

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

September 17, 2008

Version 1.0

CALIFORNIA DEPARTMENT OF MENTAL HEALTH
Information Technology Division

Response Format

In order to aid in the consistency of responses received, vendors are requested to:

1. Submit your responses in Word format using 11 point Arial font.
2. Submit your response in a version of MS-Office no older than version 2000.
3. Ensure that typed answers are provided to all questions. If any specific question or item does not apply to your response, please indicate so by answering 'N/A' for Not Applicable.
4. Respond to each of the requirements in the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI document. The Functional Requirements Survey is an essential part of this RFI and must be completed and returned with this RFI document. See Section I in this document for more information about how to complete the Functional Requirements Survey. Vendors are encouraged to respond even if their solution does not address all of the functional categories identified in the RFI. Please be sure to respond to all of the requirements in the RFI. A response of "Not applicable" or "Not addressed" is acceptable when appropriate.
5. In each of the remaining sections of this RFI, a numbered indicator is used to identify a "Required Response". The format of this indicator is "**RR-x-nn**" where "x" is the section letter and "nn" is the number of the question in that section. For example the 1st question in Section D is labeled "RR-D-01".
6. Use Appendix A to append company or product literature to support, but not replace, an answer. **Please ensure that each enclosure within Appendix A contains a reference to the question or requirement for which the additional information is being provided.** Vendors are encouraged to use as much space as necessary to provide answers to all questions.

Response Delivery

This document and the CA BH-EHR Functional Requirements Survey must be submitted in electronic format no later than 5:00 p.m., PST, **11/11/2008**. Please E-mail your response to: MHSA-IT@dmh.ca.gov.

Be sure to append **your company's name** to the end of each file's name to distinguish it from all other responses. For example, if your company name is **ABC Company**, then prior to submission rename your files to:

1. CA BH-EHR RFI **for ABC Company**.doc and
2. CA BH-EHR Functional Requirements Survey **for ABC Company**.xls

If you wish to mail any supplemental information in hard copy it must be postmarked no later than **11/11/2008** and send to:

**California Department of Mental Health
Information Technology
Attention: MHSA-IT
1600 9th Street, Room 141
Sacramento, CA 95814**

D. COMPANY BACKGROUND

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

CORPORATE INFORMATION	
Company Name	PCE Systems
Company Type (C-Corp, S-Corp, LLC, LLP, Sole Proprietorship, Etc.)	S-CORP
Location Of Corporate Headquarters	Farmington Hills, Michigan
Location Of Field Support Offices	Farmington Hills, Michigan
Location Of Programming/Technical Support Personnel	Farmington Hills, Michigan
PRIMARY CONTACT INFORMATION FOR THIS RFI	
Name	Peter Chang
Title	President
Office/Location Address	28530 Orchard Lake Road, Suite 101 Farmington Hills, MI 48334
Phone Number	248-932-4888
E-Mail Address	pchang@pcesystems.com
Internet Home Page	www.pcesystems.com

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.

PCE Systems (PCE) was established in 1990 and specializes in the design, implementation and hosting of custom integrated database computer systems. From its inception, the business operations of PCE have been focused primarily in the following areas:

- Custom Systems Development
- Implementation
- Application Service Provider (ASP) Services

As a full service systems provider, we have developed and maintained many mission-critical systems for a number of major corporations. In addition to our long list of Community Mental Health customers, our current customers also

include organizations such as Ford Motor Company, American Axle and Manufacturing, Trinity Health Systems, Preferred Provider Network of Michigan and UAW-Ford National Programs Center.

PCE began developing custom computer systems for Community Mental Health (CMH) clients seven years ago for Easter Seals of Southeast Michigan, an Oakland County CMH core provider. Today every county in Southeastern Michigan and the entire Upper Peninsula has contracted with us to develop customized CMH systems for them. In total, the Michigan counties that we serve represents 60% of Michigan's Medicaid CMH budget. Essentially, we are the largest Community Mental Health Computer system provider in Michigan.

In addition to custom developing CMH software for our clients, we maintain and host all the system for our clients at our data center. Our facility provides direct access to over 6,000 clinicians, case managers, psychiatrists and support coordinators daily through Internet and Intranet. Our data center has maintained an average of 99.95% system up-time on a 24x7x365 basis. Our systems have been lauded several times by federal External Quality Review (EQR) auditors as "one of the best systems" in the country. The following is a list of our current Community Mental Health customers.

