Department of Mental Health

PO Box 2087
Merced, CA 95344

MENTAL HEALTH SERVICES ACT

TECHNOLOGICAL NEEDS PROJECT PROPOSAL

FOR THE

THREE-YEAR PROGRAM AND EXPENDITURE PLAN

DRAFT

FOR DEPARTMENTAL REVIEW

JULY 22, 2009

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EXHIBIT 1 – FACE SHEET

EXHIBIT 2 – TECHNOLOGICAL NEEDS ASSESSMENT

Provide a Technological Needs Assessment which addresses each of the following three elements:

1. County Technology Strategic Plan Template

(*Small counties have the option to not complete this section*)

This section includes assessment of the County's current status of technology solutions, its long-term business plan and the long-term technology plan that will define the ability of county Mental health to achieve an ***Integrated Information Systems Infrastructure*** *over time.*

Current Technology Assessment:

List below or attach the current technology systems in place.

1.1) Systems Overview:

Since 1995 Merced County Department of Mental Health (MCDMH) has employed an IBM mainframe that runs all of the Department's client information systems.

The mainframe application is written and supported by the County Information Systems (IS) Department. The current client information application includes the following modules:

- Client Face Sheet – Demographic information, billing/insurance/responsible party information;
- Admission/Discharge;
- Appointment scheduling;
- Managed Care; including beneficiary information, assessments, authorizations and claims;
- State CSI reporting;
- Master Patient Index (MPI);
- CalWorks Client History – Clients enrolled in the CalWorks program;
- TAR Tracking – Tracking of clients receiving medications not on formulary.
- Children System of Care, including IEP/Chapter 26.5 (AB3632) tracking, JV220 tracking, TBS tracking;
- Billing;
- Accounts receivable;
- Daily/Weekly/Monthly Reports;
- Mandated reporting (CSI / CalOMS / OSHPD;
- Ad hoc reports; and
- Interfaces with CA-DMH and ADP Medi-Cal Billing via ITWS; CA-DMH monthly MEDS extract file; Merced County Auditor/financial system.

The current system, although still functional, has outlived the application's lifecycle and cannot be used to comply with State and Federal initiatives to move toward EHRs.

1.2) Hardware:

The County utilizes an IBM mainframe that holds and stores client information data. The mainframe is housed in the basement of the County's main administrative campus, and supports 30 additional departments.

1.3) Software:
All MCDMH software applications are written in Natural®, a proprietary database programming language. DMH staff access the IBM applications via Windows Remote Desktop terminal emulation software.

1.4) Support (i.e., maintenance and/or technical support agreements):
Support for all MCDMH's information technology systems is provided by Merced County's Information Systems Department and MCDMH Automation Services staff.

Plan to achieve an Integrated Information Systems Infrastructure (IISI)

Describe the plan to obtain the technology and resourced not currently available in the County to implement and manage the IISI (Counties may attach their IT Plans or complete the categories below).

1.5) Describe how your Technological Needs Projects associated with the Integrated Information System Infrastructure will accomplish the goals of the County MHSA three-year plan:

The following proposed projects will help Merced County prepare for an Integrated Information System Infrastructure (IISI). These projects are consistent with the State MHSA goals of: 1) increasing family empowerment and engagement; and 2) modernizing and transforming mental health systems to ensure quality of care, parity, operational efficiency and cost effectiveness. They are also consistent with MCDMH's goals, identified during the Community Planning Process (See Capital Facilities and Technological Needs Component Proposal, **Attachment C**):

- Reaching out to people in the County who do not have access to transportation.
- Improving communication between consumers, family members, and their doctors.
- Better tracking services, progress and outcomes, including people living in board and care, and to making sure they are getting the services they need.
- Maintaining electronic records to help psychiatrists diagnose people earlier in their illness, reduce multiple diagnoses, and keep track of prescriptions to reduce overmedication and other errors.
- Increasing the number of clients that can be seen daily, reducing tedious paper work, and helping deliver individualized, culturally competent services, which are accessible for people who speak a variety of languages.
- Developing an interactive personal health record, that keep track of our medical information (e.g. an online journal, where with permission, providers have access, so that we can record episodes that we normally wouldn't remember.)

The County proposes the following three MHSA Information Technology Projects:

Project 1: *Development and Implementation of an Electronic Health Record (EHR) Application* will enable MCDMH, Merced County Alcohol and Drug Services (MCADS), and mental health contract agencies to provide mental health services to consumers and family members in a more efficient and effective manner.[1] Currently, paper-based client charts are available to one service provider at a time, and require extensive use of scarce storage capacity. Paper records must be hand-delivered or faxed, risking loss or security breaches; consumers and family members sometimes receive services from providers with little information about treatment plans, medications, and diagnoses and they report delays in accessing personal health information.

The EHR application, provided by Anasazi Software (herein "Anasazi"), will serve as the foundation for secure, real-time, point-of-care health information to service providers. The EHR application will help strengthen communication between providers and between providers, consumers and family members; it will allow providers to verify the accuracy of information; and it will help administrators manage insurance benefits and claims and appointment scheduling. EHRs also support the appropriate use of medications by helping to reduce overmedication, allergic reactions and adverse drug interactions. EHRs may also significantly reduce the number of unnecessary procedures and duplicate tests. Via the Statewide Anasazi User Group (herein "User Group"), MCDMH will advocate and provide resources for the development of interactive Personal Health Records and for a Health Information Exchange that promotes interoperability between counties.

Project 2: *Expansion and Improvement of Telemedicine* will increase access to psychiatric services for Merced County residents who live in rural or outlying communities. During the Capital Facilities and Technology (CFT) Community Planning Process, consumers and family members located in Los Banos, Livingston, and other towns and unincorporated areas reported transportation-related access barriers. In addition, the WET planning process revealed a shortage of psychiatrists and nursing within the County and region. Recent budget cuts have further limited mental health staffing. To meet the needs of isolated rural resident, psychiatrists and clinicians based in the City of Merced must spend valuable time driving to outlying areas.

Whenever possible, MCDMH will provide face-to-face communication between psychiatric staff and consumers. Telemedicine, particularly technology that permits video-teleconferencing consultation between providers and consumers/family members, or between multiple providers, is an acceptable alternative when face-to-face communication is not possible. The expansion and improvement of the County's telemedicine technology will significantly improve the audio and visual quality of MCDMH telemedicine services. Improved functioning will: 1) increase access to clients with transportation barriers; 2) increase psychiatric capacity; and 3) in case of psychiatric shortages, may increase the pool of qualified candidates by allowing telecommuting.

Project 3: *Development and Implementation of a Virtual Office System* will improve and modernize consumer services by enabling mental health workers operating in the field to use laptop computers and the Internet. Currently outreach and field services are limited by the absence of portable electronic devices and corresponding Internet capacity. Direct service providers cannot log treatment plans or progress notes in the field, nor can they access client records.

[1] Note, MCADS will use modules and staff training that is paid for exclusively with Alcohol and Drug funding. But client information will be interchangeable.

MCDMH proposes the development of a Virtual Office System to modernize and transform our field services and allow accurate and real-time consumer-driven treatment planning, information access, and an increased portability of information. Through the purchase of laptop computers, Wi-Fi cards, and monthly data plans, mental health providers will be able to more efficiently and appropriately serve clients in rural clinics, community centers, in homes, and even on park benches. Through their virtual offices, field workers will be able to use the County's Virtual Private Network (VPN) to securely access electronic health records.

1.6) Describe the new technology system(s) required to achieve an integrated information system infrastructure:

In Merced County, the goals of *client/family empowerment* and *modernization* will be advanced through the collective development of a Statewide Integrated Information System Infrastructure (IISI). This IISI will enable the following:

- All providers of public mental health and substance abuse services in Merced County will be able to securely, and within HIPAA guidelines, access and exchange information on client demographics, location of previous services, and information necessary to coordinate care.
- Under HIPAA compliance, other Merced County entities, such as Department of Education, Probation and Public Health, hospitals and emergency departments, will be able to share data.
- Consumers and appropriate family members will have access to electronic Personal Health Records (PHRs) that enable client-centered treatment plans, appointment scheduling, secure communications with a provider, and information on medications and diagnoses.
- Isolated and rural consumers and families will have access to information and communications with providers through telemedicine and virtual offices.
- Through a Health Information Exchange, different county mental health departments will be able to communicate with one another and share client health information across a secure network through the use of uniform standards of data transfer, known as interoperability.

These three MHSA Information Technology Projects collectively form the foundation for MCDMH's contribution to an Integrated Information System Infrastructure.

Project 1: *Development and Implementation of an Electronic Health Record (EHR) Application* will provide the anchor for information sharing. Merced County has selected Anasazi, an EHR systems solution, designed specifically for the behavioral health industry. As of December 2008, twelve California counties have selected Anasazi as the provider of EHR software applications. Currently, MCDMH is scheduled to employ the following Anasazi software components:

- Client Data System – A revenue management (e.g. billing system) that incorporates billing algorithms, billing suspense mechanisms, client service billing test recalculation utilities, and many robust reporting features.

- Scheduling System – Will provide the flexibility to define schedules for clients, clinicians, rooms, equipment and transportation. Additionally, the scheduling system will produce daily scheduling reports for each clinician detailing productivity and no-show rates.
- Doctor's and Clinician's Homepage System – Designed so that psychiatrists and clinicians can better manage their case loads. The Homepage allows for quick and easy prescribing of medication, communications in a HIPAA-secure environment, reduced paperwork, instant chart audits, and instantly updated treatment plans.
- Cost Accounting System – Will allow MCDMH to pull data from multiple areas to analyze the actual cost of care to determine cost-effectiveness.
- Managed Care Organizational (MCO) System – Designed to streamline the authorization and payment of claims.
- Report Management – A library of over 170 customized reports that can be viewed on screen, printed or downloaded into Excel, Access or SPSS.
- Assessment and Treatment Plan System – Will allow for full automation of clinical processes, reduced clinical time and effort on paperwork, and increased productivity and quality of care.

In addition to the selected Anasazi software components, Merced County proposes to purchase all necessary hardware to ensure full capacity usage. The hardware inventory is as follows:

- 150 – New desktop computer upgrades
- 25 – Electronic signature pads
- 2 – Additional servers, for storage and backup
- 8 – Scanners for electronic imaging of medical records

Employing the Anasazi software will enable Merced County to meet the State and Federal mandates to develop and implement an EHR system by 2012. Additionally, Anasazi meets the EHR functional, connectivity and language interoperability, and client access, security, and privacy standards as defined in the MHSA Proposal Guidelines of the County's Three-Year Program and Expenditure Plan.

In addition to hardware and software augmentations, this proposed project demands several training and human resource augmentations. Each MCDMH, contract provider and MCADS staff person will require 40 hours of training (MCADS training costs will be paid through alcohol and drug funding sources). In addition, conversion processes will demand the support of several temporary office assistants. Finally, our proposal includes resources for enhancements of Anasazi software and the development of Personal Health Records and Electronic Information Exchange.

In line with MCDMH's IISI goals, *Project 2: Expansion and Improvement of Telemedicine* will facilitate communications between mental health providers and geographically isolated consumers and their family members. MCDMH currently has telemedicine capabilities but in a limited number of facilities and with diffusely distributed legacy equipment. This project requires the purchase the following hardware:

- 4 – 32"-40" LCD Monitors for viewing medical records
- 4 – LCD/Plasma Monitor charts

- 2 – Video camera interfaces
- 2 – Video camera tripods
- 2 – Video capture cards.

Support, training and other human resource expenditures will be provided by MCDMH through non-MHSA funding sources.

Project 3: Development and Implementation of a Virtual Office System will further support MCDMH's IISI objectives of increasing information access for isolated consumers and family members; and for providers operating in the field and in our outlying clinics of Los Banos and Livingston. Access to Anasazi's EHR system, through the County's Virtual Private Network (VPN), will be made possible through the use of Wi-Fi enabled laptop computers. New Cisco Routers and Switches, located at the Los Banos and Livingston Clinics, will increase bandwidth, permitting access to EHRs and enhancing the performance of high-speed videoconferencing/telemedicine technologies.

Our Virtual Office requires the purchase of the following hardware components:

- 2 – Cisco 2811 Routers (1 for Los Banos, 1 for Livingston)
- 4 – Cisco 3560 Switches (2 for Los Banos, 2 for Livingston)
- 10 – Laptops for deployment to staff
- 8 – Wi-Fi cards
- Monthly data plans

These three technology projects, combined, will enable full implementation of Electronic Health Records by all appropriate MCDMH staff, and by contract providers. Field staff will be able to access EHRs wirelessly from remote locations, and communications between isolated and rural consumers and family members and their providers will be improved through telemedicine. Full IISI, including interoperability across counties and electronic access to personal health records will depend on our commitment to participating in a Statewide Anasazi User Group.

1.7) Note the implementation Resources currently available:

	Yes	No
Oversight committee	X	
Project Manager	X	
Budget	X	
Implementation staff in place	X	
Project priorities determined	X	

1.8) Describe the plan to complete resources marked "no" above:

Not Applicable.

1.9) Describe the Technological Needs Project priorities and their relationship to supporting the MHSA Programs in the County:

In addition to promoting the MHSA technology goals, our proposed technology projects were developed with the objective of supporting MHSA programs developed through the Community

Services and Supports (CSS), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET) planning processes.

Particularly, these proposed technology projects will support the County's efforts to *extend mental health services into the community* by granting EHR access to appropriate staff of MHSA-funded, MCDMH contracted community-based organizations (CBOs). CBO staff will be trained alongside MCDMH staff in the use of EHRs.

MCDMH services will become increasingly available throughout the County through the development of a Virtual Office System and telemedicine. In addition, the shared use of EHRs by alcohol and drug and mental health providers will help to promote an *integrated service experience* for consumers with co-occurring disorders. The use of technology to integrate substance abuse and mental health services will serve as a blueprint for ongoing efforts to provide integrated services throughout the county.

The following MHSA programs and their target populations will benefit from the proposed technology projects:

- **Wellness Centers** – City of Merced Adult Wellness Center and Transitional Age Youth Wellness Center, Los Banos Wellness Center. Each Wellness Center is receiving new desktop computers, and training to consumers will be provided through WET funding. Consumers will be able to access Trilogy Network of Care, a "virtual community" that includes a comprehensive service directory, links to pertinent mental health web sites, and a comprehensive and easy-to-use library. Increased bandwidth to Los Banos will provide the Los BanosWellness Center with greater Internet capability.
- **WeCan** – A Full Service Partnership providing multidimensional treatment foster care (MTFC) for youth who are wards of the court. Providers will have access to EHR, and increasing interoperability with data systems in other counties will enable transfer of records for the many youth who experience out-of-county foster care placements. While not currently proposed through MHSA funding, services could also improve with increased coordination of records (shared data bases) between probation and mental health services.
- **CARE** – A Full Service Partnership for TAYs and adults using a "housing first" model, CARE is operated by Turning Point, a contracted CBO. Turning Point will have access to EHRs and will be able to communicate treatment plans with County mental health and Alcohol and Drug services.
- **Project COPE** – Outreach and engagement services provided by CBOs and focusing on the unserved and ethnically diverse populations who do not seek services at traditional mental health service sites. Project COPE will significantly benefit from the proposed Virtual Office System, which will allow outreach workers to meet clients where they are most comfortable—in their homes, homeless shelters, senior centers, primary care clinics, community centers, schools or outdoors. Increasing efforts to link providers such as probation, social service agencies, health clinics and educational departments may enable a virtual "one stop shop" for the development of client-driven shared treatment plans. MCDMH IT and County IT personnel are committed to seeking increasing opportunities to

link health records with other databases through interoperable language and secure HIPAA-compliant agreements.

- **OASOC** – Older Adult System of Care, providing bilingual (Spanish/English) services in client homes, clinics and primary care sites. MCDMH clinicians will be able to access EHR from the field, and will help homebound, isolated seniors identify services and supports via the Virtual Office System. MCDMH staff are part of a Countywide multidisciplinary team that includes Adult Protective Services, Mercy Medical Center, Public Health, etc. Interagency relationships will be fostered through the future development of shared treatment plans and other data sharing systems.
- **SEACAP** – Southeast Asian Community Advocacy, provided by Lao Family Community Inc. Bilingual CBO providers will have access to EHR and help to translate treatment and medication plans and other vital health information between MCDMH clinicians and psychiatrists, monolingual and sometimes illiterate consumers and family members, and shamans (traditional healers).

