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Alabama Department of Mental Health
Certified Community Behavioral Health Clinics (CCBHC) Data Platform
RFP 2025-08 Q&A

1. Question 2: Could the state clarify the bi-directional functionality, meaning how would the state foresee sharing data from the data platform? In this instance, the ADMH is looking for a vendor who has the capacity to extract data from the CCBHC's EHR/EMR and ingest the data into the state's EHR for purposes of data collection of quality measures and other required quality and reporting components.

2. Question 3: Would the State please provide the number and types of state specific measures it would like to capture?" SAMHSA requires 13 state collected measures that can be found in the Certified Community Behavioral Health (CCBHC) Certification Criteria updated March 2023. The ADMH may require additional measures to be captured outside of the required 13 measures.

Section II, A. Proposal Content:
3. Question 3 states the vendor must attach information about varied experience showing capabilities to support this project. The narrative categories requested seem to be nearly identical to the questions listed in Section I, A. Vendor Qualifications. Would ADMH please confirm whether both I.A. and 2.A.3 need to be completed, or whether answers in I.A satisfy this requirement? Yes, respondents should complete each section. Section I. A state the vendor qualifications for this SOW. Please provide your vendor qualifications. 2.A.3 is asking that the response to the proposal includes the vendor information related to previous experience, knowledge of required services and/or any special training, and respondent's abilities to provide the scope of the work of this RFP. Respondent's qualifications should speak to questions in 2.A.3.

4. Can the state provide the anticipated total number of lives with all 19 CCBHCs? What timeframe does the state foresee rolling out the additional 17 CCBHCs?
    To clarify, there may be up to 19 CCBHCs total in the future of this new model of care. Statewide, there are approximately 81,000 lives that will be managed by through the population health management database. CMHCs will be rolled in at varying times throughout the demonstration but is anticipated that up to 2 or more per year may join each year of the demonstration.

5. Does ADMH have a budget for this project that is public and can be shared?
    Yes, the ADMH has a budget for this project.

6. What is the EMR landscape amongst your participants?
   There are at 4 different EMRs being used by ADMHs CMHCs.

7. What method of data exchange and format are you expecting to support?
   Text, xml, csv, xlsx

8. What are the preferred and required risk models for population health management and the care coordination platform? At this time, the ADMH does not have any preferred risk models of population health management and care coordination platforms. We would expect the vendor to provide us with recommendations for such.

9. Do you have a referral management application in your ecosystem. No.

10. Overall Question: What is the budget that has been approved or allocated for this effort? Please see the answer to question 5.

11. Overall Question: What is the length of the project?
    The CCBHC Demonstration period is 4 years.

12. Overall Question: What is the projected implementation date for the vendor's solution? The projected implementation date for the vendor solution is October 1, 2024.

13. Overall Question: Does the state anticipate the need for maintenance and operation support during the contract? Yes. Over the course of the contract does the state have a vision for enhancements/modifications and related release schedules? ADMH anticipates that there may be changes to the system particularly as the discretion of SAMHSA/CMS changes as related to quality measures and other data reporting elements. If so, can you share it? At this time, there is nothing to share.

14. Overall Question: Has a statewide EHR solution been procured? No. If so, what is it? N/A Or does ADMH expect CMHCs to use their existing EHRs to integrate with the vendor's solution? Yes.

15. Overall Question: Is the expectation that the system will be built and hosted in the vendor's platform? Yes.

16. Overall Question: How many users are expected to use the system? At this time, ADMH does not have a definitive answer for the number of user either at the state or provider level. This is a new model of care and there are many unknowns regarding how this will roll out for providers. For example: Can the state provide an estimate of:
    o   the total number of state users?
    o   the total number of provider users?
    o   the total number of public-facing uses
    o   the total number of clients and families who may need access to the system?
    o   Grand total number of users?

17. Overall Question: Is all data governance measures in place for the data exchange necessary for this project? The ADMH has secured the proper data governance documents necessary for our current efforts. Or should the vendor anticipate to also assist with data governance between entities? Yes.
18. Overall Question: In that the CCBHC program is designed for children, youth, adults, and older adults, is ADMH envisioning the data platform to reflect all age groups (band) and their respective unique data sources in the platform? Yes.
19. Overall Question: Is there an existing statewide HIE (i.e., Alabama One Health Record) and/or behavioral health data oversight committee or workgroup that ADMH would expect the contractor to be working with? Yes.
20. Overall Question: Please provide any insight into how the ADMH envisions the contractor to address/manage Federal and State confidentiality laws (e.g. HIPAA, 42 CFR Part 2, FERPA, etc.) when building the data platform? The ADMH will expect that the vendor will comply with all federal and state confidentiality laws pertaining to the building of the system as it is up to each vendor to provide their solution on how they will address confidentiality.
21. Overall Question: How quickly and how frequent do you foresee efforts such as Joint Application Design (JAD) sessions taking place? The ADMH does not have a predetermined idea as to how quickly this will roll out. This is where the ADMH will rely on the chosen vendor's expertise.
22. Overall Question: Can the state describe its technical resources/staff that will be made available to the awarded vendor for project management, etc. The awarded vendor will have access to ADMH technical and support staff for management of this project.
23. Overall Question: Has the ADMH and its partners completed a full requirement gathering exercise and if so, can those materials be shared? No.
24. Overall Question: If the Q/A is delayed for any reason, would you consider extending the deadline to allow for at least ten business days between release of answers to questions and the proposal submission date? No.
25. Overall Question: Can you please share how many legacy systems of record exist, and the technical architecture details on each one? The ADMH prefers to share this information upon award of the vendor.
26. Section I, B SOW, Item 2: How many data sources will need to interface with the system?   Please provide the number and types (i.e., DB2, SQL Server, others) and size of source databases, and a description of the data types (e.g., claims, member, provider, etc.) and vendor product names from which data conversion is expected. If you are unable to provide this information, please share any metrics you can. As part of the discovery process by the selected vendor, they would need to identify the specific EMR in use at each location as well as the underlying infrastructure required by those systems.
27. Section I, B SOW, Item 2: What is the expected timing for updates to the system or data interchange between the vendor's system and the legacy systems (e.g., Nightly? Weekly? Other?) Nightly updates.
28. Section I, B SOW, Item 2: Are there Application Program Interfaces (API) for the bi-directional data feeds? No. Or will the vendor have the opportunity to define the APIs? The vendor will have an opportunity to define the APIs.

