STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

September 9, 2019

Dear Vendor:

Requests for Information (RFI's) will be received for health information technology for the Alabama Department of Intellectual Disabilities Information System (ADIDIS) services for Alabama Department of Mental Health, Division of Development Disabilities until **Tuesday October 23, 2019 at 3pm CST.**

Vendor participation in any contrast(s) based upon RFP and/or ITB processes subsequent to this RFI is dependent upon the vendor being appropriately registered with the State as indicated in the following paragraph.

If you/your company desire to respond to the RFI:

1. Read the entire RFI document.
2. Response must be submitted in the format requested.
3. Response must be in ink or typed (pencil is unacceptable) and contain original signatures.
4. Return **one (1) original** and **three (3) hardcopies** to:

AL Department of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used.

Sincerely,

Cedric Harrison

Cedric Harrison, Purchasing Director
Office of Contracts & Purchasing
AL Department of Mental Health

Request for Information

The intent of this RFI is to identify potential system capabilities, implementation options, and cost ranges for the Alabama Department of Intellectual Disabilities Information System (ADIDIS) for the Developmental Disabilities division of the Alabama Department of Mental Health. It is anticipated that subsequent RFP's and/or ITB's will be issued for the acquisition of products and services necessary to implement the ADIDIS systems that are judged to be within practical functional and cost ranges based on information gained from the responses to the RFI.

Title: Request for Information on available health information technology Alabama Department of Intellectual Disabilities Information System (ADIDIS) for the Alabama Department of Mental Health (ADMH).

RFI Issuance Timetable (all times are in Central):

Date	Event
September 9, 2019	ADMH: Issuance of RFI on ADMH Website
September 30, 2019 (3pm)	Vendors: Deadline for Questions
October 7, 2019 (3pm)	RFI Q&A posted for review
October 23, 2019 (3pm)	Vendors: Deadline for RFI Responses **(one original** and **three hardcopies)**

I. Introduction

The Department of Mental Health (DMH) operates and manages a complex client care environment. DMH's publicly funded mental health and developmental disabilities services system is responsible for providing behavioral health and disabilities services for participants covered by Medicaid. The Division of Developmental Disabilities (DD) provides a comprehensive array of services and supports to individuals with intellectual disabilities and substance use disorders and their families in the state through contractual arrangements with community agencies, five regional community services offices, and comprehensive support service teams that assist with behavioral, medical, and psychiatric services and supports.

The DMH is soliciting competitive sealed proposals for an efficient Alabama Department of Intellectual Disabilities Information System (ADIDIS) that will support authorizations and an efficient tracking of billing, Waiting List applications and enrollments, person-centered planning, Case Management input, Home and Community-Based Services provider inputs and tracking, Personal Outcome Measures data collection, incident management to include data collection and reports, CMS/Medicaid quality performance measures data and supportive employment data, Certifications, Provider Enrollments, electronic submission of report requests and ensure compliance with contracts and standards.

Vendors should submit packets for a complete solution for the Information Management System in accordance with the functionality described in this document. Each proposal will be measured on its own merits, based on the requirements of the systems. We expect one vendor to be the

prime contractor and partner with other vendors, if needed, to provide fully functioning all-inclusive system for the Division of Developmental Disabilities.

This RFI also gives the estimated dates for the various events in the submission and selection process as well as planned project timelines. While these dates are subject to change, prospective vendors should be prepared to meet them as they currently stand.
Failure to meet a deadline in the submission or evaluation phases and or any objection to the dates for performance in the Project phase may result in DD refusing to consider the proposal of the vendor.

The Information Management System is necessary to support the payor role of the Developmental Disabilities Division, as the State Agency managing intellectual disabilities care, co-occurring mental illnesses for the State of Alabama.

The Developmental Disabilities Division seek a vendor's software, hardware recommendations, implementation, training and support solution that meets all operational and the information system functional needs and requirements. DD is interested in a web-based information management system that will provide and manage a variety of programs and services.

II. Background

The Alabama Department of Mental Health (DMH) was established by Alabama Acts 1965, No. 881, section 22-50-2. A cabinet level state agency, DMH is authorized to supervise, coordinate, and establish standards for all operations and activities of the State of Alabama relative to mental health. The Department has three unique service divisions: Mental Illness, Developmental Disabilities, and Substance Abuse devoted to accomplishment of these tasks. The Developmental Disabilities Division's mission is to assure that people with developmental disabilities are provided quality supports and services to lead meaningful lives. DD's vision is that people with developmental disabilities will live integrated lives through a choice of employment, home and relationships. Early Intervention (EI) is also a vital area of the DD Division. Early Intervention is a coordinated, family-focused system of resources, supports and services for eligible infants and toddlers' birth to 3 years who have developmental delays.

ADMH also administers a state-wide network of community-based service providers of residential, community based services and prevention programs for mental illness, developmental disabilities and substance abuse disorders.

For more information on the department go to: http://www.mh.alabama.gov/

Developmental Disabilities (DD)

Specific Responsibilities of DD include but not limited to:

- The Intellectual disabilities service system includes a broad spectrum of services to include information and referral, case management and direct client services with a billable payment structure inclusive of fee for service (in varied time increments) and/or tiered benefit payment methodologies.

- The DD Central Office Staff provides oversight and support in planning, service coordination, service delivery, fiscal operations, contracts, eligibility, monitoring/quality enhancement of services, and the monitoring and certification of all community agencies that provide services to individuals with intellectual disabilities.
- A DD Coordinating Subcommittee, comprised of consumers, families, service providers and other leaders in the field, assists the division in setting and prioritizing service goals based upon needs of individuals and budgetary considerations.

DD Goals:

- Become a more consumer – driven system that supports and encourage individuals, families to be more actively engaged in person centered planning and directing their services and support to include self-direction that allows participants and their families to recruit, hire, train, supervise, and if necessary, discharge their own self-directed personal care workers;
- Design the system to become more pro-active rather than re-active in the provision of services and supports;
- Become an Employment First State;
- Improve the role and quality of conflict free Case Management and expand it to people not yet in service (service coordination/navigation);
- Improve the Intake Process for service eligibility;
- Expand Services to include people with Developmental Disabilities;
- Expand housing opportunities for people with Developmental Disabilities

DD Waiver Programs:

- Intellectual Disabilities (ID):
    - Serves individuals who would otherwise require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The Operating Agency is the Alabama Department of Mental Health. Serves persons 3 years old or older and has 5260 waiver slots.
- Living at Home (LAH):
    - Essentially the same as ID waiver, except: does not offer Residential Habilitation Training services (Group Home) and has 769 slots.
- The DD division has plans to develop an 1115 waiver with a full implementation date projected for April 2020.

DD Client Services Offered:
Support Coordination/Case Management - Support Coordination/Case management (CM) is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

Targeted Case Management (TCM) refers to case management for specific Medicaid beneficiary groups or for individuals who reside in state-designated geographic areas.

DD Current Wait List Dispositions:

Person Waiting

- Services Provided
- Services Not Needed/Wanted
- Person Not Found, No Knowledge of Whereabouts
- Person Deceased
- Person Ineligible Due to Level of Care
- Person On List, Needs Not Critical At This Time
- Person Can Be Found, Need To Track
- Person Ineligible Due To Income/Resources
- Person Ineligible Due To Institutionalization Duplicate
- Part Served-Needs Add On
- Part Served-Add On Not Critical

DD Programs:

- Home and Community-Based Services (HCBS)
    - A Medicaid waiver program permitting a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.

III. Current State Environment

To support the department's efforts to transform the mental health system in Alabama, ADMH leadership has identified the need to implement an updated ADIDAS system a priority issue.