The MHSA PEI plan is currently in early implementation phase. The PEI plan states that "Services should be provided in places where people already go, such as schools, and doctor's offices, and not just at the mental health department." Portable EHRs, made possible through the proposed Virtual Office System will strengthen services delivered in such places. Additionally, according to the PEI Plan, "there was overwhelming consensus that any mental health prevention effort that addresses children respond to the 'whole' child, with concurrent interventions developed for parents, families and school environments." Such a sentiment calls for multi-agency development of databases to help identify at-risk youth and ensure shared prevention strategies and early interventions, as well as treatment plans for children with serious emotional disturbances.

Two approved **PEI programs**, the expanded **Caring Kids** and **Second Step**, will significantly benefit from Electronic Health Records. These programs will screen large numbers of young children for social, emotional, developmental and behavioral delays. Such screenings will occur in multiple locations such as Merced County Office of Education. To be successful, the County needs to facilitate referrals for more long-term interventions to MCDMH and Merced's Interagency Children's Roundtable. The capacity for different providers at multiple locations to simultaneously access client records will promote early identification and rapid responses.

The PEI Component of the Three Year MHSA Program and Expenditure Plan also calls for **Increased Integration of Mental Health and Primary Care Services**. Care Coordinators and clinicians will be placed in primary care clinics. Communications between clinicians operating out of primary care clinics and MCDMH will be improved through electronic health records and the use of portable Wi-Fi enabled laptop computers. Finally, with an emphasis on using evidence-based practice and continuing to collect data on PEI program outcomes, our use of EHRs will increase our capacity to standardize data collection and to analyze results. Such opportunities will increase our capacity to evaluate programs for ongoing planning and data-driven program improvement.

Finally, the **WET planning process** identified a significant shortage of bilingual Hmong and Spanish-speaking staff and of licensing clinicians. Telemedicine upgrades could improve the capacity of bilingual providers, licensed clinicians, psychiatrists and other in-demand providers to serve consumers and their families, particularly in outlying communities. Telemedicine may also

support the **WET Clinical Social Worker/Marriage and Family Therapist Internship Program** by allowing for clinical supervision by licensed clinicians operating remotely.

2. Technological Needs Roadmap:

This section includes a plan, schedule and approach to achieving an Integrated Information Systems Infrastructure. This Roadmap reflects the County's overall technological needs.

Complete a proposed implementation timeline with the following major milestones.

2.1) List Integrated Information Systems Infrastructure Implementation Plan and schedule or attach a current Roadmap:

MCDMH's Road Map to an Integrated Information System began with an initial needs assessment and vendor selection. Based on this assessment and a competitive RFP process, Anasazi Software Inc. was selected in 2008. In addition, using One-Time MHSA Community Services and Supports funding, MCDMH revamped significant portions of the networking infrastructure enabling implementation. The following phases ensure successful implementation of the County's IISI plan.

The major milestones are listed below:

Client Data & Scheduling System Facilitated Planning Phase
This initial phase of the project served as an information sharing and gathering session by both parties. Anasazi Software demonstrated the software's capabilities and gathered operational information from MCDMH. Leadership and Implementation Teams were also developed. MCDMH developed a team that represented every division within the Department – creating a cross functional group with knowledge that included Clinical, Fiscal, Admin, AOD, QI-Managed Care and Information Systems.
March 2009--Duration: 1 Week

Client Data & Scheduling System Facilitated Pre-Conversion Phase
The focus of this phase of the project is System Setup. Anasazi facilitated several week long seminars in which processes were discussed and system values were generated. Anasazi facilitated the development of the structure in which MCDMH will use the system.
April – October 2009--Duration: 8 Months

Client Data & Scheduling Systems Training & Implementation
This phase of the Project will focus on the training of the MCDMH Staff. Anasazi will facilitate training in a class room setting with an emphasis on "Train The Trainer". There will me several different training modules designed to focus on the different components in Anasazi. Staff will attend and train on the appropriate modules within their functional area.
October 2009 – February 2010--Duration: 5 – 6 Months

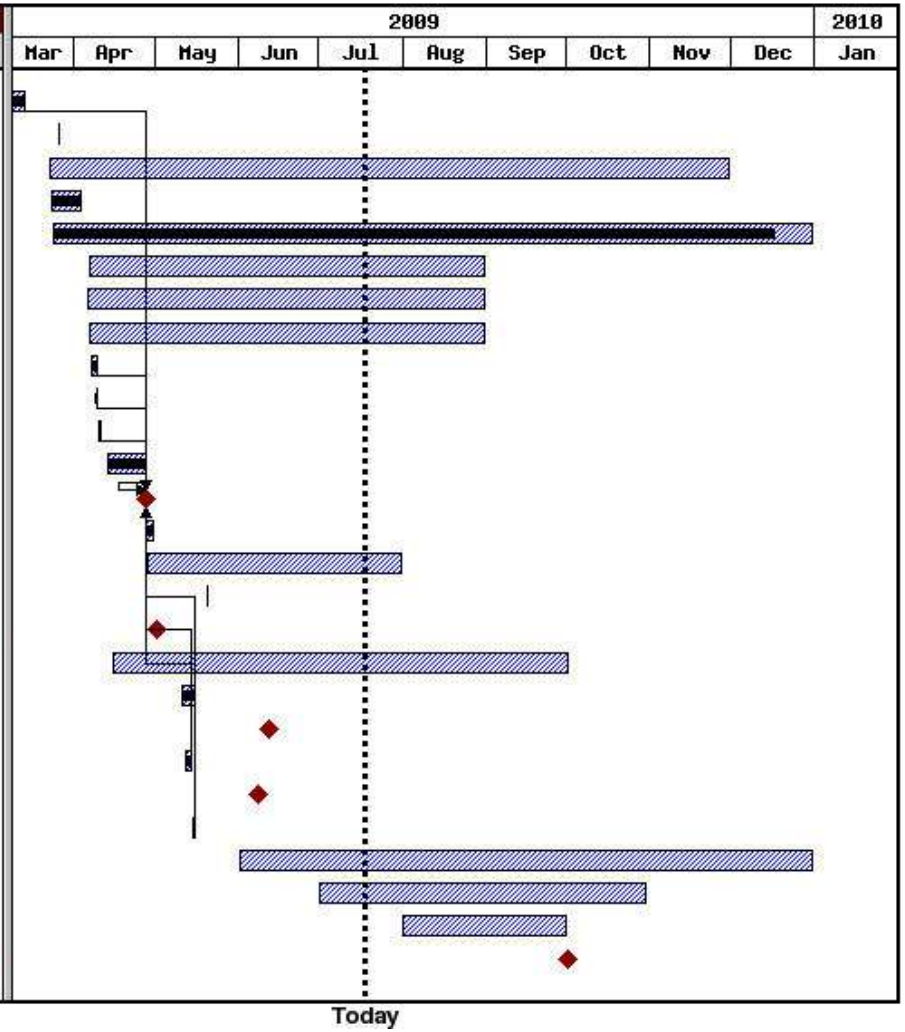
Assessment & Treatment Plan System Facilitated Planning Phase
This Phase of the implementation is where MCDMH's Anasazi Software will become a full Electronic Health Record. This Phase includes training and paper chart conversions. Once this Phase of the implementation is complete, All Assessments, Treatment Plans, Progress Notes, and

other necessary documentation will be contained within the Anasazi Software System.
Beginning February 2010. Final IISI completed by December 2011

Both Anasazi and MCDMH have created Project Control Documents that track activities, milestones, and accomplishments, which follow the project to its completion. (See Attachment A for both versions.) The following Gantt chart shows project activities through 2009.

Anasazi Software Implementation

Task name	Dur.	Start	Finish
Pre-Implementation Seminar	40 h	03/09/2009	03/13/2009
Submit Anasazi User Forum Access .	1 h	03/26/2009	03/26/2009
Maintain the Anasazi KB and Gloss.	1441 h	03/23/2009	11/30/2009
Skills Assessment Survey	24 h	03/23/2009	04/03/2009
Create Anasazi Glossary	120 h	03/24/2009	12/31/2009
Interfaces - Mental Health and AOD	841 h	04/06/2009	08/31/2009
Mental Health Interfaces	845 h	04/06/2009	08/31/2009
AOD Interfaces	841 h	04/06/2009	08/31/2009
Unit and Sub-Unit Seminar	32 h	04/07/2009	04/09/2009
Service Code Seminar	32 h	04/09/2009	04/09/2009
State Specific Seminar	32 h	04/10/2009	04/10/2009
Complete Anasazi Tables	88 h	04/13/2009	04/27/2009
Anasazi Tables Due		04/27/2009	04/27/2009
Union - Create Anasazi Activities.	8 h	04/27/2009	04/30/2009
AOD Sliding Scale	80 h	04/28/2009	07/31/2009
AOD Sliding Scale Initial Meeting	1 h	05/20/2009	05/20/2009
Hardware - Server Installation		05/01/2009	05/01/2009
Network Administration Review - C.	1 h	04/15/2009	10/01/2009
Management Forms Seminar	40 h	05/11/2009	05/15/2009
Management Forms Selected		06/12/2009	06/12/2009
Facilitated Development of Billin.	24 h	05/12/2009	05/14/2009
Billing Set Up Controls Due		06/08/2009	06/08/2009
Facilitated Development of Schedu.	8 h	05/15/2009	05/15/2009
Review of Policy and Procedures	1225 h	06/01/2009	12/31/2009
Data Conversion	1 h	07/01/2009	10/30/2009
Software - Install Terminal Clien.	344 h	08/01/2009	09/30/2009
Software - Anasazi Software Insta.		10/01/2009	10/01/2009



2.2) Training Schedule

The following schedule depicts training activities for the Client Data and Scheduling System modules. Training associated with the Assessment and Treatment modules will commence in late 2010 be completed in early 2011. Assessment and Treatment training modules will reflect the schedule outlined below.

	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
	2009										**2010**				
Workforce Skills Assessment	X														
Paper Forms Training						X									
Training Site Preparation Review								X							
Demographics Training								X							
Authorizations and Financial Training									X						
Assignments Training									X						
Diagnosis and Other Reviews Training										X					
Service Entry Training											X				
Third Party Billing & Client Payment Training											X				
Scheduling Systems Training												X			
Systems Administrator Final Training												X			
Third Party Payments & Client Billing Write-offs and Fiscal Training													X		

2.3) Describe your communication approach to the Integrated Information Infrastructure with stakeholders (i.e., Clients and Family Members, Clinicians and Contract Providers):

This communications approach was developed by MCDMH's Automation staff and is overseen by the Department's Executive Leadership Team, which meets on a monthly basis. MCDMH is committed to early and ongoing communications with all stakeholders regarding the development

of an integrated information infrastructure, and in particular, the transition from paper to electronic health records. Particularly, MCDMH recognized the critical importance of including a diverse group of stakeholders in the planning process. Early communications and involvement in program and policy issues helps ensure buy-in and supportive leadership for the transition.

- Community Education and Communications – MHSA Planning Council Meetings have served as the central hub for ongoing communications throughout the community. The MHSA Planning Council, made up of mental health staff, board members, consumers, family members, CBO representatives and other County agency representatives, collectively identified the need for electronic health records and improved communications systems. In addition to proposing CFT strategies, the Planning Council was charged with outreaching to constituencies throughout planning. For example, members of the Planning Council who serve on the Wellness Center Advisory Board gathered input from consumers, presented findings at community meetings and encouraged consumers to attend focus groups. The Planning process also included 7 focused discussion groups with consumers and staff. Focus groups were designed to collect feedback for the planning process, but also to educate and inform stakeholders about technology strategies. MHSA communitywide meetings were then held to prioritize proposed strategies and to review this plan. All MHSA documents and meeting notices are posted on the County Website. Community meeting notices were also posted in local newspapers and community bulletin boards. Over 200 community members received email notices about planning. MCDMH intends to submit a press release upon implementation since the Department will have the first fully integrated EHR system in the County. (For details related to the planning process and the number of participants, see Capital Facilities and Technological Needs Component Proposal Exhibit 2.2.)
- Clients and Family Members – Information about transition to electronic health records will be communicated to consumers and their family members through written correspondence prior to implementation (US Postal Service letters, November, December 2009). In addition, MCDMH Automation Services staff will provide updates to the Mental Health Board and to the Wellness Center Advisory Committee at regularly scheduled meetings throughout the conversion process.
- MCDMH Staff –General updates about the transition to an IISI will be provided at staff meetings held every other month. Staff will be encouraged to ask questions and provide feedback. More specific information, particularly related to the clinical use of EHRs, will be provided on a monthly basis, during Clinical Team Meetings. Based on findings from a Staff Skills Assessment Survey conducted in March, 2009, MCDMH posted a glossary and frequently asked questions on a knowledge-base website. The website is located on the Mental Health Department intranet so that all staff can easily access information. MCDMH Automation Services staff also provide updates at union meetings, on a regular basis.
- Contract Providers – CBO staff have been encouraged to attend all meetings throughout the planning process. As implementation nears, meetings will be held with CBOs informing them of the changes. CBO staff who will be using EHRs will be required take part in training as well.

Stakeholder Group	Communication Method	Frequency/Schedule	Responsibility
MCDMH Management	Executive Team Meetings, communications planning	Monthly	MH Director, IT Manager, Anasazi Project Manager
Implementation Team	Implementation Team Meetings	Monthly	IT Manager, MCDMH, Fiscal Director, Automation staff, Anasazi Project Manager
General community	MHSA Planning Council Meetings,	As needed, through plan approval	RDA, MCDMH Automation Services (IT Manager)
	MHSA phone, flyers and email outreach; public hearings	Through plan approval	RDA, MCDMH administration
	Mental Health Board Meetings	Monthly	MH Director, IT Manager
	CFT Plan posted to County MHSA website	August, 2009	RDA, MCDMH administration
	Press Release	January, 2010	MH Director
Consumers and Family Members	Mailings	Nov. & Dec. 2009,	MH Director
	Wellness Center postings	Ongoing, throughout implementation	IT Manager
	Wellness Center Advisory Committee	Monthly, as requested, through implementation	Automation staff, MH Director
MCDMH Staff	Staff Meetings	Every other month, through implementation	MH Director
	Clinical Team Meetings	Monthly, through implementation	Automation staff
	Union Meetings	Quarterly, through implementation	IT Manager
	Intranet Knowledge Base Website	Ongoing maintenance	IT Manager
Contract Providers	CBO site meetings	As needed, through implementation	IT Manager
	All Staff trainings	See training schedule	IT Manager, Anasazi Project Manager

2.4) Inventory of Current Systems: (may include system overview provided in County Technology Strategic Plan):

Please refer to Merced County's Information Systems Capabilities Assessment (ISCA) found in Attachment B, as well to Section 1.1 of this document for an inventory of current systems.

2.5) Please attach you Work Flow Assessment Plan and provide schedule and list of staff and consultants identified (may be complete during the implementation of the Project of RFP):

The workflow assessment will be completed during implementation of the EHR project. The implementation of EHR requires a redesign of County IT processes and workflows, and will be completed prior to implementation. Merced County will also be looking at the redevelopment and modification of any and all related policies and procedures intended to support and enforce processes and workflows. The redesigning of County processes and workflows started in June of 2009 and is scheduled to be completed by December of 2009.

The County's IT workflow assessment is to be performed by the implementation team. The team consists of a cross-section of employees including clinical staff, administrators, fiscal administration, MCADS providers, and MCADS fiscal. In addition to cross-section representation, a compliance and IT manager have been assigned to the team.

2.6) Proposed EHR component purchases: (may include information on Project Proposal(s):

EHR Component Purchases include all Anasazi Software components, including the following one-time purchases:

- Doctor's Homepage license
- Implementation services
- Portion of Statewide services
- Travel Reimbursement
- Database Driver
- Visual DataFlex
- Disaster recovery services
- Clinical systems
    - Client data system
    - Assessment system
    - Treatment plan system
    - Scheduling system
    - Managed care system
    - Cost accounting system

Ongoing purchases from Anasazi include:

- Support agreements
- Annual Database Driver Subscription
- Annual Visual DataFlex Subscription

Additional purchases will include:

- Staff training
- Office support for data entry and paper conversion

- 25 electronic signature pads
- 2 servers
- 8 scanners for imaging of medical records
- System enhancements for development of Personal Health records
- System enhancements for development of health information exchange
- 150 new desktop computers

For cost details associated with these component purchases, please see budget summary for *Project 1: Development and Implementation of an Electronic Health Record (EHR) Application*

2.7) Vendor selection criteria: (such as Request for Proposal):

In January 2008, Merced County released a Request for Proposals from bidders for an "Integrated Behavioral Health Information System" to replace the current Mental Health Information System. (For a copy of the RFP, please contact MCDMH administration.