**Macomb County Community Mental Health
Oakland County Community Mental Health Authority
Washtenaw Community Health Organization
Livingston County Community Mental Health Authority
Lenawee County Community Mental Health Authority
Monroe County Community Mental Health Authority
Saginaw County Community Mental Health Authority
St. Clair County Community Mental Health Authority
Sanilac County Community Mental Health Authority
Lapeer County Community Mental Health Authority
Wayne County Community Mental Health Agency
All CMH Agencies & Counties in Upper Peninsula of Michigan
Synergy Partners Inc. - Detroit-Wayne Cty. Managed Care Provider Network
Southwest Detroit Counseling Solutions - Detroit-Wayne Cty. CMH Provider
Children's Center of Wayne County - Detroit-Wayne County CMH Provider
Neighborhood Service Organization - Detroit-Wayne County CMH Provider
Detroit Central City - Detroit-Wayne County CMH Provider
Northeast Guidance Center - Detroit-Wayne County CMH Provider
Macomb-Oakland Regional Center (MORC) - Multi-County DD Provider
Common Ground Sanctuary - Oakland County 24 Hr Crisis Screening Ctr.
Easter Seals of Michigan - Oakland County CMH Provider
Community Network Services - Oakland County CMH Provider
Training and Education Innovations, Inc. - Oakland County CMH Provider
Easter Seals of Iowa - Respite Camp Provider of Polk County, Iowa
New Passages - Multi-County Specialized Residential Provider
Arab American and Chaldean Council – Detroit-Wayne Cty CMH Provider
Development Center, Inc. – Detroit-Wayne County CMH Provider
Region Ten Community Services Board – Charlottesville, Virginia**

All of the systems developed for these organizations include Electronic Medical Records, Service Activity Tracking, Provider Management, Claim Adjudication, Third Party Insurance Billing and State/County Reporting. Unlike most of the CMH software packages that take a “one size fits all” approach, we custom designed every system based on each client’s unique clinical protocols and business models to conform to each client’s existing, unique business practices. The following are some of the key reasons that we have become the largest CMH system provider in Michigan:

- Our 100% success rate of system implementation in all systems that we have contracted to develop;
- Our earned reputation of being an on-time, within-budget system service provider;
- Our ASP web-hosting service provides our customers with a software-as-service, maintenance free environment;
- Our ability to effectively implement and maintain CMH systems in compliance with ever-changing government reporting requirements;
- Our business experience with all levels of CMH organizations ranging from Counties, Managed Care Authorities, Administrative Service Providers, and CMH Service Providers.

PCE has developed a reputation among its clients and in the industry as the very best software company, one that delivers solutions that truly work for the client. As we have covered most of the Michigan CMH major counties, we welcome the opportunity to expand to California. We are confident that we can meet the expectations of California CMH organizations.

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	37	40	44
Installation / Setup	5	5	6
Research and Development	3	3	4
Application / Technology Support	25	27	30
Customer Service / Helpdesk Support	2	3	2
Other	2	2	2
Those with clinical background			
• Physicians	0	0	0
• Psychologists	0	0	0
• Psychiatrists	0	0	0
• Registered Nurses	0	0	0
• Other Clinicians	0	0	0

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.

PCE has never acquired or merged with any organizations.

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

7 Years

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

Category	2005	2006	2007
\$1,000,000 to \$5,000,000			
\$5,000,000 to \$25,000,000	X	X	X
\$25,000,000 to \$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	25%	50%	60%

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	10%	10%	10%

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	10%	10%

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.

PCE does not use any external resellers or partners.

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.

Not applicable. PCE does not use any external resellers or partners.

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.

PCE Systems (PCE) was established in 1990 and specializes in the design, implementation and hosting of custom integrated database computer systems. Our current customers include organizations such as Ford Motor Company, American Axle and Manufacturing, Trinity Health Systems, Preferred Provider Network of Michigan and UAW-Ford National Joint Programs Center. PCE began developing its first Community Mental Health (CMH) clients seven years ago for Easter Seals of Southeast Michigan. Today, 25 Michigan counties, with over 60% of the Michigan's total State Medicaid dollars for Community Mental Health are now being processed by PCE.

The following chart provides a summary of PCE's experience in CMH System Implementations:

PCE Qualification	Summary
PCE Staff and Experience	32 System Developers dedicated to CMH System Development, system developers have over 10 years of experience on average
System Implementation Records	100% On-Time, Within-Budget implementation history
Technical Architecture	Customized Internet, Web-Based System, Hosted, operated and managed as Application Service Provider (ASP) for all CMH clients
CMH System Design Experience	Implemented customized systems at all CMH levels - PIHP, MCPN, CMH Provider, Support Coordination Providers, and Service Providers
ASP System Availability	Availability is maintained 24x7x365 with 99.9% System Up-Time
Customized System Functionality	All Systems implemented are 100% customized to Client's specific operation and requirements

PCE Qualification	Summary
State Community Health Data Interface Requirements	System provides 100% HIPAA-compliant Demographic, Service Encounters, Cost Reports and Performance Indicator Reports at all levels including Medicaid Eligibility and Spend-Down Electronic Interfaces.
Electronic Clinical Records	100% customized based on client's existing clinical documents
HIPAA Transactions Experience	25 Years of EDI implementation experience, implemented 834, 820, 837, 835 for all CMH clients. Interface with all external funding sources including Medicaid, 3 rd party insurances and grants.
System Backup	Data backed up daily and stored off-site.
Disaster Recovery	Formal Disaster Recovery Plan tested monthly.

