Anasazi Software, Inc. Response to

California Behavioral Health Electronic Health Record (CA BH-EHR) Request for Information

December 5, 2008

Version 1.0

CALIFORNIA DEPARTMENT OF MENTAL HEALTH
Information Technology Division

D. Company Background

RR-D-01 Please provide the following information regarding the makeup of your company.

CORPORATE INFORMATION	
Company Name	Anasazi Software, Inc.
Company Type (C-Corp, S-Corp, LLC, LLP, Sole Proprietorship, Etc.)	Anasazi is a privately held Type C Corporation
Location Of Corporate Headquarters	Phoenix, Arizona
Location Of Field Support Offices	Phoenix, Arizona
Location Of Programming/Technical Support Personnel	Phoenix, Arizona
PRIMARY CONTACT INFORMATION FOR THIS RFI	
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RR-D-02 Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers. **(2 pages maximum)**

Anasazi Software, Inc., was founded in 1989 after responding to an RFP released by Austin/Travis County MHMR, a Community Mental Health Center in Austin, Texas to procure a behavioral health specific package to perform billing and reporting. Over the next two years, the owners developed the software application according to the specifications of Austin/Travis County and the state of Texas requirements for billing and batching. Once the application was fully-developed, it was marketed to other Community Mental Health Centers across the state. As Anasazi continued to market the product, the general consensus around the state was how often the needs of the agencies changed due to the state requirements. These new customers were hoping to find a way to keep up with the ever-changing state requirements without having to continually come up with more money. Through discussions about these concerns, the Texas State User Group was formed. A portion of each customer's monthly support dollars are dedicated to the State User Group. The members of the User Group then determine how the state funds will be used toward customizations and enhancements to the product. This has become the primary business model of Anasazi Software, Inc.; enter a state, learn all of the requirements as it relates to billing, batching, and reporting for that particular state, and customize the software system with the proper specifications. Anasazi Software stands alone as one of the few vendors that perform this level of state specific customizations and has provided the company a distinct advantage in the behavioral health software market.

In Anasazi's response to the CBS RFP we made an extraordinary commitment; we offered to develop all California enhancements required of California counties at no charge to our customers. We also offered to continue in California our funded user group model such that funding would be committed to ongoing California specific enhancements and so that the Anasazi systems continued to meet all the needs of California. We also continued our offer of guaranteeing to develop ongoing new versions and to incorporate into all the new versions the California specific enhancements such that our California customers were assured of a permanent solution.

Currently the Anasazi California Special Interest Group has approximately $120,000 per year to devote to ongoing California requirements. As Anasazi adds more California customers, this funding will increase. Anasazi also contractually commits under its Support Agreement to provide any enhancement for any individual customer or ad hoc coalition of customers at any time. Our customers are then contractually assured of having all ongoing requirements addressed. Anasazi gives away all enhancements developed for any customer or user group to all customers at no additional charge under the terms of the Anasazi Support Agreement.

For a vendor to be able to give away all enhancements to all customers requires that they have a single application. If a vendor developed say, a separate California specific product and a separate New York specific product, it would be difficult or impossible for them to give away an enhancement they did for a customer in New York to a customer in California. It would also be difficult for them to bring out a new version of the state specific versions of their software that accommodated new operating systems, databases, topology, development languages, etc. as they would have to develop state specific applications over and over again. Since Anasazi has the technical expertise to

combine into one product all capabilities for all states and has developed all products in house with a consistent development methodology, Anasazi can make the contractual guarantee that it will regularly bring out new versions accommodating new technology and will include all California specific enhancements in all new versions.

The proposed Anasazi Support Agreement is essentially a contract for services between the County and Anasazi. That contract can include whatever services Anasazi provides, including a wide range of support from help desk services to technical support to network engineering to on-site training for staff and management to programming. The Anasazi Support Agreement is unique in the industry in that every customer is assured of getting full value for their support dollar. If Anasazi does not earn the money committed to support in a particular month, Anasazi carries a credit for that customer to future months for them to use on any support service, including enhancements if desired.

Anasazi not only has the broadest product range available in the industry but has developed every product in house. The tight integration of these products offers enormous benefits to our customers that cannot be matched by vendors with disparate products. Sophisticated real-time support capabilities for users are easy for Anasazi to develop due to its tight integration and would be very difficult otherwise.

The Anasazi Wizard Implementation Model is unique in the industry and was developed by Anasazi to improve our already good track record for implementations with a goal of having a perfect track record. The concept of the Anasazi Wizard Implementation Model is that Anasazi presents to our customers on the first day of implementation a system already setup according to Anasazi recommendations for California counties for all billing, reporting, state requirements, Electronic Clinical Records, treatment planning, et al. Each county then merely refines the setup of the system to meet the specific needs of the county and incorporates into the system all county specific information. While this is an oversimplification, the Wizard Implementation Model does significantly reduce the time, cost and most especially the risk of implementations.

Anasazi has extensive experience in meeting the needs of agencies for implementing an Electronic Health Record System (EHR). Anasazi considers it the norm, not the exception, for new customers to successfully implement an EHR. Anasazi provides an extensive library of existing assessment forms to speed implementation of the system. In addition, Anasazi will provide all mission critical forms required by the County as part of our implementation services. This assures that the system will accommodate all mission critical existing processes at implementation. Anasazi will also train staff to use the Anasazi WYSIWYG forms development application such that each organization can revise existing forms and design and implement new forms without additional programming support from Anasazi. Business processes and the forms related to those are generally quite dynamic. The ability of each organization to design their own forms can save substantial money in just a short time.

At Anasazi we hold ourselves to be consummate professionals that provide the absolute best in services and as a result of those services have a superior product in the behavioral health industry. Anasazi continues to grow by providing our customers the best method for implementation, best value with our unlimited user license offering, best support value with our commitment to earn the money paid under the Anasazi Support Agreement and a proven model for providing ongoing enhancements and new versions.

RR-D-03 List the number of employees (Full-time equivalents) in your organization by category for the last 3 years:

Category	2006	2007	2008
Total Employees	61	65	61
Installation / Setup	13	18	15
Research and Development	12	12	13
Application / Technology Support	13	11	11
Customer Service / Helpdesk	2	2	2
Support	3	4	4
Other	18	18	16
Those with Clinical Backgrounds			
- Physicians			
- Psychologists	1	1	1
- Psychiatrists			
- Registered Nurses			
- Other Clinicians	3	3	3

RR-D-04 Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

Anasazi has not acquired any other companies or developed any partnerships to improve our technology platform. All systems, modules and technology have been developed in house by our staff, assuring pure integration across all systems. This is a primary strength of the Anasazi Systems, the tight integration of these products offers enormous benefits to our customers that cannot be matched by vendors with disparate products. Sophisticated real-time support capabilities for users are easy for Anasazi to develop due to its tight integration and would be very difficult otherwise. Anasazi has the resources internally to develop functionality required by our customers. We believe it is more expensive for a vendor and a customer to support two loosely integrated products which have different protocols for security, databases, etc. It is also more expensive to apply new enhancements and new revisions, capabilities developed for one system may not be supported by another and having to work with multiple vendors to coordinate efforts becomes extremely difficult.

The Anasazi applications are consistently developed, have a single interface and security system, and it is therefore much easier for Anasazi to develop new versions of each product. We are currently developing the new version of the Anasazi Assessment System and Treatment Plan System, these systems will be rewritten top-to-bottom using the latest technology. California Counties will have these systems, and all other new versions, provided at no additional charge under the terms of the Support Agreement and we warrant to carry forward support for all California enhancements into all new versions at no charge. In addition to developing new versions of existing products, Anasazi is addressing evolutions in behavioral health that require whole new products. Anasazi frowns on the approaches of merely buying a vendor to acquire their product or contracting to become a reseller for a specialty vendor. The advantage of this approach is that the vendor can respond to the marketplace rapidly. The fatal disadvantage is that the vendor has products written using multiple languages, multiple design approaches, and multiple security controls. Each of these issues impact the vendor's ability to support, integrate, and upgrade the products and permanently hinders the vendor's

ability to respond to change from that point forward. Anasazi's business model then does not have those weaknesses.

RR-D-05 How long has your company been in the business of developing and implementing your Electronic Health Record related products?

Anasazi was founded in 1989 and released the first version of the Assessment and Treatment Plan Systems in 1996.

RR-D-06 What were your firm's annual revenues for the last 3 fiscal years?

Category	2005	2006	2007
$1,000,000-$5,000,000			
$5,000,000-$25,000,000	$5,952,000	$8,117,000	$9,606,000
$25,000,000-$100,000,000			
Greater than $100,000,000			

RR-D-07 What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Resulting from BH Solutions	100%	100%	100%

RR-D-08 What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	34%	32%	32%

RR-D-09 What percentage is budgeted for R&D in the current and next fiscal year?

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	32%	32%

E. Partner and/or Reseller References

RR-E-01 Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

Anasazi does not have any partners and/or resellers in the areas of behavioral health.

RR-E-02 For each partner or reseller listed above, please identify the following:

1. Functional areas.
2. Nature of partnership/relationship.
3. Length of the relationship.
4. Referencable customers for whom you have jointly provided services. **(3 pages maximum)**

Not Applicable

F. Behavioral Health Solutions Experience

Descriptions of the Functional Requirement Categories referenced in questions RR-F-01 through RR-F-05 of this section are in The Preface (Section A). In your responses to the questions in this section, emphasize your experience in the State of California.

RR-F-01 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems. **(5 pages maximum)**

It has always been Anasazi's business philosophy to customize our application to each individual agency and enhance our software to meet specific state needs on an ongoing basis. By customizing our application heavily to the state and county level it provides Anasazi Software the ability to begin to dominate a particular market. After completing state customizations Anasazi Software then begins to provide targeted state specific functionality that other vendors do not provide. This model of business has allowed Anasazi Software to secure large user bases in Texas, New York and Virginia because our application has the features essential to providers in those states. The State of California was an ideal location for Anasazi Software to propose a similar method of business due to the potential for future customers. California customers receive customizations done for other customers in California and the formation of a funded California State Users Group.

In Anasazi's response to the CBS RFP we made an extraordinary commitment; we offered to develop all California enhancements required of California counties at no charge to our customers. We also offered to continue in California our funded user group model such that funding would be committed to ongoing California specific enhancements and so that the Anasazi systems continued to meet all the needs of California. We also continued our offer of guaranteeing to develop ongoing new versions and to incorporate into all the new versions the California specific enhancements such that our California customers were assured of a permanent solution.

The CBS Coalition began their work in January 2003 and through their extensive selection process Kern County was the first CBS member to make a purchase. Kern County purchased Anasazi in May of 2005 and shortly thereafter Kings View also became a customer. We launched a collaborative effort to design and develop the California requirements.

The Anasazi California enhancement design process was started in June of 2005 with a project plan for all design, design approval, development, and acceptance testing processes. During these extensive design meetings we began to identify any and all customizations we would need to make to our product in order to meet the needs of California regulations including UMDAP, Automated MEDS/MMEF Insurance Eligibility Determination, Real Time Eligibility Verification, Group Medi-Cal Billing Rules and Services Management, Client and Service Information (CSI) Batching, California Outcome Monitoring System (CalOMS) Batching, Mode/Service Function Code Reporting and Electronic Claims and Payments in HIPAA 837/835 formatted for California to name a few. The first design meeting addressed the requirements of Mode

of Service and Service Function Code. The design document was approved on August 2, 2005, and released into production on September 20, 2005. As subsequent designs were completed they were put through our extensive testing process, released, and delivered into production. Anasazi has the ability to develop code at an alarmingly fast rate.

Anasazi has designed, developed, tested and released into the production:

- ✓ Mode of Service & Service Function Codes
- ✓ Aid Codes
- ✓ Healthy Families
- ✓ UMDAP
- ✓ Sliding Fee Scale for Drug Medi-Cal
- ✓ Client and Service Information (CSI)
- ✓ SD/MC 837P, SD/MC 837Iand D/MC 837P
- ✓ Medi-Cal 835
- ✓ Medi-Cal Billing Rules
- ✓ Day Treatment
- ✓ Billing the Responsible County
- ✓ Bed Day Services
- ✓ Billing Server Time
- ✓ Medi-Cal Share of Cost Management
- ✓ Medi-Cal Eligibility Monthly Download, MMEF File
- ✓ Medi-Cal Real Time Eligibility Verification
- ✓ OSHPD Management
- ✓ California DMH Cost Report
- ✓ California ADP Cost Report
- ✓ Upstream Billing - Anasazi Managed Care System pays providers for services rendered then upstream bills the services to Medi-Cal.
- ✓ Billing Travel and Doc time
- ✓ California D/MC Summary Invoice
    - o Bill for a maximum of 200 minutes per month: For some combinations of Services, D/MC only allows for billing a maximum of 200 minutes per calendar month.
    - o Medication Support: SD/MC only allows a maximum of 4 hours per day of Medication Support to be billed.
    - o Billing Methadone Doses and Counseling: For D/MC Medi-Cal, in a calendar month in which a Client receives a Methadone Dose, Counseling for that Client cannot be billed at a site other than the site that the Methadone Dose was received at.
    - o Goup Service Participant Limits: Overview: For D/MC Medi-Cal, if there are less than 4 or more than 10 Clients present in a Group Service, none of the Services can be billed to Medi-Cal.
    - o Multiple Services in a Day: Claims will be suspended by D/MC (i.e. they will be reported on the ECR) if there are two or more Individual Counseling services in a Day, or two or more Group Counseling services in a Day.