At present, departmental operations rely on a system that has been in service for over 10 years and no longer provides the functionality and interoperability needed for the department.

The Department of Mental Health desires to procure a total solution system that will address Developmental Disabilities (DD) data and information system needs stated in Section II of this document. The system will be critical for DD to attain the following goals:

a) Provide the highest quality of care at the most appropriate level to its consumers;
b) Insure that clients have access to appropriate, quality services in a timely manner;
c) Function as the state developmental disabilities services systems manager;
d) Increase administrative and service capacity;
e) Develop more efficient business practices through a more integrated information system;
f) Maximize use of existing revenue sources;
g) Comply with requirements as steward of federal and state funding;
h) Control fraud and abuse;
i) Minimize financial risk for those who provide services, so that risk does not adversely impact client care;
j) Give providers and other stakeholders timely, easy access to system data;
k) Determine the system's capacity; and
l) Establish areas of need (location, population, service).

Project Scope

This Request for Information seeks acquisition and implementation of a comprehensive, integrated developmental disabilities management information system. This system, the Alabama Department of Intellectual Disabilities Information System (ADIDIS) to manage, monitor, and/or provide reports on the following essential system functions:

a) Initial screening, eligibility determination, and enrollment;
b) Individualized person centered planning, assessment, needs determination, level of care assignments;
c) Utilization management;
d) Provider network management;
e) Contract services monitoring and management;
f) Electronic Visit Verification
g) Claims processing and payment; and
h) Quality and outcome reporting.

In addition, the application should provide information for the capabilities of a data warehouse that will integrate specified data received from DD providers and DD staff, analyze this data, and allow for the generation of customized reports by DD Central Office Staff for the end user.

The Developmental Disabilities Information System will be used initially by approximately 26 DD Central Office Staff, approximately 25 Regional Office Staff, and approximately 250 providers who may access the system remotely on a restricted basis. Users will need access to perform tasks such as submission of enrollment, assessment, person centered planning information/records, and claims data, and/or check on the status of claims and reconcile submitted claim. Workflow Wizards should be incorporated to guide users seamlessly through workflow processes necessary to completely enroll and document clients' information.

The proposed information should describe the functionality to allow for the eventual inclusion of additional DD Staff and providers.

This RFI will result in an RFP request requiring an application that utilizes state-of-the-art, industry standard information technology, equipment, materials, and support services. The Alabama Department of Intellectual Disabilities Information System (ADIDIS) will be owned and operate by DMH. It should interface with existing DMH management information systems (primarily the DMH accounting system – AMS) and the Medicaid DXC system for claim processing, as well as the Electronic Visit Verification System chosen by Alabama Medicaid as the provider of that service. The ADIDIS must be fully HIPAA compliant in order to accept and send files to information system of all current and future providers in Alabama's Developmental Disabilities and substance use disorders services system. Since eligibility data is a critical aspect of any client-based system, the success of inbound and outbound HIPAA transaction sets from the Medicaid System to the ADIDIS is of extreme importance. Availability and access to this data to DD is critical. It is an important regulatory obligation that ADIDIS be successful in paying and reporting in HIPAA compliance transaction sets.

How a vendor's system complies with HIPAA transaction, privacy and security regulations should be included as a key component with any response. The ability to handle eligibility verification, enrollment, claims submission and outcome reporting electronically is essential.
DD should be able to access and enter data directly in the ADIDIS. Enrollments will be entered, updated and verified on-line and claims will be adjudicated using the ADIDIS. Initial and annual redetermination and/or terminations enrollments should be processed electronically by daily transmissions to AMA/DXC to the LTC file.

DD has many reporting and planning needs that require access to the data contained in the ADIDIS. Special consideration will be necessary to address these reporting needs to ensure ready access to this information.

Frequently, State and Federal laws change, and the system should exhibit flexibility when DD need to change its service lines in response to changing laws or funding. This may require scalability on the part of the ADIDIS to include multiple lines of business that can exist as separate fiscal entities. The proposed system should have the ability to update billing codes as services are added and/or deleted in the waiver.

External organizations require external reporting that ADIDIS should provide. It is imperative that the vendor's system can capture and store the required information, as well as report out that data consistent with the HIPAA transaction set requirements.
In summary, DD is looking for a vendor that can provide a comprehensive turnkey information system (s) with the necessary support services to operate an information system. The term System in this context means hardware, software, implementation, training and ongoing support for these components.

IV. Guiding Principles for Solution Definition and Capability List:

To aid in the transformation of the mental health system in Alabama, the definition and scope of the ADIDAS solution should adhere to the following guidelines. The ADIDAS solution should:

- **Support Home and Community Based Services.** The ADIDAS solution must directly support the information required to track and maintain individuals needs in a community setting in the least restrictive environment.
- **Include data but also functionality.** More than just a central data repository, the ADIDAS solution must include functionality that enhances the services delivery process, the analysis of DD data, and the tracking of provider certifications and services. Furthermore, it must contain the full array of functionality that supports services provided as well as the tracking of services and may be tightly coupled to other functional capabilities that are not directly related but are required to manage an persons served.
- **Aligned with industry standards and trends.** The ADIDAS solution must be consistent with national health IT and MITA direction and initiatives as well as with national standards defined by CCHIT. The solution must be based upon and adhere to appropriate national and State data elements, coding transactions and clinically relevant

terminology standards (e.g., ICD9CM/10, CPT, LOINC, DSM IV TR, NCDCP, etc.). The solution must follow existing and developing national and State interconnectivity standards such as Health Level 7 (HL7) and other information and communication technology (ICT) industry standards per MITA 3.0.

- **Comply with all Federal and State rules and regulations.** The ADIDAS solution must comply with all federal and State rules and regulations regarding the privacy, confidentiality and security of Protected Health Information and Personal Protected Information, including requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191) as amended by the American Recovery and Reinvestment Act (AARA) of 2109.
- **Permit future interoperability requirements.** The ADIDAS solution must be scalable to eventually provide interconnectivity with other health and human service agencies in Alabama and private healthcare organizations per MITA's vision and goals as well as goals in the ARRA of 2019.
- **ADMH may elect to implement the ADIDAS proposed solution in a phased approach.** Solution proposals should reflect how the project could be implemented in phases with estimated costs for each phase or product. For example, solutions might include multiple products which could be implemented separately, e.g., screening, assessment needs utilization management, etc.

V. Functional Requirements Overview

The functional requirements included in this RFI describe the specific functionality that ADMH requires for the proposed ADIDAS system. Functionality Highlights include:

General Requirements

Includes requirements for usability, required fields, historical data, integrations, availability, growth potential, data entry, data management, calendar/to-do lists, alerts and notifications, and system administration. This section also includes other usability options.

- **Initial Screening, Eligibility Determination**

Requirements to gathering persons served detailed information and provide eligibility status based off the data collected.

- **Individualized person centered planning, Assessment Needs, Determination, Level of Care Assignments, Intake**

Functionality for the system to be able to determine level of care needs and provide assessment capabilities to determine persons served.

- **Utilization Management**

Ability to track and compile key indicators that track the utilization of resources. Additionally, the management of assignments to ensure that priority populations receive timely access to care and that open treatment slots.

- **Provider Network Management**

The ADIDAS will be used to track all providers in Alabama and the services that each provider is certified to provide by ADMH. Certifications must be tracked for ech provider for the services they are providing.

- **Contracts Service Management**

Ability for the system should allow for DD to have contracts with providers under multiple lines of business and under different contractual relationships.

- **Claims Processing Functions**

The ADIDAS will enable the department to collect billing information and conduct event-based billing by using ADIDAS data to create patient billing statements. The ADIDAS will also provide for tracking billing status and the transfer of billing information using the latest medical information protocols and frameworks.