PCE does not offer “off-the-shelf” software package. All system products created by PCE are custom developed for our clients based on client’s unique operation and business model. The following represent functions and features included in a typical PCE CMH System:

- System Control Module**
- System Base Module**
- Provider Data Exchange Module**
- Client Information Module**
- Client Financial Data Module**
- Customer Service Module**
- Discharge/Satisfaction Survey**
- Scheduling and Appointment Modules**
- Access Eligibility Screening**
- Intake, Assessment and Program Enrollment**
- OBRA Evaluations**
- Ability-To-Pay Determination**
- Case Manager Assignments**
- Admission/Discharge/Transfer Summary**
- Individual Plan of Service**
- Crisis Plan**
- Authorization Module**
- Medication/Prescription Module**
- Substance Use Disorder Module**
- Claim Processing**
- Encounter Reporting**
- Insurance Pre-Authorization Module**
- Progress Notes**
- Service Activity Log**
- Provider Management Module**

**Provider Audit Module
Provider Claim Processing Module
Staff Training and Credential Tracking
Recipient Rights Module
Insurance Billing Module
Client Self-Pay Management
Document Scanning and Imaging
Electronic Signature Pad Interface**

All systems implemented by PCE include various levels of functionalities in the areas of Practice Management, Clinical Data Management and Electronic Health Record (EHR). Regarding Personal Health Record (PHR) system development, PCE has developed and piloted a PHR for Seriously Persistently Mentally Ill consumers with Diabetes. This project was designed for one of our county customers and is currently being refined and reviewed for enhancements. Future enhancements will include the consumer's Person Centered Plan and all clinical notes with the opportunity to securely communicate with the treatment team at the CMH.

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

Please see response in RR-F-01

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

Please see response in RR-F-01

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

Please see response in RR-F-01

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

Please see response in RR-F-01

RR-F-06 Describe your firm's experience and qualifications for Systems Integration.

PCE has over 18 years of experience in system integration. Our integration protocol includes online real-time integration, web-service and batch interface in EDI HIPAA transaction format, HL7, XML and private formats. We have integrated with MediFax, NEC Health Services, ePocrates, State of Michigan Medicaid Eligibility Verification system, Document Imaging Systems, Electronic Signature Pad, Doctor-First, Great Plains Accounting Systems, Speech Recognition System, and Voice Response Unit Systems.

RR-F-07 Describe your firm's experience and approach to the conversion of electronic behavioral health data.

As part of the implementation services provided by PCE, PCE has converted all of our CMH client's historical data. In every case, we worked with the clients' IT departments and providers to ensure the data conversion was complete, accurate and on schedule.

The first step in the data conversion is determining a detailed assessment of the existing system and the resources available. If the client IT department provides operational support (Hardware repair, OS updates, and backups), with no functional support of the current application, PCE generally requests a simple data dump and documentation from the existing system. We then analyze the data to determine the structure and organization. If the current system has been developed and maintained by the client's IT staff/provider, i.e. a proprietary system, we work with the Database Administrator to extract the data based on the specifications and requirements of the new, PCE-developed system. PCE is able to accommodate either situation.

Once PCE ascertains what data is available and how it will be exchanged, we determine the scope of the conversion. Generally, all consumer demographics and diagnosis history are converted with as much history as possible from the existing system. Depending on the quality of the data available from the old system, additional areas may be converted as well, including service history, billing history, and authorizations. The amount of history converted usually depends on client requirements and integrity of the data. As an example, we may convert full service history, going back years, but only convert open/active authorizations since the old authorizations are long "expired" and will never be used in the new system.

As conversion programs are implemented, the results are audited using qualitative and quantitative reviews. If PCE does not have access to the existing system, we will require a contact at the client to work with in performing these reviews, preferably someone with full access to the existing system. Qualitative review includes basic verification by pulling random consumers. We manually compare their records, primarily looking for errors in the data conversion of text fields (data placed in the wrong field or data that looks "awkward" due to different formatting in the new system). Quantitative review includes statistical analysis of records and fields. We compare before and after row counts, and analyze "multiple choice" fields and compare to known values from the old system (example: compare the consumer living arrangement counts vs. counts from the old system for each specific value).