- ✓ Lockout Matrix: The SD/MC Lockout Matrix itemizes business rules relative to which types of service may be performed on the same day for a Client, and the conditions under which those types of service may be performed.
    - La - Concurrent Day Treatment - Half Day and Full Day
    - Lc - Concurrent Adult Residential and Crisis Residential
    - Ta - Concurrent Services for which Start/Stop Time is recorded
    - Aa - Concurrent Residential and Inpatient Treatment (except on the Day of Admission)
    - Ab - Concurrent Residential and PHF Treatment (except on the Day of Admission)
    - Ae- Concurrent Inpatient PHF and PHF treatment (except on the Day of Admission)
    - Lb - Concurrent Day Treatment
    - Tb - Concurrent Residential and Crisis Stabilization Services
    - Ac- Concurrent Inpatient and Crisis Stabilization Services (except on the day of Admission to Inpatient treatment)
    - Ad- Concurrent PHF and Crisis Stabilization Services (except on the day of Admission to PHF treatment)
    - I - Concurrent Case Management and Inpatient treatment
    - Af - Concurrent Outpatient and 24 hour treatment (except on the Day of Admission)

Anasazi has not changed our design philosophy for California; instead we built on our successful business model of customizing our application to each individual agency and enhancing our software to meet specific state needs. This allows us to provide robust, online, fully-integrated, real time support for all of the California requirements. Anasazi is not satisfied to merely deliver the minimum set of functionality required; instead we offer the most comprehensive robust application to fully meet the needs of our California customers.

Anasazi Software has the unique distinction of vendors of providing support dollars to be used by our User Groups to request enhancements and customizations. The User Groups are independent of Anasazi. In fact, we are invited guests at their meetings. Each User Group establishes its own management structure. Anasazi dedicates a portion of each California customer's total support dollars to the Anasazi Software National Alliance (ASNA) and the Anasazi California Special Interest Group (SIG). Anasazi provides funding to ASNA and the California SIG in relation to the total support agreements we have with our customers. Our customers then have funding at their disposal to be used for product development to meet the needs of the user community as a whole and address changes to billing, reporting and treatment in the state of California. Anasazi then develops these enhancements and provides them to all customers under the support agreement at no charge. This assures that Anasazi applications continuously meet the changing requirements of behavioral health and that Anasazi continuously improves other functionality in the product. Our customers do not have to wait several years to get a weakness in the product corrected. Anasazi's California customers have approximately $120,000 per year devoted to ongoing

California requirements. As Anasazi adds more California customers, this funding will increase.

Anasazi Software is unique in the industry in that we have a single source code of our system. This means that any customization we make for any single customer, state users group and national users group are given away to our entire customer base at no additional charge. This is an important distinction in that Anasazi Software has the ability to develop code at an alarmingly fast rate, since we only have one single system to support and assures our customer base that they will get a lot more product than what they actually paid for. Once Anasazi Software completes a customization for even one single customer, that enhancement is than placed in the source code of the system, supported by our company and included in new versions of the product. Our customers need not fear that upgrading to the newest version of our product will hinder them in using customizations previously completed for them. Nor will they have to worry about being widowed from the vendor or unable to receive support from the vendor. Many vendors have struggled to move their customer base forward because they could not identify an easy and inexpensive upgrade path for their customers to take. Since many vendors allow their customers to modify the source code of the system, they are faced with the difficulty of supporting the product, losing customizations by upgrading, the costs and/or time in converting previous customizations into a new system and the inability for the customer to share costs with other customers in having a single customization done to meet both of their needs. Anasazi Software does not face any of these challenges with our single source code solution.

The Anasazi Wizard Implementation Model is unique in the industry and was developed by Anasazi to improve our already good track record for implementations with a goal of having a perfect track record. The concept of the Anasazi Wizard Implementation Model is that Anasazi presents to our customers on the first day of implementation a system already setup according to Anasazi recommendations for California counties for all billing, reporting, state requirements, Electronic Clinical Records, treatment planning, et al. Each county then merely refines the setup of the system to meet the specific needs of the county and incorporates into the system all county specific information. While this is an oversimplification, the Wizard Implementation Model does significantly reduce the time and cost of implementations.

In addition to the least-cost benefit of the Wizard Implementation Model, it is important to recognize that the Wizard Implementation is also the *least risk.* Everyone has heard horror stories of failed implementations, extremely expensive implementations, and very extended implementations. All of these are mutual risks we share, as Anasazi commits to every customer to offer whatever services and to provide any support requested to ultimately realize success. The more Anasazi concentrates on supporting difficult implementations, the less we are able to support new customers. We are therefore as committed as our customers are to making sure the implementation is on time, on budget, and most of all successful. The development of the Wizard Implementation model had a goal of assuring successful implementations as paramount as providing the least-cost implementation.

RR-F-02 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems. **(5 pages maximum)**

Anasazi has extensive experience in meeting the needs of agencies for implementing an Electronic Health Record System (EHR). Anasazi considers it the norm, not the exception, for new customers to successfully implement an EHR. Anasazi provides an extensive library of existing assessment forms to speed implementation of the system. In addition, Anasazi will provide all mission critical forms required by California Counties as part of our implementation services. This assures that the system will accommodate all mission critical existing processes at implementation. Anasazi will also train staff to use the Anasazi WYSIWYG forms development application such that each organization can revise existing forms and design and implement new forms without additional programming support from Anasazi. Business processes and the forms related to those are generally quite dynamic. The ability of counties to design their own forms can save substantial money in just a short time.

Anasazi bases the pricing of the implementation services upon the Anasazi Wizard Implementation Model. Anasazi has updated our Wizard Implementation Model to make it California specific such that the system we demonstrate very early in the implementation process will have already been setup to perform all California billing, EDI, reporting, etc. Use of the Anasazi California Wizard Implementation Model will significantly improve the speed which California customers can implement Anasazi, reduce the cost of that implementation, and most importantly reduce the risk.

Anasazi's typical implementation model is a least cost approach meaning County/agency staff perform tasks that are within their expertise and that they can do in an acceptable time frame. Any task that requires expertise or knowledge only available from Anasazi are done by Anasazi. Tasks that County/agency staff could reasonably perform better than Anasazi are the responsibility of the County or agency.

Anasazi has a business philosophy that our customers' needs are best met by Anasazi transferring as much knowledge and skills to the customer during the implementation and ongoing support process as possible. One edifice of this philosophy is that Anasazi follows a classic train-the-trainer approach, especially as it relates to deployment of the EHR.

Anasazi has already intensely tested the software, including the California enhancements, via our acceptance testing with our existing California customers. Anasazi will train County/agency staff in every aspect of the use, management, and operation of the applications in each phase and assist the County/agency in testing in each phase.

The development of the Wizard Implementation model has a goal of assuring successful implementations as paramount as providing the least-cost implementation. The truth in the industry is that, most vendors have experienced professional implementation staff that are fully capable of managing an implementation. The customer rarely has comparable capabilities, but still has an extensive responsibility to assure the success of the implementation. In our experience, a vendor could lay at the feet of the customer the responsibility for many difficult implementations. That being said, the vendor still must present a plan that assures success, even in this environment. That was the motivation for the development of the Anasazi Wizard Implementation model.

We are very proud of the level of success Anasazi customers enjoy with implementation

of the Anasazi Assessment and Treatment Plan Systems. We believe that success to be unparalleled in the industry. We have had a national user group level meeting on common issues surrounding EHR implementation for more than six years. That user group has been funded by Anasazi for that time so that our customers have been able to highlight problem areas and have those addressed through enhancements, rapidly maturing these products. Anasazi has demonstrated very strong commitment to these products and has had a principal of the company attend each of these user group meetings to assure that proper attention is devoted to the success of these products. Anasazi customers consider it the norm, not the exception, to successfully implement an EHR. Virtually every customer plans for such deployment and enjoy, as a minimum, significant success in their EHR implementation.

To understand our experiences it is important to first highlight the significant differences between EHR implementations and implementations of billing and management systems. In virtually every case a customer converts from at least partially successful billing system to another. Administrative processes are closely supervised, are homogenous, and have good management oversight. While one program or contract might have different billing requirements from another, it is not common for two different locations that have the exact same clinical programs to bill in different fashions merely due to user preference. Users are highly trained and turnover is relatively low. Users are closely supervised and critical staff are often all managed under a single management hierarchy. All users are proficient in the use of computers and consider them a necessary tool to perform their job. In this environment a vendor can rapidly evaluate the pre-implementation status of a customer and provide a reasonable estimate of the effort and time-frame for an implementation.

Implementing clinical records to an EHR though is a completely different matter. It is not only common, but almost the norm for each physical location that provides the exact same mode of treatment to have significant differences in clinical practices, operations, and clinical instruments and other forms. Very few clinical processes have extensive oversight, often limited to diagnoses, authorizations, etc.

We often find that there can be a large number (as many as 300) different formally approved Medical Records forms even at small customers, a number so large that it is extremely difficult merely to make sure that the clinicians are completing all 300 correctly, let alone supervise or manage this process. When our customers perform chart pulls they often find there are significant numbers of forms in actual clinical use that are not approved by the Medical Records committee.

When our customers start deploying the capabilities of Anasazi to notify and monitor the timely completion of clinical forms, they often find that forms that should be completed on a periodic basis have largely not been managed by certain clinicians, departments, or even agency-wide. This is often true even for highly sensitive instruments such as Treatment Plans. When a customer becomes aware of a situation such as this it is only reasonable to cease deployment of additional functionality until the highlighted problems is resolved, meaning effective implementation of clinical oversight of these processes. Converting any process that has historically been performed manually to an electronic process has additional challenges of this nature. Implementing an EHR necessarily has even more challenges. It is still fairly common for clinicians to either have a fear of learning to use a computer or are familiar with computers but have a philosophical objection to the use of computers in the treatment environment.

A very large obstacle often comes at the second phase of EHR implementation, after the

successful deployment of Progress Notes and most Medical Records forms, when structured Treatment Planning is deployed. We have found that this is the area with the most clinical obstructions. Clinicians have frequently forgotten how to develop structure Problem/Goal/Objective/Intervention Treatment Plans. They often have opinions as to the use of clinical protocols that is in conflict with the treatment protocols that clinical management defined and approved for use. It is very difficult to convert an entire caseload of manual treatment plans to a structured electronic version in a short time, requiring a phased approach to deployment.

Another significant challenge is presented by the differences in deployment, training and support requirements for an EHR versus a billing/administrative support system. Not only are you required to train a much larger number of users than before, the training must be focused much more on how their job responsibilities will change once the software is deployed. In the large number of instances where the EHR trainer finds situations where the clinicians have not been performing their clinical practices according to the protocols that have been approved by clinical management and reflected in the electronic EHR, they must motivate and support the clinician to use the software in the proper fashion according to approved clinical protocols. This requires clinical skills far and above those normal for software trainers. It is also important to plan for high turnover in clinical staff. We often find customers with an average of 30% annual turnover in clinical staff. This implies that you will frequently have staff turnover immediately after you've supported deployment to a particular location or clinical team. It is important to have very frequent training programs available from the very first of EHR deployment to support this ongoing turnover.

A mission critical network is an absolute requirement for successful deployment of an EHR. A network that worked well to provide stable, largely centralized administrative and billing support often is not adequate for a 24/7 wide area network under high load. The transactions that occur in EHR processing are tremendously more network intensive than that required for billing and administration and put significant load on networks and communications. It is common for network support staff that have commonly only had experience in supporting billing and administrative requirements to significantly under-design networks. It is common to underestimate the number of concurrent users an EHR environment demands versus a billing/administrative environment. It is common to significantly underestimate the bandwidth requirements in an ultra-thin network environment and not adequately consider the needs of management reporting at remote sites, both for bandwidth and HIPAA secure communications. Anasazi has learned to place significant focus on assuring a customer has a mission-critical network in place prior to go-live.

Anasazi's early experience dealing with this plethora of issues was successful, but very time intensive. We found rather early that we needed to provide extensive support to the customer to assure successful implementation. Our early approach to providing this support involved supporting a very involved process remediation method involving development of fully custom clinical instruments for every customer, even if they wished to automate a very large number of forms.

Our customers that implemented using this approach showed varying levels of success, from a highly successful EHR implementation to never completing the process revision process due to the scope of that process and therefore requiring a restart of the implementation. Anasazi would support a structured process whereby every program's clinical practice and process requirements would be researched and revised and the most efficient clinical practice and complementary clinical forms would be implemented.

Anasazi would implement these forms in the Anasazi Assessment and Treatment Plan System, and the deployment would follow. The intent was to revise the clinical practice and resolve most of the clinical issues highlighted above prior to go live, on the theory that if you automate a broken process it doesn't fix the process, it just breaks faster.

This was the primary motivation for the development of the Anasazi Wizard Implementation. While the Anasazi Wizard Implementation significantly reduces the time and effort for implementation of the billing/administrative support functions, its primary benefit addresses the EHR implementation. The customer is provided with a complete set of effective clinical instruments and forms already tuned to the special requirements of each state and already fully integrated with that state's billing and state reporting and batching requirements. It provides a different method for migrating clinicians to a common clinical practice environment that has been shown to be much more rapid more successful.

All this means that, while Anasazi's Wizard Implementation reduces the EHR implementation cycle to a minimum, there is no magic way to deploy these systems instantly. The reality is that, the effort a customer must devote to the process remediation portion of any EHR implementation, even if fully custom forms are developed for the customer, combined with the large number of staff that must now be trained and supported, dictates that the EHR implementation will span several months.

The first phase of EHR deployment can be done fairly rapidly, and arguably the most significant benefits of an EHR both to the clinician and to clinical management can be realized as part of that phase. Our experience has shown that a Behavioral Health vendor must make a much stronger commitment to the intricacies of deployment of an EHR than of a billing/administration system. If an agency is serious about deploying a successful EHR system they must require the vendor to demonstrate the same strong history of success as Anasazi with implementation of this nature. Successful implementation of an EHR has at least as much to do with preparation the vendor brings to the table and the support the vendor offers as it does with features and functionality.

