? – Will office be trained on hardware if purchased through the vendor before Go-Live training?	Click here to enter text.
Go-Live	
Will vendor staff be on-site during 'Go Live' timeframe?	Click here to enter text.
What will be their role during 'Go Live'? – Trainer – Technical	Click here to enter text.
Post Go-Live Training and Support	
After 'Go-Live', who (e.g.., support team, implementation manager, etc.) will be available to answer questions, issues, and/or training requests? If original implementation team, how long before this level of service is transferred to "normal" support team?	Click here to enter text.
Will a post Go-Live assessment be completed after a specified amount of time by the vendor?	Click here to enter text.
How will our organizations be notified of upgrades when they are released and who is responsible for installing these updates (dates, training, documentation, etc.)?	Click here to enter text.
Employee Training	
Describe the product's ability to track employee training.	Click here to enter text.

Describe the product's ability to document professional development/training provided.	Click here to enter text.
Electronic Documents and Approvals	
Can users scan in documents from a scanner directly into the EHR?	Yes/No.
Can users upload documents or files into the EHR? Which types of files can be uploaded and are there any restrictions to where or how they can be uploaded? Please Describe.	Click here to enter text.
Does the EHR support electronic signatures and electronic approvals? Can users track signatures and approvals so that we can see who signed/approved documents and when they were signed/approved? If yes, please describe.	Click here to enter text.
Is your system compatible with Topaz signature pads?	Yes/No.
Does your product have the ability to allow clients, conservators, parents, etc. sign forms through their own device (i.e., tablet, smartphone, etc.)? Please Describe.	Click here to enter text.
Does your product have the ability to import data from a previous document (e.g. an assessment or a service note) into a newer updated document? Please Describe.	Click here to enter text.
Infrastructure and Technology Purchasing and Recommendations	
Are we required to purchase hardware from your company for secure network connections or access?	Click here to enter text.
Do you have a recommended vendor with discount pricing to purchase equipment?	Click here to enter text.
What type of support is available if equipment purchased from your company?	Click here to enter text.
What are the recommended printer manufacturers/models?	Click here to enter text.
What are the recommended scanner manufacturers/models?	Click here to enter text.
What are the recommended signature pad manufacturer/models?	Click here to enter text.
Contract Terms and Vendor Guarantees	
Will you sign a Business Associate Agreement provided by our agency?	Yes/No.
Will the customer be allowed to perform acceptance testing of this product prior to "Go-Live"? If yes, please describe.	Click here to enter text.
Will you allow the representations made in your response to this RFP to be incorporated into the contract?	Yes/No.
What is the process that you will follow when "sunsetting" this product?	Click here to enter text.
Will you agree to the contract being governed by Connecticut law (including the applicable provisions of the UCC)?	Click here to enter text.
Are regulatory changes to the application included in the annual maintenance? If not please included, describe how costs are incurred for those changes.	Click here to enter text.

4. Front Office

4. Front Office	
User Interface	
Describe the product's navigation structure. What elements are present to promote efficiency and streamline end user experience?	Click here to enter text.
Describe the ability to use multiple devices (including mobile devices) and complete documentation offline. Are there additional fees for this feature?	Click here to enter text.
Does the product adhere to federal regulations requiring clients' ability to see portions of their chart in the medical record on the same day as the event?	Click here to enter text.
Product must provide full accessibility to individuals with disabilities (client and staff). Includes screen readers and more (see WCAG guidelines). Describe how the product provides for accessibility.	Click here to enter text.
Does the product include a client/patient portal and/or does it allow integration with 3rd party patient portals (e.g., Google Health, Microsoft HealthVault, iHealth, etc.)? Are there any additional costs for this functionality?	Click here to enter text.
What is the functionality of the client portal? e.g., access to documents, ability to communicate, ability to enter information and ability to upload documents – access for clients and/or guardians. Is it customizable? Is there a cost associated with the portal?	Click here to enter text.
Does the product include a parent/guardian portal? Is this embedded in the EHR or is it a 3rd party product that integrates with the EHR? Are there any additional costs for this functionality?	Click here to enter text.
What is the functionality of the parent/guardian portal? e.g., access to documents, ability to communicate, ability to enter information and ability to upload documents – access for clients and/or guardians. Is it customizable? Is there a cost associated with the portal?	Click here to enter text.
What browsers is the system compatible with?	Click here to enter text.
Does the product have Call Center capability including the ability to manage phone call for individuals who are not current clients?	Click here to enter text.
Describe the product's ability to document external outreach events including demographics of the participants. Ex. Community trainings, conferences etc.	Click here to enter text.
Scheduling	
Does the system have a check-in/check-out/duration in the scheduler?	Yes/No.
Does the system have a calendar screen in the scheduler?	Yes/No.
Does the system provide a daily schedule in the scheduler?	Yes/No.
Does the system provide a quick view for client history in the scheduler?	Yes/No.
Is there a client check-in kiosk available? Is there an added cost?	Yes/No.