- **Services Termination and Outcome Reporting**

Ability to terminate and track people served as part of system of care and report on the status of individuals as needed for reporting requirements.

- **Quality Reporting**

Include functionality and process used to collect quality measures indictors as part of the certification standards. Providers data will be monitored to ensure quality measures are met.

- **Prevention System**

Functionality for a system that would collect, report, and manage information related to prevention services in accordance with the Center for Substance Abuse Prevention (CSAP) and the CDC Minimum Data Set. This includes single and recurring service types, session information, specified activity codes, identification of populations and service statistics

- **Data Warehouse**

Include the functionality currently used to manage the data collected from the proposed system. Also include information related to transferring data to an existing warehouse and processes that can be used to accomplish the collection if an existing warehouse is used.

VI. Technical Requirements Overview

The technical requirements included in this RFI describe the technical, interoperability, support and operating capabilities that ADMH requires for the proposed ADIDAS system. The proposed solution should address system resiliency, redundancy and recoverability. Technical Highlights include:

- **Regulations**

Federal and State laws and Departmental policies and guidelines that ADMH requires for the ADIDAS solution.

- **Hardware / Software**

Implementation and performance requirements for the ADIDAS solution once in operation.

- **Housing the Solution**

Environment(s) required for the ADIDAS solution throughout its life cycle (configuration, testing, data conversation, pilot, operational, etc).

- **Network Support**

Telecommunications mechanisms and protocols for the ADIDAS solution to deliver anticipated services.

- **Workstation Software**

Software requirements that enable access to the ADIDAS solution via a standard web-browser and business rules.

- **User Interface**

User access and data input requirements for the ADIDAS solution.

- **Error and Exception Handling**

Requirements associated with logging, reporting and accessing errors and exceptions.

- **System Security Management**

Requirements associated with user authentication and authorization, data encryption, role-based access, single sign-on, among others.

- **Audits**

Requirements associated with audit trail for all changes, additions and deletions to data (including operational and security data).

- **Data Retention and Archive**

Requirements associated with managing, retaining and archiving patient records.

- **Reports**

Requirements associated with the ability to generate ad hoc and standard reports.

- **Interoperability**

Requirements associated with the ability to access and exchange information electronically with third-party organizations.

- **Performance**

Requirements associated with the ADIDAS solution's response time.

- **Data Conversion**

Requirements associated with data cleansing, conversion, and migration for active and inactive patient records from existing systems, such as CARES and ACSIS CDR.

- **Capacity**

Requirements associated with the ADIDAS solution's workload, user base and future growth.

- **Disaster Recovery**

Requirements associated with business recovery measures, failover, redundancy and performance monitoring.

VII. Known Integration Requirements

Integration requirements are associated with the confirmation that the individual ADIDAS solution components work together properly and as a whole perform their specified functions. This includes application interfaces to other applications already in production at or being developed by ADMH or outside parties.

ADMH will play an active role in the exchange of information with other States' providers in the future. This exchange will be based on the MITA definitions of the various business and technical services. To the extent possible and as part of the State of Alabama's architecture, the ADIDAS design blueprint must:

- Leverage the technical architecture models in the MITA framework
- Establish a business service for validating provider-supplied credential information against state and Federal sources
- Establish a rules database containing rules associated with eligibility of each type of provider
- Establish technical services such as a data management utility, for accessing a provider database containing registered provider Ids
- Establish state-specific technical service utilities such as integration with state legacy systems, interoperability with partner/state agency systems, and state data integration and sharing requirements.

The known integration requirements included in the RFI describe a preliminary list of application-specific interfaces and other data exchange mechanisms in support of the ADIDAS solution. The ADIDAS system will support application-specific interfaces and other forms of data exchange (e.g., e-mail, fax, on-line forms) for the purpose of maintaining and exchanging data and objects (e.g., order sets, workflow definitions, business rules, clinical alerts, clinical content, and billing information) with clinical/non-clinical applications.

The clinical and non-clinical applications with which the ADIDAS system must exchange information consist of integrated applications that comprise the ADIDAS environment; applications inside the boundaries of ADMH, and automation systems external to the control of ADMH connected via Health Level Seven (HL-7) messaging. A conceptual interoperability model of these applications is depicted below and grouped as follows:

- **Context Systems** help identify patients and users of the system and provide information that is essential for the correct management of clinical encounters. In general, these systems provide information to the ADIDAS, but require little information from it.

- **Cooperating systems** interact more fully with the ADIDAS in terms of providing and utilizing its data. Many of these systems are moving closer to the ADIDAS. Examples include clinical pharmacy, which must be part of the ADIDAS.

- **Subscriber systems** require information from the ADIDAS and other systems, but do not directly contribute information to them.

- **Extra-enterprise systems** are entities (automation systems) that exist outside of ADMH's environment and therefore should generally follow an industry data standard for information exchange.

Acronyms

- ADIDIS: Alabama Department of Intellectual Disabilities Information System
- CARES: Comprehensive Alabama Mental Health and Mental Retardation Information System
- ASAIS: Alabama Substance Abuse Inforamtion System
- ACSIS CDR: Alabama Community Services Information System Central Data Repository
- OBRA Levels 1 and 2: Omnibus Budget Reconciliation Act Levels 1 and 2 pre-admission screening resident review for Medicaid certified nursing facility placement
- CMS: Centers for Medicare and Medicaid Services
- TJC: The Joint Commission
- MI: Mental Illness

VIII. RFI Solution Response:

How to Respond

One original and three hard copies of all documents should also be delivered to:

Alabama Department of Mental Health
Office of Contracts & Purchasing
100 N. Union St., Suite 570
Montgomery, AL 36104

Format of RFI Narrative Responses

The response should be organized according to the following format to include chapters that address each of the following:

- Chapter 1 – Description of the Company/Vendor(s)
- Chapter 2 - Vendor's Understanding of ADMH's objectives, needs and requirements
- Chapter 3 – Proposed Solution Include any ideas and suggestions that provide alternative approaches to designing, developing, acquiring, operating, and maintaining this type of system or components
    - Technical
        - Description of vendor technical solution that meets or exceed requirements. Explicitly define how the solution utilizes acceptable health IT standards to enable inter- and intra-system communication and semantic interoperability.
    - Functional
        - Description of vendor functional solution that meets or exceeds requirements described in Appendix A of this document.
    - Approach and Methodology - ADMH may construct a phased implementation of the ADIDAS project and would be interested in solutions with a phased implementation approach which
        - Identify the distinct project phases
        - Phases capable of being implemented individually
        - All components of each phase must be individually identified
        - Hardware
        - Software
        - Installation and configuration services
        - Technical Training
        - Functional/user training
        - Sustain system in production use
        - Include individually priced, non-binding cost estimates for:
            - Components
            - Phases
        - Implementation schedule
- Chapter 4 -Estimated Costs - Approximate cost information (i.e. software, hardware, implementation cost and resources, on-going and maintenance costs and other relevant cost estimates, etc.) for alternatives including areas where lower cost alternatives (i.e. open source software, commodity hardware, etc.) might be used to reduce the overall system cost and what sorts of impacts this might have on system performance, reliability, and maintenance cost.
- Chapter 5 – Description of Vendor's Project Team
    - Staff resource types
    - Proposed project staffing configuration
- Chapter 6 – References/examples where vendor has successfully completed a similar project

Product Demonstrations

Your response should indicate if you would be willing to provide an on-site face-to-face presentation if requested by ADMH. The purpose of this demonstration would be to seek clarification of information contained within the response and to further explore issues raised or to further meet the goals of the RFI. Vendors must demonstrate a solution that is in production which could be either a self-contained demonstration or an ASP live demonstration. The demonstration must be linked to ADMH specific Use Cases or Scripted Scenarios for key activities to be supported by the envisioned application. Vendor presenters must be key delivery staff and not solely corporate executives or sales personnel.