RR-F-03 Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems. **(5 pages maximum)**

The Doctor's HomePage not only supports a doctor in performing online prescribing, but Anasazi integrates that capability with all other Anasazi Systems. All required information about a doctor's caseload can be easily accessed. The doctor will have their schedule, caseload, notification system and display of a selected client's treatment plan, medication history, diagnosis history, lab history, and treatment history available all on a single screen. The doctor will be able to very easily and very rapidly complete all information required of a doctor in a single entry, including updating diagnosis of the client in the integrated EHR, completing a progress notes, updating the scheduled event that integrates with the scheduling system, and ordering and viewing lab results. The Doctor's HomePage interface will be the first offering for Anasazi using a radical improvement in software interface design.

The Anasazi Doctor's HomePage product was designed in conjunction with our customers to intensely support all the primary duties of doctors, not merely ePrescribing. Anasazi is very focused on providing the doctors all the real-time information they need to accurately prescribe and to avoid medication errors, all on a single presentation. Our consulting pharmacist has identified the following information as critical to an accurate prescribing process that the Doctor's HomePage will display in summary and detail with real-time EHR information all on a single view;

- Age and gender
- Pregnancy status
- Diagnosis
- Allergies / Sensitivities including food allergies
- Height and weight
- Interactive warnings for
    - Potential drug-drug interactions
    - Potential allergic reaction

In addition, in a Behavioral Health environment we believe it essential for the doctor to also be presented with;

- Historical Progress Notes that might document recent prescription related information,
- Historical Information Notes that might document side effects observed by counselors or non-professionals
- Treatment Plans that documents goals for the prescription and objectives of other treatment for which the doctor is responsible
- Notifications of prescribing related assessments such as the AIMS or Mental Status Exam
- Results of the recent assessments
- Consumer's Treatment Team and contact information for each
- Substance Use and Treatment information
- Consent for Treatment and Consent for Medication notification, management and presentation

When a doctor selects a consumer, all the information the doctor requires to accurately prescribe is presented on a single screen. The doctor can see either more detail regarding a particular focus of information or a complete history of change of that information interactively on the same view. Each of the topics of information above will be presented in summary format for each consumer with the ability to rapidly display more detail or history for each. All the information is real-time, showing the diagnosis and other information up-to-the second, and the doctor can update all information in the primary chart interactive with any treatment session as appropriate.

ePrescribing

Our consulting pharmacist has researched all the information that is required for electronically recording a prescription and the required and desirable functionality of electronically prescribing. Anasazi has contracted with one of the leaders in the field of drug interaction decision support databases to allow Anasazi to offer a polling mechanism of drug information and to support interactive warnings for drug-to-drug, drug-to-allergy, and drug side effect and other contra-indication information interactive with the prescribing process. Anasazi has developed Web Services support for this drug database access such that all customers will be able to access the interactive decision support over the internet. Anasazi will apply the monthly updates to the drug database that documents new drugs and new research information. The drug database also offers consumer education material that can be printed and provided to the patient.

Electronic transfer of prescriptions to the pharmacy

Anasazi has also contracted with a leader in the industry that acts as a clearinghouse to route electronic prescriptions to the consumer's pharmacy of choice. The prescriptions are transferred using the NCPDP (National Council for Prescription Drug Programs) messaging standard "Prescriber/Pharmacist Interface SCRIPT version 4.2. The clearinghouse capability sets a platform for getting drug dispense and refill information back from the pharmacies in the future. We consider the drug dispense and refill information in some ways more important treatment information than the prescription itself.

Lab orders and results

Upon selecting a client for display or recording of information, the lab results for any of the doctor's lab orders will display with full information. The lab orders are available for reporting by the persons responsible for forwarding lab orders. Upon receipt, the lab results are recorded including the normative and outlier information and the doctor is presented with these results the next time they navigate to display information for the consumer. The doctor will also be able to interactively display historical lab orders and results for the consumer.

Diagnosis display and recording

The Doctor's HomePage will display diagnosis information for the selected consumer as part of the comprehensive chart summary provided to the doctor upon selecting a consumer to review or record treatment. The current diagnoses will be presented in summary format and the doctor can rapidly navigate to see more detail about each diagnosis plus history of change. For example, the doctor will be able to see the reason another diagnosis they are considering was both recorded in the past then discontinued.
It is common for the doctor to both determine that a change in medication is required and that the diagnosis of the consumer should be updated in the same treatment

session. The Anasazi Doctor's HomePage allows the doctor to update the diagnosis in the primary EHR interactively with the prescribing process.

Notifications

It is important to the prescribing process that assessment such as the AIMS, Mental Status Exams, Psych Evaluation, Diagnosis and Physical be performed periodically (often by the doctor). All assessments that are the responsibility of the doctor will be presented as a notification interactively with selection of a consumer to review or record treatment information. The doctor will be able to launch the particular required assessment merely by clicking on the notification. The previously recorded information will default for update to allow for rapid recording in the primary EHR. Upon completion of the assessment the doctor is returned to the Doctor's HomePage and any information displayed there that was updated (height, weight, diagnosis, substance abuse, etc.) will display with current information.

Client Action Schedule

The doctor often finds that some special assessment or evaluation process should be performed for the consumer. The doctor will have displayed the list of future assessments and special treatment services which should be performed for the consumer on the Doctor's HomePage. The doctor will have the ability to record an order to perform special assessments, i.e. a Suicide Assessment. They will be able to identify the special assessment to be performed, the start date to perform the assessment, and the periodicity for ongoing reviews of the assessment. They will be able to discontinue previously scheduled assessments and update the schedule as desired.

ToDo List

Doctors are often involved in collaborative treatment for such events as intake assessments and treatment plan development that often have a certain level of preparation performed by other clinical staff. Once the other clinicians complete their portion of the assessment they are then are routed to the doctor for completion and electronic signature. In many treatment environments doctors have information transcribed that is not valid until they review, correct and then electronically sign the document. Doctors are sometimes required to act as clinical supervisors and must be a co-signatory of assessments and progress notes recorded by lower level clinicians. Doctors sometimes do not record progress notes immediately after a treatment session or initiate a progress note but do not finalize it.

Broadcast Alerts

A Broadcast Alert displays interactively to all staff that utilize the Doctor's HomePage. Once a consumer is selected for review or recording of treatment information any Broadcast Alerts for that consumer will display to the doctor and the Doctor's HomePage records the timestamp of the time the doctor acknowledged the Broadcast Alert.

Scheduled appointments

The doctor has a window into the day's Scheduled presented at all times. This allows the doctor to readily prepare for any service scheduled for the day by merely clicking on the scheduled event. The information related to that Consumer will display in the Doctor's HomePage with up-to-the-second EHR information on prescriptions, labs, diagnoses, treatment plans, objectives, progress notes, informational notes, notifications, etc. When

the consumer presents for the service events the doctor can rapidly review the same information, record any updates to any of the information, and record the Progress note (and therefore the service event) for the scheduled event.

Caseload

The doctor's up-to-the-second caseload list will display at all times. The doctor can select a Consumer to review or record treatment information by merely clicking on the name of the consumer.

Treatment Plans

The capabilities of the Doctor's HomePage to present the current treatment plan interactively with treatment are essential to the doctor for a number of reasons. The first is that the doctor must know the Problem, Goal and Objective of any Intervention they are currently preparing for. Only then can they perform the individualized treatment they've noted is required to make progress towards the Objective they are addressing and only then can they accurately record that progress as needed for the Progress Note. Another is that a doctor might observe indications of a consumer Problem during a treatment session and needs to know immediately if this is a Problem currently identified on the Treatment Plan for which Goals, Objectives, and Interventions have been identified. If not, the doctor needs to interactively initiate an Interim Review of the Treatment Plan to assure treatment for the Consumer is updated appropriately.
The Doctor's HomePage presents the current treatment plan with this information interactively upon selection of a consumer for treatment or review. It also allows the doctor to readily display complete detail of the current Treatment Plan plus display all historical Treatment Plans in summary or detail. The doctor can also display any current or historical Interim Service Log or Interim Treatment Plan.

Progress Note History

Our survey of capabilities that doctors desire most highlighted the need to be able to rapidly review progress notes for recently completed service events, especially those that were recorded by doctors. Upon selection of a Consumer for review or recording of treatment information the Doctor's HomePage will show a list of all recently completed Progress Notes in the primary EHR. Included with the Progress Notes will be any Informational Note recorded in the EHR. The doctor has the ability to rapidly filter the Progress Notes to only show those recorded by doctors and for other important criteria.

Recording Progress Notes and Services

The full capabilities of the Anasazi Assessment, Treatment Plan and Client Data Systems will be available in the Doctor's HomePage to support the rapid recording of Progress Notes. If a doctor selects a client by highlighting the client's scheduled event for the day, not only is the client information displayed for review and recording of treatment information, but a pre-completed Progress Note is recorded requiring only final narrative updates from the doctor. The Progress Note will;

- Automatically link to the current treatment plan as is required for a clinically valid Progress Note
- Automatically link to the correct Objective, Goal and Problem that was scheduled on the Treatment Plan to be recorded as is required for a clinically valid Progress Note

- Automatically create the service event that was scheduled to occur (with edits as needed to record actual versus scheduled). The service event will be immediately processed by the Anasazi Billing Algorithm, be saved in the Client Data System, and any balance due immediately recorded such that accurate payment can be collected on walk-out of the consumer.

Display future appointments for selected consumer

Each time a consumer is selected for review or recording of treatment information the future appointments for that consumer will display. The doctor can display full detail for any appointment. The doctor will also be able to select an appointment from the list to fulfill as a treatment event and to record a Progress Note, allowing one doctor to readily fulfill an event scheduled to be performed by another doctor.

Additional Client information

Buttons are provided to display the full Emergency Contact, Responsible Party, Primary Care Physician, authorizations and insurance coverage information for a displayed Client.

Consumer No-Shows

The doctor also has all recent service events for the consumer displayed, even for service events that have no Progress Note. This is a convenient way for doctors to determine one of the important treatment adherence considerations for a consumer, their no show and cancellation rate for services.

Substance Abuse

Each time a consumer is selected for review or recording of treatment information substance abuse information displays for that consumer.

Beta Testing

Anasazi has selected a customer for release testing that fulfils all the requirements of adequate preparation. Beta testing normally means though that a vendor uses the customer to perform a major portion of the testing. Anasazi considers this product too important to attempt any prescribing until we have internally performed intensive testing. We will not start testing with the customer until in our opinion the product is ready for commercial use. The intent then is to perform release testing, not beta testing. Anasazi anticipates testing to begin in December 2008.

RR-F-04 Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems. **(5 pages maximum)**

Michael Morris, the President of Anasazi, is a voting member of the HL-7 EHR Functional Model standards committee, is on the SAMHSA Data (Treatment) Standards Workgroup and was a co-leader of the joint SAMHSA/SATVA Data Standards Workgroup of the National Summit. Over the past several years Anasazi has worked with SAMHSA, the Behavioral Health Treatment Standards Workgroup, the National Summit on Defining a Strategy for Behavioral Health Informatics, and the Health Level 7 (HL7) EHR-System Functionality standards workgroup in their efforts to develop the HL7 EHR-System Behavioral Health Profile which will serve as the foundation for CCHIT Behavioral Health certification. Anasazi will contractually commit to become certified for CCHIT Behavioral Health Certification as soon as it is available and Anasazi will adopt the standard CCHIT identifies for interoperability of Behavioral Health EHR Systems. CCHIT itself states that the current certification is not applicable to Behavioral Health software.

HL-7 is also not a panacea for interoperability within Behavioral Health and in fact has a long way to go to support Behavioral Health interoperability. HL-7 is in many ways a defined mechanism for communicating information that endorses another standard for a medical data dictionary, either LOINC or SNOMED. One way of visualizing HL-7 Messaging is that it defines the format of an electronically communicated letter such that the name, address, signatory, etc. are well defined but have significant flexibility. HL-7 then uses a separate data dictionary to define the information that can be communicated in the letter and defines the controls on structured information such as Zip Code. When HHS proposed HL-7 Messaging for the draft HIPAA 275 Claims Status Request and Response transactions they endorsed LOINC as the data dictionary they would support. At the time LOINC supported a total of 30 data elements that related to BH, not nearly enough to support interoperability of a typical Behavioral Health assessment such as CalOMS. HL-7 Messaging has a capability called "extensibility" meaning that two trading partners can readily devise their own custom HL-7 Messaging transactions. The reality then for Behavioral Health is that almost any HL-7 Messaging transaction supporting something like CSI or CalOMS will require a custom file format and no vendor can make an absolute commitment in a vacuum until the trading partner identifies the HL-7 Messaging extensions. HL-7 Messaging then is an existing standard to support potential future capabilities for interoperability within Behavioral Health. That being said, Anasazi is contractually obligated to develop any complementary HL-7 Messaging ver 3.X capabilities that are supported by a customer's business partner.

Anasazi has partnered with Kern County to Develop MHSA-IT Project Plans pursuant to development of Personal Health Record and Interoperability functionality.

RR-F-05 Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems. **(5 pages maximum)**

Anasazi has partnered with Kern County to Develop MHSA-IT Project Plans pursuant to development of Personal Health Record and Interoperability functionality. Anasazi is currently working to develop a proposal for a Personal Health Record and Anasazi has on retainer the country's leading HIPAA privacy expert and we expect to engage him to write a position paper on the relationship of PHR records to all HIPAA Privacy and Security regulations and CA state laws for Alcohol & Drug and Mental Health programs. Anasazi will develop a presentation of the information contained in the EHR that our customers decide is appropriate in a PHR and we expect to make this information available to the consumer though a browser interface. Although many vendors are looking to interface to other software applications or possibly purchase another company to fill this need, Anasazi Software is again planning on developing these features in house, so full integration is completed.