In addition, we build tracking and auditing into the conversion process so any conversion issues that are discovered post conversion can be recovered retroactively and easily.

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based

behavioral health data.

PCE has performed "paper-based" or hard copy conversion for two current clients. The process is better described as document imaging integration rather than data conversion. After the electronic data conversion is complete, PCE will program an interface into which future paper documents will be physically scanned and key data fields will be captured to associate the scanned image with the metadata record(s). When complete, images of the previously paper-based documents will be available on the system, fully indexed and integrated with future documents.

G. Solution Product History

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

PCE develops custom designed fully integrated Community Mental Health systems based on customer's unique needs and business models. Unlike off-the-shelf packaged software, each PCE developed system will have some unique functions that are customized for customers. The follow is a list of the most common functionalities among all of our products.

- System Control Module**
- System Base Module**
- Provider Data Exchange Module**
- Client Information Module**
- Client Financial Data Module**
- Customer Service Module**
- Discharge/Satisfaction Survey**
- Scheduling and Appointment Modules**
- Access Eligibility Screening**
- Intake, Assessment and Program Enrollment**
- OBRA Evaluations**
- Ability-To-Pay Determination**
- Case Manager Assignments**
- Admission/Discharge/Transfer Summary**
- Individual Plan of Service**
- Crisis Plan**
- Authorization Module**
- Medication/Prescription Module**
- Substance Use Disorder Module**
- Claim processing**
- Encounter Reporting**
- Insurance Pre-Authorization Module**
- Progress Notes**
- Service Activity Log**
- Provider Management Module**
- Provider Audit Module**
- Provider Claim Processing Module**
- Staff Training and Credential Tracking**
- Recipient Rights Module**
- Insurance Billing Module**
- Client Self-Pay Management**
- Document Scanning and Imaging**
- Electronic Signature Pad Interface**

#	Product Name And Primary Function	When First Developed	When / Where First Deployed	Number Of Installations To Date
1	Integrated Community Mental Health System with primary functions as described above	2001	Easter Seals of Michigan	26
2				
3				
4				
5				
6				
7				

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.

All PCE software products are internally developed. Our first major comprehensive system was developed for Easter Seals of Michigan in 2001. Other CMH organizations became aware of this system and contracted PCE to build systems for them. Using previously deployed systems as a model, newly deployed systems brought (and continue to bring) new and enhanced modules. Currently, PCE has systems the handle over 60% of all the Behavioral Health Medicaid services in the State of Michigan.

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

All of PCE developed systems above have been developed to meet the State of Michigan requirements for Community Mental Health. They have been built on the foundation of using standard code sets and standard transaction sets. Each of the systems uses the ICD-9 and DSM-IV diagnosis code sets. All of the systems can send and receive EDI transactions in the X.12 format, e.g. EDI 270, 271, 834, 835, and 837. Currently the Primary Care system is testing HL7 transactions to receive lab results. All of the procedures that are recorded in the system use the national standard CPT and HCPCS code sets.

3. Whether the product is CCHIT certified.

PCE’s products are not CCHIT certified. CCHIT has not yet developed certification criteria for Behavioral Health systems. Some of PCE’s clients

have been a part of the SAMHSA workgroup that has developed the Behavioral Health HL7 Profile and will be a part of the CCHIT certification for Behavioral Health. Until that specification is approved, PCE will hold off on certification.

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

Not Applicable. The product is not certified.

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

Yes, when CCHIT certification criteria for Behavioral Health are finalized.

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

Since the PCE solution follows an ASP model, enhancements are determined by the client. If a client wishes to enhance or add functionality to the system, PCE will meet with the client to determine the changes and establish an implementation schedule so as to minimize end user impact. Each customer’s system is unique, “new release” does not apply in PCE’s business model. PCE does not impose new releases to any customer’s system.

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

PCE will provide training for users if the client deems it necessary. The online manual will also be updated to reflect the new functionality.

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.