ADMH will not reimburse submitters for any cost in conjunction with their responses to this RFI or demonstrations.

Review Process

RFIs are issued with the intent to obtain information that provides guidance which will be used in the possible preparation of RFPs. The ADIDAS RFP Evaluation Team will review responses to this RFI and could prepare one or more RFPs and/or ITBs. The reviewing group may seek further clarification of information in a response in the form of brief verbal communication by telephone, written communication, electronic communication, or presentation of the response to a meeting.

Distribution of RFI Responses

Copies of all documentation submitted in response to this RFI will be available to ADMH RFI review committee members for review purposes. **Proprietary and confidential material should not be included in any response to the RFI.** Any material received is treated as a public document. If copyrighted material is sent in response to this RFI, then a statement waiving that copyright for use by the department is required and a limited waiver of copyright that allows the department's committee members to make up to twenty-five (25) copies for review purposes as required.

Questions Regarding this RFI

Questions regarding the information in this request for information should be submitted by the deadline to:

Leola Rogers
Alabama Department of Mental Health
Office of Contracts & Purchasing
100 N. Union St., Suite 570
Montgomery, AL 36104
Email: leola.rogers@mh.alabama.gov

Questions and answers will be posted on the ADMH website.

APPENDIX A

I – FUNCTIONALITY OVERVIEW

1.1 Initial Screening, Eligibility Determination, and Enrollment

All individuals requesting waiver services from ADMH/DD are referred to the division's call center where contact initiates and screening occurs by one of four DDD employees. If the person appears eligible for services after the initial screening, personal demographic information is entered into the system and a record is created. The information is transmitted to the appropriate intake coordinator in the proper region and Target Case Management (TCM) 310 service provider. Once entered, the contact referral information is date stamped and the TCM 310 provider has thirty (30) days to initiate contact with the referral to begin the process of determining eligibility. At that point, the Support Coordinator/Case Manager would have the capability of documenting activities through entry into the system in the form of a case note.

The provider will determine if the client meets specified income, contract, demographic, diagnostic, Medicaid, and/or other user identified eligibility requirements for care by screening the client according to DD criteria. The critical items are whether the client has intellectual disabilities. A client must meet eligibility criteria to be enrolled in the system. The results of the eligibility will be captured in the ADIDIS including disposition of any potential clients who do not meet the eligibility criteria. DD will require the use of a standardized eligibility process throughout the system.

TCM Support Coordinators will obtain the required demographic data, enter the data online, and administer the online initial screening that will establish the client's eligibility status. This process will result in enrollment of the client in the state ADIDIS system. Upon completion of this event, an enrollment record will be electronically completed in the ADIDIS. The client will be placed on the waiting list for services, by number and also after completion of a criticality assessment that may change the placement on the waiting lists. Client criticality can change as the person's circumstances change and must be able to move on the waitlist as needed.

Criticality scores range from 1-12, with twelve being the most critical, which places the person at greater risk for institutional placement. Wait list management is critical to daily operations of the DD Division. Once a person's is pulled from the waiting list, other required information and forms are necessary for waiver eligibility determination. Once determined eligible, the system should allow for a change in the participant's status to "ready to submit" status. Automatic electronic transfer of records will be sent to Medicaid's Medicaid Management Information System (MMIS) daily to write the eligibility dates to the Long Term Care (LTC) file. The MMIS LTC software allows authorized users to submit electronic LTC Admission Notifications on behalf of Alabama Medicaid recipients. Once received, the MMIS LTC software system should respond with "acceptance" or "denial" of the transfer one day after ADMH transmission. Two days afterward, the MMIS LTC software generates a report that is automatically transferred to the DD Division that includes the participant's name, Medicaid number and one of two

responses: Accepted or Denied. If accepted, the date span for services is included in the transmission. If denied, the reason for the denial is included for reference. The information should automatically be written into the individual's file in the system. It will be imperative that users performing enrollment functions do a thorough search to assure that a client does not receive an additional UCI when presenting for services on subsequent visits. Search capabilities and merging or prevention of duplicate records must be strong features of the system.

Once clients are enrolled in the ADIDIS, the interface with the Alabama Medicaid Agency (AMA) by transmitting the 270 files and receiving the 271 files will occur once a week. Eligibility for Medicaid, once established for a month, is good for the whole month for each eligible client. The ADIDIS must create these HIPAA compliant files for newly enrolled clients at least weekly and schedule monthly file transactions for all active clients to ensure accurate use of Medicaid funds to support needed Intellectual Disabilities services.

Please detail how the system handles the following requirements:

a. The system assigns a Unique Client Identifier (UCI). This is critical to allow for tracking service delivery, claims payment and avoid overlap of service providers across the State. The ADIDIS blocks the creation of duplicate UCIs. The system assigned UCI coincides with the clients' SSN.

b. The system resolves duplicate UCI numbers. When the UCI is entered into the client's record, the ADIDIS checks for duplication and alerts the user. Only the system administrator is given rights to correct UCI duplication.

c. The system establishes a client record in ADIDIS upon completion of the initial screening process. Enrollment information will be directly entered. There, the data will be stored for user defined reporting and data analysis functions, as, billing, service authorization, service utilization, etc. Initial information should include client name, address, telephone number, date of birth, sex, relative contact information, social security number. Some of this data, once entered, should convert to read only and the user will not be able to change without requesting it from the DD Division's central office staff.

d. The system captures address including county of residence. Address should be linked to a mapping application like Google Maps.- Be careful here to note that no data can be shared to Google. It would be a HIPAA violation.

e. The system allows for alternative methods of searching, identifying and locating an existing client record in the system including the following:

    Partial Name
    First or Last Name
    Aliases
    Date of Birth
    Social Security Number
    Unique Client Identifier (UCI)

Medicaid Recipient ID Number

f. The system can support AKA (aliases) as a method of identifying a client record.

g. The system can store and retrieve client information on referral and screening for clients not enrolled in services.

   Explain how information is identified. Do the people screened need to be assigned a UCI? Are they assigned a UCI but designated as inactive? Describe how the system handles these cases.

h. The system allows for HIPAA compliant electronic batch updating of the eligible clients, especially for Medicaid. – Mention a format if one exists. We want to ensure that the format is one we support and contains valid fields. For instance, the SA uses 847 for the billing. Is this different than (k.) below?

i. The system incorporates the results of the Medicaid eligibility checking in each client's eligibility and updates payor record so that claims are sent to the appropriate payor. – Does it need to be real time?

j. The system allows for on-line access to check eligibility and enrollment status.

k. The system supports all HIPAA Transaction standards (270, 271, 835, 837, etc.)

l. Explain how the system records information on clients that have breaks in their eligibility periods.

   For example, a client might be Medicaid eligible from January to June, off Medicaid from July to October and then Medicaid eligible from November to December; or a client might become ineligible for one service but become eligible for another during the period or become eligible after the period ends.

m. System can capture and report on the following dates critical for State reporting:

   Date of service request
   Date of screening
   Date of first service

n. The system accepts multiple approaches to identification, including aliases. If a match is found, the system will return an ID number, specified client data, authorizations, services, etc.

o. The system can retrieve and display all previous client encounters with the DD service delivery system.

p. The system connects the client to Case Management Agencies.

Explain how the connection works.
Explain how transferring client to different Case Management Agency works.

q. The system can capture the Client name and demographic data information.