RR-F-06 Describe your firm's experience and qualifications for Systems Integration. **(3 pages maximum)**

Anasazi not only has the broadest product range available in the industry but we have developed every product in house. The tight integration of these products offers enormous benefits to our customers that cannot be matched by vendors with disparate products. Sophisticated real-time support capabilities for users are easy for Anasazi to develop due to its tight integration and would be very difficult otherwise. The advantages to our customers of tight integration are more robust and real time support capabilities for the user today in Anasazi and faster and less expensive enhancements in the future. Anasazi has the resources internally to develop functionality required by our customers. We believe it is more expensive for a vendor and a customer to support two loosely integrated products which have different protocols for security, databases, etc. It is also more expensive to apply new enhancements and new revisions, capabilities developed for one system may not be supported by another and having to work with multiple vendors to coordinate efforts becomes extremely difficult.

RR-F-07 Describe your firm's experience and approach to the conversion of electronic behavioral health data. **(1 page maximum)**

In general, the set of data Anasazi recommends for data conversion is current information about current clients. This includes demographic (registration), financial (including Medi-Cal coverage), diagnosis, and assignment (location and type of treatment). The one exception to this might be data conversion of Authorizations for the MCO System. We often additionally electronically convert a limited set of information for historical clients and sometimes client balance information for the money due directly from the client such as UMDAP receivables, if that information is both accurate and the money is considered collectable.

Our customers have found that it is much more cost effective to merely retire the balances for historical services off the legacy system by applying payments for the next few months to services on that system. They can then only manage services occurring after the go live date on the Anasazi systems. That being said, at the request of the customer Anasazi will bid performing electronic data conversion of any data if they can provide directives on the set of parent data they wish to convert and which set of data can be fabricated.

Anasazi recommends that you initially select a subset of clients and perform a complete data conversion for only these clients. Choosing too large a subset slows the process down and choosing too small a subset increases the chances that significant data conversion error situations will not be tested and therefore found and corrected. Our customers extract the data and provide it to Anasazi for pilot importation. Anasazi will import that data and provide error reports that document both soft and fatal errors. A soft error might be something like providing a Client's Ethnicity ID that does not match the Ethnicity table as setup by the agency. Anasazi's import utility would filter out the individual soft error fields and import the record without the erroneous data. This error would be corrected for subsequent pilots by our customers refining their translation utilities. A fatal error would be providing an Assignment record with a location ID or clinician ID that did not match the locations and clinicians as defined. The import utility would not import that record at all. If any other information was provided for a child record of this record it would error out as well, e.g. if the client record had a fatal error the client's remaining assignment, diagnosis, and financial information could not be imported. The agency would correct fatal errors by refining their data translation or restructuring utilities. The agency should correct all fatal error situations in their extract utilities prior to proceeding with the 100% pilot or the live data conversion.

Upon completion of each pilot Anasazi provides to our customers error reports and reviews the cause of each set of errors and suggest corrections. Our customers and Anasazi then perform a 100% pilot, extracting and importing as a test process the entire set of data that will be extracted for the live Data Conversion.

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based behavioral health data. **(1 page maximum)**

The requirements of implementation of an EHR are dramatically different than the implementation of a replacement administrative system. Implementation of an EHR takes place in a significantly different environment. The most important is the replacement of a paper system with an automated system. There are very often significant differences in processes, and the forms that document these processes, from program to program and many times even with a program at various clinical sites. Sometimes there are different processes from clinician to clinician. As opposed to performing "data entry" we encourage clinicians to think of EHR systems as "recording the clinical record on the computer as opposed to on paper". For this to work effectively it is important for the EHR to integrate seamlessly into the clinical process. We also let them know that it is the job of management and Anasazi to use the capabilities of the EHR to eliminate redundant and overhead forms, saving the clinicians valuable time. The most important consideration is that, for an EHR implementation to be successful it almost always calls for a revision of processes. If this is not done effectively such that the EHR reflects and supports the actual clinical processes the EHR can actually add work for the clinicians, becoming such a burden that the implementation fails. Anasazi then leads a facilitated process of helping the agencies flowchart all the clinical processes being performed at every program and every clinic; of assisting in determining how the clinical processes should be revised to remove overhead processes and to best take advantage of automation. Anasazi assists in documenting these new processes and gain approval and support from management; of designing forms that accurately reflect these processes; of setting up forms management, notification support, quality assurance reporting, and oversight processes related to the forms and the events the forms record; and of designing a training program that can be used both for initial deployment and for ongoing training of new staff. The deployment of the EHR to the field will be a major task. Anasazi's role is to customize the setup to reflect the unique needs of each customer, assist them in designing an effective method for deployment and in piloting that method at a few sites until county staff have the skills to complete the deployment. Anasazi staff would setup the initial customized mission critical forms, demonstrate these to the project team as they would be used in a live environment, and refine the forms as requested. Anasazi staff would also assist with the development of an agency-wide approved set of Problems, Goals, Objectives and Interventions for use in the Treatment Plan System and perform the initial setup to record these. We recommend the Treatment Plan System be deployed as a separate sub-phase due to the unique clinical requirements of the system. Once a clinician is trained on the Assessment System and is comfortably using it, training for the Treatment Plan System requires only a few hours. The difficulty is that the Treatment Plan System is going to impose the types of discipline on development and administration of a structured treatment plan that is very difficult to do manually. The imposition of the clinical discipline is very much a clinical management and clinical support issue, not a software issue. The third sub-phase is the design and deployment of non-mission critical forms. These forms are very program specific. Anasazi will have trained the customer's staff not only in the design and setup of custom forms, but will have trained staff on the skills necessary to understand the clinical needs of each program, to refine forms to reflect those needs, and to propose new clinical processes that take advantage of the automation.

G. Solution Product History

RR-G-01 Please provide the following information about the solution product(s) that you propose.

#	Product Name and Primary Function	When First Developed	When/Where First Deployed	Number of Installations To Date
1	Anasazi Client Data System	1989	Austin Travis County MHMR	141
2	Anasazi Scheduling System	2001	Austin Travis County MHMR	136
3	Anasazi Assessment System	1996	Austin Travis County MHMR	140
4	Anasazi Treatment Plan System	1996	Austin Travis County MHMR	140
5	Anasazi Managed Care System	2001	Austin Travis County MHMR	16
6	Anasazi Cost Accounting System	2001	Austin Travis County MHMR	18
7	Doctor's HomePage	Currently in development		

RR-G-02 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

The Anasazi Systems are fully integrated we have developed every system in-house from the ground up. The systems provide a seamless integration to manage all business aspects, from recording an assessment, to measurement of outcomes, treatment planning to billing and provider management.

The Anasazi Assessment System brings agency forms to the computer while retaining the look and feel of a paper form and a traditional record. Anasazi Software provides an extensive library of over 600 different forms and assessments. Agencies may choose to use these forms or modify the forms, using our forms building utility, to exactly replicate your current paper forms. Once forms are completed, they are dated, electronically signed and become part of the client chart. Completed forms are available throughout the system for review and can be printed at any time. Forms can be structured to include radio buttons, check boxes, lookup tables and text boxes giving your agency multiple ways of capturing information. On line help can be customized by your agency and can be added to any field on a form to assist clinicians in administering their clinical instruments.

Anasazi has developed the California Wizard Forms which are available in the Assessment System. These forms include the requirements of CSI and other state required processes. Anasazi has developed the capability to electronically submit the data required by CSI and has created forms for admission, discharge and annual reviews. Anasazi has developed an extract utility which batches the information captured on these forms and creates a file which can be submitted to the state. This utility will eliminate duplicate data entry by staff; the information will only need to be gathered once into your electronic health record then on a periodic basis run the utility to meet the California requirements of the appropriate systems. In addition, the Notification System is an automated process designed to inspect individually all client information and to determine which are currently due or past due and notify each staff for each of their clients of all supporting functions which are due or past due including annual reviews.

Anasazi Software provides the ability to modify the existing forms or build completely new forms using our forms building application, the WYSIWYG. WYSIWYG is a true end-user forms design application that allows you to design new forms, including adding new data elements and the database fields in which they reside, without any computer programming. As you design a form, WYSIWYG also automatically builds an exact print replica of the form complete with automatic pagination, page numbering, and signatures. And every form prints automatically from within our clinical application using standard Windows printing. Each form designed in our WYSIWYG application is assigned a unique version number. Once actually used, no form can ever be deleted or modified or the integrity of the record would be destroyed. A form can then only be modified by creating a new “version” with its own unique ID. A new version of a form can be staged for approval through your traditional channels, and upon approval the revised version can be promoted throughout the system in one simple step. This is a significant improvement over the historical nightmare of enforcing a paper version change throughout an organization. The skill set an employee must have to use the WYSIWYG tool is not complex programming, but knowledge of applications like Microsoft Word and Excel. This allows our customers to change their forms quickly and easily as their business needs dictate, as well as build all of their own existing forms.

The completion of assessments automatically place identified problems on the Client’s Treatment Plan. When it is time to complete the Treatment Plan the previously identified problems appear and are never overlooked in the course of treatment. Problems not identified throughout the assessment process may be added by the clinician. Goals are defined for the identified Problems and then Objectives and Interventions for each Goal, subsequently the Treatment Plan is automatically generated by the System. The Treatment Plan can be shown in an abbreviated fashion or in full detail, showing all narrative. Agencies have the ability to have an integrated Treatment Plan across the agency, or can have multiple Treatment Plans for different types of treatment. Once a service has been completed, the clinician selects the Intervention that was performed and the system displays the objective which was previously defined to be addressed by that Intervention and writes their progress note.

The Anasazi Treatment Planning System is fully integrated with the Anasazi Systems therefore the completion of the Progress Note suffices all requirements for billing and there is no need to separately data enter any information related to the Intervention. This eliminates double data entry and greatly improving quality assurance. No longer will agencies worry about audits and billing for services where there is no

documentation. Outcome Measurements provide organizations the ability to ascertain whether their treatment is effective and if the client's life is improving. Anasazi allows clinical staff to use almost any data element as a Progress Indicator. For example, if the clinician uses the GAF score as a measurement of the effectiveness of treatment, anytime the client's GAF score is recorded, the clinician will be able to easily view an entire history of their GAF scores and the date it was recorded from a single view. Anasazi Software provides the most comprehensive software solution available by providing agencies' with the tools necessary for recording assessments, treatment plans, outcome measurements, progress notes and much more.

The Anasazi Client Data System provides most advanced billing system on the market. In addition to providing everything you would expect from a billing system, Anasazi Software took it to another level by adding in superior tools and utilities to actually improve revenue. Some of the tools you will have at your disposal are the Anasazi Billing Algorithm, Billing Suspense Mechanisms, Client Service Billing Test Recalculation Utility and Robust Reporting.

Anasazi Billing Algorithm - truly isolates the clinician from the complexities of today's reimbursement environment. Any reimbursement structure is supported, including; Fee for Service, Medi-Cal with Waivers, Capitated, Capitated Case Rate, EAPs, Contract, Sliding Scale, UMDAP, and Negotiated Payment Schedule. In addition, The Billing Algorithm not only selects the CPT (or other) code including the Mode of Service and the Service Function Code based purely on the definition of the treatment provided algorithm also determines the procedure code, units of service, round off rules, usual and customary fee, and expected reimbursement based purely on service information. This sophisticated support dramatically reduces the effort involved in the transaction most commonly performed i.e. service entry.

Billing Suspense Mechanism - prevents submission of bills in cases where it is known payment would be denied under the current billing status, e.g. no billable diagnosis, exceeding pre-authorized limits, no progress note, or the service is not on the client's Treatment Plan or any of the Medi-Cal Lock out matrix business rules. Reporting is provided to clinicians, supervisors, and directors of the services in suspense, the reason for suspense, and the value of the services in suspense. This level of support provides for reduced receivables and improved management of the billing circumstances.

Client Service Billing Test Recalculation Utility – allows the user to go back into the system's history to have the Billing Algorithm recalculate how it would have billed a service had the situation been different. For example, if a client receives retroactive Medi-Cal coverage and you now wish the system to backbill for all the services performed you simply run the recalculation to go out find all services, bring them back up to your usually and customary fee, then reduce them to the appropriate billable amount, correct any measurement of units, select the appropriate CPT code, round off rule and do all of these calculations automatically. Another example would be a client who failed to inform you of their Medicare coverage in addition to their Medi-Cal coverage. Since these payors use different CPT codes, round off rules and rates, this utility will automatically reprocess all the services and at the time of cross fix everything for you. The Client Service Billing Test Recalculation Utility will also support retroactive correction of UMDAP billing. Clients eligible for Medi-Cal are almost always eligible for UMDAP. If a client's Medi-Cal coverage is retro-actively determined to have lapsed, the

services will individually be adjusted to apply UMDAP discounts, such that the client's statement is correct. The obverse is also correct in that UMDAP discounts will automatically be reversed when services are retro-actively billed to Medi-Cal. All these corrections can span any fiscal period, including closed fiscal years.

The Anasazi Scheduling System supports automated scheduling not only for clients, but for clinicians, rooms, equipment even transportation. The Anasazi Scheduling System has the capability to easily search for an available opening for both the client and clinician or view multiple schedules side by side to quickly see availability. In addition to the reception type view which allows the user to view multiple staff at a single time, there is also the individual view that can be shown for one day, two days, a week, a month, however you like to view your schedule. You can also view an individual client's schedule in the same fashion and print it out for the client to take with them.