An Evaluation Committee reviewed bidder responses using a standardized scoring method. Scoring was based on vendor's capacity to comply with the following requirements:

- Functional requirements;
- Eligibility verification;
- Care management;
- Payor/provider relations and management;
- Administrative workflows;
- Practice management billing and accounts receivable;
- Electronic clinical records;
- Data management and reporting;
- System interfaces; and
- Security system

Selection criteria also included:

- vendor corporate capacity;
- demonstration of leadership, staffing and infrastructure;
- Ability to serve California and Merced;
- Quality assurance capacity;
- Implementation support capacity;
- Conversion experience;
- Training and technical support capacity

Finally, Anasazi was chosen as the EHR vendor based on its highest score in relation to the following categories:

- Responsiveness to scope of work
- Business structure and experience
- Personnel
- Responsiveness to RFP (terms and conditions)
- Financial viability

- Cost proposal

2.8) Cost estimates associated with achieving the Integrated Information Systems Infrastructure:

The following is a cost estimate associated with achieving the IISI:

Electronic Health Records System	
Fund the Anasazi Software system • Client Data System • Assessment & Treatment Plan System • Scheduling System • Doctor's Homepage System • Cost Accounting System • Managed Care Organization (MCO) System	$ 1,366,131
Training • Cost of Department of Mental Health • Extra help coverage during transition	$345,454 $138,195
Additional Servers and Equipment for Electronic Health Record: Integrated Behavioral Health Information system • 25 Electronic Signature Pads $350 - $500 ea. • 2 Additional Servers - $20,000 • 8 Scanners for Document Imaging of Medical Records $5,000	 $12,500 $40,000 $40,000
Additional Customization of Anasazi Components and Development of Personal Health Records	$15,000
Additional Customization of Anasazi Components and Development of Health Information Exchange	$15,000
Desktops for Workforce to Support New Integrated Behavioral Health Information System • 150 – New PC's deployed over a 3 yr. time frame at $1,500 each	$225,000
Total	$2,197,280
Additional Telemedicine Equipment	
Larger LCD Monitors and Stands • **4 – 32'' – 40'' LCD Monitors $1,500 each** • **4 – LCD/Plasma Monitor Carts $750 each**	$6,000 $3,000
Video Camera and Video Capture Interfaces • 2 – Canon VIXIA HF100 2.7" LCD 12X Optical Zoom High Definition Camcorders $650 each • 2 – Video Camera Tripod $35 each • 2 – Video Capture Cards $50 each	$1,300 $70 $100
Total	$10,470
Virtual Office Equipment	
Laptops	$19,000

• 10 – New Laptops deployed $1,900 each	
Communications Equipment (routers and switches	$14,712
Annual Cost for Wi-Fi access per year	$6,000
Total	$39,712
_____	_____
Total: amount of Funds requested for the implementation of Integrated Information System Infrastructure	**$ 2,247,462**

3. County personnel Analysis (Management and Staffing):

Major I.T. Positions	Estimated #FTE Authorized	Position hard to fill? 1=yes 0=no	#FTE estimated to meet need in addition to #FTE authorized
(1)	**(2)**	**(3)**	**(4)**
A. IT Staff (Direct Service)			
CIO (MH Automation Manager)	1.0	**1**	0
Hardware Specialist	0	0	0
Software Specialist	0	0	0
Other IT staff	0	0	0
Sub-total - A	**1.0**	**1**	**0**
B. Project Managerial and Supervisory:			
CEO or Manager	0	0	0
Supervising Project Mngr.	0	0	0
Project Coordinator	0	0	0
Other Project Leads	0	0	0
Sub-total - B	**0**	**0**	**0**
C. Technology Support Staff			
Analyst, tech support, quality assurance	**2.0**	0	**1.0**
Education & training	0	0	**1.0**
Clerical, secretary, administrative assistants	**1.0**	0	**1.0**
Other support staff (non-direct services)	0	0	0
Sub-total - C	**3.0**	**0**	**3.0**
Total County Technology Workforce (A+B+C)	**4.0**	**1**	**3.0**

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION

Date: _____ **County:** Merced

Project Title: Development and Implementation of Electronic Health Record Application

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***
  - ☒ New system
  - ☒ Extend the number of users of an existing system
  - ☒ Extend the functionality of an existing system
  - ☒ Supports goal of modernization/transformation
  - ☒ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***
  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☒ Infrastructure, Security, Privacy
    - ☒ Practice Management
    - ☒ Clinical Data Management
    - ☒ Computerized Provider Order Entry
    - ☒ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☒ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☒ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion/leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☒ Data Warehousing Projects/Decision Support
    - ☒ Imaging/Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***
  - ☐ Custom Interface/Application *Name of Consultant (if applicable)*
  - ☒ Commercial Off-The-Shelf (COTS) System
    Name of Vendor - Anasazi Software
  - ☐ Application Service Provider (ASP) *Name of Vendor*
  - ☐ Billing Service/Clearinghouse *Name of Vendor/Service*
  - ☐ Other

Project Description and Evaluation Criteria – Detailed Instructions

Complete each section listed below. Small counties (under 200,000 in population) have the option of submitting a reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project. A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with a "".*

1. Project Management Overview:

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for risk level using the worksheet in Appendix A. For Projects with medium to high risk, the County shall provide information in the following Project management areas.

- *Independent Project Oversight*
- *Integration Management*
- *Scope Management*
- *Time Management*
- *Cost Management*
- *Quality Management*
- *Human Resource Management (Consultants, Vendor, In-House Staff)*
- *Communications Management*
- *Procurement Management*

For low risk Projects, as determined by the worksheet in Appendix A, the above Project management reporting is not required. Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

Based on a risk assessment (see Appendix A) completed for ***Project 1****--Development and Implementation of an Electronic Health Record Application,* this project is considered "Low Risk." Nonetheless, Merced County has developed a solid project management structure to ensure accountable project oversight and quality assurance. The Oversight Committee is made up of MCDMH and County Information Services executive staff and members of the EHR Implementation Team. The Implementation Team is comprised of MCDMH automation staff, program and fiscal administrators and clinical managers, and MCADS providers. MCDMH's Automation Services Manager, John Nishihama, will be responsible for convening the Oversight Committee, managing the EHR Implementation Team, and maintaining a high degree of quality assurance from planning stages through the full implementation of the EHR application. The Automation Services Manager is supervised by MCDMH's Assistant Director of Project Planning and Fiscal Development, Sharon Robinson.

Anasazi has assigned a Project Manager to oversee all contractor/vendor responsibilities. All day-to-day activities and responsibilities associated with this project proposal, including servicing, product installation, configuration, replication and integration, data conversion, testing and training, will be the joint responsibility of Anasazi's Project Manager and the MCDMH Automation Services manager. In addition, the Anasazi Project Manager and MCDMH Automation Services Manager has and will continue to work closely to maintain a detailed project schedule with time-management components including estimated project areas and scheduled completion dates. Cost management will be the dual responsibility of MCDMH and Anasazi. MCDMH will ensure that cost management methods for this project conform to the standards and expectation set forth in the MCDMH's written contract with Anasazi. Fiscal oversight for this project will be provided by MCDMH's Fiscal Manager, Sharon Robinson. All communications regarding development, training, implementation, and progress notes will be managed by the MCDMH Automation Services Manager. Communications will be designed for, and directed towards, MCDMH staff and service providers, contract providers, consumers and family members.

2. Project Costs and Budget Justification:

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a quarterly basis for the life of the project. Costs on a yearly and total basis will also be required for input on Exhibit 3 – Budget Summary.

The costs associated with *Project 1*: *Development and Implementation of Electronic Health Record Software* includes software vendor fees, MCDMH and contract provider training fees, hardware fees. Costs are described in greater detail below

Software Vendor Fees: The cost of implementing Electronic Health Records includes the Anasazi fees outlined below. These costs consist of one-time software licensing service fees, and 6 Anasazi clinical software modules. Costs also include 5 years of reoccurring subscription costs and the costs associated with customizing Anasazi components for the development of Personal Health Records and Health Information Exchange. Software vendor fees equal $1,396,131. Recurring subscription costs will be paid on an annual basis during the first quarter of each year.

				One-time costs	One-time plus 5 years reocurring costs
Initial Project Costs (One-time Costs)					
Clinical Systems Unlimited User License Price	$	391,400			
Doctor's Homepage 4 Named User License Price	$	12,500			
License Price			$ 403,900		
Implementation Services	$	116,150			
California Services	$	4,440			
Travel Reimbursement	$	25,812			
California Services Travel Reimbursement	$	1,825			
Database Driver Estimation 190 Concurrent Users	$	22,800			
Visual DataFlex 190 Concurrent Users	$	6,384			
Disaster Recovery Services Option for 10 Disaster User	$	4,800			
Total Intial Project Costs				**$ 586,111**	
Proposed Clinical System - Pricing is for each (One-time Costs)					
Anasazi Client Data System	$	151,500			
Anasazi Assessment System	$	73,400			
Anasazi Treatment Plan System	$	73,400			
Anasazi Scheduling System	$	23,700			
Anasazi Managed Care System	$	51,100			
Anasazi Cost Accounting System	$	18,300			
Total Proposed Clinical System				**$ 391,400**	
Additional Customization Costs					
Development of Personal Health Records	$	15,000			
Development of Health Information Exchangeq	$	15,000			
Total Proposed Cutomization Costs				**$ 30,000**	
Recurring Cost (per year subscriptions)					
Support Agreement	$	71,568			
Annual Database Driver Subscription 190 Concurrent Users	$	4,560			
Annual Visual DataFlex Subscription 190 Concurrent Users	$	1,596			
Total Recurring Costs				**$ 77,724**	
Total Recurring Costs for 5 years					**$ 388,620**
TOTAL ESTIMATED SYSTEMS COST				**$ 1,007,511**	**$ 1,396,131**

Hardware Costs: To implement EHRs, MCDMH will need to purchase 2 servers to increase data storage capacity; 25 electronic signature pads to enable paperless service delivery and confidentiality agreements; 8 scanners to enable electronic imaging of existing paper charts; and 150 desktop computers systems to replace legacy equipment. The following costs are associated with each item, and will be incurred during the final quarter of 2009:

Hardware Component	Quantity	Cost per Item	Total Cost
Additional Servers	2	$20,000	$40,000
Signature Pads	25	$500	$12,500
Scanners	8	$5,000	$40,000
Desktop Computer Systems	150	$1,500	$225,000
Total Hardware Costs			**$317,500**

Training and Transitional Staffing Costs: In order to successfully implement EHRs, all Mental Health, MHSA contract agency staff and Alcohol and Drug Services staff. Funding under MHSA is requested only for the training of Mental Health and contract agency provider staff. Training for AOD staff is provided through the Alcohol and Drug Services budget. Total costs associated with 40 hours of training per MCDMH and contract provider staff totals $345,454. The majority of training costs will be incurred during the last quarter of 2009 and first quarter of 2010. A portion of costs for training staff in the use of Assessment and Treatment Plan modules will be incurred during the last quarter of 2010 and the first quarter of 2011.

Additionally, full implementation of Electronic Health Records will require significant data input and the electronic scanning of paper-based client records. These tasks will be completed by 8 temporary Extra Help Office Assistant IIIs, each working a total of 1040 hours. Based on an hourly rate plus benefits of $16.61, we are requesting $138,195.20 in transitional staffing costs. Transitional staffing costs will be incurred during the third and fourth quarter of 2009.

3. Nature of the Project:

Describe:

- *The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives.*
- *The degree of centralization or decentralization required for this activity.*
- *The data communication requirements associated with the activity.*
- *The characteristics of the data to be collected and processes (i.e., source, volume, volatility, distribution, and security or confidentiality).*
- *The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure.*

Extent to which project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives: The development and implementation of Electronic Health Records is critical to fulfilling County, State and Federal mandates, and to accomplishing MHSA goals of modernization and increased consumer and family member empowerment. EHRs will enable MCDMH and contract service providers to offer mental health services to consumers and family members in a more cost-effective, efficient, and accountable manner. Currently, MCDMH maintains paper-based client charts, which are available to only one service provider at a time, and require extensive use of scarce storage capacity. Paper records must be hand-delivered or faxed, risking loss and/or security breaches. Because paper records can be in only one place at a time, consumers and family members sometimes receive services from providers with little information about treatment plans, medication, and diagnoses. During the MHSA Capital Facilities and Technology Community Planning Process, for example, several family members reported delays in accessing critical health information.

The EHR application provided by Anasazi will offer secure, real-time, point-of-care client information to service providers, and will help strengthen communication between various service providers, and between providers, consumers and family members; it will also support the appropriate use of medications by helping to reduce overmedication, allergic reactions, and adverse drug interactions; will reduce costs, duplication of screening and assessments; and will store a much greater quantity of clinical data that can be used for program and outcome evaluation. Anasazi will provide specialized applications for:

- Collecting, storing and reporting client demographic, financial and service data;
- Prescribing medications and sending prescriptions electronically to the pharmacy;
- Managing revenue and billing and cost accounting;
- Automating payment of claims through Managed Care Organization System;
- Scheduling appointments; and
- Automating clinical processes, assessments, treatment plans and progress notes.

The EHR application will help support MCDMH's goal of increasing consumer and family member access to their health information. Via the Statewide Anasazi User Group, MCDMH Automation Services staff will support the development of user-friendly Personal Health Records. County objectives are to facilitate secure client and family member access to client-generated service plans and symptom journals, information about medications and diagnoses, available services and appointment information.

As part of the development of an Integrated Information System Infrastructure, MCDMH Automation Systems staff, through participation in the California Statewide User Group, will contribute to the development of a Health Information Exchange. The Health Information Exchange will enable the transfer of client records between counties through the development of connectivity and language (interoperability) standards. Interoperability will mean that consumers and family members moving from one county to another will not have to fill out duplicate forms, undergo repetitive screenings and continuously demonstrate eligibility. As the first Agency in Merced County to adopt electronic health records, MCDMH hopes to lead the way towards increased data sharing across county and between county service providers.

The degree of centralization and decentralization required for this activity: All hosting equipment, including servers, back-up systems and security devices will be housed in the basement of the County's main administrative campus. While development and implementation of Electronic Health Records will be managed by MCDMH, the County Information Systems Department will be involved in project oversight and ongoing communications.

The data communication requirements associated with the activity: Upon implementation of EHRs all data communication requirements will be managed by MCDMH's Automation Services Manager and will be reviewed by Anasazi.

The characteristics of the data to be collected and processed (i.e., source, volume, volatility, distribution, and security or confidentiality): Data to be collected and processed will include confidential client information for between 6,000 and 8,000 active clients. Data from inactive client records will be scanned and electronically stored as well. Data will be available to authorized MCDMH staff, County Administration and Alcohol and Drug Services providers on a need-to-know basis, and in accordance with HIPAA regulations. Anasazi software has built-in security features that meet federal and State client access, security and privacy standards. Anasazi has the capacity to modify security features in accordance with changes in standards and regulations and the Anasazi User Group will be tasked with auditing security and confidentiality functions on an ongoing basis. The EHR Implementation Team will develop ongoing policies and procedures to safeguard client data.

The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure: Anasazi software will be able to interoperate with other County tools such as the SQL reporter, generate a wide range of reports. Anasazi software maintains standards of interoperability, which are integrated throughout the system, and if necessary, the software can be modified to communicate with other systems. In addition, this proposal requests funds to support development of a Health Information Exchange, which will be facilitated through the Statewide Anasazi User Group.

4. Hardware Considerations:

Describe:

- *Compatibility with existing hardware, including telecommunications equipment.*
- *Physical space requirements necessary for proper operation of the equipment.*
- *Hardware maintenance.*
- *Backup processing capability*
- *Existing capacity, immediate required capacity and future capacity.*

Compatibility with existing hardware, including telecommunications equipment: Merced County Information Systems Department maintains hardware standards and regulates hardware purchases. All purchase will be compatible with existing equipment.

Physical space requirements necessary for proper operation of the equipment: All hardware will be housed in the County IS Data Center, located in the basement of the County's main administrative campus. This location has sufficient space to power, store and keep hardware functioning at optimal levels.

Hardware maintenance: Hardware maintenance will be provided by Merced County Information Systems Department.

Backup processing capability: Following the selection of Anasazi as the vendor of EHR software applications, a needs assessment was conducted to determine appropriate backup processes required. Consistent with the results of the assessment and County IS policy, all backup procedures will be managed by the county Information Systems Department. This proposal requests funds for a dedicated backup database server.

Existing capacity, immediate required capacity and future capacity: Currently, MCDMH has sufficient hardware and storage capacity to setup and begin implementation of EHRs. However, the hardware currently does not hold the capacity to store all client data or back up the data storage. Presented in the current project proposal is the plan to purchase two additional IBM servers.