Does the system provide patient balance information on the scheduler?	Yes/No.
Does the system provide patient co-pay information on the scheduler?	Yes/No.
Does the system provide patient insurance eligibility/coverage on the scheduler?	Yes/No.
Does the system have an automated or manual eligibility verification system? (270/271/834)	Yes/No.
Does the product provide the ability to check availability of openings for preference of providers/clinicians?	Click here to enter text.
Does it have a scheduler that provides automatic appointment reminders to clients? Is there an option to choose what method of communication a person would prefer? (email, text, phone call etc.) And if one method is preferred, can the system send the reminder when it has only this information (i.e. if they prefer email reminders, can it send one if an email address is entered, even if they do not have a phone number etc.). Please describe.	Click here to enter text.
Does the system have the capability to track responses on appointment reminders?	Click here to enter text.
Does the product provide a user-friendly scheduler system that can quickly access to add/change appointments on one main page (e.g., Outlook scheduler assistant).	Click here to enter text.
Describe the product's ability to integrate scheduling, time tracking, service dates, completion status, etc.	Click here to enter text.
Client Information	
Does the system have the ability to complete a client search?	Yes/No.
Does the system have the ability to complete client information?	Yes/No.
Does the system have the ability to show client demographics?	Yes/No.
Does the system have the ability to collect and export QI/BH TEDS Data Elements?	Yes/No.
Does the system have the ability to document client contacts?	Yes/No.
Does the system have the ability to enter and view client insurance information?	Yes/No.
Does the system have a way to enter and track client referrals?	Yes/No.
Does the system have a way to enter releases of information for clients?	Yes/No.
Does the system have a way to track general notes for clients?	Yes/No.
Does the system have a way to upload patient picture/ID?	Yes/No.
Does the system allow the user to enter or upload historical data from external sources prior to admission? Please describe.	Click here to enter text.
Describe the process for clients/teams to upload forms into the EHR, e.g., releases of information. Can this be done by the client directly through a patient/client portal? Or can this be done by a staff member into the EHR?	Click here to enter text.
Referral Functionality	
Describe process for entering and completing or importing referrals.	Click here to enter text.
Describe the ability to respond to the referral source to request intake information, missing information/documents etc. Does the	Click here to enter text.

system have the ability to allow uploaded documents at the Referral Stage (e.g. upload a paper referral packet, etc.)	
Does the product allow for the creation of accounts on behalf of someone else, such as caregiver, external service providers, e.g., OT's, SLP's, case managers.	Click here to enter text.
Miscellaneous	
Does the system allow client insurance card scanning?	Yes/No.
Does the system allow the viewing or printing of client Information sheet with basic demographics and insurance information?	Yes/No.