Because all of Anasazi's systems are fully integrated the client eligibility information links to all components of the client record. The most frequent time client eligibility should be verified is upon check-in for scheduled services. The Anasazi Scheduling System not only displays a client's current eligibility information upon check-in for a scheduled service, but predicts how that service will be billed if performed as scheduled. This includes predicting the Medi-Cal reimbursement but also includes UMDAP, Medicare and other co-pays, and substance abuse sliding scale. Since the reimbursement for UMDAP, co-pay and sliding scale is predicted upon check-in, the agency has the option of getting payment from clients upon check-in for scheduled service (or upon service completion), and of printing a receipt for the payment.

The Anasazi Scheduling System allows you can search for available clinicians who have the required license for billing under the client's benefit plan and who are also credentialed to provide services for that benefit plan. The Billing Pro-Forma feature allows the scheduler, with a click of a button, to compare the service scheduled to the client's insurance and report back any reason that the service would be denied. A similar notification is provided if the service is unbillable for any other reason, such as lack of coverage under the benefit plan or the scheduled server, location or type of contract combination. These scheduling capabilities support improved adherence to the client's treatment plan, increased reimbursement, and reduced overhead of the billing and benefits authorization process. Just a few mouse clicks will allow your staff to record the service, which is then automatically submitted to the billing system for timely claims submission. Also, included in the Anasazi Scheduling System are daily scheduling reports for each clinician demonstrating productivity and no-show rates. The Anasazi Scheduling System not only provides full support of the scheduling process, but is also interactive with all oversight functions required for reimbursement.

The Clinicians HomePage is a real-time case management tool. The information displayed on the Home Page is an up-to-the minute status of each client on your caseload, completely in sync with the all the other Anasazi Systems. The Home Page notifies clinicians that assessments, financial reviews, or any other agency dictated procedure needs to be completed. The Home Page will also notify if a treatment plan is due, if a signature is missing or of impending clinical target dates. Agencies dictates the rules for the standard set of assessments that are due when a client is brought into a particular category of treatment, for example, Mental Health and notifications will automatically appear on the home page next to the client's name. The clinician will then

get the full list of all of the forms, assessments, treatment plans, client rights forms that need to be completed. Thus, there is no need for the clinician to have to place a separate order for these services. Because many counties provide multiple types of treatment (Mental Health, Substance Abuse,) then by placing the client in these programs, the Anasazi System will automatically determine which assessments need to be completed. With the click of a mouse the full detail of the pending services will appear on screen. In addition, if certain assessments are required every thirty, sixty or ninety days, the system retains the last date of completion and gives the clinician an interactive warning that the due dates are approaching. Once a task is completed the notification falls off the home page. The Home Page is also used to notify other clinicians or treatment team members of their tasks. A clinician can order an assessment, assign it to another staff member and it will appear on that staff member's Home Page. If a treatment plan requires additional staff or supervisory signatures, simply add the names to the treatment plan and the other staff members are notified on their Home Page that they need to review and sign the treatment plan. At the bottom of the Home Page, the clinician is also able to easily view the clients that they have appointments with, the service that is scheduled and the time of the visit. Clinical directors receive a special security access that allows them to navigate to staff members they supervise. They can then easily view their staff's case load and monitor compliance right from their desk.

The Anasazi Software Managed Care Organization System provides the most comprehensive system on the market to allow organizations to act as a Managed Care Authority in the unique behavioral health industry. The focus of this system is to streamline the largest part of your job which is authorizing and paying claims. The system includes Payor/Contract Modules, Network/Provider Modules, Membership/Client Module and a Utilization Module.

Payor/Contract Module – provides the foundation of the system, establishing contractual arrangements, benefit plans, coverages and network providers. Benefit plans are maintained on the exact services to be covered, copays, deductibles and reimbursement criteria. Reports include Payor Listings, Payor Contracts Listing and Benefit Plan Listings.

Network/Provider Module – sets up the Providers, Facilities, Locations, Credentials/Licensure, and Rate Sheets. Providers can be setup as single practitioners, private practices, group practices, or treatment facilities, including hospitals and local community mental health centers. Anasazi Software can maintain service regions, credentialing and out of network providers within the system. Reports include Provider Listings, Facility Listings and Rate Sheets.

Membership/Client Module – sets up the membership file (which could include the membership role or just coverage area) and the client file. When a client contacts your organization you have the ability to verify benefits and view all previous activity on this particular client with a simple push of the button. The module also provides the ability to automatically load an electronic membership roll. Reports include Membership Roll Listing, Client Listing and Client Insurance Listing.

Utilization Module - facilitates the processing and maintenance of Requests for Authorization, Episodes of Care, and Issuance of Authorizations. Reports include

Episode of Care Listing, Request for Authorizations Listing, Authorizations Listing, IBNR Reporting, Utilization Management Case Load Listing and many more.

The Doctor's HomePage is designed to not only support the doctor in performing online prescribing, but to integrate that capability with all other required information such that the doctor can not only access accurate information in real time about their caseload, but will be able to very rapidly record all typical clinical information required of a doctor on a daily basis. The doctor will have their schedule, caseload, notification system and display of a selected client's treatment plan, medication history, diagnosis history, lab history, and treatment history available all on a single screen. The doctor will be able to very easily and very rapidly complete all information required of a doctor in a single entry, including updating diagnosis of the client in the integrated EHR, completing a progress note that integrates with billing to submit the doctor's service for claims submission, updating the scheduled event that integrates with the scheduling system, and ordering and receiving lab results. The Doctor's HomePage interface will be the first offering for Anasazi using a radical improvement in software interface design.

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

The Anasazi systems were developed in conjunction with our customers to meet their standards and further modified to meet both federal and state standards.

3. Whether the product is CCHIT certified.

a. If the product is CCHIT certified, for which category and year is it certified? Examples would be "Ambulatory 2006", "Ambulatory 2007", etc.

b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

Anasazi will contractually commit to become certified for CCHIT Behavioral Health Certification at no additional charge to our customers as soon as it is available. CCHIT itself states that the current certification is not applicable to Behavioral Health software.
CCHIT's intent was to first focus on general Medical settings then to begin development of certification standards and test scenarios for the myriad of specialty areas, one of which is Behavioral Health. Over the past several years Anasazi has worked with SAMHSA, the Behavioral Health Treatment Standards Workgroup, the National Summit on Defining a Strategy for Behavioral Health Informatics, and the Health Level 7 (HL7) EHR-System Functionality standards workgroup in their efforts to develop the HL7 EHR-System BH Profile which will serve as the foundation for CCHIT BH Specialty certification.
Having actively participated in this process, we also know what the Behavior Health EHR software certification criteria will likely entail. The sense is that Behavioral Health, and especially Substance Treatment, will require more stringent security and privacy controls than Medical, and that the concept of treatment planning and progress noting will require a more robust approach. It's also likely that the HL-7 EHR-S BH Profile standards will be more flexible than for medical, since a number of BH treatment environments will not need comprehensive capabilities.

RR-G-03 How are enhancement and new release priorities determined?

Many of our enhancements come through ASNA (Anasazi Software National Alliance), which is our funded National Users Group. Anasazi Software has the unique distinction of vendors of providing support dollars to be used by our User Groups to request enhancements and customizations. The User Groups are independent of Anasazi and establish their own by-laws and management structure. A portion of support dollars are dedicated to the State User Group and another portion dedicated to the Anasazi Software National Alliance (ASNA). The User Groups determine how that money will be used for product development to meet the needs of the user community and accommodate changes to billing, reporting and treatment in their State. As a customer covered by the Anasazi Support Agreement, they become a voting member of ASNA and the State User Group and determine how funds will be spent. All this money goes back into product development giving every customer real input into our product design and development.

Anasazi Software has started the California Special Interest Group (SIG) and all 14 California customers are members. Once all customers are live on the systems funding to the California SIG will continue to grow. As Anasazi Software gains more customers in a given state, that state receives more funding for development.

Anasazi Software meets with its user groups to discuss new enhancements and customizations that they ideally would like to see in the system. Once the concept has been developed our staff then begin developing an appropriate estimate after first analyzing all areas that the enhancement will effect and the amount of time that will be required. We then present this estimate to our user groups with associated costs and timelines for their review, and if approved our staff than create a design document outlining all stages, steps and processes that must be completed. Anasazi Software quotes involved costs and completes a scope analysis to determine the estimate on number of hours required and expected release dates. The design document is then presented to our customers for a final approval before we proceed in the development of the software. After the enhancement has been developed, Anasazi Software then tests it against our current system to assure that it has no ill effects on other applications and modules of the software. Anasazi Software keeps a single source code of our system, so our entire customer base, essentially has the exact same system with certain items turned on and off. Since all our customers have the same system, and do not modify code, this assures them that once our company puts out a new release they know that it will work, rather than struggling with errors.

The free enhancements Anasazi provides under the Anasazi Support Agreement are benefits unique in Behavioral Healthcare. *All* enhancements performed for *all* customers are provided to *every* customer under the Anasazi Support Agreement. Anasazi also provides, at no additional charge, all enhancements ever performed, and all new enhancements as completed. This has proven to be an important benefit for all our customers and one that no other vendor provides. It has been our experience that there are more similarities between our customers than differences. What one requires today, another may use tomorrow, and that new functionality may already be there in the updates you receive. Our customers often coordinate customizations among themselves both for design and funding.

In addition to development completed under the direction of our User Groups, Anasazi is currently developing the next version of our Assessment and Treatment Plan Systems.

Under the auspices of the proposed Support and Maintenance Agreement, our California customers will receive all ongoing enhancements and new versions at no additional cost.

RR-G-04 How are clients supported during the release of an enhancement?

Anasazi generally provides as many as 12 updates (Promotions) a year. Anasazi makes the Promotions available to the customer via our users forum and includes in each Promotion the updates to the Documentation in common electronic format such as Microsoft Word.

Anasazi Software tests every enhancement against our current system to assure that it has no ill effects on other applications and modules of the software. Anasazi Software keeps a single source code of our system, so our entire customer base, essentially has the exact same system with certain items turned on and off. Since all our customers have the same system, and do not modify code, this assures them that once our company puts out a new release they know that it will work, rather than struggling with errors.

In general, Anasazi's Promotion Wizard and Anasazi Database Administration Management utilities significantly reduce the requirements of database administration and dramatically simplify that administration in other cases such that the need for a DBA for Anasazi customers is almost eliminated.

The recommended first step for applying every update/upgrade/Promotion is for our customers to first apply the Promotion to a test of the software. This can be accomplished using the Anasazi Promotion Wizard. Once our customers have satisfied themselves that the Promotion is Defect free, we recommend that they train staff on the use of the new updates if needed and if the updates are significant. This can be done on the training instance by separately applying the Promotion to the training instance of Anasazi again using the Promotion Wizard. Once our customers understand how to setup and use the new functionality, and staff are trained (if needed) would our customers use the Promotion Wizard to apply the Promotion to the production instance of the software.

The Anasazi Promotion Wizard automatically backs up any application or data that will be touched by the Promotion Wizard and, if the Promotion did not apply successfully, automatically backs out the Promotion. Once the Promotion successfully applies, our customers can restore from tape backup to the previous version in the unlikely event given these capabilities that the Promotion has a significant Defect.

DBA requirements normally required of the customer for applying an update are automatically performed by the Anasazi Promotion Wizard, dramatically reducing the need for DBA support. A symptom of an unstable network, and very rarely a Defect, is a damaged index in the database. The ADAM utility provides the capability for a non-technical user to rebuild any or all indices. Anasazi can train and support a non-DBA in the use of this utility.

RR-G-05 Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

Anasazi Software currently has 142 customers in 26 different states. Anasazi has a total 14 customers in the state of California, 12 Counties and 2 provider agencies.

RR-G-06 Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

The user group process has created an ideal relationship between our company and customers. It has created a forum where we can provide the enhancements that our customers need and has created an excellent platform for planning, design, development and delivery. These user groups are independent of Anasazi, electing their own officers, creating their own bylaws, and essentially acting as Anasazi's board in controlling new software development. The Anasazi Software National Alliance meets on a bi-annual basis in Tempe Arizona and breakout into various subcommittees to discuss billing, clinical, technology and other issues. They discuss items they would like to see in the software and then vote on different items for Anasazi Software to develop. The next meeting of the Anasazi Software National Alliance is scheduled for March 23-25, 2009 in Tempe Arizona.

The California Special Interest Group has been meeting monthly via conference calls and in person at the CIMH conference.

H. Solution Product Technologies

Software Technologies

RR-H-01 Provide the technologies used for each solution product identified above.

#	Product Name	Product Type (Client Server, Web, Etc.)	Operating System (Windows, Unix, Linux, Etc.)	Database (SQL Server, Oracle, DB2, Etc.)	Application Language (VB6, VB.Net, C, C++, C#, Java Etc.)
1	Anasazi Client Data System	Client Server or ASP	Operating systems under current Microsoft Support. Windows 2000, Windows XP, Windows Vista, Windows Server 2003.	Pervasive SQL, Microsoft SQL, or Oracle	Visual Dataflex Version 12.0
2	Anasazi Scheduling System	Same as above			
3	Anasazi Assessment System	Same as above			
4	Anasazi Treatment Plan System	Same as above			
5	Anasazi Managed Care System	Same as above			
6	Anasazi Cost Accounting System	Same as above			
7	Anasazi Doctor's HomePage	Same as above			

Server Hardware Minimum Specifications

RR-H-02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	Primary Server Purpose	Number Of Processors Per Server	Processor Type/Speed (MHz)	Memory (Gig)	Storage (Gig)
1	SQL Database Server	2	2000	4	2 x 72GB mirrored, 4 x 72GB RAID5
2	Thin Client Server – each server supports 35-40 users	2	2000	4	2 x 72 mirrored
3	Report Server	1	2000	2	1x100

Client Hardware Minimum Specifications

RR-H-03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

#	Type of Client Hardware	Operating System	Processor Type / Speed (MHz)	Memory (Gig)	Browser Level (If Applicable)	Required Disk Space (If Applicable)
1	**Thick Client Workstation**	XP Operating System, Windows Vista Operating System	Intel or AMD 1.6 GHz Processor or better	512 MB RAM	Not Applicable	1000 MB Free Hard Disk space per environment (Live, Train)
2	**Citrix Workstation**	Operating systems under current Microsoft Support. Windows 2000, Windows XP, Windows	Standard PC architecture, 80486 processor or greater as required for the operating	Available memory as recommended for the operating system by Microsoft.	Internet Explorer or Mozilla based browsers.	Not Applicable

		Vista, Windows Server 2003.	system.			