5. Software Considerations:

Describe:

- *Compatibility of computer languages with existing and planned activities.*
- *Maintenance of the proposed software (e.g., vendor-supplied).*
- *Availability of complete documentation of software capabilities.*
- *Availability of necessary security features as defined in DMH standards noted in Appendix B.*
- *Ability of the software to meet current technology standards or be modified to meet them in the future.*

Compatibility with existing computer languages, and with existing and planned activities: There are no existing language compatibility issues, as Anasazi software is a stand alone product. Anasazi software is compatible with SQL language, so that MCDMH can produce custom reports with external tools.

Maintenance of the proposed software, e.g., vendor-supplied: Software maintenance will be provided by Anasazi, A Software Maintenance fee paid by MCDMH through MHSA funding will ensure ongoing provision of maintenance services.

Availability of complete documentation of software capabilities: Anasazi publishes on CD complete documentation of software capabilities. In addition, the California User Group maintains a website with ongoing documentation of software capabilities.

Availability of necessary security features as defined in DMH standards: Anasazi is contractually obligated to comply with all state and federal standards related to security and privacy.

Ability of software to meet current technology standards or be modified to meet them in the future: Anasazi is qualified to meet current technology standards. In addition, Merced County pays a monthly maintenance fee, which allows for enhancement requests. Via the Anasazi User Group, California counties can collectively request modifications as technology standards change. In addition, Anasazi has expressed commitment to earning CCHIT certification extensions to encompass behavioral as well as medical EHR standards.

6. Interagency Considerations:

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

All Anasazi software may is installed on Merced County's hosting equipment. Mental Health contract service providers will be able to securely access Electronic Health Records and they will be included in all trainings, and communications will be provided on an ongoing basis. MCDMH Automation staff will provide technical support to all community agencies utilizing the EHR application.

7. Training and Implementation:

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

MCDMH completed the Anasazi-facilitated planning phase in March 2009. During this planning phase, Anasazi gathered operational and workflow information from MCDMH. In addition, the EHR Implementation Teams received a demonstration of software capabilities. MCDMH is currently engaged in a pre-conversion phase to discuss and plan for future workflow processes. During this pre-conversion stage, MCDMH completed a Staff Competency Assessment designed to measure mental health staff current knowledge, skills, and abilities. Based on these findings, the Implementation Team identified the type and quantity of training necessary for successful implementation of EHR applications. A training schedule has been designed and is currently being utilized.

Beginning in October, 2009, MCDMH plans to initiate Client Data and Scheduling Systems Training. Training should last from 5 – 6 months, and include all staff and contract providers.

Training will emphasize "Train the Trainer" methodology and each training module will focus on different components of the system. Implementation of Client Data and Scheduling systems will begin upon completion of trainings. Beginning in February 2010, MCDMH will launch the Anasazi Assessment and Treatment modules planning phase, with training and implementation to begin shortly after. We anticipate implementation with a fully trained staff by the end of 2011.

EHR implementation will be managed by the Project Manager, John Nishihama. Mr. Nishihama will continue to work closely with Anasazi's Project Manager to carry out the requirements and expectations set in place by the EHR Implementation Plan.

8. Security Strategy:

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Please address specifics related to:

- *Protecting data security and privacy.*
- *Operational Recovery Planning.*
- *Business Continuity Planning.*
- *Emergency Response Planning.*
- *HIPAA Compliance.*
- *State and Federal laws and regulations.*

MCDMH's Electronic Health Record strategy supports the ethical and legal use of personal health information ("PHI"), in accordance with HIPAA Privacy and HIPAA Security Rules and with California and federal (42 CFR Part 2) statutes governing protections for PHI related to drug and alcohol treatment. MCDMH and Merced County IS Department enforce these restrictions and monitor compliance with the principle that data sharing is conducted on a "need to know" and a "minimum necessary" basis. Anasazi's obligations are contractually specified in a HIPAA business associate addendum of the Anasazi contract (See Attachment D).

9. Project Sponsor(s) Commitments – Sponsor(s) Name(s) and Title(s):

Sponsor(s) Name(s) and Title(s):
Identify the Project Sponsor name and title. If multiple Sponsors, identify each separately.

The following individuals will serve as sponsors of this Project:

- Manuel Jimenez, Director, MCDMH
- Sharon Robinson, Fiscal Manager, MCDMH

Commitment:
Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.

Project sponsors are qualified to understand the scope of this project and are fully committed to its success. These individuals will secure all necessary resources to ensure the successful implementation of Electronic Health Records and an Integrated Information Systems Infrastructure.

10. Approvals/Contacts:

Please include separate signoff sheet with the names, titles, email, signatures and dates for:

- *Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).*

The individuals responsible for oversight and preparation of this exhibit include MCDMH director, Manuel Jimenez, Fiscal Manager, Sharon Robinson, Project Lead and Automation Services Manager, John Nishihama, and Community Planning Consultant and writer, Jennifer Susskind, Resource Development Associates.

Name	Title	Phone	Email	Signature	Date
Manuel Jimenez	Director, MCDMH	209-381-6800	Manuel.Jimenez@ co.merced.ca.us		
Sharon Robinson	Fiscal Manager, MCDMH	209-381-6803	SRobinson@ co.merced.ca.us		
John Nishihama	Automation Services Manager, MCDMH	209-381-6800	JNishihama@ co.merced.ca.us		
Jennifer Susskind	Consultant, RDA	925-299-7729 x 109	jsusskind@ resourcedevelopment.net		

Exhibit 3 - Technological Needs Project Proposal Description

Date: _____ **County:** Merced

Project Title: Telemedicine Expansion and Improvement

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***
  - ☐ New system
  - ☒ Extend the number of users of an existing system
  - ☒ Extend the functionality of an existing system
  - ☒ Supports goal of modernization/transformation
  - ☒ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***
  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☐ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☐ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☒ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***
  - ☐ Custom Interface/Application *Name of Consultant (if applicable)*
  - ☒ Commercial Off-The-Shelf (COTS) System
  - *Name of Vendor:* WiredRed Software Inc
  - ☐ Application Service Provider (ASP) *Name of Vendor*
  - ☐ Billing Service/Clearinghouse *Name of Vendor/Service*
  - ☐ Other

Project Description and Evaluation Criteria – Detailed Instructions

Complete each section listed below. Small counties (under 200,000 in population) have the option of submitting a reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project. A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with a "".*

1. Project Management Overview:

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for risk level using the worksheet in Appendix A. For Projects with medium to high risk, the County shall provide information in the following Project management areas.

- *Independent Project Oversight*
- *Integration Management*
- *Scope Management*
- *Time Management*
- *Cost Management*
- *Quality Management*
- *Human Resource Management (Consultants, Vendor, In-House Staff)*
- *Communications Management*
- *Procurement Management*

For low risk Projects, as determined by the worksheet in Appendix A, the above Project management reporting is not required. Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

***Project 2** – Telemedicine Expansion and Improvement*—will be entirely managed by MCDMH's Automation Services Manager, John Nishihama with supervision from Assistant Director of Project Planning and Fiscal Development, Sharon Robinson. Mr. Nishihama will be responsible for managing project scope, timeline, costs, quality assurance, procurement, staffing and communications. Due to the extremely low risk of this project, Merced County anticipates no need for independent project oversight. However, the County Information Systems Department works closely with MCDMH's Automation Services Department and will provide technical assistance on an as-needed basis.

2. Project Costs and Budget Justification:

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a quarterly basis for the life of the project. Costs on a yearly and total basis will also be required for input on Exhibit 3 – Budget Summary.

MCDMH currently has the software and hardware capacity to support most aspects of teleconferencing. To provide full operational capacity, with high quality imaging at the Livingston and Los Banos Clinics, MCDMH is requesting funding for larger LCD Monitors, high definition camcorders and auxiliary items:

Hardware Component	Quantity	Cost per Item	Total Cost
32" – 40" LCD Monitors	4	$1,500	$6,000
LCD/Plasma Monitor Carts	4	$750	$3,000
Canon VIXIA HF100 2.7" LCD 12X Optical Zoom High Definition Camcorders	2	$650	$1,300
Video Camera Tripod	2	$35	$70
Video Capture Cards	2	$50	$100
Total Hardware Costs			**$10,470**

Costs will be incurred during the final quarter of 2009.

Telemedicine capacity between Los Banos and Livingston will only be possible through increased bandwidth. The costs associated with new routers and switches are described in the budget justification for Project 3--*Development and Implementation of a Virtual Office.*

3. Nature of the Project:

Describe:

- *The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives.*
- *The degree of centralization or decentralization required for this activity.*
- *The data communication requirements associated with the activity.*
- *The characteristics of the data to be collected and processes (i.e., source, volume, volatility, distribution, and security or confidentiality).*
- *The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure.*

The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives: Telemedicine will expand access to psychiatric services for Merced County residents who live in rural or outlying communities. During the Capital Facilities and Technology (CFT) Community Planning Process, consumers and family members located in Los Banos, Livingston, and other towns and unincorporated areas reported transportation-related access barriers. In addition, the WET planning process revealed a shortage of psychiatrists and nursing within the County and region. Recent budget cuts have further limited mental health staffing. To meet the needs of isolated rural resident, psychiatrists and clinicians based in the City of Merced must spend valuable time driving to outlying areas.

Whenever possible, MCDMH will provide face-to-face communication between psychiatric staff and consumers. Telemedicine, particularly technology that permits video-teleconferencing between providers and consumers/family members, or between multiple providers, is an acceptable alternative when face-to-face communication is not possible. The expansion and improvement of

the County's telemedicine technology will significantly improve audio and visual quality of MCDMH telemedicine services and transmission speed. Improved functioning has the capacity to:

- Increase access to clients with transportation barriers;
- Increase psychiatric capacity without causing undue burden on providers;
- Increase the pool of qualified candidates in hard to fill positions by allowing telecommuting;
- Promote cultural competency and empowerment by expanding consumer and family member access to providers with cultural and/or linguistic capacities;
- enable consultation with experts outside the region who have age-specific (i.e. child or geriatric psychiatrists) or other specialized expertise; and
- Enable staff to engage in interactive distance learning.

The degree of centralization and decentralization required for this activity: All telemedicine technologies will be managed by MCDMH Automation staff.

The data communication requirements associated with the activity: Expansion and improvement of telemedicine will be made possible by the purchase of 2 additional routers and 4 additional switches defined in *Project 3 – Development and Implementation of Virtual Office System*.

The characteristics of the data to be collected and processed: Not applicable.

The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure: Not applicable.

4. Hardware Considerations:

Describe:

- *Compatibility with existing hardware, including telecommunications equipment.*
- *Physical space requirements necessary for proper operation of the equipment.*
- *Hardware maintenance.*
- *Backup processing capability*
- *Existing capacity, immediate required capacity and future capacity.*

Compatibility with existing hardware, including telecommunications equipment: MCDMH currently utilizes telemedicine hardware, including monitors and cameras. Additional proposed hardware purchases will pose not compatibility challenges.

Physical space requirements necessary for proper operation of the equipment: Because MCDMH is currently employing telemedicine technology, albeit in limited capacity, it has been determined that the physical space required to properly operate the equipment and components of telemedicine already exists. Expanding telemedicine technology will not require the use of additional operating space. Telemedicine equipment will be stored on site and in locked storage rooms at the Merced, Livingston and Los Banos clinical facilities.

Hardware maintenance: Hardware will be maintained by MCDMH's Automation Services staff.

Backup processing capability: Not applicable

Existing capacity, immediate required capacity and future capacity: Currently, MCDMH telemedicine technology is operating at limited capacity. System improvements proposed in this plan will increase bandwidth and communications speed, and improve image resolution and expand the size of display monitors, allowing for a more direct and life-like "face-to-face" experience. These improvements will expand the capacity to provide psychiatric and other clinical services to consumers and their family members in the more remote communities of Livingston and Los Banos.

5. Software Considerations:

Describe:

- *Compatibility of computer languages with existing and planned activities.*
- *Maintenance of the proposed software (e.g., vendor-supplied).*
- *Availability of complete documentation of software capabilities.*
- *Availability of necessary security features as defined in DMH standards noted in Appendix B.*
- *Ability of the software to meet current technology standards or be modified to meet them in the future.*

Compatibility with existing computer languages, and with existing and planned activities: Existing telemedicine software is provided by WiredRed Software Inc. No additional software is necessary for telemedicine expansion and there are no compatibility issues between existing software and proposed hardware purchases.

.

Maintenance of the proposed software (e.g., vendor-supplied): Not applicable.

Availability of complete documentation of software capabilities: Not applicable.

Availability of necessary security features as defined in DMH standards to meet them in the future: With the expansion and improvement of telemedicine technology, all video and data transferred throughout the County will be protected by a secure network. Currently MCDMH has established policies and procedures that define why and under what conditions telemedicine systems can be used. These policies and procedures also define room requirements, authorized personnel, and all information regarding HIPAA compliance.

6. Interagency Considerations:

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The information technology needs of contract service providers must be considered in the local planning process.

There are no current plans for interagency use of telemedicine.

7. Training and Implementation:

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

Because telemedicine is currently being utilized within MCDMH, there are sufficient and effective training documents and procedures in place. All training and development regarding the expansion and improvement of telemedicine technologies will be facilitated by MCDMH Automation Services staff on an as-needed basis.

8. Security Strategy:

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Please address specifics related to:

- *Protecting data security and privacy.*
- *Operational Recovery Planning.*
- *Business Continuity Planning.*
- *Emergency Response Planning.*
- *HIPAA Compliance.*
- *State and Federal laws and regulations.*

Video and other data transmitted throughout the County will be protected by a secure network. Currently MCDMH has a complete set of published policies and procedures that define why and under what conditions telemedicine systems can be used. These policies and procedures also define room requirements, authorized personnel, and all information regarding HIPAA compliance.

9. Project Sponsor(s) Commitments – Sponsor(s) Name(s) and Title(s):

Sponsor(s) Name(s) and Title(s):
Identify the Project Sponsor name and title. If multiple Sponsors, identify each separately.
The following individual will serve as sponsors of this Project:

- John Nishihama, MCDMH Automation Services Manager

Commitment:
Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.
Mr. Nishihama is qualified to understand the scope of this project and is fully committed to its success. He will secure all necessary resources to ensure the successful improvement and expansion of telemedicine technologies.

10. Approvals:

Please include separate signoff sheet with the names, titles, email, signatures and dates for:

- *Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).*

The individuals responsible for oversight and preparation of this exhibit include MCDMH director, Manuel Jimenez; Fiscal Manager, Sharon Robinson; Project Lead and Automation Services Manager, John Nishihama; and Community Planning Consultant and writer, Jennifer Susskind, Resource Development Associates.

Name	Title	Phone	Email	Signature	Date
Manuel	Director,	209-381-6800	Manuel.Jimenez@		

Jimenez	MCDMH		co.merced.ca.us		
Sharon Robinson	Fiscal Manager, MCDMH	209-381-6803	SRobinson@ co.merced.ca.us		
John Nishihama	Automation Services Manager, MCDMH	209-381-6800	JNishihama@ co.merced.ca.us		
Jennifer Susskind	Consultant, RDA	925-299-7729 x 109	jsusskind@ resourcedevelopment.net		

Exhibit 3 - Technological Needs Project Proposal Description

Date: _____ **County:** Merced

Project Title: Development and Implementation of a Virtual Office System

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***
  - ☒ New system
  - ☒ Extend the number of users of an existing system
  - ☒ Extend the functionality of an existing system
  - ☒ Supports goal of modernization/transformation
  - ☒ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***
  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☐ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☐ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☒ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***
  - ☐ Custom Interface/Application *Name of Consultant (if applicable)*
  - ☒ Commercial Off-The-Shelf (COTS) System
    Name of Vendor: Hewlett-Packard
  - ☐ Application Service Provider (ASP) *Name of Vendor*
  - ☐ Billing Service/Clearinghouse *Name of Vendor/Service*
  - ☐ Other

Project Description and Evaluation Criteria – Detailed Instructions

Complete each section listed below. Small counties (under 200,000 in population) have the option of submitting a reduced Project Proposal; however, they must describe how these criteria will be addressed during the implementation of the Project. A completed Technological Needs Assessment is required in addition to the Technological Needs Project Proposal. Technological Needs Project Proposals that are for planning or preparation of technology are not required to include hardware, software, interagency, training, or security considerations. These items are indicated with a "".*

1. Project Management Overview:

Counties must provide a Project Management Overview based on the risk of the proposed Project. The Project must be assessed for risk level using the worksheet in Appendix A. For Projects with medium to high risk, the County shall provide information in the following Project management areas.

- *Independent Project Oversight*
- *Integration Management*
- *Scope Management*
- *Time Management*
- *Cost Management*
- *Quality Management*
- *Human Resource Management (Consultants, Vendor, In-House Staff)*
- *Communications Management*
- *Procurement Management*

For low risk Projects, as determined by the worksheet in Appendix A, the above Project management reporting is not required. Instead, the County shall provide a Project Management Overview that describes the steps from concept to completion in sufficient detail to assure the DMH Technological Needs Project evaluators that the proposed solution can be successfully accomplished. For some Technological Needs Projects, the overview may be developed in conjunction with the vendor and may be provided after vendor selection.

