City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

SOFTWARE AND APPLICATION LICENSE AND SERVICES AGREEMENT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND

Netsmart New York, Inc

This agreement (the "Agreement") is made this **1st** day of **August, 2008**, in the City and County of San Francisco, State of California, by and between: **Netsmart New York, Inc. 3500 Sunrise Highway, Suite D122, Great River, NY 11739**, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the City **Department of Public Health** wishes to license from Contractor certain software and the use of certain applications, and have Contractor configure and maintain such software and applications and provide certain hardware and training; and,

WHEREAS, Contractor represents and warrants that it is qualified to provide such software, applications and services required by City as set forth under this Agreement; and

Now, THEREFORE, the parties agree as follows:

1. Definitions

Where any word or phrase defined below, or a pronoun used in place thereof, is used in any part of this Agreement, it shall have the meaning herein set forth.

ACCEPTANCE — Notice from the City to Contractor that the Licensed Software and Applications meet the specifications contained in the Documentation. City's Acceptance of the Licensed Software and Applications shall be governed by the procedures set forth in Section 7.

AGREEMENT — This document and any attached appendices and exhibits, including any future written and executed amendments.

ANNIVERSARY DATE — Each annual anniversary of the Effective Date.

AUTHORIZATION; or AUTHORIZATION DOCUMENT — This Agreement, a Blanket Purchase Order, Contract Order, or Purchase Order of the City, properly executed by **the Department of Public Health** and Purchasing, and certified by the Controller for the specific funding of this Agreement or any modification thereof.

BUSINESS ASSOCIATE AGREEMENT	Appendix E to the Agreement containing provisions required by HIPAA to protect the confidentiality of Patient Data.
CITY CONTACTS	The City person(s) to be contacted by Contractor for technical, administrative and clinical matters, as set forth in the Communication Plan, Appendix A - 3.
DATA	Drug information licensed from Multum Information Services, Inc. ("Multum") that performs drug interactions for the MMPS.
DESIGNATED CPU	Any central processing unit or attached processor complex, including its peripheral units, described in the Authorization Document and Appendices F and K. The Authorization Document may designate more than one CPU.
DESIGNATED SITE	The facility or facilities specified in Appendix A, attached hereto and incorporated by reference as though fully set forth herein, or any other facility as the parties may designate from time to time in writing, where the Designated CPU is located.
DOCUMENTATION	The technical publications relating to the use of the Licensed Software and Applications, such as reference, installation, administrative and programmer manuals, provided by Contractor to City as set forth in Appendix J.
FIRST LINE SUPPORT	Receiving and categorizing user problems and questions regarding the use of the Licensed Software, and assisting the users in resolving such problems and questions.
HARDWARE	The central processing units and attached processor complex, including its peripheral units (servers) to be provided by Contractor as described in the Authorization Document and Appendices F and K.
INDEPENDENT CONTRACTOR OR NETSMART AGENT	Independent contractors hired by Netsmart for the purpose of maintaining, modifying, installing or uninstalling software necessary to the functioning of MMPS.
INFOSCRIBER	Infoscriber Corporation, the owner of the software used by Netsmart to provide the MMPS.
LICENSED APPLICATION	One or more of the proprietary computer Application programs identified in the Authorization Document and Appendix I, including but not limited to MMPS, all related materials, Documentation, all corrections, patches or

updates thereto, and other written information received by City from Contractor, whether in machine-readable or printed form. The Authorization Document may identify more than one Application product or more than one copy of any product.

LICENSED SOFTWARE	One or more of the proprietary computer software programs identified in the Authorization Document and Appendices G and H, all related materials, Documentation, all corrections, patches or updates thereto, and other written information received by City from Contractor, whether in machine-readable or printed form. The Authorization Document may identify more than one software product or more than one copy of any product. Licensed Software shall include the software of third parties that is sublicensed to City in accordance with the terms of this Agreement (the "Third Party Software").
MMPS	The Netsmart/Infoscriber medication management and products and services to be provided by Contractor to City hereunder.
OBJECT CODE	Machine readable compiled form of Licensed Software and Applications (other than the Third Party Software) provided by Contractor.
PATIENT DATA	Names, addresses, social security numbers, medical records and any other information concerning or relating to patients of City which is deemed to be protected health information under the rules and regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). De-identified Data (as such term is defined by HIPAA) shall not be considered to be Patient Data.
SECOND LINE SUPPORT	Contractor Responding to problems from City's designated IT staff relating to the failure of the Licensed Software to operate in accordance with their Specifications.
SOURCE CODE	The human readable compliable form of the Contractor's Licensed Software (other than the Third Party Software) to be provided by Contractor.
SPECIFICATIONS	The functional and operational characteristics of the Licensed Software and Applications as described in Contractor's current Documentation as listed in Appendix J and as described in the Contractor's RFP Response to the City dated June 30, 2006, which is incorporated herein as though set forth in full, including without limitations Contractor's Specifications Worksheet Response (attached as Appendix M), and as modified by Appendix A-2.