Explain how the system handles historical data elements and what, if any, control providers will have over determining that records can be selected for historical or longitudinal storage, what changes trigger the generation of historical data, and what flexibility is available in defining and changing triggers.

r. The system allows for additional data elements and custom screens to be added.

Explain the capabilities and limitations of adding data elements and screens.

s. The system can permit or prevent multiple current enrollments based upon DD defined criteria.

t. The system allows DD and providers access according to security granted to check ADIDIS for a client's eligibility and enrollment status.

Explain other features of the system to which the providers might be granted access and the benefits of those features.

u. The system allows online access to Alabama's Medicaid eligibility system for real-time eligibility checking.

v. The system can generate reports that includes (and records any staff access to the system, by date):

- The client's status relative to clinical, authorizations, services, claims and claim payments, Wait List status, Waiver information, etc.
- Last contact date
- The client's current Medicaid eligibility status.
- The client's Wait List status at the end of the initial enrollment.
- The ability for DD to determine how many people presented for services and were screened and their disposition after screening.
- Provider reports of authorizations, claim submissions, payments, and reconciliation.
- Provider services rendered.

w. The system generates and prints standard and ad hoc reports.

x. The system retrieves client information and prints annual eligibility notifications and mail labels.

y. The system records that a "Consent for Disclosure" form is signed and on file.

1.2 Individualized Person Centered Planning, Assessment, Needs Determination, Level of Care Assignment, Intake

Clients meeting eligibility requirements for receipt of services within Alabama's Developmental Disabilities service delivery system will then need to complete a placement assessment and the assigned Case Management Agency will determine immediate needs and establish an appropriate level of care to meet these needs. The assessment will help to identify the severity and nature of the presenting problem, and services are needed. The ADIDIS will capture and track the status of clients at each step of the process from screening, assessment, level of care determination, referral to providers, intake, service delivery (via claims data) and Wait List disposition.

The Case Management Agency performs the assessment process. The resulting level of care determination will identify the array of services appropriate for the client.

The Division of Developmental Disabilities plans a more structured and possibly centralized assessment process that will more tightly manage resources and their appropriate usage. Plans are for use of an assessment instrument that will be mandated to determine placement criteria and level of care. The result of the assessment will be captured by the ADIDIS.

Please detail how the system handles the following requirements:

a. The system collects diagnostic and needs related information from the provider for a client, allowing analysis of this data.

b. The system captures a clinical determination of level of care that will assist in assigning appropriate initial level of services.

c. The system captures the result of the placement assessment in the client's ADIDIS record.

d. The system has the capability to have this assessment online through ADIDIS to be available for use by staff (DD or provider) who are performing assessments.

e. Output from this assessment information can be formatted into a report that can be electronically transmitted to service providers.

f. The system records the client's status or disposition at the end of placement assessment, as:
   - Person Waiting
   - Services Provided
   - Services Not Needed/Wanted
   - Person Not Found, No Knowledge of Whereabouts
   - Person Deceased
   - Person Ineligible Due to Level of Care
   - Person on List, Needs Not Critical now

- Person Can Be Found, Need to Track
- Person Ineligible Due to Income/Resources
- Person Ineligible Due to Institutionalization Duplicate

g. Reports can be run to show (for example):

   How many people received assessments and their Wait List disposition?
   How many who received assessments then received services?

h. Once the individual has been deemed eligible for the waiver and placed into service status, the system must create, maintain, and generate history of active and inactive client records to ensure accurate use of Medicaid funds to support needed DD services.

3.4 Utilization Management

Overview:

DD is contractually mandated to establish a system to monitor utilization of resources. ADIDIS will need to provide real-time information in regard system utilization and resource availability. This function supports DD's need to ensure that priority populations receive timely access to care and that open treatment slots are filled in a timely and appropriate manner.

Application Requirements:

a. The system identifies and tracks all waiver slots available within the system on a real-time basis.

b. The system maintains a real-time system waiting list.

c. The waiting list can be sorted by user defined criteria.

d. The system can determine the number of individuals awaiting waiver services at any point in time and the specific services for which they are waiting and identify trends over time.

e. DD have access to the waiting list according to security.

f. The system can provide for automatic updates to the waiting list when clients are enrolled in a service.

g. The system can compute the average wait time per Wait List disposition.

h. The system can compute the average wait time between the Wait List and the client receipt of waiver services.

i. The system supports the following data elements being tracked:

- Wait List and Waiver admission dates
- Actual dates of service for each service received.
- Actual number of units authorized.
- Transfer/discharge dates

j. The system supports utilization "triggers" or outliers.

   Explain how they are implemented, how they work and the flexibility that the system must support any changes in them.

k. The system generates a variety of user defined reports that can be used by DD, providers and other users to monitor utilization.

3.5 Provider Network Management:

Overview:

The ADIDIS will need to maintain a comprehensive database of all providers in Alabama's Intellectual Disabilities service delivery system. The system needs to track programmatic activities of all certified waiver programs regardless of the service provided or source of funding. This process is critical to DD need to manage the Intellectual Disabilities service delivery system.

The system will need to establish a unique identifier, established through the program certification process, for each provider that will allow the ADIDIS to link provider services across the entire system. The provider file should be integrated with all other modules within the system to assure that services are only provided by, and payments made to those organizations and individuals that are authorized.

DMH has statutory responsibility for waiver programs in Alabama.

Application Requirements:

a. The provider database contains, minimally, the following data elements:
   - Provider's Information
     i. Provider's Corporate Name
     ii. Short Name (DBA)
     iii. EIN
     iv. NPI
     v. Tax ID#
     vi. Medicaid Contract ID#
     vii. Other State Agency Code(s)
     viii. Provider Status
     ix. Provider Status Effective Date Opened
     x. Provider Status Effective Date Closed
     xi. Contact Information

1. Primary Contact Name
2. Street Address 1
3. Street Address 2
4. City/State/Zip
5. County Name
6. Region
7. Phone Number
8. Phone Number Extension
9. Fax Number
10. Email Address
11. Website

xii. Correspondence Address
1. Street Address 1
2. Street Address 2
3. City/State/Zip

xiii. Mailing Address
1. Parent Company
2. Mailing Name
3. Mailing Contact Name
4. Mailing Street 1
5. Mailing Street 2
6. Mailing City
7. Mailing State/Province
8. Mailing Zip/Postal Code
9. Mailing Phone

xiv. Contract/License Information
1. License Number
2. Contract Number
3. Contract Date

- Enrollment
  i. Waiver
  1. Fund Code
  2. Disposition
  3. Status Date
  4. Effective Date
- List of Workers
- Services
- Provider Level Budgets
- Provider ID Numbers
- Categories
- Provider Adjustments
- Assessment
- Claims Submitted

- Sites
- Notes
- Linked Providers
- Aliases
- Service area
- Credentials
- Experience

(Data above may require tables and the fields will need to support multiple entries. Any known limitations or conditions must be revealed to DD by the vendor.)

b. The Client database contains, minimally, the following data elements:
    - Client's Information
        i. Unique ID
        ii. Medicaid ID
        iii. Status
        iv. Last Name
        v. First Name
        vi. Middle Initial
        vii. Alias
        viii. Gender
        ix. Date of Birth
        x. Age
        xi. Date of Death
        xii. SSN
        xiii. Ethnicity
        xiv. Hispanic Origin
        xv. Marital Status
        xvi. Residence Type
        xvii. Street Address 1
        xviii. Street Address 2
        xix. City
        xx. State
        xxi. Zip/Postal Code
        xxii. County
        xxiii. Home Phone Number
        xxiv. Fiscal Region
        xxv. Region of Residence
        xxvi. Other Information
            1. Birth Certificate
            2. Birth Place
            3. Eye Color
            4. Hair Color