<i>Clients</i>	<i>Location</i>	<i>Length of Services</i>	<i>Systems Developed/Users</i>
Easter Seals of Southeast Michigan	Pontiac, Michigan	6 Years	CMH System (CMHSP) 800 Users
Easter Seals of Iowa	Des Moines, Iowa	6 Years	CMH System (CMHSP) 150 Users
Oakland County Community Mental Health Authority	Pontiac, Michigan	6 Years	CMH System (PIHP) 180 Users

<i>Clients</i>	<i>Location</i>	<i>Length of Services</i>	<i>Systems Developed/Users</i>
Washtenaw Community Health Organization (WCHO)	Ann Arbor, Michigan	6 Years	CMH System (PIHP/CMHSP) 260 Users
Common Ground Sanctuary	Pontiac, Michigan	5 Years	CMH System (CMHSP) 300 Users
Community Network Service	Pontiac, Michigan	4 Years	CMH System (CMHSP) 225 Users
Visteon Corporation	Dearborn, Michigan	4 Years	Employee Education and Training System
Lenawee County Community Mental Health Authority	Lenawee, Michigan	4 Years	CMH System (CMHSP) 100 Users
Livingston County Community Mental Health Authority	Livingston, Michigan	3 Years	CMH System (CMHSP) 210 Users
Monroe County Community Mental Health Authority	Monroe, Michigan	3 Years	CMH System (CMHSP) 220 Users
Southwest Detroit Mental Health Counseling Center	Detroit, Michigan	3 Years	CMH System (CMHSP) 230 Users
Training and Treatment Innovations	Oxford, Michigan	3 Years	CMH System (CMHSP) 110 Users
Washtenaw County Public Health	Ann Arbor, Michigan	3 Years	CMH System (CMHSP) 200 Users
Macomb-Oakland Regional Center (MORC)	Clinton Township, Michigan	2 Years	CMH System (CMHSP) 700 Users
Macomb County Community Mental Health	Macomb, Michigan	2 Years	CMH System (PIHP/CMHSP) 780 Users
Saginaw County Community Mental Health Authority	Saginaw, Michigan	2 Years	CMH System (PIHP/CMHSP) 1200 Users
Synergy Partners (Detroit-Wayne MCPN)	Detroit, Michigan	2 Years	CMH System (MCPN) 300 Users
Children's Center of Wayne County	Detroit, Michigan	2 Years	CMH and Foster Care Systems 160 Users
Neighborhood Service Organization (NSO)	Detroit, Michigan	1 Year	CMH System (CMHSP) 500 Users

<i>Clients</i>	<i>Location</i>	<i>Length of Services</i>	<i>Systems Developed/Users</i>
Lapeer County Community Mental Health	Lapeer, Michigan	1 Year	CMH System County CMH 120 Users
Sanilac County Community Mental Health	Sandusky, Michigan	1 Year	CMH System County CMH 160 Users
St. Clair County Community Mental Health	Port Huron, Michigan	1 Year	CMH System County CMH 370 Users
Detroit Central City	Detroit, Michigan	1 Year	CMH System (CMH Provider) 180 Users
New Passages	Pontiac, Michigan	1 Year	CMH System (CMH Provider) 700 Users
Northeast Guidance Center	Detroit, Michigan	1 Year	CMH System (CMH Provider) 120 Users
Arab American and Chaldean Council	Detroit, Michigan	1 Year	CMH System (CMH Provider) 30 Users
Development Center, Inc.	Detroit, Michigan	.5 Year	CMH System (CMH Provider) 140 Users
NorthCare Community Mental Health Agencies	Marquette, Michigan	New	BH System (PIHP) 600 Users
Region Ten Community Services Board	Charlottesville, Virginia	New	CMH System (Community Services Board) 500 Users

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.

A Michigan County Collaboration Group has been formed to share ideas and develop “best practices”. The group reviews common business needs that each CMH has and forms a workgroup that will take representation from each CMH and a PCE developer and design a standard module. Currently, we have participants from nine counties in southeast Michigan who meet monthly. The next meeting is scheduled for January 8, 2009. A special Billing User Group is now being formed to address the ever-changing third party billing processes. As our client base expands geographically, additional User Groups will be formed to accommodate the needs of our customers.

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	Integrated Community Mental Health System	Web Based	Linux and OS/400	DB2 and SQL	Lava, PHP and Visual Basic

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.

The PCE Software Solution is provided under an Application Service Provider (ASP) model where PCE hosts, operates and maintains the application. There are no server requirements on the part of the client for our solution.

#	Primary Server Purpose	Number Of Processors Per Server	Processor Type/Speed (MHz)	Memory (Gig)	Storage (Gig)
1	N/A	N/A	N/A	N/A	N/A

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.

The PCE Software solution will operate on any hardware that supports a connection to the Public Internet (PI) and web browsing. A high speed link (1.5 Mb/s or better) to the PI is recommended but not required. Microsoft Internet Explorer is the preferred web browser. The performance level and storage capacity of the local (client) hardware is at the discretion of the client provided the PI connection and web browsing requirements are met.