5. Back Office

5. Back Office	
Records	
Does the system automatically track disclosures of PHI?	Yes/No.
Does the system allow the printing of documentation for releases?	Yes/No.
Does the system allow CCR/CCD records to be imported and exported?	Yes/No.
Does the system have the ability to run a record review for QA compliance?	Yes/No.
Please describe the products ability to enter, track, and export via email any Incident reporting and in compliance with Department of Developmental Services, State Department Education, Department of Public Health, Department of Children and Families, Department of Mental Health and Addiction Services and other state regulations.	Click here to enter text.
Notification/Alert System	
Describe the product's ability to establish workflows or a notification system that keeps track of when each document is due. Describe the ability to control when staff get the notifications and customize this feature as necessary.	Click here to enter text.
Describe the product's ability to enter and send reminder notifications to staff for external provider appointments.	Click here to enter text.
Describe the product's ability to alert when changes are made to specific items like referrals or submitted documents by an external source. Does the product allow for specific notifications?	Click here to enter text.
Describe the products ability to send internal communications to individual or groups of staff members.	Click here to enter text.
Describe the product's customized dashboard functionality.	Click here to enter text.
Describe the product's functionality to send mass mailings (email) to targeted groups of customers (e.g., notices, feedback surveys). Is there an additional cost to this?	Click here to enter text.
Billing	
Does the system have the ability to detect and prevent duplicate claims?	Yes/No.
Does the system generate and automatically transmit claims directly to CT Department of Social Services (DSS) without a	Yes/No.

manual file upload?	
Does the system generate 837 claims?	
Does the system allow for 835 Remittance?	Yes/No.
Does the system allow for 834 or 270/271 State Eligibility checks?	Yes/No.
Does the system allow for customer statements?	Yes/No.
Does the system allow for 1500 Claim Form Printing?	Yes/No.
Does the system track Client AR?	Yes/No.
Does the system allow for Coding and Rate editing?	Yes/No.
Does the system allow for Claims and Adjudication processing?	Yes/No.
Does the system track Authorizations and have a Utilization Management System?	Yes/No.
Describe the product's ability to customize billing by provider, service type or service date etc.	Click here to enter text.
Does the system have the ability to enter placement disruptions Please describe.	Click here to enter text.
Is the billing system an integrated system that understands the number of services hours obtained per month/week and takes into account placement disruptions to give accurate billing information. Please describe.	Click here to enter text.
Does the product have the ability to track client attendance in programs and use this to generate billing?	Click here to enter text.
Describe the product's ability to store and easily access payment information (e.g., P.O., Letters of Intent, Bureau of Rehabilitation Services authorization, Department of Developmental Services authorization, and Vendor Service Authorization / Contract Service Authorization).	Click here to enter text.
Does the system have the ability to accept and post credit card transactions?	Click here to enter text.
Does the system allow for payer override at billing time? (i.e. DDAP functionality separate from billing functionality)	Click here to enter text.
Does the system allow for entering prior authorizations into one field and not into multiple fields.	Click here to enter text.
How long on average does the system take to generate billing batch?	Click here to enter text.
How does the system capture claims for multiple payors (primary, secondary & tertiary) for Accounts Receivable reporting? For instance, is the open claim balance under Medicaid and Medicare even though the denial from Medicare has not been received?)	Click here to enter text.
Does the system have the flexibility to generate claims based on certain state specific requirements? Scenario 1. Medicaid Rehab Option (MRO) is a state specific program to Connecticut that requires 40 billable hours in a month. If a client is out of the program for certain number of days, the required hours in order to bill would then be prorated. Regardless of actual days in the program all claims are billed as 1 unit per month and therefore, the total reimbursement amount from the state of Connecticut would be the same if the prorated	Click here to enter text.

hours are met. Scenario 2. Inpatient detox state requires clients to meet 30 hours of service in a 7-day period (each clients week day starts on day of admission) this is billed as a "per day" charge that is made up of 2 separate charges. Room & board charge and a treatment charge.	
Does the system have the ability to filter claim processing based on provider, payor or service?	Click here to enter text.
Does the system only allow entering of current billable codes and hides expired codes? (F code or ICD code)	Click here to enter text.
Expanded Capabilities	
Describe the product's ability to provide and track a discount in cost of service.	Click here to enter text.