Peripheral Hardware Minimum Specifications

RR-H-04 Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	Type Of Peripheral Hardware	Operating System (If Applicable)	Specifications/Characteristics
1	Windows PC (thick client)	Currently supported Microsoft OS	P4, 512 megabytes RAM 30 GB RAM, 100baseT LAN connection between PC and database server. Must have a default printer assigned.
2	Windows PC (Thin client)	Currently supported O/S by either Microsoft Terminal Services or Citrix	PC and operating system currently supported by either Citrix or Windows Terminal Services. Must have a default printer assigned. Network Connection with 24K or greater dedicated bandwidth between each Thin Client PC and the Thin Client Server.
3	Thin Client Appliance	Embedded Operating System	Thin client appliance with support for either Citrix or Terminal Services and appropriate printer drivers for printing on Terminal Services or Citrix. Network Connection with 24K or greater dedicated bandwidth between each Thin Client Appliance and the Thin Client Server.
4	Printers		Locally attached and Network Printers are supported by Anasazi. Both Citrix and Terminal Services have a universal print driver that is recommended for

			most printer needs. If the Universal Print driver doesn't satisfy the requirement, the printer vendor client printer driver is installed on both the client and the server and the drivers are mapped together.
5	Optional: Signature Pads	Topaz Systems	Anasazi has integrated support for signature pad devices to capture Client signatures as part of the EMR. Anasazi has chosen pads manufactured by Topaz Systems for this integration. Consult Anasazi for specific model information prior to purchase and implementation.
6	Scanners		Anasazi has integrated support of document management via scanned documents and other electronic formats. All TWAIN compliant scanners are generally supported. Testing of specific models is encouraged prior to wide spread deployment.

* Note that both Citrix and Windows Terminal Services have a Universal Print driver that is usually the recommended print driver

Minimum Network/Communication Specifications

RR-H-05 Provide the minimum network/communication technologies employed by your solution software products.

#	Type Of Network/Communication Technology	Operating System (If Applicable)	Specifications/Characteristics
1	1000BaseT		End to end 1000baseT connectivity between all servers
2	100BaseT		For thick client to database server connectivity
3	Network connection with 24K dedicated bandwidth to the database server		For each thin client PC or appliance.

System Backup/Recovery Considerations (Not to exceed 4 pages)

RR-H-06 Describe the system backup process for your core product.

Anasazi supports several different database technologies and any enterprise backup solutions that support the database of choice in the customer's network infrastructure environment. By combining the database choice and backup software choice (for example, SQL Server or Oracle database with ARCserve, Backup Exec or Legato, to name a few), Anasazi customers can create reliable and automated backup processes from the simplest file system backups at the smallest installations to complex incremental backup schemes controlled by the database's management software alone or in conjunction with enterprise backup software.

For instance if the Anasazi database choice is Microsoft SQL Server and the backup choice is Symantec Backup Exec (Including SQL Server option and open file option), the recovery options include:

"Continuous protection of SQL databases eliminates the daily backup window for SQL server and enables recovery of database transactions that have been made right up to the time of the hardware or software failure. Additionally, flexible recovery options allow IT administrators to restore SQL databases to destinations other than where they originated, directing a copy of the actual data streams being sent to media by a SQL database to a local directory for later use. The SQL Server 2005 snapshots are integrated into the Backup Exec catalog for a consolidated look at all data copies available for recovery in seconds. This agent provides SQL Server 7.0, SQL Server 2000, and SQL Server 2005 users with granular protection on 32- and 64-bit systems down to the individual database or file group." – source Symantec Backup Exec Agent for Microsoft SQL Server marketing literature.

RR-H-07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

Yes, to the degree that the customer choices of database for the Anasazi data and enterprise backup software support dynamic, online backups, Anasazi products fully support online backups.

The database backup process is dependent on the database backend selected by the customer (for example, SQL Server, Oracle, Pervasive, etc.), and on the backup solution selected by the customer (for example, ARCserve, Backup Exec, Commvault, Legato, Storage Works, etc).

For instance if the Anasazi database choice is Microsoft SQL Server and the backup choice is Symantec Backup Exec (Including SQL Server option and open file option), the database backup options include:

Continuous protection of SQL databases eliminates the daily backup window for SQL server and enables recovery of database transactions that have been made right up to the time of the hardware or software failure. Additionally, flexible recovery options allow IT administrators to restore SQL databases to destinations other than where they

originated, directing a copy of the actual data streams being sent to media by a SQL database to a local directory for later use. The SQL Server 2005 snapshots are integrated into the Backup Exec catalog for a consolidated look at all data copies available for recovery in seconds. This agent provides SQL Server 7.0, SQL Server 2000, and SQL Server 2005 users with granular protection on 32- and 64-bit systems down to the individual database or file group. source Symantec Backup Exec Agent for Microsoft SQL Server marketing literature.

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

Since Anasazi supports the use of full-featured database environments such as Microsoft SQL Server and Oracle, the full abilities of these database environments to schedule and automate backups is at the disposal of Anasazi customers. Coupled with enterprise backup solutions such as ARCserve, Commvault, etc., customers have great control over the balance of cost and features available when implementing Anasazi systems.

RR-H-09 Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

Anasazi can take advantage of complementary fault tolerant / high availability technologies such RAID fault tolerance, hard disk snapshots, transaction log snapshots, server clustering, and hot server backups.

Data Archiving Considerations (Not to exceed 4 pages)

RR-H-10 What are the capabilities for archiving data?

Anasazi Software has the ability to purge and archive data using a special utility developed for our customers that provides the agency the ability to purge services, payments and journals by agency program. In addition, our customers have the ability to archive services that were provided prior to a certain date in time, as well as, before a specific fiscal period. However, our customers generally do not archive because they find it extremely useful to show year to year reporting over a ten year period of time.

RR-H-11 What are the capabilities for restoring archived data?

Once items are archived they cannot be pulled back into the system or reported on. Our oldest customer has been using our system for over 16 years and has never found a need to archive or purge to provide good system performance.

RR-H-12 What tools/media are used for archiving data?

Not Applicable

System Interface Considerations (Not to exceed 3 pages)

RR-H-13 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

It has always been Anasazi's business philosophy to customize our application to each individual agency and enhance our software to meet specific state needs on an ongoing basis. This includes developing custom EDI interfaces with state systems where Anasazi has customers. The interfaces are designed in conjunction with our customers and their trading partners.

Anasazi experienced an excellent entrance into the California market through the CBS Coalition process and selection by Kern County and Kings View Behavioral Health in May of 2005. This allowed us to launch strong efforts into the California design and customize our systems for California. California functionality allows us a competitive edge on vendors who have been in this market for many years, but have not taken an aggressive approach to customizing their product for California. Anasazi made a considerable investment by committing to develop California specific functionality and fully fund the development of the California requirements at no cost to our California customers. All California customers benefit by receiving these free enhancements including:

- ✓ UMDAP
- ✓ Automated MEDS/MMEF Insurance Eligibility Determination
- ✓ Real Time Eligibility Verification
- ✓ Group Medi-Cal Billing Rules and Services Management
- ✓ Client and Service Information (CSI) Batching
- ✓ California Outcome Monitoring System (CalOMS) Batching
- ✓ Mode/Service Function Code Reporting
- ✓ Electronic Claims and Payments in HIPAA 837/835 Format for California
- ✓ OSHPD Management
- ✓ California Drug Medi-Cal Summary Invoice
- ✓ California DMH Cost Report
- ✓ California ADP Cost Report

Anasazi's customers have ongoing changes in the industry addressed via Anasazi's relationship with its customers and national user group, the Anasazi Software National Alliance (ASNA). Anasazi provides funding to ASNA in relation to the total support agreements we have with our customers, currently about $500,000 each year. At each ASNA meeting our customers can spend these funds on enhancements that meet needs of the industry as a whole as determined by our customers. Anasazi then develops these enhancements and provides them to all customers under the support agreement at no charge. This assures that Anasazi applications continuously meet the changing requirements of behavioral health and that Anasazi continuously improves other functionality in the product.

Anasazi also funds user groups in each state, including California. The Anasazi California Special Interest Group has approximately $120,000 per year to devote to ongoing California requirements. Since this amount of funding will almost certainly

exceed the requirements for ongoing modifications for California our customers in California have the great advantage of using this money to fund new features and functionality in the product. Rather than simply covering ongoing state mandated changes. If we only made the commitment that other vendors did, in regards to funding mandated state changes, our California customers would be deprived of the additional enhancements available with the excess money. Our customers have found this to be an enormous advantage of our company in that we cover the basics of state mandated changes, as all vendors need to, but also get the bonus of newly dreamed up features and functionality. As Anasazi adds more California customers, this funding will increase.

Anasazi also contractually commits under its Support Agreement to provide any enhancement for any individual customer or ad hoc coalition of customers at any time. Anasazi's customers are then contractually assured of having all ongoing requirements addressed. Anasazi gives away all enhancements developed for any customer or user group to all customers at no additional charge under the terms of the Anasazi Support Agreement which means Anasazi customers have the best assurance possible that all its ongoing changes will be addressed.

RR-H-14 With what version of HL7 is your product compliant?

Anasazi is very motivated to develop HL7 interfaces for our customers to interoperate with outside systems and Anasazi has extensive experience, as do most software vendors, with XML data interchange which is the foundation for HL-7 Messaging Ver 3.X. HL-7's origin is to support a mechanism for disparate hospital based system to integrate, i.e. a radiology departmental system to integrate with a centralized database of EHR information that integrates with a separate master patient index that integrates with a standalone scheduling system that integrates with a dietary system. This is the exception rather than the norm for county behavioral health organizations as they typically have a single-vendor enterprise solution.

We are not aware of any immediate plans for any of the California systems to support HL-7 interoperability. This is not unique to California, we have not found a state data warehouse comparable to CSI or CalOMS in any of the 11 states that Anasazi provides custom EDI interfaces that support HL-7 transactions. HL-7 Messaging then is an existing standard to support potential future capabilities for interoperability within Behavioral Health.

Anasazi is contractually obligated to develop any complementary HL-7 Messaging ver 3.X capabilities at the request of our customers.

Data Security Considerations (Not to exceed 3 pages)

RR-H-15 Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

Agencies interested in accessing the application through a web browser can deploy Citrix Metaframe's NFuse technology to support this need. Citrix provides fast, easy and secure remote access to all files, applications and network resources over the Web. Advanced security controls – including one-time passwords, end-to-end user authentication, 128-bit end-to-end Advanced Encryption Standard, screen blanking and mouse locking of the host computer – ensure that network resources and information are never compromised.

Anasazi provides complete support for the HIPAA Privacy regulations of "minimum necessary" and "need to know". This is especially important in agencies with treatment multiple programs such as substance, abuse and mental health. Anasazi's Privacy controls allow each agency to be as restrictive, or open, as your HIPAA Privacy Policies dictate.

At the first level, each user can have restrictions placed upon the set of clients the user can access. Flexible tools are available to limit access to clients being treated at particular locations, particular Unit/SubUnits or combinations. Since a client's name, case number and social security number are specifically PHI, you also have the option of controlling client lookup lists such that only the clients that a particular clinician has rights to display in any lookup list available to that clinician. Once a therapist no longer has responsibility for a client, the clinician's right to access the client's electronic record automatically expires.

Special capabilities are available for intake workers and for transcriptionists. Intake workers have no restrictions placed upon the clients they can see in lookup lists, as is needed for their job requirements. As clients proceed through the intake process they have specific clinicians assigned responsibility for the client, at which time that clinician automatically receives permission to access the client's information.

Restrictions on client information access can be limited not only to clients based upon location or program of treatment but upon classification of treatment, such as substance abuse. In effect, a client can have a single client record, but substance abuse therapists can only access the substance abuse treatment information and mental health users could be established to only be able to access the mental health portion of the electronic chart.

Controls of this nature require flexibility for administration for frequently occurring aberrations. One frequent case is a clinician being sick, or otherwise absent for vacation or other reasons, and another clinician being allowed to access that clients' charts of that clinician on a temporary basis. This access is controlled through Anasazi's Guest Access and can be established by either the clinician himself, any person who has supervisory responsibility for the clinician, or by people with administrative access to Anasazi. Once the Guest Access privileges expire the clinician's can no longer access the client's charts of the sick clinician. Certain therapists can be given Permanent Guest

Access to other clinician's caseloads. This is important in residential and treatment team environments.

Every time a solution for one requirement is automated it seems as if additional special nuances must be addressed. Anasazi's HIPAA Privacy controls address every issue. A clinician that had Temporary Guest Access might not have found the time to complete all progress notes, assessments and other clinical requirements during the period of Temporary Guest Access. this might have been true for people whose Permanent Guest Access had been recently terminated, or were recently transferred from one physical location to another and therefore had their caseloads modified. Anasazi then has a unique feature called "Latency" meaning clinical management can establish a certain number of grace days after a therapists right to access a client's chart for any reason has expired. The therapist will still be able to lookup that client is selection lists, and record information for that client during that latency period.