#	Type of Client Hardware	Operating System	Processor Type / Speed (MHz)	Memory (Gig)	Browser Level (If Applicable)	Required Disk Space (If Applicable)
1	SEE ABOVE					
2						

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	Printers	N/A	Any printer that can print from the user's stand-alone or network environment is supported. Laser printers are recommended.
2	Scanners	N/A	Any TWAIN compatible scanner is supported for modules of the system that support scanning

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	Public Internet (PI) connection		Minimum T1 (1.5 Mb/s) connection recommended
2	Web Browser		MS Internet Explorer recommended.

System Backup/Recovery Considerations

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

All data and software is completely backed up daily with copies of the full backup rotated every 30 days to an offsite, secure location.

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

Backups are performed in the background such that the system is available 24 hours per day.

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

Not Applicable in PCE's ASP environment. Users are not responsible for system backups.

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

Not Applicable in PCE's ASP environment. Users are not responsible for system performance and recovery. PCE has comprehensive performance, backup and disaster recovery schemes in place as outlined previously in this document.

Data Archiving Considerations

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

PCE does not make a practice of archiving data unless specifically requested by our clients. We provide access to all active and historical data in main line storage at all times. PCE's storage capacity is virtually limitless. We maintain a capacity that is several times greater than what is being used at any given time. As clients' needs grow, we increase our

capacity accordingly.

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

N/A – See response to RR-H-10.

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

N/A – See response to RR-H-10.

System Interface Considerations

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.

Since the PCE Solution is 100% customized, we have the flexibility of conforming to nearly any interface. PCE will work with the 3rd party directly to determine the interface requirements. We will then customize an interface on our system to conform to the 3rd party requirements. In some cases, depending on the situation, the 3rd party may also make changes so as to facilitate a more seamless interface. This spirit of cooperation is of course ideal however, in cases where "conflict" may arise, PCE is accustomed to adjusting our software to provide a successful interface.

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

HL7 interface has not been requested by any PCE customer.

Data Security Considerations

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

PCE's hosting facility manages highly confidential data from the automotive industry as well as the medical industry. Our policies, procedures and actual implementation of system security are HIPAA compliant and our facility and operations are reviewed annually by an external SAS-70 auditor.

Scalability Considerations

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

The ability to expand to accommodate increasing numbers of users and servers is virtually unlimited. As mentioned previously, under PCE's ASP environment, PCE maintains a storage and performance capacity several times greater than the needs of the user base at any given time. Although we cannot control external factors such as Public Internet traffic and client hardware or local software issues, we strive to maintain performance levels that translate into no more than a one second response time on the user's screen. The storage and performance monitoring tools built into our server environment allow us to set "high water" warnings far below levels that might adversely affect our users. When we determine that more capacity is required, we increase it long before performance latency becomes a problem.

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

Currently, we support 6,000 users on our system. Our current hardware and infrastructure is capable of sustaining 12,000 users without significance degradation.

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.

Depending on the number of counties that are interested in our services, PCE is prepared to hire additional staff, open California branch offices, and increase the number of support staff to handle the additional support functions.

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.](#)

PLEASE SEE THE ATTACHED EXCEL SPREADSHEET:

CA BH-EHR Functional Requirements Survey for PCE Systems.xls

J. Implementation Planning

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.

Implementation Team - PCE highly recommends that the client assemble an implementation team consisting of key users and managers from all departments representing a cross section of the end users. The implementation team will work closely with the PCE Project Manager in all implementation activities

System Analysis and Design – PCE will review and analyze client's current process flow, clinical forms, and reporting requirements. PCE will also review client's current systems to develop detailed system specifications, determine internal data structures, and identify data conversion requirements. Internal data specifications will include data elements, relationships, update source(s), frequency of update, input and edit requirements, internal processing requirements, system flow, security concerns and reporting requirements.

Hardware and Network Analysis – The web-based system requires a minimal amount of hardware and network resources on the part of the client. PCE will work with the client to ensure that client's local hardware and infrastructure meet certain minimum requirements. It is the client's responsibility to ensure all of the users are equipped with adequate local computers.

Database Design - The database files for supporting the system functionalities will be created in the system. The files will be shared by multiple modules and can be accessed simultaneously by multiple users. All created files will have internal authorities embedded in their definitions to protect data from unauthorized access. The data elements and attributes such as data type, field length and range of values will be finalized during the detailed design phase of the system implementation.

Programming - PCE programming staff will develop the software based on the findings of the system analysis. PCE follows rigid programming standards that ensure code consistency, maintainability, and a bug-free product. Appropriate user instructions, error messages and recovery procedures will be displayed wherever applicable to assist user in navigation and data entry.