6. Clinical

6. Clinical	
Global Features	
Describe the product's repository for all guidelines, including CT Department of Development Services' Interdisciplinary Plans (IP) and the Intermediate Care Facilities' Overall Plan of Service (OPS), behavior plans, etc., that include the ability to capture and show each staff member's acknowledgment that they have read and understand the disclosures.	Click here to enter text.
Does the product have a dashboard showing what services are not completed?	Yes/No.
Does the product have an internal messaging system?	Yes/No.
Does the product have an internal alert system?	Yes/No.
Does the product have a customer signature pad? Is there an additional cost associated with this?	Click here to enter text.
Does the product have a visit summary?	Yes/No.
Does the product have the capacity for outcomes data collection (Custom Fields)?	Yes/No.
Does the product support external interface creation?	Yes/No.
Is there a cost for External Interfaces?	Click here to enter text.
Does the product have templates for telephone encounters and notes?	Yes/No.
Client/Customer/Treatment Plans	
Describe the product's ability to complete treatment plans including creating customizable treatment plans that can be built to our specifications and modified if necessary.	Click here to enter text.
Describe the product's ability to integrate all programs into one treatment plan so there aren't entirely different plans for each program and so they could be carried over when clients transfer programs. Or if the system requires separate treatment plans per program, please explain and describe.	Click here to enter text.
Describe the product's ability to automatically attach specific	Click here to enter text.

internal documents to other internal documents (i.e., attaching most recent comprehensive assessment to treatment plans).	
Describe the product's ability to import nursing information from other areas of the chart into a nursing care plan (e.g., vitals, weight, most recent health care visits etc.)	Click here to enter text.
Describe the product's ability to transfer charts between internal programs and external locations (e.g., Oak Hill to Gilead)	Click here to enter text.
Admissions/Enrollments	
Describe the product's ability to have clients served enrolled in multiple programs without needing to be discharged from the same level of care. (i.e., Clients need to be able to co-exist in Middletown Outpatient Clinic, Gateway Outpatient Clinic and Farrell Outpatient Clinic. Or Clients need to be able to be admitted to Farrell Residential and the adult group homes which may be seen as the same level of care. Or clients may need to be enrolled in our Oak Hill Community Programs, Schools and Across Oak Hill Centers programs).	Click here to enter text.
Describe the product's ability to select date ranges to run reports on what clients are active for a specific time frame (e.g., census programs).	Click here to enter text.
Describe the product's ability to see a quick view of groups clients are enrolled into.	Click here to enter text.
Describe the product's process of enrolling and unenrolling clients (i.e., looking for efficiency of enrollment process with limited screens to click through).	Click here to enter text.
Describe the product's ability to automatically enroll or unenroll clients for all groups assigned to the program upon admission and discharge (e.g., MRO group homes).	Click here to enter text.
Describe the product's ability for automatic batch enrollment of multiple clients into multiple groups at one time (e.g., Farrell)	Click here to enter text.
Describe the product's ability to have a holding place for clients who are being followed by Gilead or Oak Hill, but not active, including the ability to document on them, while not requiring completion of all other documentation requirements. Is this customizable?	Click here to enter text.
Describe the product's ability to view clients before their admission day and start documentation before they're officially admitted.	Click here to enter text.
Describe the product's ability to track information on stakeholders/intermediaries working on behalf of individuals with disabilities (e.g., school districts, Birth to Three, state case manager).	Click here to enter text.
Describe the product's ability to search/run reports by stakeholders (e.g., search by school district).	Click here to enter text.
Describe the product's ability to readmit former clients. What is the process for returning clients?	Click here to enter text.
Describe the product's ability to generate and store consents for treatment.	Click here to enter text.
Describe the product's ability to track program enrollments with	Click here to enter text.