***Project 3**–Development and Implementation of a Virtual Office System*—will be solely managed by MCDMH's Automation Services Manager, John Nishihama, with supervision from Assistant Director of Project Planning and Fiscal Development, Sharon Robinson. Mr. Nishihama will be responsible for managing project scope, timeline, costs, quality assurance, procurement, staffing and communications. Due to the extremely low risk of this project, Merced County anticipates no need for independent project oversight. However, the County Information Systems Department works closely with MCDMH's Automation Services Department and will provide technical assistance on an as-needed basis.

2. Project Costs and Budget Justification:

Technological Needs Projects will be reviewed in terms of their cost justification. The appropriate use of resources and the sustainability of the system on an ongoing basis should be highlighted. Costs should be forecasted on a quarterly basis for the life of the project. Costs on a yearly and total basis will also be required for input on Exhibit 3 – Budget Summary.

The costs associated with Project 3: *Development and Implementation a Virtual Office System* includes 10 laptop computers for deployment to staff, increased bandwidth in the form of routers and switches at the Livingston and Los Banos Clinics, broadband wireless cards and data plans. Such project costs are necessary to support the use of information technologies, including Electronic Health Records, in outlying clinics and in the field.

Cost Component	Quantity	Cost per Item	Total Cost
Laptop Computers	10	$1,900	$19,000
Livingston			
Cisco 2811 Routers	1	$2,000	$2,000
Cisco 3560 Switches	2	$2,600	$5,200
Los Banos			
Cisco 2811 Routers	1	$2,000	$2,000
Cisco 3560 Switches	2	$2,600	$5,200
Communications/Wi-Fi			
Wi-Fi (Broadband Wireless) Cards	8	$39	$312
Annual Data Plan	8	$750	$6,000
Total Costs			**$39,712**

The cost of the laptop computers will be incurred during 1st quarter of 2010. Routers and switch and one-time communication costs will be incurred during 4th quarter 2009. Data plans will be paid monthly beginning 1st quarter 2010.

3. Nature of the Project:

Describe:

- *The extent to which the Project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives.*
- *The degree of centralization or decentralization required for this activity.*
- *The data communication requirements associated with the activity.*
- *The characteristics of the data to be collected and processes (i.e., source, volume, volatility, distribution, and security or confidentiality).*
- *The degree to which the technology can be integrated with other parts of a system in achieving the Integrated Information Systems Infrastructure.*

Extent to which the project is critical to the accomplishment of the County, MHSA, and DMH goals and objectives: *Project 3: Development and Implementation of a Virtual Office System* will improve and modernize consumer services by enabling a minimum of 8 – 10 mental health workers operating in the field to utilize laptop computers and the Internet. Such a system will incorporate field services into MCDMH's IISI plan. Currently outreach and field services are limited by the absence of portable electronic devices and corresponding Internet capacity. Direct service providers cannot type treatment plans or progress notes in the field, nor can they access client records.

MCDMH proposes the development of a Virtual Office System to modernize and transform our field services and allow accurate and real-time consumer-driven treatment planning, information access, and an increased portability of information. Through the purchase of laptop computers, Wi-Fi cards,

and monthly data plans, Mental Health providers will be able to more efficiently and appropriately serve clients in rural clinics, community centers, in homes, and even outdoors. Through their virtual offices, field workers will be able to use the County's Virtual Private Network to access Anasazi's electronic health records system. New Cisco routers and switches, located at the Los Banos and Livingston Clinics, will increase bandwidth, permitting high-speed access to EHRs and enhancing the performance of high-speed videoconferencing/telemedicine technologies. The Virtual Office will increase consumer empowerment by enabling them to receive services within their own neighborhoods. In addition, the virtual office will enable field staff to develop community partnerships by enabling service provision at community based medical clinics, community centers, schools, hospital, jails and other service locations.

The degree of centralization or decentralzation required for this activity: The development and implementation of a Virtual Office System will enable extensive decentralization of services. While equipment will be maintained and monitored from Merced's central mental health campus, the equipment is designed to be used in the field.

The data communication requirements associated with the activity: Data communication will be made possible through the purchase of mobile broadband connectivity. A Virtual Private Network will permit wireless secure data transfer.

The characteristics of the data to be collected and processes: For a description of data characteristics, see Project 1: *Development and Implementation of Electronic Health Records.* In addition, to ensure security and confidentiality of EHRs accessed in the field, all DMH staff will receive training prior to being issued a laptop computer. Each employee authorized to utilize the virtual office will be assigned a unique password. This password will be required to log into the computer, and all data held within the computer will be 100% encrypted. To ensure security of the computer's contents, Strong Authentication will be used. Computers will be held under lock and key at MCDMH's medical records facility, and assigned only to those authorized, and on an as needed basis.

4. Hardware Considerations:

Describe:

- *Compatibility with existing hardware, including telecommunications equipment.*
- *Physical space requirements necessary for proper operation of the equipment.*
- *Hardware maintenance.*
- *Backup processing capability*
- *Existing capacity, immediate required capacity and future capacity.*

Compatibility with existing hardware, including telecommunications equipment: County standards will be followed in the purchase of laptop computers. MCDMH foresees no compatibility issues.

Physical space requirements necessary for proper operation of the equipment: Due to the very nature of this project, there will be no physical space constraints.

Hardware maintenance: All hardware will be maintained by MCDMH Automation Services staff.

Backup processing capability: All client EHRs that have been accessed via a VPN from EHRs will be stored and backed up on servers housed in the basement of the County's main administrative campus.

Existing capacity, immediate required capacity and future capacity: Currently there is no Virtual Office System in place within MCDMH. Stakeholder involvement in the MHSA CFT planning process, however, identified a need to increase information access for isolated consumers and family members, and for provider operating out in the field and in the outlying clinical settings of Los Banos and Livingston. The current project proposal addresses much of these needs. However, in order to access EHR in communities out of service range, MCDMH will have to purchase the Anasazi Laptop Treatment and Assessment Plan Systems. Such systems will allow field clinicians to download their client files to a laptop, update the forms in the field type field, and then upload them into the EHR system when access is available.

5. Software Considerations:

Describe:

- *Compatibility of computer languages with existing and planned activities.*
- *Maintenance of the proposed software (e.g., vendor-supplied).*
- *Availability of complete documentation of software capabilities.*
- *Availability of necessary security features as defined in DMH standards noted in Appendix B.*
- *Ability of the software to meet current technology standards or be modified to meet them in the future.*

Compatibility of computer languages with existing and planned activities: All laptops will use a standard operating system, Microsoft Windows XP Professional, which is the same operating system used throughout the County on laptops and desktop computers.

Maintenance of proposed software (e.g., vendor-supplied): Maintenance will be supplied by MCDMH Automation Services.

Availability of complete documentation of software capabilities: Not Applicable

Availability of necessary security features as defined in DMH standards noted in Appendix B: Not applicable. See *Project 1: Development and Implementation of Electronic Health Record Application* for details on security associated with EHRs.

Ability of the software to meet current technology standards or be modified to meet them in the future: Not applicable.

6. Interagency Considerations:

Describe the County's interfaces with contract service providers and state and local agencies. Consideration must be given to compatibility of communications and sharing of data. The

information technology needs of contract service providers must be considered in the local planning process.

The Virtual Office System will be utilized exclusively by MCDMH staff. The proposed purchases will enable service delivery at other County agencies and community-based organizations such as Probation, schools, community and senior centers, jails and hospitals.

7. Training and Implementation:

Describe the current status of workflow and the proposed process for assessment, implementation and training of new technology being considered.

Training will focus on accessing EHRs in the field, including security related to access. Prior to using any equipment related to the Virtual Office System, all authorized staff will go through a mandatory security training and orientation facilitated by MCDMH Automation Services staff.

8. Security Strategy:

Describe the County's policies and procedures related to Privacy and Security for the Project as they may differ from general Privacy and Security processes. Please address specifics related to:

- *Protecting data security and privacy.*
- *Operational Recovery Planning.*
- *Business Continuity Planning.*
- *Emergency Response Planning.*
- *HIPAA Compliance.*
- *State and Federal laws and regulations.*

To ensure security and confidentiality of EHRs accessed in the field, all DMH staff will receive training prior to being issued a laptop computer. Each employee authorized to utilize the virtual office will be assigned a unique password. This password will be required to log into the computer, and all data held within the computer will be 100% encrypted. To ensure security of the computer's contents, Strong Authentication will be used. Computers will be held under lock and key at MCDMH's medical records facility, and assigned only to those authorized, and on an as needed basis.

9. Project Sponsor(s) Commitments – Sponsor(s) Name(s) and Title(s):

Sponsor(s) Name(s) and Title(s):
Identify the Project Sponsor name and title. If multiple Sponsors, identify each separately.
The following individual will serve as sponsor of this Project:

- John Nishihama, MCDMH Automation Services Manager

Commitment:
Describe each Sponsor's commitment to the success of the Project, identifying resource and management commitment.
Mr. Nishihama is qualified to understand the scope of this project and is fully committed to its success. He will secure all necessary resources to ensure the successful development and implementation of a Virtual Office System.

10. Approvals:

Please include separate signoff sheet with the names, titles, email, signatures and dates for:

- *Individual(s) responsible for preparation of this Exhibit, such as the Project Lead or Project Sponsor(s).*

The individuals responsible for oversight and preparation of this exhibit include MCDMH director, Manuel Jimenez; Fiscal Manager, Sharon Robinson; Project Lead and Automation Services Manager, John Nishihama; and Community Planning Consultant and writer, Jennifer Susskind, Resource Development Associates.

Name	Title	Phone	Email	Signature	Date
Manuel Jimenez	Director, MCDMH	209-381-6800	Manuel.Jimenez@ co.merced.ca.us		
Sharon Robinson	Fiscal Manager, MCDMH	209-381-6803	SRobinson@ co.merced.ca.us		
John Nishihama	Automation Services Manager, MCDMH	209-381-6800	JNishihama@ co.merced.ca.us		
Jennifer Susskind	Consultant, RDA	925-299-7729 x 109	jsusskind@ resourcedevelopment.net		

EXHIBIT 4 – BUDGET SUMMARY FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

(List Dollars in Thousands)

County: Merced
Project Name: Development and Implementation of an Electronic Health Record Application

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-Time Costs (1+2+3+4)	(6) Estimated Annual Ongoing Costs*
Personnel						
MH and AOD training (see B, below)		$410,977			$410,977	
Extra Help, MH		$138,195			$138,195	
Total Staff (Salaries & Benefits)		**$549,172**			**$549,172**	
Hardware						
From Exhibit 2		$317,500			$317,500	
Total Hardware		**$317,500**			**$317,500**	
Software						
From Exhibit 2						
Total Software						
Contract Services (list services to be provided)						
Anasazi Software Inc (one-time)		$1,007,511			$1,007,511	
Anasazi Reoccurring Cost for 5 years						$388,620
Total Contract Services		**$1,007,511**			**$1,007,511**	**$388,620**
Administrative Overhead						
Other Expenses (Describe)						
Total Costs (A)		$1,874,183			$1,874,183	$388,620
Total Offsetting Revenues (B)** (AOD training)		$65,523			$65,523	
MHSA Funding Requirements (A-B)		$1,808,660			**$1,808,660**	**$388,620**
Notes:	Total request = $2,197,280. Total costs (A) include training of AOD staff and MH staff. Total offsetting revenues derived from AOD for staff training. This budget does not include AOD software configuration costs. AOD interfaces will be paid for from the AOD budget at a future date.					

*Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation
** For projects providing services to multiple program clients (e.g., Mental Health and Alcohol and Drug Program clients), attaché a description of estimated benefits and Project costs allocated to each program

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSALS
(List Dollars in Thousands)

County: Merced
Project Name: Expansion and Improvement of Telemedicine

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel						
Total Staff (Salaries & Benefits)						
Hardware						
From Exhibit 2		$10,470			$10,470	
Total Hardware		$10,470			$10,470	
Software						
From Exhibit 2						
Total Software						
Contract Services (list services to be provided)						
Total Contract Services						
Administrative Overhead						
Other Expenses (Describe)						
Total Costs (A)		$10,470			$10,470	
Total Offsetting Revenues (B)**		$0			$0	
MHSA Funding Requirements (A-B)		$10,470			$10,470	
Notes:	Total request for $10,470. Telemedicine will be used for psychiatric services to MCDMH clients only.					

*Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation

** For projects providing services to multiple program clients (e.g., Mental Health and Alcohol and Drug Program clients), attaché a description of estimated benefits and Project costs allocated to each program.

EXHIBIT 4 – BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSALS
(List Dollars in Thousands)

County: Merced
Project Name: Development and Implementation of a Virtual Office System

Category	(1) 08/09	(2) 09/10	(3) 10/11	(4) Future Years	(5) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel						
Total Staff (Salaries & Benefits)						
Hardware						
From Exhibit 2		$33,712			$33,712	
Total Hardware		$33,712			$33,712	
Software						
From Exhibit 2						
Total Software						
Contract Services (list services to be provided)						
Total Contract Services						
Administrative Overhead						
Other Expenses (Describe)						
Annual Data Plan for 5 years						$6,000
Total Costs (A)		$33,712			$33,712	$6,000
Total Offsetting Revenues (B)**		$0			$0	$0
MHSA Funding Requirements (A-B)		**$33,712**			**$33,712**	**$6,000**
Notes:	Total request for $39,712. Virtual office will be used by mental health service providers only.					

*Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation

** For projects providing services to multiple program clients (e.g., Mental Health and Alcohol and Drug Program clients), attaché a description of estimated benefits and Project costs allocated to each program.

**EXHIBIT 5 – STAKEHOLDER PARTICIPATION
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL**

Counties are to provide a short summary of their Community Planning Process (for Projects), to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, and/or the use of regional partnerships.

These Technological Needs Project Proposals are the result of a comprehensive, inclusive and accessible community planning process. (For a fuller description of this planning process, which included planning for capital facilities as well as technological needs, please see the Capital Facilities and Technological Needs Component Proposal, Exhibit 2.2.) The following is a summary of the Technological Needs Planning Phases.

- *Community outreach*: Outreach efforts began in January 2009. The Planning Team, made up of RDA community planning consultants and MCDMH administrators, contacted over 250 individuals, representing consumers and family members; members of community based organizations, including those representing Southeast Asians and Spanish-speaking individuals; MCDMH and other County department staffs, education, law enforcement and criminal justice and human services. All Panning Council meetings were open to the public and publicized through emails and postings. (For examples of MHSA outreach materials, see Capital Facilities and Technological Needs Component Proposal, Attachment A.)
- *Community education*: All meetings, including MHSA-CFT Planning Council Meetings, Focused Discussion Groups and Community Prioritization Meetings, commenced with a presentation describing the values of MHSA, the goals of the Technological Needs (and Capital Facilities) component, the State requirements, available funding, and the planning process. Particularly community education focused on the transition to Electronic Health Records and the Integrated Information System Infrastructure. In addition, as the planning process progressed, participants were informed about the needs assessment, proposed strategies and feasibility. (For examples of MHSA outreach materials, see Capital Facilities and Technological Needs Component Proposal, Attachment B.)
- *Establishment of a long-term vision*: During the first Planning Council meeting on February 4th, 2009, participants were invited to think broadly about technological needs, and to imagine technologies that would promote consumer and family empowerment and modernization. Twenty-tree people participated in this meeting. (See the Capital Facilities and Technological Needs Component Proposal Attachment C for the results of the long-term visioning exercise.)
- *Community needs assessment:* Prior to deeply investigating potential strategies, the Planning Team conducted 16 Stakeholder Interviews and 7 Focused Discussion Groups, which helped to identify a broad range of challenges and opportunities. At the second Planning Council Meeting on March 18, 2009, the Planning Team presented the needs assessment. (See the Capital Facilities and Technological Needs Component Proposal Attachment G for a copy of the comprehensive needs assessment.) At this meeting, the Planning Council voted to dedicate a significant portion of the MHSA-CFT allocation for the development and implementation of Electronic Health Records. Subsequent planning efforts focused on identifying the remaining capital facilities and technology strategies.