5. Height
6. Weight
7. Primary Language
8. Secondary Language

xxvii. Date entered in system
xxviii. Enrollments
xxix. Programs
xxx. Wait List data
xxxi. Authorizations
xxxii. Notes
xxxiii. Plan of Care
xxxiv. Contacts
xxxv. Claims Submitted
xxxvi. Assessments
xxxvii. Fund Eligibility
xxxviii. Diagnosis
xxxix. Medications
xl. Progress Notes

(Data above may require tables and the fields will need to support multiple entries. Any known limitations or conditions must be revealed to DD by the vendor.)

c. The Claims database contains, minimally, the following data elements:
   - Claim's Information
     i. Claim's should be linked to provider and client
        1. Unique Claim ID
        2. Submitter Claim ID
        3. Client's Name
        4. Client's Unique ID
        5. Batch Processing No
        6. Manual Approval Information
           i. Approval Date
           ii. Approved By
           iii. Approval Adjustment Reason
        7. Claim Status
        8. Remittance Status
        9. Authorization ID
        10. Claim Status ID
        11. Rule Name
        12. EOP Date
        13. Export Date
        14. Paper Claim Info
        15. Printed Date
        16. Delay Reason

j. Claims Detail
    a. Submitted by Info
    b. Submission Date
    c. Receipt Date
    d. Claim Amount
    e. Diagnosis
    f. Claim Status
    g. Medicaid Claim Transaction Number
k. Service Details
    a. Service Name/Code
    b. Provider's Name
    c. Units
    d. Cost
l. Remittance
    a. Remit Date
    b. Check Date
    c. Check Number
    d. Payment Voucher ID
    e. Amount
m. Claim Adjustments Information
n. Service Adjustments Information
o. Notes
p. HIPAA EDI Files and File Names

(Data above may require tables and the fields will need to support multiple entries.)

d. The System Administration' Utilities section contains, minimally, the following change elements:
    a. Authorization Utility
    b. Diagnosis Codes
    c. Fund Code Setting
    d. Group Setup to manage user security levels
    e. Holidays/Closures
    f. ISO Code Setup
    g. Lookup Codes
    h. Screen Designs
    i. Service Codes
    j. Payment Vouchers
    k. Rate Chang Utility
    l. Users Utility to grant system access to add new users

(The System must allow the administrative staff the freedom and flexibility to update system data and certain parameters as needed to insure appropriate system updates and access.)

e. The system supports the following unique identifiers:
    - Medicaid Provider ID#
    - State Agency ID#
    - Tax ID#

f. The system supports providers that operate from multiple locations.

g. The system supports providers being cross-referenced to the state agencies with which they are affiliated.

h. The system will provide access through ADIDIS to an on-line program directory that includes information on access, capacity, services, etc.

i. The provider management module is integrated with all other application functions.

j. The system can accommodate the addition of other data elements and related tables to the system database and to the application screens by the user as needed.

3.6 Contract Services Management

Overview:

The Division of Intellectual Disabilities receives Local, State, and Federal funds to support intellectual disabilities services throughout the state. Funding from these sources is provided under contractual agreements to community providers. In addition, DD provides the state required Medicaid match for all Medicaid eligible intellectual disability service providers. This arrangement is, also, covered through a contractual agreement. DD maintains a contract manual that delineates billable services, service restrictions, service combination restrictions, provider eligibility requirements, and payment rates.

Detailed financial records of DD's income and expenditures, including general ledger, accounts receivable, and accounts payable systems, are maintained by DMH'S Division of Finance. DD should have a process in place, however, to efficiently manage and track contract utilization by its providers. This budget managing process includes monitoring expenditures, reallocating funds, developing comparative contract reports, and providing timely reports of contract balances.

The budget and contract management system should allow for DD to have contracts with providers under multiple lines of business and under different contractual relationships. For example, a typical provider will treat both Medicaid and non-Medicaid clients, provide both Mental Health and Alcohol and Drug Addiction Services, for both Medicaid eligible and non-Medicaid eligible clients, and may be reimbursed fee-for-service for some services, through a line item budget for others, or through a flat rate methodology.

Application Requirements:

a. Given the complex variations discussed in the overview paragraph, please give a detailed explanation of how your system can be configured to accommodate these conditions. Specifically include how the system can be configured, how the providers will submit claims data, how the contracts are built and rates defined and how the financial transactions can be transmitted to a separate accounting system.

b. The system should support an integrated contract-billing module. Integrated in this context implies that the module can be updated online, and that modifications impacting service descriptions, staff qualifications, and the billing rates entered in this module are instantly available to all related modules, and the edits and cross references between modules is accomplished on-line and real time.

c. The system captures all standard contract details including services, rates, contract limits according to the specifications of DMH and DD.

d. The system supports multiple lines of business funded under one contract. Please explain if this needs to be under separate contracts in the system.

e. The system has the capacity to record, compare, and report by provider, by county, and by region, respectfully, the total contract, award, by service, invoiced amount, received amount, unbilled balance, and forecasted end of contract balance.

f. The system supports a provider having more than one contract.

g. The system supports the creation of new contracts at any time.

h. The system maintains the scope of the provider's contract with procedure codes and rates.

i. The system allows specific services in a contract be designated to be paid from specific fund sources.

j. The system can establish specific service categories, such as co-occurring vs. substance abuse, adults vs. children, outpatient, residential, prevention, etc.

k. The system can be configured to set quantitative and qualitative benefit limitations.

l. The system can be configured to exclude providers from being reimbursed for specific services.

m. The contract services management systems will support all HIPAA compliant coding conventions including the following:

- CPT-4

- ICD-10
- HCPCS
- DSM IV with crosswalk to ICD-10

n. The system can determine, at any time, what contract is in effect for a specified service. If there are limitations on how the system handles this, please provide an explanation.

o. The system supports contracts based on different pricing methods – FFS, capitation, etc.

Describe what pricing methods your system supports

p. The system supports contracts that have rates or pricing methods that are date sensitive.

q. The system can set and monitor upper level contract limits by provider. For example, a provider contract may have a "not to exceed" limitation. No claims would be adjudicated above that amount.

1. Can a user with proper security override this "not to Exceed"?
2. Would a contract limit need to be expanded in order for that to be accepted?
3. Describe anything else that would need to be done to manage limits.

r. The system supports an annual not to exceed amount contract by service code.

1. Can this flag stop claim payment?
2. Can this provide a warning when claims are being processed?
3. At what point would a not to exceed amount trigger an action?

The following items concern comparing contract amounts, actual payments, budgets and reporting. Please explain how the system can best address these issues whether within the system itself, in conjunction with data from a fiscal system or only through reporting or the data warehouse. Be specific as to where the data would need to come from and how it could be used.

- Ability to generate reports showing operating volume (e.g., client days, procedures, visits), revenue and expenses for the previous year, current year projected and budgeted year for each provider, including budget versus actual.

- Ability to estimate remaining period expenses of current year based on year-to-date data (with/without inflation adjustments), or to accept pre-determined amounts, as specified for each provider organization.

3.7 Claims Processing Functions

Overview:

A major operational requirement of the ADIDIS is to provide the ability to account for and approve reimbursements within the system. DD currently uses an authorization process for services. Most of the accountability will be based around the claims' adjudication based on what is in a provider's contract. Capitation and other reimbursement process should also be supported, and the system will need to record these payments, as well as, track service utilization against those contracts.

Providers will be required to submit all claims, including Medicaid claims to DD for reimbursement for services provided within the delivery systems. DD will process all claims and authorize payment through ADIDIS.