dates of admission and discharge.	
Documents	
Does the product have the ability to create and/or upload authorizations?	Yes/No.
Does the product have the ability to create miscellaneous notes?	Yes/No.
Does the product have the ability to create peer support service notes?	Yes/No.
Does the product have the ability to create general service notes?	Yes/No.
Does the product have the ability to create group service notes?	Yes/No.
Periodic Reviews	Yes/No.
Does the product have the ability to create discharge summaries?	Yes/No.
Does the product have the ability to create Consent to Treat forms?	Yes/No.
Does the product have a built-in electronic Medication Administration Record?	Yes/No.
Does the system have the ability to create outpatient notes?	Yes/No.
Client Documentation	
Describe the product's ability to automatically populate diagnoses, templates, times, dates etc. into all clinical paperwork?	Click here to enter text.
Describe the product's ability to write both individual and group notes.	Click here to enter text.
Describe the product's ability to self-select diagnoses into various clinical documents (i.e., notes, assessments etc.).	Click here to enter text.
Describe the product's ability to create a biopsychosocial assessment. Is this customizable?	Click here to enter text.
Describe the product's organization of documents in the chart (i.e., ability to have all screens and assessment in the same location of the chart and not under various tabs).	Click here to enter text.
Describe the product's ability to quickly see "my progress notes" in charts.	Click here to enter text.
Describe the product's ability to upload supporting documents into notes, including TD screens and MD orders into psychiatric prescriber notes.	Click here to enter text.
Describe the product's ability to track behavioral interventions related to the clients individualized plans.	Click here to enter text.
Describe the product's ability to create graphs based on data entered (e.g., medication changes/titration, behavior data entered etc.).	Click here to enter text.
Describe the product's ability to customize time tracking of sleeping patterns (i.e. asleep/awake/ repositioning / CPAP machine / time in/out of assisted devices etc.).	Click here to enter text.
Describe the product's ability to customize assessments (PHQ-9, Becks, MMSE, risk, CSSR-S, crisis plans, health assessments, nursing care plans, substance abuse screens etc.)	Click here to enter text.
Describe the product's ability to choose the location of where services are provided (e.g., community, hospital, etc.).	Click here to enter text.
Describe the product's ability to track external treatment (e.g., in-patient hospitalizations, ER visits, medical visits IOP etc.).	Click here to enter text.

Describe the product's ability to enter and track immunizations, mandated screenings (e.g., scoliosis, vision, audiometry, etc.).	Click here to enter text.
Describe the product's ability to document communications with collaterals (e.g., parents, conservators, etc.).	Click here to enter text.
Describe the product's ability to time stamp data and documentation.	Click here to enter text.
Describe the product's ability to have a communication log for staff to communicate with one another that does not attach to client charts (e.g., note reporting medications are being delivered, dishwasher broken, etc.)	Click here to enter text.
Describe the product's ability to view past and present services provided to an individual across program service areas.	Click here to enter text.
Face/Fact sheet	
Does the product have a quick view of demographic information for clients? Is this customizable (e.g., can include current medications)? Does the product allow for interfacing with state agencies (e.g., Department of Developmental Services).	Click here to enter text.
Does the product have the ability to run a report with specific information (i.e., ability to separate out information based on who the information is being shared with).	Click here to enter text.
Custom Documents	
Does the product have a health history screen?	Yes/No.
Does the product have a vocational profiles section?	Yes/No.
Med Services	
Does the product have a labs/orders system that communicates to an external interface?	Yes/No.
Does the product allow batch signing?	Yes/No.
Does the product allow for creation of PCP letters?	Yes/No.
Does the product have a verbal order, read back?	Yes/No.
Does the product have a medication reconciliation report?	Yes/No.
Does the product have a vitals/flowsheet report?	Yes/No.
Does the product allow voice to text documentation (e.g., Dragon Naturally Speaking Support).	Yes/No.

7. Inpatient, Order Entry & E-Prescribing

7. Order Entry & E-Prescribing	
Computerized Physician Order Entry (CPOE)	
Is CPOE part of the core product or a separate module?	Yes/No.
Is CPOE customizable per provider or are templates available?	Yes/No.
Does the system allow custom Order Sets to be built?	Yes/No.
How does your system provide for submitting and receiving electronic lab orders? Please describe	Click here to enter text.
Does the system allow free text ordering?	Yes/No.
Does the system provide the end user the ability to cancel pending orders?	Yes/No.
If so, does an outbound interface message result, sending the cancellation message to third party systems?	Yes/No.
Are future code updates Vendor or user applied?	Yes/No.