- *Development of strategies:* Also during the second Planning Council Meeting, participants identified a list of potential technology strategies that could help address the previously identified community needs. Following this meeting, the Planning Team facilitated a Strategy Roundtable with a small group of MCDMH staff, including Automation Services staff, andconsumer advocates, to expand upon these technology facilities strategies and discuss feasibility. The Strategy Roundtable resulted in a list of 6 potential technology strategies. These strategies included: (For a list of potential strategies and an initial feasibility assessment, see the Capital Facilities ant Technological Needs Component Proposal Attachment H).
- *Prioritization of strategies:* During the Community Prioritization meeting on May 6, 2009, participants were asked to review the proposed strategies, and in small groups, recommend how to spend the remaining CFT funds. (A large portion of the initial CFT allocation had already been dedicated to funding the development and implementation of Electronic Health Records.) The Prioritization Meeting included an initial dot "voting" exercise, in which participants placed dots on their preferred strategies. Following this exercise, participants broke into small groups to discuss the budget and recommend strategies. The prioritized technology strategies were:
    - Purchase laptops and Wi-Fi
    - Increase bandwidth for Livingston and Los Banos Clinics
    - Telemedicine

  The stakeholders agreed that the decision about which of these strategies to pursue would depend on a subsequent feasibility analysis. The feasibility analysis, conducted by Resource Development Associates and the Automation Services Manager, compiled these priorities and the Electronic Health Record strategy into the resulting three Project Proposals.

The following is a list of meetings, stakeholder types, dates and number of participants. For more details about participants, including their demographics and a list of Planning Council members and Stakeholder Informants, see Capital Facilities and Technological Needs Component Proposal, Exhibit 2.2.

Meeting Type	Target Stakeholders	Meeting Date	# of Participants
Planning Council #1	MCDMH & MHSA Staff and Administrators MH Board Members Consumers (Esp. Advisory Group Members) Family members (Family Resource Center) CBO and contract provider reps.	February 4, 2009	23 13
Planning Council #2	Probation K-12 Education Health and Human Services IT personnel Health Clinic reps	March 18, 2009	8
Planning Council #3	Public Health. Southeast Asian leadership	July 22, 2009	

	Latino/Hispanic leadership Patients Rights		
Focus Groups	Partner Agency/CBO Focus Group (Day) Community Focus Group (Evening) Spanish Focus Group Hmong/Mien Focus Group Merced Adult Wellness Center Focus Group Los Banos Wellness Center Focus Group MCDMH Staff Focus Group	February 23 & 24, 2009	124
Stakeholder Interviews	Consumers Family members MCDMH staff and administrators CBO representatives IT staff Education Healthcare MH Board Members Wellness Center Advisory Board members Substance Abuse Service	February – March 2009	16
Community Prioritization Meeting	250 person outreach list, including: Planning Council Members Stakeholder Informants Mental Health Board Members Partner agency staff CBO staff Wellness Center Participants	May 6, 2009	21
IT Strategy Roundtable	MH Director, administrator, staff Automation Services staff Consumer Advocates	March 19, 2009	8
Mental Health Board Public Hearing	Mental Health Board Public	September 1, 2009	

APPENDIX A – PROJECT RISK ASSESSMENT

Project 1: Development and Implementation of an Electronic Health Record Application

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	
		Over $3 million	4	
		Over $500,000	2	2
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	
		One	2	
		Two or More	1	1
Team Experience				
Like Projects completed by at least 75% of Key staff		None	3	3
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	1
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	1
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	"Off the Shelf"	1	
		Modified COTS	3	3
	Number of Users	Over 1,000	5	
		Over 100	3	3
		Over 20	2	
		Under 20	1	
	Artchitecture	Browser/thin client based	1	1
* Commercial Off-The-Shelf Software		Two-Tier (client/server)	2	
		Mult-Tier (client & web, database, application, etc. Servers)	3	
			Total	**15**

Total Score	Project Risk Rating
25-31	High
16-24	Medium
8-15	**Low**

APPENDIX A – PROJECT RISK ASSESSMENT

Project 2: Expansion and Improvement of Telemedicine

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	
		Over $3 million	4	
		Over $500,000	2	
		Under $500,000	1	1
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	
		One	2	2
		Two or More	1	
Team Experience				
Like Projects completed by at least 75% of Key staff		None	3	
		One	2	2
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local desktop/Server	1	1
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	1
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	"Off the Shelf"	1	1
		Modified COTS	3	
	Number of Users	Over 1,000	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	1
* Commercial Off-The-Shelf Software	Artchitecture	Browser/thin client based	1	1
		Two-Tier (client/server)	2	
		Mult-Tier (client & web, database, application, etc. Servers)	3	
			Total	**10**

Total Score	Project Risk Rating
25-31	High
16-24	Medium
8-15	**Low**

APPENDIX A – PROJECT RISK ASSESSMENT

Project 3:Development and Implementation of a Virtual Office System

Category		Factor	Rating	Score
Estimated Cost of Project		Over $5 million	6	
		Over $3 million	4	
		Over $500,000	2	
		Under $500,000	1	1
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	
		One	2	
		Two or More	1	1
Team Experience				
Like Projects completed by at least 75% of Key staff		None	3	
		One	2	
		Two or More	1	1
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local desktop/Server	1	1
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	1
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	"Off the Shelf"	1	1
		Modified COTS	3	
	Number of Users	Over 1,000	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	1
* Commercial Off-The-Shelf Software	Artchitecture	Browser/thin client based	1	1
		Two-Tier (client/server)	2	
		Mult-Tier (client & web, database, application, etc. Servers)	3	
			Total	**8**

Total Score	Project Risk Rating
25-31	High
16-24	Medium
8-15	**Low**

ATTACHMENT A – PROJECT CONTROL DOCUMENTS

Implementation Schedule: Merced County Department of Mental Health and AODP
Anasazi Client Data and Scheduler Systems Project Manager: Jennifer Lewellen
Anasazi Assessment and Treatment Plan Systems Project Manager: TBD
Target Go Live Date: [illegible]
Implementation Schedule Developed: May 8, 2009

EVENT	RESPONSIBLE PERSON	SCHEDULED DATES
Client Data & Scheduling Systems Facilitated Planning Phase		
Facilitated Conversion Planning & In Depth Product Demonstration	Anasazi Project Manager	March 9 - 13, 2009
Client Data & Scheduling Systems Facilitated Pre-Conversion Phase		
Facilitated Development of Unit/Subunits	Anasazi Project Manager	April 7 - 8, 2009
Service Code Seminar	Anasazi Project Manager	April 9, 2009
California Planning Seminar	Anasazi Project Manager	April 10, 2009
Set Up Controls Submitted to Anasazi	Customer	April 27, 2009
Entry of Set Up Controls Completed	Anasazi Implementation Team Specialist	May 6, 2009
Seminar on Use of Management Forms	Anasazi Project Manager	May 11, 2009
Facilitated Development of Billing Controls	Anasazi Project Manager	May 12 - 14, 2009
Facilitated Development of Scheduler	Anasazi Project Manager	May 15, 2009
Pre-Conversion Planning for Electronic Conversion	Anasazi Project Manager	
Billing Set Up Controls Submitted to Anasazi	Customer	June 12, 2009
Management Forms Selected	Customer	June 12, 2009
Entry of Billing Set Up Controls Completed	Anasazi Implementation Team Specialist	
Network Installed and Operational	Customer	
Network Administration Review	Anasazi IT Manager	
1st Pilot due to Anasazi	Customer	
Pilot results due from Anasazi	Anasazi Project Manager	
[illegible] Pilot due to Anasazi	Customer	
2nd Pilot results due from Anasazi	Anasazi Project Manager	
3rd Pilot due to Anasazi	Customer	
3rd Pilot Results due from Anasazi	Anasazi Project Manager	
Staff Training on Paper Forms Completed	Customer	
Gathering of Client Packets Completed & QA'd	Customer	
Begin Service Collection on Anasazi Forms	Customer	
Final Electronic Data Conversion Files to Anasazi	Customer	
Software/Database Installation	Anasazi Technical Services Manager	
Client Data & Scheduler Systems Training & Implementation		
Training Site Preparation Review	Anasazi Implementation Specialist	
Demographics Training & Implementation	Anasazi Implementation Specialist	
Assignments Training & Implementation	Anasazi Implementation Specialist	
Authorizations and Financial Training & Implementation	Anasazi Implementation Specialist	
Diagnosis and Other Reviews Training & Implementation	Anasazi Implementation Specialist	
Service Entry Training & Implementation	Anasazi Implementation Specialist	
Third Party Billing	Anasazi Implementation Specialist	
Systems Administrator Final Training	Anasazi Implementation Specialist	
Client Payment Training & Implementation	Anasazi Implementation Specialist	
[illegible]duling System Training & Implementation	Anasazi Implementation Specialist	
California Training	Anasazi Implementation Specialist	
Third Party Payments & Client Billing/Write-offs and Fiscal Administration Training & Implementation	Anasazi Implementation Specialist	

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Implementation Schedule: Merced County Department of Mental Health and AODP
Anasazi Client Data and Scheduler Systems Project Manager: Jennifer Lewellen
Anasazi Assessment and Treatment Plan Systems Project Manager: TBD
Project Go Live Date:
Date Implementation Schedule Developed: May 6, 2009

EVENT	RESPONSIBLE PERSON	SCHEDULED DATES
Exit Interview	Anasazi Project Manager	
Assessment & Treatment Plan Systems Facilitated Planning Phase		
Preconversion Planning Meeting & Familiarization Demonstration	Anasazi Project Manager	

Task Name	Task Description	Assigned To	Task Start Date	Task End Date	Completion
Maintain the Anasazi KB and Glossary	Maintain the Anasazi KB and Glossary.	John Nishihama, Liz Mora, Kevin Reid, Anthony Prieto	03/23/2009	11/30/2009	0%
Pre-Implementation Seminar	Pre-Implementation Seminar:□ □ In-Depth review of the Anasazi Software. Discussed the software components and setup at a high level.	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Isabel Manuel, Jon Masuda, Theresa Schoettler, Tabatha Weeda	03/09/2009	03/13/2009	100%
Submit Anasazi User Forum Access Request	Submit Anasazi User Forum Access Request	John Nishihama	03/26/2009	03/26/2009	100%
Unit and Sub-Unit Seminar		John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Jon Masuda, Theresa Schoettler, Tabatha Weeda	04/07/2009	04/09/2009	100%
Service Code Seminar	Anasazi Service Code SetUp	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Isabel Manuel, Jon Masuda, Theresa Schoettler, Tabatha Weeda	04/09/2009	04/09/2009	100%
State Specific Seminar	Anasazi SetUp of California State Specific Data	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Eric Kammersgard, Jon Masuda, Tabatha Weeda	04/10/2009	04/10/2009	100%

Task Name	Task Description	Assigned To	Task Start Date	Task End Date	Completion
Management Forms Seminar	Management Forms Seminar	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Isabel Manuel, Jon Masuda, Theresa Schoettler, Tabatha Weeda	05/11/2009	05/15/2009	100%
Create Anasazi Glossary	Create Anasazi Glossary in the mhweb KB Site http://mhweb/kb/admin/login.php	Liz Mora	03/24/2009	12/31/2009	95%
Management Forms Selected	Management Forms Selected	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Isabel Manuel, Jon Masuda, Theresa Schoettler, Tabatha Weeda	06/12/2009	06/12/2009	100%
Facilitated Development of Scheduler	Scheduler SetUp Seminar	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Jon Masuda, Theresa Schoettler, Tabatha Weeda	05/15/2009	05/15/2009	100%
Facilitated Development of Billing Controls	Billing SetUp Seminar - 3 Days	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger, Virginia Haygood, Eric Kammersgard, Isabel Manuel, Jon Masuda, Theresa Schoettler, Tabatha Weeda	05/12/2009	05/14/2009	100%
Billing Set Up Controls Due	Billing Set Up Controls Due to Anasazi	John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Virginia Haygood	06/08/2009	06/08/2009	100%
Anasazi Tables Due	Tables submitted to Anasazi	John Nishihama, Chris Crain, Blanca Diaz, Liz Mora, Sharon Robinson, Anthony Prieto, Virginia Haygood	04/27/2009	04/27/2009	100%
Complete Anasazi Tables		John Nishihama, Chris Crain, Dale Petrowski, Liz Mora, Sharon Robinson, Anthony Prieto, Virginia Haygood	04/13/2009	04/27/2009	100%
Skills Assessment Survey	Distribute and Collect Skills Assessment Survey.	John Nishihama, Kevin Reid	03/23/2009	04/03/2009	100%
Task Name	**Task Description**	**Assigned To**	**Task Start Date**	**Task End Date**	**Completion**

Interfaces - Local Health Meeting	AOD Sliding Scale Initial Meeting - Hi All - Just wanted to start the discussion of how we will tackle the AOD Sliding Scale Issue with Anasazi. Scale slid per service Vs. the per month model we currently have in place. Hope to see you there. JN	John Nishihama, Liz Mora, Anthony Robinson, Virginia Haygood, Tabatha Weeda	05/26/2009	08/31/2009	0%
Mental Health Interfaces	Mental Health Interfaces	John Nishihama	04/06/2009	08/31/2009	0%
AOD Interfaces	AOD Interfaces	John Nishihama	04/06/2009	08/31/2009	0%
Union - Create Anasazi Activities Update Document	Create Anasazi Activities Update Document to be presented to Union.	John Nishihama	04/27/2009	04/30/2009	100%
Hardware - Server Installation	Install Server and Server Software that the Anasazi Application will be installed on.	John Nishihama	05/01/2009	05/31/2009	100%
Network Administration Review - County IT	Review Network specifics -Anasazi and County IS.	John Nishihama	04/15/2009	10/01/2009	0%
Software - Anasazi Software Install on Server		John Nishihama	10/01/2009	10/01/2009	0%
Software - Install Terminal Client or Software on PC's	Software - Install Terminal Client or Software on PC's	John Nishihama	08/01/2009	09/30/2009	0%
Review of Policy and Procedures		Liz Slate, John Nishihama, Evelyn Egger	06/01/2009	12/31/2009	0%
AOD Sliding Scale	We need to look at revamping the way that Merced County AOD Program applies the Sliding Scale. Currently, we have a monthly slide (set per month cost). Anasazi uses a percentage reduction per service. We need to create a new slide that will incorporate this implementation.	Liz Slate, John Nishihama, Chris Crain, Blanca Diaz, Dale Petrowski, Liz Mora, Sharon Robinson, Evelyn Egger	04/28/2009	07/31/2009	0%

Task Name	Task Description	Assigned To	Task Start Date	Task End Date	Completion
Data Conversion	Data Conversion of data in the old Mainframe Systems to CSV files that Anasazi will import.	John Nishihama	07/01/2009	10/30/2009	0%

ATTACHMENT B – INFORMATION SYSTEMS CAPABILITIES ASSESMENT (ISCA)

Information Systems Capabilities Assessment

(ISCA)

California Mental Health Plans

FY 2009
Version 6.1
August 2, 2006

This document was produced by the California EQRO in collaboration with the California Department of Mental Health and California MHP stakeholders.

APS Healthcare

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Information Systems Capabilities Assessment (ISCA) FY2008

California Mental Health Plans

General Information

This information systems capabilities assessment pertains to the collection and processing of data for Medi-Cal. In many situations, this may be no different from how a Mental Health Plan (MHP) collects and processes commercial insurance or Medicare data. However, if your MHP manages Medi-Cal data differently than commercial or other data, please answer the questions only as they relate to Medi-Cal beneficiaries and Medi-Cal data.

- *Please insert your responses after each of the following questions. If information is not available, please indicate that in your response. Do not create documents or results expressly for this review. Be as concise as possible in your responses.*
- *If you provide any attachments or documents with protected health information ("PHI"), please redact or remove such information.*
- *Return an electronic copy of the completed assessment, along with documents requested in section F, to CAEQRO for review by* (Desired Deadline Date Here)

Contact Information

Insert MHP identification information below. The contact name should be the person completing or coordinating the completion of this assessment.

Note: This document is based on Appendix Z of the External Quality Review Activity Protocols developed by the Department of Heath and Human Services Centers for Medicare and Medicaid Services (Final Protocol, Version 1.0, May 1, 2002). It was developed and refined by the California EQRO in collaboration with the California Department of Mental Health and California MHP stakeholders.

MHP Name:	Merced
ISCA contact name and title:	Sharon Robinson - Assistant Director Fiscal Services John Nishihama - Automation Services Manager
Mailing address:	P.O. Box 2087 Merced, CA 95344
Phone number:	(209) 381-6816
Fax number:	(209)725-8628
E-mail address:	jnishihama@co.merced.ca.us ; srobinson@co.merced.ca.us
Identify primary person who participated in completion of the ISCA (name, title):	John Nishihama - Automation Services Manager
Date assessment completed:	

ISCA OVERVIEW

PURPOSE of the Information System Capabilities Assessment (ISCA)

Knowledge of the capabilities of a Mental Health Plan (MHP) information system is essential to evaluate effectively and efficiently the MHP's capacity to manage the health care of its beneficiaries. The purpose of this assessment is to specify the desired capabilities of the MHP's Information System (IS) and to pose standard questions to be used to assess the strength of a MHP with respect to these capabilities. This will assist an External Quality Review Organization (EQRO) to assess the extent to which an MHP's information system is capable of producing valid encounter data[1], performance measures, and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its beneficiaries.