DD will be responsible for receiving and processing claims data from public providers its provider delivery system. Although the claims will all be sent to a central point and reside in ADIDIS, the check writing and payment process will be decentralized. DD contract provider claims' payments will be approved through ADIDIS with an electronic voucher sent to DMH's Division of Finance. Batches then go to the Comptroller's Office for actual check cutting. Claims' payments for other providers will be approved by ADIDIS, and paid by the state agency to the provider. In each situation, however, the application should be able to perform as if it is adjudicating and paying claims, and should account for the use of funds as if the funds were paid by DD. Any known limitations or conditions must be revealed to DD by the vendor.

Medicaid Claims Management

How Medicaid eligibility data is handled is going to be critical to the success of the ADIDIS. Medicaid claims generated by its provider contractors will be submitted to ADIDIS for adjudication and payment. The Medicaid Management Information System (MMIS) is managed by the Alabama Medicaid Agency (AMA). As part of the claims management process, DD should be able to access eligibility data in the MMIS on a regular basis to update the ADIDIS client database. The AMA has agreed that eligibility can be checked on at least a weekly basis via 270/271 file formats. In addition, it is important to note that once a client has been determined to be Medicaid eligible for any month, then they are eligible for the whole month. The selected vendor will be responsible for working with AMA to assure smooth and regular file transmission as well as incorporating the eligibility information gained into the individual client record updating the ADIDIS with the information sent from MMIS.

The ADIDIS will adjudicate all claims, pay claims as adjudicated, identify the Medicaid eligible claims, and forward the adjudicated Medicaid claims information via an 837 file to the MMIS system. The MMIS system will then validate that the submitted claim is Medicaid eligible and check for other edits. The MMIS will either pay or reject each claim and send the electronic remittance advise (835) back to ADIDIS, indicating both paid and rejected claims, for reconciliation. The ADIDIS must be able to accept the 835 and reflect the MMIS adjudication process.

The submission to the MMIS would be done on a regularly scheduled basis to be determined between all parties. The AMA has indicated that Medicaid pays claims twice a month. The ADIDIS would need to flag the accounts that had been processed and forwarded to avoid duplicate submission of claims.

Application Requirements:

a. The claims processing module is fully integrated with all other modules. Integrated in this context implies that the data entered in one module is instantly available to all related modules and the edits and cross references between modules is accomplished on-line and real time.

b. The system can automatically generate acknowledgement of receipt of claims batches from providers. In addition, when claims batches are sent back to providers for corrections, the system has a mechanism to support this level of function.

c. The system adjudicates claims, calculates the reimbursement amount and creates a detailed and summary report or voucher by provider that can be forwarded electronically to DMH'S Finance Division (ASM accounting system) or to a separate government agency to cut the checks for the services.

d. The system can pay and track claims activity for a new system enrollee until Medicaid eligibility is determined and then provide an easy method for reclassifying expense and billing data as eligibility data is determined to be different than originally billed and paid. This is particularly important for clients who will apply for Medicaid at time of service and become retroactively eligible.

e. The system allows for user-defined eligibility information to be viewed on-line.

f. The system supports claims received from more than one line of business or provider per enrolled client.

g. The system allows a provider to sign on to the ADIDIS and determine:
    - Client DD and Medicaid eligibility status
    - Client enrollment status
    - Determine Claim Status

h. The system can cross check provider certification numbers against claims to assure that this provider is certified for this service.

i. The system does not depend on an authorization number to confirm appropriate payment of claims.

j. The system provides the following edits:

- Validate client enrollment at point of claim adjudication;
- Check for enrollment restrictions;
- Check against limitations and restrictions defined in contact billing manual;
- Identify duplicate claims; and
- Check for dollar limitations and unit of service limitations (authorizations)

k. The system provides a mechanism to establish critical thresholds based on units of service or dollar limits that will allow for quick identification of high utilization.

l. The system supports the following coding conventions as part of the standard product:

- CPT, HCPCS, etc.
- ICD-10 or most current version
- DSM IV

m. The system allows for payment authorizations from a variety of funding sources.

n. The system supports complex payment arrangements with providers including:

- Fee for service
- Outcome based payment methodologies
- Tiered payment structures
- Procedure code based fee schedules
- Capitated method
- Bundled service pages
- Line item budgets

o. The system can support payment methodologies that are service-date sensitive.

p. The claims payment system automatically maintains provider billing and contract balances and can create reports that reflect these balances.

q. The system supports DD EDI standards for receiving electronic claims and sending remittance advices in HIPAA compliant formats. Please specify if there are any HIPAA formats that are not supported.

r. The system supports providers entering claim data directly into the system.

s. The system provides a mechanism for providers to enter claims data off-line, and then upload the claims to the system in a batch transfer mode.

t. The system can receive claims from providers at gross charges and recalculate the payment amount automatically based on the provider's contract and then give a detailed recap of the calculation in a format suitable for communicating back to the provider.

u. The system supports electronic remittance advice that would allow for providers to receive payment detail electronically.

v. The system supports the ANSI ASC X12 – 835 electronic remittance advice standards.

w. The system supports on-line adjudication.

x. The system suppresses payments for services provided under capitated contracts and yet still provides detailed remittance advice to those providers that report service utilization under capitated agreements.

y. The system will allow for additional providers and lines of business to be added at any time to the system.

z. The system automatically processes adjustments to previously paid claims due to changes in actual delivered units, changes in service rates, and update the claims database.

aa. The system is capable of producing Explanation of Benefit reports (EOB) for providers and recipients or their representatives that lists services and benefits received.

bb. The system, when appropriate, is capable of creating and sending Medicare claims to Medicare intermediaries, including Medicaid crossover claims.

cc. The system is capable of updating the claims database and provider billing and balance reports to reflect reconciliation, gross settlements and cost recoveries between DD and the providers.

dd. The system can to post adjustments for previously paid services to client and provider accounts when it is determined that an overpayment or under payment has occurred based on:

- Corrected or revised units of service including increases, decreases (to zero units delivered, if necessary);
- Corrected or revised third party reimbursement;
- Corrected or revised service authorization or limits; and/or
- Service rate information.

ee. The system will allow for batch input of adjustment and correction transactions. The system will be capable of locating the original payments or adjustments and creating correcting payment or adjustment transactions and updating the provider balance reports.

The system also allows for indicating payments for specific services that, resulted in corrections, audits, or cost reports, and were reconciled, cost settled, or partially or fully recovered. The system can account for canceled or returned payments from providers for whatever reasons.

ff. The system retains information on paid claims for a minimum of seven years past the date of termination for clients terminated for any reason. Active client information should be retained for the time spent on the waiver.

gg. The system should have the capability to interface and transfer data, accept claims, and payments with the program chosen by Alabama Medicaid Agency to meet the requirements of the 21st Century Cure's Act Electronic Visit Verification Monitoring System for in-home service delivery.

3.8 Service Termination and Outcome Reporting

Overview:

The Support Coordinator will notify the Regional Office Waiver Coordinator when terminations from the program happen. The Regional Office will enter the date of termination into the waiver segment which places the client information into a "ready to submit" status where it remains until it is transmitted electronically with others in the file daily.

Application Requirements:

a. The system can generate a discharge report at the point of service termination. At a minimum this report will include:
   - The type of discharge.

b. Outcome reports

   Please provide a narrative that describes existing system functionality that addresses use of outcomes and any related experience working with other customers on inclusion of outcome measures and reporting.

3.9 Quality Reporting DD

Overview:

DD supports the use of best practices in Alabama's Intellectual Disabilities service systems. DD certification standards require that each provider conduct continuous quality improvement activities. Data will be collected to allow DD to monitor quality indicators.