Electronic Clinical Forms – PCE will work with the client's Implementation Team to review the operation and to examine how existing clinical forms are being used in client's business. For the purposes of increasing operational efficiency and eliminating possible duplicate data entry efforts, the teams will work to clean up and consolidate some of the forms. While we will program most of the clinical documents as data entry screens in the system, we anticipate that some of the forms will be consolidated, some may be programmed in Adobe PDF format, some will be programmed as output reports only, and some forms may not be programmed if

computerizing the forms would add little value to the operation. The data elements on any clinical forms selected for implementation will be stored in a relational database which can be used for future reporting and data analysis. The system will always provide the most up-to-date document format for the user to input data, however, any document electronically signed by the user will be converted in pdf format immediately and stored in the system with timestamp for audit trail and version control purpose.

User Acceptance Test - PCE will test the new system with the client's implementation team and key users in various departments to ensure the system meets the client's and users' requirements. The User Acceptance Test will commence thirty (30) days before the final implementation date. Any system bugs or deficiencies will be corrected before the final implementation date.

System Integration - PCE will deploy the new system onto servers located at the PCE Data Center. Multiple servers will be used for load-balancing. PCE will work with the client's implementation team to ensure a seamless transition.

Data Conversion – PCE will work in cooperation with the client's IS Staff to migrate the existing data from its current system to the new PCE system. In addition, PCE will review other existing private databases maintained by individual users and determine if these need to be integrated in the new system. PCE will provide exception reports of data that cannot be reasonably converted. It is the client's responsibility to provide complete and consistent data to PCE.

User Training – User training will be provided by PCE trainers in a classroom setting located at the client's location. Typical training session is a three-hour, hands-on user training with a minimum of 15 and a maximum of 20 trainees per class. The training facility must be equipped with computers for each user and must have access to the Internet. All users completing the training sessions are expected to have basic Internet browsing skills prior to attending the class. Trainees will be scheduled and grouped based on job descriptions and user roles. Specialized users such as reimbursement officers in the billing department and accounting department will be trained in a one-on-one session by our developers. A training document will be created and made available online for users to review.

Task and Deliverable	Estimated Due Date
Design Phase	
Contract Award	Day 1
Process Review and Systems Analysis	Day 1 + 2 Months
Clinical Forms Review and Consolidation	Day 1 + 3 Months
Review Current System for Data Conversion	Day 1 + 2 Months

Technical Phase	
Provide Conversion Data to PCE	Day 1 + 3 Months
System Customization and Development	Day 1 + 6 Months
Implementation Phase	
Conversion Data 3 rd Test	Day 1 + 7 Months
User Menu and Authority Configuration	Day 1 + 7 Months
Production Data Conversion	Day 1 + 7 Months
User Training	Day 1 + 8 Months
Production System Deployment	Day 1 + 9 Months
System Production Launch	Day 1 + 9 Months

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.

A typical implementation with a user base of 200-250 will normally require 6 to 9 months. The implementation cost for a system of this size usually does not exceed \$400,000.00. See the above metrics for a typical implementation schedule.

K. Training and Documentation

Training

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

Specific types of training will be determined by PCE and the client's System Implementation team. Generally, the trainees will be scheduled and grouped based on job descriptions and user roles, including a Train-the-Trainer class. Specialized users such as reimbursement officers in the billing department and accounting department will be trained on a one-on-one basis by PCE developers. All users must have basic Internet browsing skills prior to attending the training class. Examples of common training topics include Assessments, Plans of Service, Progress Notes, Pharmacy, Medications, Billing, Provider Claims, Client Charts, Authorizations, etc.

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

Training is offered before the system "goes live" according to the mutually agreed upon implementation schedule.

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

User training will be provided by PCE trainers in a classroom setting at the client's location. Each training session is a three-hour, hands-on user training with a minimum of 15 and a maximum of 20 trainees per class. The training facility must have 20 computers connected to the Internet.

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

As mentioned above, training is classroom style with one-on-one training offered for specialized users.

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

PCE employees provide the training.

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

Yes, PCE provides clinician-specific training.

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

PCE provides medical billing training but nothing specific to California at this time. If PCE were to develop a custom system for a California client that processes billing related to Short-Doyle Medi-Cal, we would, of course provide training.

Documentation

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).

PCE will develop a comprehensive manual covering all user functions. The manual will also provide sections for Managers and Administrators describing user ID creation, user function assignments, and user security setup.

2. User operator/system administrator manuals.

With PCE's ASP solution, the typical operator/system administrator manuals are not applicable. Each client will have a local system administrator/super-user that will receive specific trainings and manuals.

3. Hardware/OS manuals.

With PCE's ASP solution, Hardware/OS manuals are not applicable.

4. Network and Security.

With PCE's ASP solution, a Network manual is not applicable. User security is covered in the main manual and overall network security is maintained by PCE.