Does this crosswalk to DSM-V equivalents for diagnosis entry?	Yes/No.
Does the system support the entry of verbal orders with submission to practitioner for approval?	Yes/No.
Does the system allow custom questions per order to be developed?	Yes/No.
If so, please describe how these items are built and managed by the customer.	Click here to enter text.
Can these items be classified as "required" or "optional" to complete?	Yes/No.
Does the product support recurring orders?	Yes/No.
If so, please describe how the system accommodates this workflow.	Click here to enter text.
Does the product support Orderable Favorites per user and/or per specialty?	Yes/No.
How does the product support ordering for off-site (non-integrated/interfaced) pharmacy orders?	Click here to enter text.
Are there reporting tools available to monitor all CPOE steps? (e.g., unsigned orders, overdue orders, etc.)	Yes/No.
E-Prescribing / EMAR	
Is E-Prescribing part of the core product or a separate module?	Click here to enter text.
Is E-Prescribing customizable per provider and/or at the enterprise level?	Yes/No.
What are the E-Signature Requirements for E-Prescribing?	Click here to enter text.
What is required of the customer in order to set this up?	Click here to enter text.
What are the E-Signature Requirements for E-Prescribing Controlled Substances (EPSC)? Can the system communicate with the Connecticut Prescription Monitoring and Reporting System (CPMRS) controlled substances?	Click here to enter text.
Is the system compatible with e-scripts?	Yes/No.
Which local or national pharmacies interface with the EHR?	Click here to enter text.
How are these updated and with what frequency?	Click here to enter text.
Is there an extra expense required for local pharmacies to be set up for E-Prescribing?	Yes/No.
If an expense, what is the rate per transmission?	Click here to enter text.
What form of transmission is required?	Click here to enter text.
Is there a fax server incorporated in the EHR?	Yes/No.
If so, does it require a separate server?	Yes/No.
If not, are third party Vendor fax servers supported?	Yes/No.
Which Vendors are supported?	Click here to enter text.
Can Rx faxes be configured to use a separate fax queue from other faxed documents within the system?	Yes/No.
Is there a functional limit to the number of fax lines supported by the system?	Yes/No.
Can active faxes be cancelled during transmission by user or by system administrators?	Yes/No.
What security settings are available in the product to govern who can use E-Prescribing?	Click here to enter text.

Are medication updates performed regularly?	Yes/No.
• Which Vendor(s) does the product support?	Click here to enter text.
• Does it include Drug Contraindications?	Yes/No.
• Does it include Drug Interactions?	Yes/No.
• Does it include Drug Warnings received?	Yes/No.
Are reporting tools for E-Prescribing available? Please describe tools that are pre-loaded and available.	Click here to enter text.
Describe how new medications are displayed in the system if added by: • MD • RN • MA • PA/NP • Residents	Click here to enter text.
Where is E-Prescribing information housed in the EHR?	Click here to enter text.
Describe the audit features for E-Prescribing.	Click here to enter text.
Does the system keep a running history of Rx renewal changes?	Yes/No.
Describe the relationship and/or dependency between e-script module and eMAR.	Click here to enter text.
How are discrepancies (if possible) between the two reconciled/resolved?	Click here to enter text.
Does the system include a USABLE and customizable MAR. Need integration with the e-prescribing system, but there needs to be control when the changes to the e-prescribing system occurs in the EHR.	Click here to enter text.
Describe the system's ability to e-prescribe, e-labs, receive results directly into EHR.	Click here to enter text.
Does the system allow coordination with external laboratory and automatically is submitted into the EHR (i.e., Clozaril bloodwork, urine toxicology screens, etc.)	Click here to enter text.
Does the system have a direct connection to REMS (Clozaril Bloodwork tracking)? Please Describe.	Click here to enter text.
Does the system have the ability for any staff to see the results of labs that are connected to the EHR? Please describe.	Click here to enter text.
Does the system have the ability to see where clients are receiving controlled medications outside of our facilities through a connection to the Prescription Drug Monitoring Program (PDMP)? Please describe.	Click here to enter text.
Does the system have an eMAR that accurately pulls information and allows staff to document to track MAR information in the record, rather than handwriting and/or scanning documents? Please describe.	Click here to enter text.
Does the system have the ability to see clear tracking of medication history per prescribed medication, such as who prescribed it, when it was prescribed/discontinued, etc.?	Click here to enter text.
Can the system upload MD orders and 180-day orders?	Yes/No.
Does the system provide Alerts for renewals (Dr.'s orders, medications, consents, physicals, etc.)	Click here to enter text.