The last issue has to do with crisis treatment. Anasazi Software has developed a "Break the Glass" functionality, which allows a staff member who does not have rights of access to the electronic record of client in crisis to access that record temporarily. The therapist gives themselves permission to the client prior to being able to lookup clients not on their caseload. Once initiated, the Break the Glass attempt is recorded and the HIPAA Privacy Officer is notified of the access. As is required by HIPAA Privacy for non-routine access of PHI, the Privacy Officer can record for each Break the Glass event whether the access was legitimate.

Anasazi not only applies HIPAA Privacy to information that is displayed, but to information that is printed. HIPAA Privacy regulations apply to all information originating from a system required to be HIPAA compliant, including printed information, data extracts, emails, etc. Anasazi's HIPAA Privacy controls automatically apply to all canned reports such that a therapist can only see a list of clients they have rights to, can only print information for those clients, and can only print the information they have rights to based upon classification of treatment (MH vs SA for example). HIPAA Security requirements of documenting why a report containing PHI was printed and logging the fact that the information was printed are applied to every canned report. This is one of the reasons that Anasazi recommend that ad hoc reporting utilities such as Crystal be limited to true ad hoc reports, not production reporting. It is Anasazi's opinion that no ad hoc reporting tool such as Crystal and Access can be made HIPAA Privacy compliant. It is not that these utilities cannot be used for printing PHI, it is just that the tools will not limit access to minimum necessary as is required by HIPAA Privacy and do not log reporting as is required by HIPAA Security. These limitations can be addressed via training, supervision, and manual logging or reporting, but these are then best left to highly trained staff.

HIPAA Security requires that a log of all accesses to PHI by a user be recorded. Anasazi addresses this in the Electronic Record by providing a special assessment page called the Diary Page that each agency can place on any form they consider to contain PHI. Every access by any person is recorded on the Diary Page. This includes not only documenting the person who initiated the form and any person who recorded information on the form, but includes recorded each time a person looked at or printed the form. It is very unusual for software to be able to track of PHI, but we believe that HIPAA Security access log requirements especially require tracking of printed information.

HIPAA Privacy also requires close management of Disclosures of PHI. Just because a request is received does not mean that PHI (or all the PHI that was requested) was released. Each Request for Disclosure then is separately documented for actual Disclosure. If the client or other agent revokes their Request for Disclosure, this is recorded as well. the Anasazi Assessment and Treatment Plan Systems also support Disclosure by allowing the user to select to print a set of forms, establishing limits based upon date ranges, type of form, and other criteria. Each form that is printed in this mass print job separately has a notation recorded for that form on its Diary Page hat it was printed for Disclosure, thereby meeting the HIPAA Security and Privacy requirements

Scalability Considerations **(Not to exceed 3 pages)**

RR-H-16 Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

All of Anasazi's customers are on the exact same product regardless of their size. Anasazi has customers with operating budgets as small as 2 million dollars and as large as 250 million dollars. The Anasazi systems were designed to accommodate both small and large customers by scaling the network to the appropriate environment. Smaller customers maintain a single server while the larger customers maintain racks of servers.

RR-H-17 Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level.

Because Anasazi operates on top of and cooperates with standard, existing infrastructure hardware and software solutions designed for scalability, an Anasazi installation as a whole really has no defined maximum limits. Existing customer deployments range from a few users to over 1400 users for a single system installation. Certain components that may be a part of a particular installation have individual limits—Citrix/Terminal Servers can host 35-40 users each; the switching infrastructure for either server side connectivity among servers or in support of conventional thick clients enterprise wide must support switch subscription rates that do not exceed the capacity of any switch in the hierarchy; enterprise database solutions can be configured to cluster multiple database host servers. No such component limits cap the theoretical, attainable performance since such components can be scaled in additive multiples. Anasazi products in no way impede the capabilities of underlying, scalable technologies.

RR-H-18 It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

Anasazi has been anticipating growth over that past few years and have been ramping up staffing experience to meet the need. The most important criteria for a company such as Anasazi's are the number of trained project managers on staff and their latent capacity. Anasazi has intentionally built in latent capacity over the past few years by staffing our implementation department with trained project managers. We have found it

to be more beneficial to spend time training and developing our project managers to provide our customers with the most experienced project managers. To handle large numbers of implementations we have supplemented our implementation team with trainers to take some of the load off the project managers. We can also hire and train trainers much faster and easier than a project manager.

A typical wizard implementation requires about 140 hours of administrative project manager's time, about 75 hours of electronic clinical record (EHR) project management time and about 100 hours of training. A mid-sized implementation requires about 330 hours, 300 hours, and 160 hours. An administrative project manager (paired with a trainer) could then normally manage eight or more typical implementations a year. Anasazi has also just hired additional project managers and trainers and are actively recruiting to hire more. These new hires will be trained to provide implementation training in about six months.

This approach has given Anasazi both latent capacity and the ability to rapidly respond to growth. Anasazi is currently staffed with trained administrative project managers to perform 20 to 30 implementations a year, depending on the size of the customer, so we are currently staffed to handle multiple County implementations.

I. Behavioral Health EHR Functional Requirements Survey

RR-I-01 Please complete the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI. **The Functional Requirements Survey is part of this RFI and must be completed.**

J. Implementation Planning

(Not to exceed 5 pages)

RR-J-01 Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

The Anasazi Wizard Implementation Model is unique in the industry and was developed by Anasazi to improve our already good track record for implementations with a goal of having a perfect track record. The concept of the Anasazi Wizard Implementation Model is that Anasazi presents to our customers on the first day of implementation a system already setup according to Anasazi recommendations for California counties for all billing, reporting, state requirements, Electronic Clinical Records, treatment planning, et al. Each county then merely refines the setup of the system to meet the specific needs of the county and incorporates into the system all county specific information. While this is an oversimplification, the Wizard Implementation Model does significantly reduce the time, cost and most especially the risk of implementations.

The recommended Implementation Plan follows the approach Anasazi developed and refined over the past decade to both rapidly and assuredly implement the administrative support and to rapidly perform a first time implementation of an EHR system.

The implementation of the administrative systems (MCO, Client Data, Scheduling and Cost Accounting) are based upon the Anasazi California Wizard. In effect, this is a pre-implemented system already setup with the recommended approaches for billing MediCal, processing CSI, CalOMS, and OSHPD batching, performing California Cost Reporting, and supporting all other California needs. There is no requirement for counties to adhere to this recommended approach. It is merely provided as a starting point to speed the implementation and to reduce errors. The California Wizard is fully documented and has its own user manual.

Most implementations follow two phases. The first phase is the implementation of the administrative systems and the second phase the clinical systems. Once the planning and setup of the first phase has started the second phase starts with a goal of completing its setup and preparations for deployment such that deployment of Phase II can immediately follow the completion of deployment of Phase I.

Each phase follows a similar pattern for pre-conversion of Implementation Planning followed by Facilitated Setup, Administrator Training, Acceptance Testing, Process Re-engineering, Pilot Data Conversion, and presentation of a Staff Seminar on process revisions. This follows Anasazi's philosophy of frontloading implementations. Doing so provides the best assurance of a successful Cutover and Deployment.

During the Implementation Planning Anasazi will review the recommended Implementation Plan so the team is familiar with it as a starting point. We'll then provide a comprehensive demonstration of all functionality. Thus informed, the team members have a better grasp of the requirements of the Implementation. We'll then lead a structured planning process for revising the Implementation Plan, revising team definitions, assigning team members, and scheduling the implementation.

Anasazi's experience is that the best method of performing system setup is for the same team to identify all setup parameters. This is important due to the extensive interdependencies of fully integrated software applications. Anasazi will provide

seminars to supplement to demonstration and work interactively with the setup team to provide recommendations and consultations on the impact of the setup decisions. If specific functionality requires extensive setup, once Anasazi's project manager has worked interactively with the team long enough that they are fully capable of documenting the remainder of the setup they will leave the remainder of the documentation of setup as homework for the team and Anasazi's staff will record the remaining setup from the change forms.

Once the system is fully setup Anasazi will provide training for all staff that require training to complete pre-conversion tasks. Counties will have the system setup in a training environment so they can practice, train additional personnel, and test processes. Since we know that the effectiveness of training degrades rapidly, we'll repeat the training on all significant functionality as part of cutover support.

The best method Anasazi has witnessed for acceptance testing is a process we term "production based acceptance testing". The approach is to use data originating from the pilot data conversion and record actual transactions gleaned from charts that reflect the preponderance of billing and operational situations evidenced. The most rapid and effective method for recording this information is for the Anasazi Project Manager to record the data while providing a running commentary to the Acceptance Test Team.

The largest amount of effort that large counties devote to implementations is devoted to process re-engineering. Process re-engineering in Anasazi's lexicon is the updating of or development of all process documentation to reflect the changed procedures inherent in implementing any new system. This is especially important for the contract providers that operate largely independent of the counties. Anasazi has devised a method for providing consultation and recommendations that speeds this process considerably.

Once the process re-engineering documentation related to providers is completed the County and Anasazi mutually develop a Staff Seminar designed to communicate the new processes and the correct and complete recording of information on the forms that reflect the new processes. This is crucially important as everything from the definition of service codes (to reflect the needs of an automated treatment plan to link services to Interventions) to Units may be redefined. A high error rate of forms completion leads to extensive delays and cost overruns during cutover.

Once the system has been setup and tested, the pilot data conversion tested, the process re-engineering complete, and the staff seminar provided, counties are ready for Cutover. Anasazi will have a Project Manager onsite performing refresher training and Cutover Support. A large number of forms will accumulate during the time that the legacy system is shut down and the Anasazi system is not yet live while the End of Month Processing is performed and the data extract and data import is performed. The first critical task is then to catch up on data entry of all accumulated forms. This task will be dramatically slowed if the data conversion is not performed in a timely basis or the forms received from the providers have a large error rate.

As soon as data entry is caught up counties can start deploying the administrative support for online recording the forms to the field plus the scheduling capabilities. Anasazi will retrain and support counties on all significant functionality including the creation of the first set of claims, the application of the first set of MediCal claims payment applications, and the first end of month processing.

The clinical implementation will follow a similar model of planning, setup, testing, administrator training, process re-engineering and deployment. The major difference is that the setup itself cannot happen until a large portion of the process re-engineering has

been performed. Anasazi has recommended the services we performed at the vast majority of our customers to support them in the implementation of the clinical services.

Our recommended approach for data conversion is to convert only current information for current clients plus minimal demographic information for closed clients. The current information includes the clients' full demographic information, current locations of care and assigned caseworkers, diagnoses, and financial information. If the data is accurate enough, the balance forward of client receivables might be converted.

Anasazi has developed import utilities that can read files that can be generated by common report generation utilities. County staff that have the expertise to develop custom reports will have the expertise to create the data extracts. This is both less expensive and better for County staff as the most important expertise is the County specific understanding of the data being extracted. The extracted data is imported using the Anasazi utilities and reports are provided of fatal, hard and soft errors. The data extract utilities are corrected by the County and the pilots are repeated until the County and Anasazi are mutually satisfied in the results.

RR-J-02 What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would "6 to 12 months for a total project cost not exceeding $500,000" etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

It is important for counties and Anasazi to mutually agree to a reasonable timeline for implementation prior to finalizing a contract. Normally we would expect the full deployment of an EHR to take 18 months to 2 ½ years. The reason for this timeframe has much more to do with the time it takes for implementing structural changes, cultural changes, training and procedural changes within the County than with installing software. The difference in correctly or incorrectly implementing an EHR is largely dependent on the effective performance of tasks that are county responsibilities. The primary principle of a correct EHR implementation is assuring that the clinical forms closely reflect the clinical procedures. Since one of the goals is generally to have like programs use like clinical forms, that dictates that like programs use like clinical procedures. In many agencies, accomplishing this cultural change is a major task.

Anasazi can accurately predict the length of the first phase of implementation which consists of implementing the Client Data and Managed Care Systems because we are working with the County's core implementation team and we have tight control over this phase of the process. Phase 2 of the process consists of rolling out the EHR and the training of clinical staff which primarily becomes the responsibility of the County. The Wizard Implementation Model was discussed in the previous RFI responses is a unique implementation method in the industry. The concept of the Anasazi Wizard Implementation Model is that Anasazi presents to our customers on the first day of implementation a system already set up according to Anasazi recommendations for all billing, reporting, state requirements, Electronic Health Records, treatment planning, et al. Each agency or county then merely refines the set up of the system to meet the specific needs of the agency or County. Anasazi has developed this model for California and the use of the Anasazi California Wizard Implementation Model will significantly improve the speed which Counties can implement Anasazi, reduce the cost of implementation and most importantly reduce the risk.

K. Training and Documentation

Training (Not to exceed 2 pages)

RR-K-01 Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

Anasazi has a business philosophy that our customers' needs are best met by Anasazi transferring as much knowledge and skills to the customer during the implementation and ongoing support process as possible. One edifice of this philosophy is that Anasazi follows a classic train-the-trainer approach, especially as it relates to deployment of the EHR.

Anasazi Software creates a recommended number of training hours per system and implementation in the project schedule that is provided to each county during their RFP process. Anasazi Software also trains its users onsite and has never felt the web is an appropriate training tool for this type of roll out. Anasazi schedules more time for training than our competition, so that our staff are onsite to help with any operational issues that you may encounter. We can also assist counties in getting caught up on data entry and other business procedures. Our training is timed so that counties are trained on a certain functions, as they are entering data for that function. This then allows our training specialists to make sure everything is coming live smoothly with your first billing, major payment application and end of month processing. Anasazi Software provides a large amount of training hours, so that the staff trained can then train additional staff. This also then creates a group of super users at each organization and continues the transfer of knowledge from our staff to County staff. Anasazi will also complete initial system administrator training, but since this can sometimes be forgotten after the entire training is completed, we plan on doing a refresher where more staff can observe.