If a prior assessment has been completed by private sector accreditation or performance measures validation, and the information gathered is the same as or consistent with what is described in this assessment, it may not be necessary to repeat this assessment process. However, information from a previously conducted assessment must be accessible to EQRO reviewers.

OVERVIEW of the Assessment Process

Assessment of the MHP's information system(s) is a process of four consecutive activities.

Step one involves the collection of standard information about each MHP's information system. This is accomplished by having the MHP complete an *Information System Capabilities Assessment (ISCA) for California Mental Health Plans.* The ISCA is an information collection tool provided to the MHP and developed by the EQRO in cooperation with California stakeholders and the California Department of Mental Health. The California Department of Mental Health defined the time frame in which it expects the MHP to complete and return the tool. Data will be recorded on the tool by the MHP. Documents from the MHP are also requested through the tool and are summarized on the checklist at the end of this assessment tool. These are to be attached to the tool and should be identified as applicable to the numbered item on the tool (e.g., 1.4, or 2.2.3).

Step two involves a review of the completed ISCA by the EQRO reviewers. Materials submitted by the MHP will be reviewed in advance of a site visit.

Step three involves a series of onsite and telephone interviews, and discussion with key MHP staff members who completed the ISCA as well as other knowledgeable MHP staff members. These discussions will focus on various elements of the ISCA. The purpose of the interviews is to gather additional information to assess the integrity of the MHP's information system.

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[1] "For the purposes of this protocol, an encounter refers to the electronic record of a service provided to an MCO/PIHP [MHP] enrollee by both institutional and practitioner providers (regardless of how the provider was paid) when the service would traditionally be a billable service under fee-for-service (FFS) reimbursement systems. Encounter data provides substantially the same type of information that is found on a claim form (e.g., UB-92 or CMS 1500), but not necessarily in the same format." – Validating Encounter Data, CMS Protocol, P. 2, May 2002.

Step Four will produce an analysis of the findings from both the ISCA and the follow-up discussions with the MHP staff. A summary report of the interviews, as well as the completed ISCA document, will be included in an information systems section of the EQRO report. The report will discuss the ability of the MHP to use its information system and to analyze its data to conduct quality assessment and improvement initiatives. Further, the report will consider the ability of the MHP information system to support the management and delivery of mental health care to its beneficiaries.

INSTRUCTIONS:

Please complete the following ISCA questions. For any questions that you believe do not apply to your MHP, please mark the item as "N/A." For any ISCA survey question, you may attach existing documents which provide an answer. For example, if you have current policy and procedure documents that address a particular item, you may attach and reference these materials.

Please complete this survey using Microsoft Word. You may supply your answers in the areas indicated by tabbing through the fields.

Section A – General Information

1. List the top priorities for your MHP's IS department at the present time.

Medi-Cal Short/Doyle Phase II Implementation
Anasazi Implementation
Support and Development of MHSA Information and Technological Needs
Medi-Cal and 3rd Party Billing

2. How are mental health services delivered?

   Note: For clarification, Contract Providers are typically groups of providers and agencies, many with long-standing contractual relationships with counties that deliver services on behalf of an MHP and bill for their services through the MHP's Short-Doyle/Medi-Cal system. These are also known as organizational contract providers. They are required to submit cost reports to the MHP and are subject to audits. They are not staffed with county employees, as county-run programs typically are. Contract providers do not include the former Medi-Cal fee-for-service providers (often referred to as network providers) who receive authorizations to provide services and whose claims are paid or denied by the MHP's managed care division/unit.

   Of the total number of services provided, approximately what percentage is provided by:

	Distribution
County-operated/staffed clinics	97%
Contract providers	2%
Network providers	1%
Total	100%

   Of the total number of services provided, approximately what percentage is claimed to Medi-Cal:

	Medi-Cal	Non-Medi-Cal	Total
County-operated/staffed clinics	75%	25%	100%
Contract providers	50%	50%	100%
Network providers	%	%	100%

3. Provide approximate annual revenues/budgets for the following:

	Medi-Cal	Non-Medi-Cal	Total
County-operated/staffed clinics	$2,921028.00	$21,194349.00	$24,115,377.00
Contract providers	$386,556.00	$1,613,444.00	$2,000,000.00
Network providers	$27,416.00	$72,584.00	$100,000
Total	$3,335,000.00	$22,880,377.00	$26,215,377.00

4. Please estimate the number of staff that use your current information system:

Type of Staff	Estimated Number of Staff
MHP Support/Clerical	34
MHP Administrative	22
MHP Clinical	81
MHP Quality Improvement	8
Contract Provider Support/Clerical	
Contract Provider Administrative	
Contract Provider Clinical	
Contract Provider Quality Improvement	

5. Describe the primary information systems currently in use.

The following several pages allow for a description of up to four of the most critical and commonly used information systems. For clarification, certain terms used in this part are defined below:

Practice Management – Supports basic data collection and processing activities for common clinic/program operations such as new consumer registrations, consumer look-ups, admissions and discharges, diagnoses, services provided, and routine reporting for management needs such as caseload lists, productivity reports, and other day-to-day needs.

Medication Tracking – Includes history of medications prescribed by the MHP and/or externally prescribed medications, including over-the-counter drugs.

Managed Care – Supports the processes involved in authorizing services, receipt and adjudication of claims from network (formerly fee-for-service) providers, remittance advices, and related reporting and provider notifications.

Electronic Health Records – Clinical records stored in electronic form as all or part of a consumer's file/chart and referenced by providers and others involved in direct treatment or related activities. This may include documentation such as assessments, treatment plans, progress notes, allergy information, lab results, and prescribed medications. It may also include electronic signatures.

Master Patient Index – The function to search and locate patients using an index mechanism. The index synchronizes key patient demographic data including name, gender, social security number, date of birth and mother's name. The synchronization of data is crucial to sharing information across systems.

Current information system 1:

Name of product: Mainframe-NAMH	Name of vendor/supplier: County IS
When was it implemented? (An estimate is acceptable) Month:	Year: 1995

What are its functions? (Check all that currently are used)

☐ Practice Management	☒ Appointment Scheduling	☐ Medication Tracking
☒ Managed Care	☐ Electronic Health Records	☐ Data Warehouse/Mart
☒ Billing	☒ State CSI Reporting	☐ MHSA Reporting
☐ Staff Credentialing	☐ Grievances & Appeals	☒ Master Patient Index
☐ Other (Describe)		

Who provides software application support?

☒ MHP IS ☐ Health Agency IS ☒ County IS ☐ Vendor IS ☐ Contract Staff

☐ Other (Describe)

Who is responsible for daily operations of the system?

☒ MHP IS ☐ Health Agency IS ☒ County IS ☐ Vendor IS ☐ Contract Staff

☐ Other (Describe)

What type of Short-Doyle/Medi-Cal claims does it currently produce?

☐ SDMC proprietary ☒ HIPAA 837 ☐ No claims or N/A

Does this system interface or exchange data with other systems? If so, please list them.

Data is downloaded to an Access Database for reporting by Fiscal Manager, Staff Services Analysts, and MHP IS. System also interfaces with county cost accounting system.

Current information system 2:

Name of product:	Name of vendor/supplier:
When was it implemented? (An estimate is acceptable) Month: Year:	

What are its functions? (Check all that currently are used)

- ☐ Practice Management
- ☐ Appointment Scheduling
- ☐ Medication Tracking
- ☐ Managed Care
- ☐ Electronic Health Records
- ☐ Data Warehouse/Mart
- ☐ Billing
- ☐ State CSI Reporting
- ☐ MHSA Reporting
- ☐ Staff Credentialing
- ☐ Grievances & Appeals
- ☐ Master Patient Index
- ☐ Other (Describe)

Who provides software application support?

- ☐ MHP IS
- ☐ Health Agency IS
- ☐ County IS
- ☐ Vendor IS
- ☐ Contract Staff
- ☐ Other (Describe)

Who is responsible for daily operations of the system?

- ☐ MHP IS
- ☐ Health Agency IS
- ☐ County IS
- ☐ Vendor IS
- ☐ Contract Staff
- ☐ Other (Describe)

What type of Short-Doyle/Medi-Cal claims does it currently produce?

- ☐ SDMC proprietary
- ☐ HIPAA 837
- ☐ No claims or N/A

Does this system interface or exchange data with other systems? If so, please list them.

Current information system 3:

Name of product:	Name of vendor/supplier:
When was it implemented? (An estimate is acceptable) Month: Year:	

What are its functions? (Check all that currently are used)

- ☐ Practice Management
- ☐ Appointment Scheduling
- ☐ Medication Tracking
- ☐ Managed Care
- ☐ Electronic Health Records
- ☐ Data Warehouse/Mart
- ☐ Billing
- ☐ State CSI Reporting
- ☐ MHSA Reporting
- ☐ Staff Credentialing
- ☐ Grievances & Appeals
- ☐ Master Patient Index
- ☐ Other (Describe)

Who provides software application support?

- ☐ MHP IS
- ☐ Health Agency IS
- ☐ County IS
- ☐ Vendor IS
- ☐ Contract Staff
- ☐ Other (Describe)

Who is responsible for daily operations of the system?

- ☐ MHP IS
- ☐ Health Agency IS
- ☐ County IS
- ☐ Vendor IS
- ☐ Contract Staff
- ☐ Other (Describe)

What type of Short-Doyle/Medi-Cal claims does it currently produce?

- ☐ SDMC proprietary
- ☐ HIPAA 837
- ☐ No claims or N/A

Does this system interface or exchange data with other systems? If so, please list them.

Current information system 4:

Name of product:	Name of vendor/supplier:
When was it implemented? (An estimate is acceptable) Month: Year:	

What are its functions? (Check all that currently are used)

- ☐ Practice Management
- ☐ Appointment Scheduling
- ☐ Medication Tracking
- ☐ Managed Care
- ☐ Electronic Health Records
- ☐ Data Warehouse/Mart
- ☐ Billing
- ☐ State CSI Reporting
- ☐ MHSA Reporting
- ☐ Staff Credentialing
- ☐ Grievances & Appeals
- ☐ Master Patient Index
- ☐ Other (Describe)

Who provides software application support?

- ☐ MHP IS
- ☐ Health Agency IS
- ☐ County IS
- ☐ Vendor IS
- ☐ Contract Staff
- ☐ Other (Describe)

Who is responsible for daily operations of the system?

- ☐ MHP IS
- ☐ Health Agency IS
- ☐ County IS
- ☐ Vendor IS
- ☐ Contract Staff
- ☐ Other (Describe)

What type of Short-Doyle/Medi-Cal claims does it currently produce?

- ☐ SDMC proprietary
- ☐ HIPAA 837
- ☐ No claims or N/A

Does this system interface or exchange data with other systems? If so, please list them.

6. Selection and Implementation of a new Information System:

Mark the box that best describes your status today and respond to the associated questions.

☐	A) No plans to replace current system

☐	B) Considering a new system
	What are the obstacles?

☐	C) Actively searching for a new system
	What steps have you taken?
	When will you make a selection?

☒	D) New system selected, not yet in implementation phase
	What system/vendor was selected?
	Anasazi Software
	Projected start date 3/1/2009
	Go live date TBD
	Projected end date TBD
	Please attach your project plan.
	Project is in early stages of planning. Project Plan and Timelines will be developed in March 2009

☐	E) Implementation in progress
	What system/vendor was selected?
	Implementation start date
	Go live date
	Projected end date
	Please attach your project plan.

7. Implementation of a new Information System

If you marked box D, or E in 6 above, complete the following questions. Otherwise, skip to Section B.

7.1. Describe any strategies or safeguards you plan to use to ensure timely and accurate continuation of Medi-Cal claims and CSI reporting during the transition to a new system.

Plans and strategies will determined when project starts in March 2009

7.2. If you are converting/transferring data from a legacy system, describe your conversion strategy, such as what general types of data will be transferred to the new system and what data will be left behind or archived.

Plans and strategies will determined when project starts in March 2009

7.3. Will the new system support conversion of the existing consumer identifier as the primary consumer identifier?

☒ Yes ☐ No

7.3.1. If No, describe how the new system will assign a unique identifier (you may identify the number as the consumer ID, patient ID, medical record number, unit record number) to new consumers.

7.4. Describe what features exist in the new system to prevent two or more unique identifiers being assigned to the same consumer by mistake ("duplicate charts").

7.5. Specify key modules included in the system:

What are its functions? (Check all that are currently planned)

☒ Practice Management	☒ Appointment Scheduling	☒ Medication Tracking
☒ Managed Care	☒ Electronic Health Records	☐ Data Warehouse/Mart
☒ Billing	☒ State CSI Reporting	☐ MHSA Reporting
☒ Staff Credentialing	☐ Grievances & Appeals	☒ Master Patient Index
☐ Other (Describe)		

7.6 What departments/agencies will use the system? (Check all that apply)

☒	Mental Health
☒	Mental Health Contract Providers
☒	Alcohol and Drug
☐	Public Health
☐	Hospital

Section B – Data Collection and Processing

Policy and Procedures

1. Do you have a policy and procedure that specifies the timeliness of data entered into the system?

☐ Yes ☒ No

1.1. If Yes, describe your recent experience using any available data collected on timeliness.

2. Do you have a policy and procedures specifying the degree of accuracy required for data entered into the IS?

☒ Yes ☐ No

2.1. If Yes, describe your recent experience using any available data collected on data accuracy.

There are Clinical Procedures written that specify these details. They are: Direct Service Time Documentation and Certification of Claims for Medi-Cal and Medicare Clients

3. Does your MHP perform periodic verification of data in the IS compared to the medical record, such as ethnicity, language, birth date, and gender?

☒ Yes ☐ No

3.1. If Yes, please provide a description of your current policy and procedure or a report of a past data validity review.

Utilization Review and Pre-Audit Billing Policy and Procedures are used to monitor.

4. Do you have a policy and procedures for detection and reporting of fraud?

☒ Yes ☐ No

4.1. If Yes, describe your procedures to monitor for fraud.

Procedures for fraud are found in the Compliance and Integrated Ethics Plan.

5. Describe any recent audit findings and recommendations. This may include EPSDT audits, Medi-Cal audits, independent county initiated IS or other audits, OIG audits, and others.

System Table Maintenance

6. On a periodic basis, key system tables that control data validations, enforce business rules, and control rates in your information system must be reviewed and updated. What is your process for management of these tables?

When Tables require an update, the request is logged, assigned, and completed by assignee. Request is then closed.

6.1. Are these tables maintained by (check all that apply):

- ☒ MHP Staff
- ☐ Health Agency Staff ("Umbrella" health agency)
- ☒ County IS Staff
- ☐ Vendor Staff

7. Who is responsible for authorizing and implementing the following system activities?

Activity	Who authorizes? (Staff name/title or committee/workgroup)	Who implements? (Staff name/title or committee/workgroup)
Establishes new providers/reporting units/cost centers	QI/Fiscal/Contracts	Contracts/Fiscal/MHP IS/QI
Determines allowable services for a provider/RU/CC	QI/Contracts	Contracts/MHP IS
Establishes or decides changes to billing rates	Fiscal	MH IS
Determines information system UR rules	QI	QI
Determines assignments of payer types to services	Fiscal/Contracts	MH IS
Determines staff billing rights/restrictions	MH IS	MH IS

Activity	Who authorizes? (Staff name/title or committee/workgroup)	Who implements? (Staff name/title or committee/workgroup)
Determines level of access to information system	MH IS	MH IS
Terminates or expires access to information system	PERSONNEL/MHP IS	MHP IS

Staff Credentialing

8. Who ensures proper staff/provider credentialing in your organization for the following groups of providers?

County-operated/staffed clinics	QI/QA
Contract providers	QA/QI
Network (formerly fee-for-service) providers	QA/QI

9. Are staff credentials entered into your information system and used to validate appropriate Medi-Cal billing by qualified/authorized staff?

☒ Yes ☒ No

Staff Training and Work Experience

10. Does your MHP have a training program for users of your information system?

☐ Yes ☒ No

10.1. If Yes, please check all that apply.

	Classroom	On-the-Job	One-On-One Trainer	New Hires Only
Clerical/Support Staff	☐	☒	☐	☐
Quality Improvement Staff	☐	☒	☐	☐
Program Manager	☐	☒	☐	☐
Billing/Fiscal Staff	☐	☒	☐	☐
Administration Staff	☐	☒	☐	☐
Managed Care Staff	☐	☒	☐	☐
Clinical Staff	☐	☒	☐	☐
Medical Staff	☐	☒	☐	☐

11. Describe your training program for users of your information system. Indicate whether you have dedicated or assigned trainers and whether you maintain formal records of this training. If available, include a list of training offerings and frequency, or a sample of a recent calendar of classes.