5. Training manuals (initial and ongoing user self-training).

An initial training document will be created and available online for users to review. The client will be responsible for new employee training and ongoing updates of the training manual upon completion of the initial training.

RR-K-08 Is the documentation available:

1. In hardcopy?

The user manual is available on-line in an Adobe Portable Document Format (PDF). The users may print the manual if they choose.

2. On CD-ROM?

The client would be responsible for making the PDF manual available on CD-ROM.

3. On the Local Area Network?

The client would be responsible for making the PDF manual available on their Local Area Network.

4. On the Internet?

The PDF manual is available via the Public Internet, inside of the application web-page, as part of the overall system.

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.)?

Documentation is updated to reflect system enhancements when and if they occur (based on the client's request). Since the documentation is available online as part of the system, once it is updated, it is available immediately to the user. The client will be responsible for disseminating the documentation in any other manner they choose.

L. Contractual Support

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

1. Future enhancements to acquired/licensed application modules?

N/A with ASP model. Please see below.

2. Operating system and related environmental software?

N/A with ASP model. Please see below.

3. Interface maintenance?

N/A with ASP model. Please see below.

4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

N/A with ASP model. Please see below.

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

Under the PCE ASP service agreement, new releases are not applicable

since the software is completely customized for the client. PCE charges a one time implementation fee and a monthly maintenance fee. The implementation fee covers the software development, system launch, user documentation, and user training. The monthly maintenance fee covers system operations, backup and recovery, communication line maintenance and all other functions required to maintain 99.9% system availability. If, at some time after system launch, the client requests enhancements that were not part of the original agreement, PCE will charge a one time fee to implement the enhancements. Periodically, PCE will upgrade its hardware or operating environment. These upgrades are included in the monthly maintenance and will, of course be PCE's responsibility.

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

PCE will offer system support for California clients from 8:00 am to 5:00 pm PST, Monday through Friday. Support beyond these hours is negotiable as needed. Our support staff is located in Farmington Hills, Michigan.

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

1. Toll-free hotline

Yes, to designated client project manager only.

2. Remote monitoring

Yes.

3. Remote diagnostics

Yes.

4. Training tutorials

Yes.

5. Web-based support tracking

Not currently available in any of our deployed systems but can be created per client's request.

6. 24x7 software support

Not currently but can be negotiated.

7. 24x7 hardware support

Not applicable in ASP environment.

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

1. Regular business hours.

The response time for problem reported is generally within one hour. Under PCE ASP services, a designated PCE project manger and/or developer will monitor the application system and will be notified by the system if any error occurs in the system. The PCE staff will work directly with a designated client staff member. The project manager will assess the problem and allocate necessary resources to resolve the issue. Critical errors that affect multiple users will be fixed within 24 hours upon notification.

2. Off-hours.

Not available at this time and not needed by any of our current customers, however, it can be arranged for any California customer if required.

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?

Instead of relying on automated support tools, a designated client staff member may call or email the PCE project manager or the designated developer directly for problem reporting and resolution.

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.

Once a system is launched, PCE operates solely on a maintenance agreement basis. Maintenance occurs on a continuous basis and upgrades/enhancements are provided on an as needed basis.

M. Cost and Licensing

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.

PCE charges a one time implementation fee and a monthly maintenance fee. The implementation fee covers the software development, system launch, user documentation, and user training. The monthly maintenance fee covers ASP server hardware, infrastructure and network bandwidth, system operations, backup and recovery, communication line maintenance and all other functions required to maintain 99.9% system availability to the client. If, at some time after system launch, the client requests enhancements that were not part of the original agreement, PCE will charge a one time fee to implement the enhancements. Periodically, PCE will upgrade its hardware or operating environment. These upgrades are included in the monthly maintenance and will, of course be PCE's responsibility.

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.

PCE does not participate in any of these programs. PCE is open to discussion regarding large scale implementations involving decentralized purchasing.

N. Risks and Issues

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.

A common risk that clients suffer from is a weak IT infrastructure at their local sites. Clients that do not have a formal IT department that manages and controls the desktops and the network can run into many problems during the implementation and training. It is recommended that each client spend energy and resources in developing and implementing an IT strategy to standardize the client hardware, application software, and the network.

Another common risk is the lack of a designated, central person or committee that will handle ongoing requests for enhancements and decisions. This person or committee needs to have a broad knowledge of the client's entire business operations and should be well equipped to translate that information between the developers and IT staff and the clinicians and administrators. Clients that have failed to appoint this person/committee have struggled in the months following implementation. Once they have identified the right people and processes, they begin to gain ground and move forward at a steady rate.

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.

1. Washtenaw Community Health Organization

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2. NorthCare Network

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3. Oakland County Community Mental Health Authority

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