RR-K-02 How often is training offered (as needed, or on a set calendar schedule)?

After implementation has been completed Anasazi is available to provide any training requested by the counties under the auspices of our support and maintenance agreement.

RR-K-03 Please give the duration of each class, the location of training and the recommended number of people that should attend training.

Anasazi recommends that all training be performed at the customer's site, on the customer's equipment, using the system setup specific to that customer, with the customized forms and processes of that customer, and (to the extent possible) with live customer data.

RR-K-04 Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

Our recommendation is that each training session will be performed in a training room followed by a day of onsite support for the trainees by the trainer. This will allow the

trainer to help the users over the learning curve issues, reduce the stress of managing the functions online in a new system, improve the acceptance of the system by the end user, and allow rapid correction of any security or other setup controls to assure smooth deployment. We recommend training approximately 10 end users per training session.

RR-K-05 Who provides the training: employees of your company or sub-contractors?

Anasazi staff will train-the-trainers by providing pilot training sessions with actual end users and by providing the onsite support for the first pilot training session. Once the pilot trainings have been completed, the County training staff can provide simultaneous training sessions with approximately 10 end users trained per training session.

Once deployment has started, they must be prepared for staff turnover at sites where deployment has already been accomplished. As soon as one team of clinicians is trained, it is likely that soon thereafter there will be staff turnover in that team. To maintain continuity, it is best that the replacement clinicians of trained staff be trained and smoothly take over that clinician's caseload on an automated basis. It is likely then that the Counties will need to be performing weekly training sessions for replacement clinicians.

RR-K-06 Do you provide clinician-specific training?

Yes, Anasazi will train-the-trainers by providing pilot training sessions with actual end users and by providing the onsite support for the first pilot training session. Once the pilot trainings have been completed, the County training staff can provide on-going trainings to clinicians.

RR-K-07 Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

Yes, Anasazi's implementation of the administrative systems (MCO, Client Data, Scheduling and Cost Accounting) are based upon the Anasazi California Wizard. Training includes client & third party billing, client & third party payments and Fiscal training specific to Medi-Cal. Anasazi also provides training on CSI, CalOMS, OSHPD batching, performing California Cost Reporting, and training for all other California needs.

Documentation (Not to exceed 2 pages)

RR-K-07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).
2. User operator/system administrator manuals.
3. Hardware/OS manuals.
4. Network and Security.
5. Training manuals (initial and ongoing user self-training).

Anasazi provides over 50 manuals which are designed to efficiently take the user to their particular area of interest. The manuals are organized by product and further broken down by topic. Each manual is well indexed.

Anasazi Products Manuals
Anasazi Software Version 3 Installation Guide
Anasazi Database Administration Management (ADAM) Manual
Anasazi System Administrator Manual
Anasazi Products Navigation Guide
Report Server Manual
Anasazi Products Data Map User Manual
Anasazi Products System Setup Manual
Anasazi Products Tables Manuals - Vol I
Anasazi Products Tables Manuals - Vol II

Client Data Manuals
Client Data Conversion Workplan
Client Data Electronic Conversion Manual
Client Data 3rd Party Billing Manual - Vol I
Client Data 3rd Party Billing Manual - Vol II
Client Data 3rd Party Payments Manual
Client Data Assignments Manual
Client Data Client Billing Manual
Client Data Client Payments Manual
Client Data Continuity of Care Manual
Client Data Fiscal Manual
Client Data HIPAA 837 Transactions Data Crosswalk Manual
Client Data Services Manual
Technical Manuals

Client Data Wizard Manuals
Wizard System Conversion Forms Manual - Vol I
(Sys Setup, Staff Setup, AZ, Rpt Svr, Demo, Med, Assign)
Wizard System Conversion Forms Manual - Vol II
(Rev, C/C, Sched, Assessment)
Wizard System Conversion Forms Manual - Vol III
(Svc, Fiscal, ClBill)
Wizard System Conversion Forms Manual - Vol IV
(3rdBill, Billing Tables)
Wizard System Management Forms Manual

Assessment & Treatment Plan Products Manuals

Conversion Manual
Clinical Wizard Model Manual Vol I
Clinical Wizard Model Manual Vol II
Wizard Example Forms Manual Vol I
Wizard Example Forms Manual Vol II
Wizard Example Forms Manual Vol III
Wizard Example Forms Manual Vol IV
Wizard Example Forms Manual Vol V
Wizard Example Forms Manual Vol VI
Training Manual Section 1 - Working in Windows
Training Manual Section 2 - Completing an Assessment
Training Manual Section 3 - Completing a Treatment Plan
Training Manual Section 4 - Plan of Care Progress Noting
Training Manual Section 5 - Interim Service Log Progress Noting
Training Manual Section 6 - Group Progress Noting
Training Manual Section 7 - Completing an Interim Treatment Plan
Assessment Product User Manual
Assessment and Treatment Plan Products Reports Manual
WYSIWYG Basic Skills Training Manual
WYSIWYG Advanced Skills Training Manual

Scheduler Manuals
Scheduler Conversion Workplan
Scheduler Conversion Forms Manual
Scheduler User Manual

Managed Care Manuals
Managed Care Conversion Manual - Data Gathering Forms
Managed Care Manual - Volume I
Managed Care Manual - Volume II

Doctors HomePage Manual
The Network Configuration Document will be provided upon installation of the network.

RR-K-08 Is the documentation available:

1. In hardcopy?
2. On CD-ROM?
3. On the Local Area Network?
4. On the Internet?

Anasazi initially provides one set of paper manuals but also provides the manuals in electronic format such that each customer can print as many copies of the manuals as desired. Anasazi also provides all of our manuals on line through the Anasazi Software web site.

RR-K-09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

Anasazi updates each manual to reflect every enhancement and provide the changes to the manuals with every Promotion. Updated manuals are then available on line through the Anasazi web site.

L. Contractual Support

(Not to exceed 4 pages)

RR-L-01 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?
2. Operating system and related environmental software?
3. Interface maintenance?
4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

The annual Support and Maintenance fees include unlimited upgrades, patches, releases and new versions of the Anasazi applications.

RR-L-02 What are your normal support hours (specify time zone)? Where is support staff located?

Support Services delivered at Anasazi's Phoenix headquarters are 7:00 a.m. through 5:00 p.m. Mountain Standard Time and 7:00 a.m. through 6:00 p.m. Mountain Daylight Time. Regular Hours for all other Services delivered at Anasazi's Phoenix headquarters are 8:00 a.m. through 5:00 p.m. Mountain Standard Time and 9:00 a.m. through 6:00 p.m. Mountain Daylight Time. Regular Hours for services delivered at the Customer site are 8:00 a.m. through 5:00 p.m. in the Customer's time zone. Regular Hours for all services are Monday through Friday, except for generally recognized national holidays.

RR-L-03 Which of the following support features are available? Check all that apply:

1. Toll Free Hotline ☒
2. Remote monitoring ☒
3. Remote diagnostics ☒
4. Training tutorials ☐
5. Web-based support tracking ☐
6. 24x7 software support ☐
7. 24x7 hardware support ☐

RR-L-04 Provide the response time for problems reported during:

1. Regular business hours.
2. Off-hours.

Anasazi categorizes critical support requests as Emergency Support Services. Anasazi will evaluate a request for Emergency Support Services within four (4) Regular Hours. Anasazi will use Commercially Reasonable efforts to provide Emergency Support Services to Customer, beginning within four (4) Regular Hours of receipt of the request and continuing during business hours until the work is completed. Anasazi will provide Emergency Support Services outside Regular Hours at the request of Customer. Fees for Services delivered outside Regular Hours will be adjusted.

For Non-Emergency Customer Support Services. Anasazi will use Commercially Reasonable efforts to evaluate Support Services Requests and to provide requested Services in a timely manner. Customer may request Anasazi to give priority to a request for Customer Support Services other than Emergency Support Services. Anasazi will evaluate Customer's Support Services Request, and, if Commercially Reasonable, begin providing the requested Services within twelve (12) business hours of receipt of the request. As Commercially Reasonable, work will continue during business hours until completed, unless otherwise agreed by Customer and Anasazi. Anasazi will not give priority to requests for Non-Application Technical Support Services, Consulting, Development of enhancements or trainings.

Support calls, faxes and emails are logged in our database of active jobs and then routed appropriately. Since the problems could be training, technical, network, database, or program language related we first try to attempt to identify this problem and route the call to the appropriate support person. In most cases, support issues will go directly to our first level of support for definition and coordination. Depending on the issue and the level of severity, a support issue may go directly to higher level support staff for resolution.

We make every effort to inquire about the urgency of the request if it is phoned in so we can better determine how to prioritize it. For those requests that are emailed or faxed, we make every effort to acknowledge receipt of the request and give some idea of when it will be addressed.

Our first priorities are always systems that are down completely, customers who are unable to process critical functions such as billing. Our next level are items that are mission critical, time sensitive function that is totally inoperable. Our last level are items that are very minor such as a misspelled word. When resolved, we inform the customer that the issue is resolved and what was done to resolve it. We then close the support issue in our database. Each week, we send documents to each customer showing the issues that were closed that week. Those are the same entries that will be seen on your monthly support invoice. This gives customers an opportunity to review the details and cost of every support issue and match it up to the monthly invoice.

RR-L-05 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Anasazi has created our own proprietary support job database. Each county has the ability to submit problems via the web; however we do not currently have a method over the web to check on status.

RR-L-06 Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

Anasazi generally provides as many as 12 updates (Promotions) a year and a complete new version every three to five years. Under the auspices of the Support and Maintenance Agreement, Anasazi customers receive all ongoing enhancements and new versions at no additional cost.

The Maintenance Service Agreement has two major benefits, the funding of the Anasazi User Group and restricted funding for development of new versions. Anasazi customers have a quid pro quo for the money our customers pay under these agreements. The portion of the money that is devoted to the Anasazi User Groups provides a mechanism to support ongoing changes in state and federal requirements, allows for providing support for evolutions in standards of practices, and provides our customers direct control to devote resources to remediation of what they perceive as weaknesses in any product. All enhancements performed for the Anasazi User Groups are incorporated into the systems and are provided to all customers covered by the Anasazi Support Agreement at no additional charge.

There are several benefits of having a funded Anasazi User Group, a significant portion of Anasazi's operating budget is now controlled by the Anasazi User Group, giving them in essence certain controls common to a board of directors. We have very strong user group meetings that are much more of the nature of conferences rather than what is often common for user group meetings. We are also comfortable in knowing that our product is meeting the primary needs of our customers, because if it is not they can cause us to fix weaknesses. We also have a permanent ability to devote resources to enhancements for changes in state and federal requirements, meaning our customers can count on longevity with Anasazi.

Anasazi also provides New Version Rights. Anasazi Software has a commitment to our customers to provide new versions of every application that provide major improvements in the functionality to technical capabilities every three to five years. The New Version Rights assists agencies who might have a difficult time funding the purchase of future new versions. Our customers can reduce the total cost of ownership by receiving all new versions upon release at no additional license charge.

M. Cost and Licensing

(Not to exceed 3 pages)

RR-M-01 Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

Anasazi Software offers two different methods of pricing. The first option is pricing by concurrent users and the other is an Enterprise Unlimited User License based on the total annual operating budget of the agency. The basis for all offerings to our customers is a least cost methodology. This is especially significant as it relates to Anasazi's Unlimited User Licenses pricing format. If you compare the offered price for the Anasazi Systems to any other vendor's total cost, accounting for expected growth and for expecting to have a computer on every desk within a normal seven year lifespan, Anasazi's total cost over that seven year period will be by far the least. We believe that it is better for us and for our customers to not require yearly purchases of additional licensed seats, as is common. We feel that a vendor selling an initial 25 user seat license is hiding future costs of user licenses to expand your system to cover all clinical and agency needs. Anasazi Software wants to be upfront with its customers of the total cost of software licenses, rather than come back to them for additional software costs after the implementation. Anasazi's Unlimited User License allows our customers to lock in a seven-year Total Cost of Ownership. The Unlimited User Licensing approach accommodates normal growth as our customers expand services and deploy more computer support to staff.

RR-M-02 List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

Not Applicable

N. Risks and Issues

(Not to exceed 3 pages)

RR-N-01 It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

Two of the biggest customer problems that could adversely affect an implementation are poor networks and no management support of the project. We have found that these two items create the largest problems for our customers and cause unexpected delays in their implementation. The network and hardware issue is fairly simple, in that if the network is problematic, down frequently and has insufficient hardware and communications, the deployment of our software will suffer. This creates a feeling by end users that the system is poor and this is fairly difficult to shake when deploying the product to end users, who have preconceived notions of performance. Strong management support of the project is another very crucial component to a successful implementation. The project needs to be an agency priority and have substantial support from the board of directors, down through managers. If the end users see this as an important agency endeavor they will get behind the project and complete work that needs to be done during the implementation. If end users do not see this as important to their supervisors and managers, the project will lose steam and move at a very slow inefficient pace. Avoiding these two barriers are crucial to have a successful implementation.

O. Project References

RR-O-01 Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction

County Name	Contact Name	Position	Contact number
Kern County	Dan Walters	Technology Service Manager	(661) 868-6710
San Diego County	Candace Milow	Chief, MHS QI & Performance Monitoring	(619) 563-2754
Kings View / Kings County, Tuolumne County	Bill Dollar	Chief Information Officer	(559) 256-0100