8. State/Payor Requirements

8. State/Payor Requirements	
State/Federal communication (link)	
Does the system include CT Department of Mental Health and Addiction Services (DMHAS) DDaP Export Functionality, or could it be built if not already present? DMHAS DDaP extracts and data uploads to external systems. We need to be able to create customized data extracts within customized file formats to submit externally to various entities, including DMHAS' DDaP System Please explain the system's functionality in this area. Are there any additional costs for this functionality?	Click here to enter text.
CONNIE interface – We need to be able to export and import client health information to and from the Electronic Health Record to/from external entities via the State Mandated CONNIE Health Information Exchange. Please explain if the system is already configured to make these connections or if not, can it be configured? Are there any additional costs for this functionality? Please describe.	Click here to enter text.
CT Department of Developmental Services (DDS) and Intermediate Care Facility (ICF) licensure having access and ability to remotely review such documents and acknowledgement - Access to EHR for licensing inspectors to have the ability to complete a full chart review for each individual in our programs. Including all applicable documents and staff acknowledgments. Please describe how this access could be provided in this EHR.	Click here to enter text.
Does this system include Electronic Visit Verification (EVV) integration? DDS currently uses Sandata, but is piloting to allow some EHR's to collect instead of Sandata. DMHAS' WISE Program also collects EVV info from Sandata, but could be pulled potentially from an EHR with EVV capability. System needs to be compatible with Electronic Visit Verification (EVV) Please describe the availability or capability of this functionality with this EHR and any additional costs associated with it, if applicable.	Click here to enter text.
Regulatory Changes	
How are changes required by Payors handled?	Click here to enter text.
Is there a cost?	Yes/No.
How are changes required by the State handled?	Click here to enter text.
Is there a cost?	Yes/No.
How are changes required by the Federal government or new regulations handled?	Click here to enter text.
Is there a cost?	Yes/No.

9. Proposed Pricing

Please provide pricing based upon a typical installation. Any additional details regarding costs that may be helpful in our analysis should be included as well.

Pricing Assumptions

- Total number of named users: 1200
- Estimated number of concurrent users: 400
- Number of Prescribers: 20

One-time fees	
One time implementation fees:	Click here to enter text.
Training fees:	Click here to enter text.
Consulting fees:	Click here to enter text.
Initial year costs (include all fees for license, use, access, etc.)	
For 400 users:	Click here to enter text.
For each additional user:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost.	Click here to enter text.
Do you charge for support?	Click here to enter text.
Ongoing annual costs (include all fees for maintenance, support, use, access, etc.)	
For x users:	Click here to enter text.
For each additional user:	Click here to enter text.
Please provide the pricing algorithm used to calculate this cost. Also, please provide your policy regarding price increases.	Click here to enter text.
Is there an ongoing charge for Support?	Yes/No.
Is there a charge for maintenance and bugs?	Yes/No.
Is there a charge for State/Federal requirements?	Yes/No.
Is there a charge for out-of-scope request?	Yes/No.
Is there a charge for delays or extended timetables?	Yes/No.
Five (5) year cost of ownership	
Please indicate the estimated TCO ("total cost of ownership") for the product over a 5-year period.	Click here to enter text.
Training fees:	Click here to enter text.

10. Customer References

Please provide references for Connecticut based agencies that provide mental health, substance use, and development disability services.

10. Customer References	
Name	**Contact Name/Phone Number/Email Address**
1) Click here to enter text.	Click here to enter text.
2) Click here to enter text.	Click here to enter text.
3) Click here to enter text.	Click here to enter text.