## **DISTRICT 19 COMMUNITY SERVICES BOARD**

## MENTAL HEALTH, INTELLECTUAL DISABILITY and SUBSTANCE ABUSE SERVICES

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Executive Director

October 06, 2016

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ADDENDUM NO. 3 - RFP#CONSULTING-SERVICES-NEW-EHRS-42017

Reference: Questions and Answers

Commodity: Consulting Services

Dated: September 01, 2016

Below are Questions that were received from potential offerors along with Answers.

- 1. Section 2.0 BACKGROUND: The new EHRS would need to allow each member CSB to retain their own systems and have access to the centralized Regional EHRS.

  Questions: Unclear the definition of "their own systems [for each CSB]".
- a. Will individual CSBs keep their existing EHRs or is the intent that this new EHR will replace the individual CSB's EHRs? The EHR may serve as the CSBs system for some boards and just a HIE for other Boards.
- b. Does this refer to only to separate billing and patient registration systems used by the individual CSBs, if those applications are not integrated as part of their EHR? Each CSB may use their system for billing, but if an option provided for a regional billing option that may be preferred.
- 2. For what specific functions will the new EHR be used? It would be good to expand to include corrections at some point and other stakeholders.
- 3. Will individual providers use the new EHR for direct consumer care documentation? Possibly
- 4. Is the intent for the new EHR to act only as a Health Information Exchange (HIE) vehicle for exchange of consumer health records and State/Federal reporting requirements? It would be helpful to have the capacity to address CCBHC requirements
- 5. In addition to interoperability to the Region IV CSBs and Commonwealth of Virginia reporting agencies, is there a requirement to have interoperability with the planned COV Department of Corrections EHR? At some point, yes

- PARTICIPATING MEMBERS -

- 6. Section 3.0 #8: It is expected that the Contractor complete this task no later than Six (6) months from execution of contract. Amendment now extends to 9 months.
- a. If there are delays in Regional or COV security and procurement reviews prior to the RFP release to vendors, how will a potential time delay be addressed? Will not go past nine months
- 7. Richmond Behavioral Health Authority was one of the CSBs selected for the Certified Community Behavioral Health Clinics (CCBHC) Phase 1 pilot.
- a. Is the intent of a new regional EHR related to meeting coordination of care and reporting requirements for CCBHC model? Yes
- 8. Has a budget range been established for this project? If so, can it be shared? No
- 9. Are there any internal or external stakeholder groups, beyond the seven CSB's and two hospitals in Region IV identified in the RFP that would need to be interviewed as part of this process? No
- 10. Can you elaborate on the list of Statewide Stakeholders that the system would be expected to have interoperability with? Does this include schools and criminal justice organizations, as many of the CSB's have relationships with these entities through diversion programs and, in some cases, on-site services? The system should be as flexible as possible to allow expansion to include the stakeholders he's mentioned.
- 11. Would the District like to see a sample RFP included with the proposal? Yes
- 12. If we respond to the current RFP for the Advisory Services (RFP Development, Vendor Selection, contract negotiation) does that preclude us in any way from responding to the RFP for the new EMR?

I think this would be considered a conflict of interest.

Signature of Person Authorized to Sign this bid:	(
Print Name of Person Authorized to Sign this bid:	
Company Name:	
Address:	
Phone:	
Fax:	
Email:	

Please let this Addendum also serve as a notice that the cut off period for Questions and Answers has expired as of 10/05/16. Due to the close date of this solicitation, it may not allow ample time for questions/answers to be posted on the Internet for others to view.