29. Section I, B SOW, Item 3: To properly scope the project, we would like to know how many measure sets are needed—how many measure sets should the vendor be prepared to build? There are 5 required clinic-lead measures, with 3 additional state required optional measures and 13 state-collected measures and 1 additional state-collected optional measure.

30. Section I, B SOW, Item 4: We expect that the CCBHCs are maintaining treatment plans and care coordination plans. Is this accurate? Yes. Should we expect that the CCBHCs are maintaining treatment plans in their EHRs and a care coordination plan in the vendor system? Yes. Are the CCBHCs using the same or different EHR systems? Different. It is unknown at this time how many EHRs will be used among all the CCBHCs. We expect the vendor to be able to interface with a variety of EHRs.

31. Section I, B SOW, Item 5: Will clinical information flow from the CCBHC into the HIE? Yes. Will the vendor system only need to interface with the HIE to share (transmit) and collect (receive) clinical information for members? No. If not, is the expectation that the CCBHCs' systems will send clinical records through an API? Yes.

32. Section I, B SOW, Item 6: Can you confirm that referrals should not use the ASC X12 278 format? We cannot confirm the answer to this question as it would be determined as part of the discovery process by the selected vendor to identify the specific EMR in use at each location, as well as the underlying infrastructure required by those systems. Any issues regarding the use of the format should be communicated to ADMH and suggest alternatives as applicable.

33. Section I, B SOW, Item 6: Should we expect that clinical data and lab results will be submitted to the HIE, and the vendor's system should pull from the HIE? Yes. Will CCBHCs and other providers submit clinical data and lab results that are not submitted to the HIE? Yes.

34. Section I, B SOW, Item 6: Will the treatment plans be in the statewide EHR (assuming there is one of those)? Yes. What is the intent of the messaging related to the treatment plans? To securely exchange patient information related to the treatment of individuals across coordination efforts. Coordinating with the other providers or state agencies described in the treatment plan? Yes. Is that already handled in the existing CCHBC's EHRs? No. Do all CCBHCs participate in the Alabama HIE? Yes, it is a requirement. If not, are there plans to require (incentivize) CCBHCs participation?

35. Section I, B SOW, Item 6: Can you confirm that the messaging should go from a CCBHC to a provider in the community (like a hospital)? Yes. Will the other provider log into the vendor's system for this messaging? This is to be determined by the selected vendor. Or will this be a "push" notification from the vendor's system to the community provider? The ADMH will defer to the recommendation of the selected vendor. Could you briefly describe how the state envisions this functionality working? The ADMH will look to the vendor to provide recommendation as to how this function would work.

36. Section I, B SOW, Item 7: Roughly how many KPI are expected to be created and maintained? 10-ish? 20-ish? 100-ish? We just want a high-level estimate for scoping purposes. This is unknown at this time.

37. Section I, B SOW, Item 8: Roughly how many on-demand report are expected? 10-ish? 20-ish? 100-ish? We just want a high-level estimate for scoping purposes. At this time, we are uncertain as to the amount of on-demand reports that will be expected.

38. Section I, B SOW, Item 9: From a data sharing aspect, what other entities are expected to share data? Alabama Medicaid Agency and other Health Care entities. Do APIs already exist for this data sharing? With some not all. Will we need to create these APIs? Yes.

39. Section I, B SOW, Item 10: Roughly how many reports are required for SAMHSA and CMS? At what frequency are these reports due? Federal report requirements are subject to change. Most reports are submitted annually. Alabama will not speak to the number or frequency of federally required reports.

40. Section I, B SOW, Item 11: Roughly how many custom reporting options are required? The ADMH is uncertain at this time how many custom reports will be required.

41. Section I, B SOW, Item 12: What type of risk stratification model is expected? This is to be determined as we move through the process. We believe ADMH uses CANS for youth with SED and ASAM for members with SUD. Are these additional models? For the purposes of this RFP, we encourage the vendor to consider that the ADMH may require additional models. If a risk scoring tool is needed, some risk scoring tools needs complete claims and pharmacy history; will that be available? The ADMH would anticipate being able to acquire these claims if needed.

42. Section I, B SOW, Item 16: Are there specific Alabama System security requirements that need to be factored (Yes) and if so, can these be shared? Providers should be able to access the patient data they have submitted and what the state has provided as a whole.

43. Section II, D Evaluation Criteria: A change of this type which contemplates the integration of multiple users and user persona's will require intricate change management resources.   Is there a preference to be considered in the scoring for vendors who can bring to the staffing, qualified and certified change management resources with experience with other systems implementation exercise? No.

44. Section II, D Evaluation Criteria: Does DMH intend or have a priority for systems that can provide mobile device integration? No priority is intended for systems providing mobile device integration.