Application Requirements:

a. The system captures data on the status of a provider's certification, which will include:

- Approved dates of certification.
- Services authorized under certification status.
- Number of authorized units per service treatment.
- Certification sanctions and/or restrictions.

b. The system generates provider certification numbers automatically as part of the certification process.

c. The system captures data on the status of clinicians' credentials that are associated with claims payments, as with Medicaid, clinical assessments, etc. This data, at a minimum includes:
    - Approved date of authorization.
    - Services certified to provide.
    - Certification number.

d. The system can generate reports from the certification and credential data on an ad hoc basis.

e. The system supports a formal grievance process, and therefore will need to capture key data and narrative information regarding the complaint, actions taken, and resolution to the problem.

f. The system can facilitate a client satisfaction survey, at DD specified intervals, and summarize the data into user defined reports.

g. The system generates reports of the number of clients seen per day, week, month, or year, by service, geographical location, provider agency, or other user defined criteria.

h. The system can prepare real-time census by unit, age, race, sex, waiver program, services, county, region, or other user defined criteria.

3.10 Prevention System

Overview:

DD prevention providers, utilizing the six prevention strategies identified on pages seven and eight of this RFP offer a wide variety of services through the state. Presently, these providers report only the number of service hours provided for each approved strategy identified in their contract. DD desire a system that would collect, report, and manage information related to prevention services in accordance with the Center for Substance Abuse Prevention (CSAP) and the CDC Minimum Data Set. This includes single and recurring service types, session information, specified activity codes, identification of populations and service statistics.

Application Requirements:

a. The system can collect the CSAP, CMS, minimum data set from each provider, and generate provider and system level reports.

   Explain whether Providers can submit this information directly into the system or can submit an electronic batch file (identify any specific format required).

b. The system can collect and report on outcome data for individuals participating in prevention activities in which individual data collection is possible.

c. The system integrates with the contract management module and accommodates various payment arrangements for prevention service delivery.

d. The system can accept data captured vis the CSAP web based Minimum Data Set tool.

3.11 Data Warehouse

Overview:

DD is interested in obtaining the functionality of a data warehouse for the entire system. It is desired that most standard reports and all ad hoc reports be run against the data warehouse and not against the live production system. Describe how you propose to do this, where and how you have accomplished this before and what hardware and software would be required for DD to operate the warehouse. Any known limitations or conditions must be revealed to DD by the vendor.

3.12 Database Access and Development Environment

Report Writer Capabilities

An important aspect of the ADIDIS will be the ability to access and report a variety of detailed and summary information. Reporting needs range from fast, on-line retrieval to statistical analysis of multiple data files linked and reported together. A critical need will be for all key staff members of the provider organizations to have access to the information in the ADIDIS. Providers should be able to have access to data that is specific to clients located in their programs and/or service areas. The providers can extract data specific to them and create a host of reports that analyze client and provider activity. Special consideration should be placed on how to appropriately and effectively give providers access to data without affecting system on-line performance.

Provide a narrative of the system's reporting capabilities. If multiple report writers (software) are supplied with the system, then a detailed description of each one should be contained in this section. Describe any tools or toolsets that are provided or available with the system proposed that would give DD and DMH staff the ability to manage their own data extraction, reporting and analysis. Include any associated costs of these tools or toolsets on the pricing sheets.

Address the following criteria in response to this section

i. Review of Standard Reports by Application Area.

ii. Provision of Examples of Standard Reports is recommended, including ease of use of report writer tool and ad hoc reporting tools.
iii. Access to "source code" of standard reports.
iv. Ability to modify existing reports to meet the providers' needs.
v. Ability to extract data and move to other environments. List the specific packages that are supported by this process in each of the following categories:
    - Spreadsheet
    - Database
    - Word Processing
    - ASCII files
vi. Statistical Analysis Packages – SPSS/SAS
vii. System uses Open Data Base Compliant (ODBC) drivers to allow for standard access to the ADIDIS data bases.

Documentation reflecting the report writer capabilities should be included as either part of this section or as an attachment. The goal is to clearly convey the tools available with the system and available to the ADIDIS to access all the system information.

The vendor should specifically state how various members of the DD staff and provider agencies will have access to the information that they require.
The vendor should also give an overview of safeguards that exist to prevent unauthorized access to data through the report writer function. Also, the vendor should discuss what security capabilities exist to limit database access to users of the report writer.

Development Environment and Access to Source Code

The vendor should provide an overview of the development tool(s) used to create the ADIDIS. Give an overview of the design and structure of the system so that the DMH can assess the approach that was used. If development tools are available as part of the purchase of the system, give a detailed explanation of the degree of control that the providers will have to make modifications to the base system as well as add functionality.

The vendor should clearly state its position regarding allowing DMH access to source code for all components (database structure, data dictionary, screens, batch processes and report programs) of the ADIDIS. Provide information about the availability of an escrow account for source code.

Topics that should be addressed include:

- Ability to add, change (or delete) data elements to the system;
- Ability to add, change (or delete) screens to the system and access base system data and new data elements;
- Ability to add or change batch or real time processes to the system;
- Ability to modify existing "standard" system reports and replace them with custom reports; and

- Ability to add data elements that are specific to a provider or fiscal entity.

The vendor should explain its support strategy as it relates to users making custom modifications to the system. If the vendor provides programming services that supports custom development, the vendor should give an overview of those services and itemize those costs in its response under additional services provided.

Literature or marketing information regarding the development tools used in the product is highly desired to assist us in the evaluation of the product tool set.

3.13 Data Purge and Archive Requirements

A key attribute of the ADIDIS will be to provide long-term storage of the client information. This information is necessary and critical for two major reasons. One, there is a need for longitudinal client history information. This information will include all the information mentioned in the requirements section of this document. The second major need for this information is to provide an information system database from which a host management reports can be produced that reflect the activities of the providers.

Since the size of the database and the amount of information maintained on a system of this nature can have a significant impact of the size of the CPU and disk space required to manage the system, it is imperative that the vendor address this issue in great detail.

In this section, the vendor should provide a detailed narrative that addresses each of the following issues:

a. Describe your approach to purging and archiving of data.
b. Describe the various parameters that the user can control to determine how long the information in the system will be retained.
c. Describe how your system supports a longitudinal client record
d. Given the assumption that the providers will want to retain access to all data for all clients for a minimum of seven years, and will want to retain on-line access to all data on active clients for their entire treatment period in the system, please project what the requirements will be to meet these conditions. It is important that the projections used in this section match the system quotations.
e. Describe how data is archived and to what environments, i.e. tape, Digital Access Tape (DAT), optical disk, etc.
f. Describe what capabilities the system has to return data to the system after being purged and archived.
g. Describe how and what data can be returned and how this is accomplished.

The vendor should respond to this section by indicating an understanding of these system requirements and then indicating how its system will meet these requirements. Any costs associated with meeting these requirements should be included in the cost section of the response.

3.14 Data Conversion

DD expects to download client identification and demographic information for active clients from the current system. Describe you experience with uploading such files from other systems. Include what work the DD must do in order to be successful with this upload. Identify any costs on the relevant cost worksheet. Any known limitations or conditions must be revealed to DD by the vendor.

ADDITIONAL INFORMATION

MAILING NOTE:
Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used.

1. Who **may not** respond to this RFP? Employees of ADMH and current state employees.

2. In order to do business in the State of Alabama all businesses **domestic** and **foreign** must be registered with the Alabama Secretary of State Office. www.sos.alabama.gov
   *Domestic means within the State of Alabama. **Foreign means out-of-state.

3. If contracted with the State of Alabama, all vendors must:
   *Enroll in E-Verify System thru Homeland Security.
   *Register with STAARS Vendor Self Service at
   https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService

4. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.