Staff receive New Employee Training which inlcudes basic overview of Systems available. When system wide changes are implemented, training is done at team meetings. An example of this would be the new CSI Data Elements on the Event Monitoring Forms.

12. What is your technology staff turnover rate since the last EQRO review?

Number of IS Staff	Number - New Hires	Number - Retired, Transferred, Terminated
0	0	0

Access to and analysis of data

13. Who is the person(s) most responsible for analyzing data from your information system? Describe the working relationship between this person(s) and your QI unit. If there is no such person, please state "NONE."

Staff Name/Title	Organization/Dept/Division	Describe relationship to QI unit or "None"
John Nishihama	MHP IS	Automation Manager

14. Considering the reports and data available from your information system, list the major users of this information (such as billing department, program clerical staff, QI unit, management, program supervisors, etc).

Fiscal, MHP IS, Program Administration, Medical Records, Clinical Staff

15. Does your information system capture co-occurring mental health and substance abuse diagnoses for active consumers?

☒ Yes ☐ No

15.1. If Yes, what is the percent of active consumers with co-occurring diagnoses?

01%

16. Does your information system maintain a history of diagnoses, as they are changed over time during an episode of care?

☒ Yes ☐ No

Staff/Contract Provider Communications

17. Does your MHP have User Groups or other forums for the staff to discuss information system issues and share knowledge, tips, and concerns?

Please complete all that apply	Meeting frequency (weekly, monthly, quarterly, as needed)	Who chairs meetings? (name and title)	Meeting minutes? (Yes/No)
Clerical User Group			N
Clinical User Group			N
Financial User Group			N
Contract Providers			N
IS Vendor Group			N
Other			

18. How does your organization know if changes are required for your information system in order to meet requirements of the State Medi-Cal Program?

DMH Letters, QI, Compliance, and State DMH Meetings

19. How are required State and local policy changes communicated to the staff or vendor responsible for implementing the policy change in the information system?

Requests are generated and submitted to County IS. A quote outlining the scope and cost of work is returned and approved/denied.

20. Does your organization use a Web server, intranet server, shared network folders/files, content management software, or other technology to communicate policy, procedures, and information among MHP and contract provider staffs?

☒ Yes ☐ No

20.1 If Yes, briefly describe how this is used and managed. Include examples of information communicated.

Our Intranet is used in many ways. It contains the following: Policies & Procedures for all departments, Forms Repository, Phone Book, MH Reports, Calendar of Events/Training/MHP IS HelpDesk Tracking/Service Code Listings/Online Training.

The site is maintained by the Automation Services Staff.

Other Processing Information

21. Describe how new consumers are assigned a unique identifier (you may identify this number as the consumer ID, patient ID, medical record number, unit record number).

Clients are assinged a Client Number as part of the Intake Process (Face and Financial Policy).

22. Describe how you monitor missed appointments ("no-shows") and provide a brief report or any available data regarding your rate of missed appointments.

Missed appointments are documented on Event Monitor Forms as an Appointment Type of '3' - FKA - Failed to Keep Appointment.

23. Does your MHP track grievances and appeals?

☒ Yes ☐ No

23.1 If Yes, is it automated or manual?

☐	Automated – Integrated into primary information system
☐	Automated – Separate system
☒	Manual
	Please describe:

24. How does your MHP plan to address MHSA reporting requirements for Full Service Partnerships?

☒	Integrate into primary information system, by vendor or in-house staff
☒	Use separate on-line system developed by DMH
☐	Use separate system developed by in-house staff
☐	Use separate system developed by vendor
☐	Have not decided

Section C - Medi-Cal Claims Processing

1. Who in your organization is authorized to sign the MH1982A attestation statement for meeting the State Medi-Cal claiming regulatory requirements?
(Identify all persons who have authority)

Name: Troy Fox	Title: Interim Director
Name: Sharon Robinson	Title: Assistant Director
Name:	Title:
Name:	Title:

2. Indicate normal cycle for submitting current fiscal year Medi-Cal claim files to DMH.

☐ Monthly ☒ More than 1x month ☐ Weekly ☐ Daily ☐ Other

3. Provide a high-level diagram depicting your monthly operations activity to prepare a Medi-Cal claim. Note the steps your staff takes to produce the claim for submission to DMH.

Creation and Submission of a Medi-Cal Claim is completed as part of a two step process. Step One, "Closing Process" stages all of the services for billing. This step creates warning reports, error reports, Pre-Audit Reports, and populates the Medi-Cal Pre-Audit Table. Step 2, "Claiming Process", actually generates the 837P Claim for submission to the state. The 837P is then emailed to the Automation Services (IT) Manager for Parsing, to ensure totals match what the system reports. Reports are prepared by the Fiscal Supervisor and given to the Fiscal Assistant Director for review and sign-off.

4. If your IS vendor controls some part of the claim cycle, describe the Medi-Cal claim activities performed by your information system vendor.

ITWS Submission of the Claims

5. Does your MHP use a standard review process for claims before submission?

☒ Yes ☐ No

5.1. If yes, please describe the claims review process. What criteria are used to ensure that a claim is accurate before submission to DMH?

As stated in Section C., 3, the claim is emailed to the Automation Services Manager for processing through a custom built web based parser that validates the totals reported.

6. Briefly describe your strategy to implement the National Provider Identifier (NPI), as required by HIPAA.

Currently, QI and the Compliance Officer are working with our service providers, contract providers, and managed care providers to gather NPI's. The MHP has provided a list of Taxonomy Codes that DMH and ADP have approved to ensure compliance.

7. Please describe how beneficiaries' Medi-Cal eligibility is stored and updated within your system in order to trigger Medi-Cal claims. Include whether automated matches to the State's MMEF file are performed for the purpose of mass updates to multiple consumers.

Beneficiaries' Current elegibility is stored in the Client Master. Initially, the Client's Medi-Cal information is gathered as part of the Face and Financial Process. Prior to each of the client's visits, their elegibility is verified using the MEDS system. Finally, on a monthly basis, the

MMEF is loaded and reports are generated and given to the fiscal staff to review and update client information.

8. What Medi-Cal eligibility sources does your MHP use to determine monthly eligibility? Check all that apply

☐	IS Inquiry/Retrieval from MEDS	☒	POS devices
☒	MEDS terminal (standalone)	☐	AEVS
☐	MEDS terminal (integrated with IS)	☐	Web based search
☒	MMEF	☐	FAME
☐	Eligibility verification using 270/271 transactions	☐	Other:

9. When checking Medi-Cal eligibility, does your system permit storing of eligibility information – such as verification code (EVC), county of eligibility, aid code of eligibility, share of cost information?

☒ Yes ☐ No

9.1. If Yes, identify which of these fields are stored and describe if a user needs to enter this information manually, or if the process is automated (system does it).

County of Eligibility, Aid Code

10. Does your MHP use the information system to create ad hoc reports on Medi-Cal claims and eligibility data?

☒ Yes ☐ No

10.1 If Yes, please indicate the software reporting tools used by your staff and include a brief description of a recent ad hoc report.

Data is downloaded into an Access Database for querying. The MH1205B program is run to create a data set that contains detailed service data. Also used, is the SNAT ad hoc query tool on the mainframe.

11. Describe your most critical reports for managing your Medi-Cal claims and eligibility data.

MH5600 - Total Managed Care Units
MH4626 - Medi-Cal Reconciliation
MH4304 - Total Med-Cal Units
MH4820 - Approved Medi-Cal Claims
MH4428 - Medi/Medi Units
MH5042 - Chapter 26.5
MH4480 - High Cost Users
MH4140 - 120 Days no Contact
MH4128 - Caseload Indicator
MH4499 - Productivity Reports

12. Do you currently employ staff members to extract data and/or produce reports regarding Medi-Cal claims or eligibility information?

☒ Yes ☐ No

13. Please describe your MHP's policy and procedure and timeline for reviewing the Error Correction Report (ECR).

Currently, there is no P&P.

14. Please describe your MHP's policy and procedure for reviewing the Medi-Cal Explanation of Benefits (EOB or 835) that is returned to the MHP.

Currently there is no P&P. Reports are generated and given to the Fiscal Manager.

15. What percent of Medi-Cal claims were denied during:

FY 2005	9%	FY 2006	2%

Section D – Incoming Claims Processing

Note: "Network providers" (commonly known as fee-for-service providers or managed care network providers) may submit claims to the MHP with the expectation of payment. Network providers do not submit a cost report to the MHP.

1. Beginning with receipt of a Medi-Cal claim in-house, provide a diagram of the claim handling, logging, and processes to adjudicate and pay claims.

Claims are date stamped, filed by provider and then processed for payment by inputting clients information, dates of service, cpt and amount charged. Explanation of Payments are generated on a monthly basis matched and sent with the original claim to the business office copies are kept and are filed in the clients chart.

2. How is Medi-Cal eligibility verified for incoming claims?

Checking the MEDS Screen for eligibility

3. How are claims paid to network providers billed to Short-Doyle/Medi-Cal?

By Check

4. Have any recent system changes influenced, even temporarily, the quality and/or completeness of the Medi-Cal claims data that are collected? If so, how and when?

NO

5. What claim form does the MHP accept from network providers?

☒	CMS 1500
☐	UB-92
☐	837I
☐	837P
☐	MHP specific form (describe):

6. Please indicate which code sets are required by your MHP on claims received from network providers.

Coding Scheme	Inpatient Diagnosis	Inpatient Procedure	Outpatient Diagnosis	Outpatient Procedure
ICD-9-CM	☒	☒	☒	☒
CPT-4		☒		☒
HCPCS		☐		☐
UB Revenue Code		☐		☐
DSM-IV-TR	☒		☐	
MHP Internal Code	☐	☐	☐	☐
Other	☐	☐	☐	☐

7. Please indicate whether you require the following data elements on claims submitted by network providers.

Data Elements	Yes or No	
Patient Gender	☒ Yes	☐ No
Patient DOB/Age	☒ Yes	☐ No
Diagnosis	☒ Yes	☐ No
Procedure	☐ Yes	☒ No
First date of service	☒ Yes	☐ No
Last date of service	☒ Yes	☐ No
Financial Responsibility	☒ Yes	☐ No
Provider Specialty	☐ Yes	☒ No
MHP consumer identification number	☐ Yes	☒ No
Place of service	☒ Yes	☐ No

8. How does your MHP monitor the accuracy and productivity of individual staff members who have responsibility for adjudicating incoming Medi-Cal claims from network providers?

Supervision by the Managed Care Administrator

9. What is the average length of time between claim receipt and payment to network provider? (An estimate is acceptable.)

Approximately one month.

10. Does your MHP maintain provider profiles in your information system?

☒ Yes ☐ No

10.1. If Yes, please describe what provider information is maintained in the provider profile database (e.g., languages spoken, special accessibility for individuals with special health care needs).

We maintain provider full legal name, date of birth, social security number or tax id number. Address, phone number, copy of license, original W-9, DEA number if it applies. We also maintain what languages the provider speaks, what age group they treat, what treatment modalities they use. If the provider has handicap access we also check with the OIG (Office of Inspectors General) and check NPI/Taxonomy.

11. Please describe how network provider directories are updated, how frequently, and who has "update" authority.

Kristin Brown Quality Assurance Specialist, John Nishihama Automation Services Manager

12. Does your MHP use a manual or an automated system to process incoming claims, and adjudicate and pay claims?

☒ Manual ☐ Automated ☐ Combination of Both

If you marked either "Automated" or "Combination of Both," complete the following questions. Otherwise, skip to Section E.

13. What percent of claims are received electronically? [redacted]%

14. What percent of claims are auto adjudicated? [redacted]%

15. How are the fee schedule and network provider compensation rules maintained in your IS to assure proper claims payment by your MHP? Who has "update" authority?

[redacted]

16. Does the system generate a remittance advice (e.g., EOB)?

☐ Yes ☒ No

16.1. If Yes, does your system generate a HIPAA transaction for the remittance advice?

☐ Yes ☐ No

17. Does the system generate an authorization advice (i.e., letter)?

☒ Yes ☐ No

17.1. If Yes, does your system generate a HIPAA transaction for the authorization letter?

☐ Yes ☒ No

Section E – Information Systems Security and Controls

1. Please describe the frequency of back-ups that are required to protect your primary Medi-Cal information systems and data. Where is the back-up media stored?

   Mainframe - Nightly. Friday night backups are stored off site.
   Network - Nightly backups are performed off site.

2. Describe the controls used to assure that all Medi-Cal direct services are entered into the system (e.g., control numbers, daily audits, and/or service activity logs).

   Daily audit reports are performed by Automation Services Staff and Program Managers (Line Staff Managers). Daily reports are generated showing any missing or inconsistent data, and are reviewed for accuracy.

3. Please describe your policy and procedure for password control on your Medi-Cal system(s). For example, how often do you require passwords to be changed?

   Currently, passwords do not expire. Systems are protected by the various layers of system security. To gain access, users must sign into the network and then sign into the mainframe. Application security is applied to the various modules within the applications.

4. Please describe the provisions in place for physical security of the computer system(s) and manual files. Highlight provisions that address current HIPAA security requirements.

   4.1. Premises

   Main Facility is protected by keypad combination entry. Outstations are protected by locks.

   4.2. Documents

   Locked in Medical Records and Closed Records

   4.3. Computer room/server room

   Locked in communications closet and office.

   4.4. Workstation access and levels of security

   Workstation's Password Protected - One Minute Screen Saver Policy

5. Describe how your MHP manages access for users. Do you use templates to standardize user access? Is so, describe the levels of access for both MHP and contract provider staffs.

Depending on the layer of the application, users access is controlled by user groups. Groups such as Fiscal, Admin, QI, Wellness Center, and Budget control access to the different layers within the network. Access within the MHP information system is controlled by similar group assignments.

6. Describe your procedures to remove/disable access for terminated users. Explain the process for both MHP and contract provider staffs. Include frequency it is done for both groups of users.

Removal/Disabling of user accounts is completed by both the MHP Staff and the County IS Network Staff. County IS receives nofication from personnel of seperations and processes the network accounts with MHP's approval. MHP Staff disables access to Mainframe.

Section F – Additional Documentation

1. Please provide the documentation listed in the table below. Documentation may be submitted electronically or by hardcopy. Label documents as shown under the "Requested Documents" column.

Requested Documents	Description
A. Organizational chart	The chart should make clear the relationship among key individuals/departments responsible for information management.
B. County-operated programs and clinics	A list of those who can bill Medi-Cal, including name, address, and type of program (i.e., outpatient, day treatment, residential, and inpatient).
C. Contract providers	A list of those who can bill Medi-Cal, including name, address, and type of program (i.e., outpatient, day treatment, residential, and inpatient).
D. Procedures to monitor accuracy and timeliness of data collection	Provide copies of the current policies and procedures, desk procedures, and/or other written instructions to the staff and providers that address standards for data collection accuracy and timeliness.
E. Procedures to determine consumer/beneficiary eligibility status	Provide copies of the current policies and procedures, desk procedures, and/or written instructions to the staff and providers that describe how to determine consumer/beneficiary eligibility status.
F. Procedures to produce Medi-Cal claims and review error/denied claims	Provide copies of the current policies and procedures, operations manual, flowchart, calendar, and/or written instructions that document production of the Medi-Cal claim and resolving error/denied claims.
G. Procedures to monitor timeliness of claims processing and payments to network providers	Provide copies of the current policies and procedures, desk procedures, and/or other written instructions to the staff and providers that describe standards for monitoring timely claims processing/payment.
H. Procedures for the following topics: new user authorization, disable user accounts, password standards, data security standards, unattended computers, electronic security audits.	Provide a copy of the current policies and procedures, desk procedures, and/or other written instructions to the staff and providers for these activities.
I. Prior Internal Audits	If you have recently done an internal audit of your Medi-Cal claims submissions or your Medi-Cal claims adjudication from network providers, please attach a copy for review.
J. Ethnicity/race, language code translations	Provide a cross-reference list or table showing what codes are used internally by the staff on source documents for data entry and how they are translated into valid codes for Medi-Cal claims and CSI reporting.
K. Crosswalk from locally used service/procedure codes to CPT/HCPCS codes used in the Medi-Cal claim.	Provide a crosswalk for mapping codes used to record services to codes used to bill Medi-Cal. Include those used by network providers.
L. Index of your Reports Manual	If available, provide a list of all current vendor-supplied and internally developed reports and report titles. Do not include ad hoc reports developed to meet temporary or one-time needs.

ATTACHMENT C – HIPAA BUSINESS ASSOCIATE ADDENDUM