Whenever the words "as directed," "as required," "as permitted," or words of like effect are used, it shall be understood as the direction, requirement, or permission of the **Department of Public Health.** The words "sufficient," "necessary," or "proper," and the like, mean sufficient, necessary or proper in the reasonable judgment of the **Department of Public Health,** unless otherwise indicated by the context.

CMS # 6193

2. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation

This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization.

This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated.

City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration of this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3. Term of the Agreement

Subject to Section 5, the software license granted under this Agreement shall commence upon installation of the Licensed Software and shall continue in perpetuity unless sooner terminated in accordance with the provisions of this Agreement. Subject to Section 5, the Application licenses granted under this Agreement shall commence upon on July 1, 2010 and expire on July 30, 2013.

Subject to Section 2, the term of the configuration, training, and maintenance services in this Agreement shall be from August 1, 2008 though July 30, 2013 as further detailed in Appendices A, B and C.

4. Effective Date of the Agreement

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

5. License

a. Grant of License. Subject to the terms and conditions of this Agreement, Contractor grants City a non-exclusive and non-transferable perpetual license to use the Licensed Software. City acknowledges and agrees that the Licensed Software is the proprietary information of Contractor and that this Agreement grants City no title or right of ownership in the Licensed Software. Contractor grants City a non-exclusive, non-transferable limited term license for it and its providers to use the MMPS by installing, and registering to use the MMPS from Contractor's Web sites, to access and to use Contractor's online storage facility for electronic medical records and associated healthcare information (the "Online Data Storage") and for any related content (the "Content"), and to use any other services made available by Contractor in MMPS (collectively, the "Netsmart Services"). The licenses Contractor grants to City are conditioned on City agreeing to, and abiding by, all the terms and conditions in the

Agreement. The scope of the Application License granted to City is further detailed in Appendices B-2, I and G.

Contractor agrees that in the event it discontinues its obligations under the terms of this Agreement, except as expressly provided for in Section 31 (Termination), or ceases to provide maintenance and support for the Licensed Software and Applications, and does not offer comparable software with similar functionality or there is no successor in interest by merger, operation of law, assignment, purchase, or otherwise, it will provide City, without charge, one (1) copy of the then-current Source Code for all of the programs and all supporting Documentation for the Licensed Software and Applications then operating and installed at City's locations. If City should obtain the Source Code and the Documentation pursuant to this section, the only use made of the Source Code and the Documentation will be for the proper maintenance of the Licensed Software and Applications in connection with City's use of the Licensed Software and Applications as provided for, and limited by, the provisions of this Agreement.

In furtherance of its obligations as stated above, Contractor and City will, within sixty (60) days of the execution of this Agreement, enter into a an escrow agreement (the "Escrow Agreement") in a form substantially similar to that attached hereto as Appendix D, pursuant to which Contractor will deposit a copy of the Source Code which corresponds to the most current versions of the Licensed Software with an escrow agent. The Escrow Agreement need not be with the Iron Mountain and shall not include provisions obligating the City to agree to binding arbitration or automatic renewal of the Escrow Agreement. Further, the Escrow Agreement shall provide that California law applies to any disputes under the Escrow Agreement. Contractor agrees to update, enhance or otherwise modify such Source Code promptly upon the release of new versions of the Licensed Software to its other Licensees such that the Source Code is maintained as corresponding to the newest released versions of the Licensed Software. City's right to possession of the Source Code will be governed by this Agreement and the Escrow Agreement.

b. Restrictions on Use. City is authorized to use the Licensed Software and Licensed Applications only for City's internal purposes and only on the Designated CPU or the Designated Site and for the number of authorized users specified in the Authorization Document. City agrees that it will, through its best efforts, not use or permit the Licensed Software or Licensed Applications to be used in any manner, whether directly or indirectly, that would enable any other person or entity to use the Licensed Software or Licensed Applications on other than the Designated CPU or Site. City and its providers are authorized to use the licensed Applications only for the City's and providers' internal purposes.

c. Use on other than Designated CPU or Site. A single back-up or replacement CPU may be used as a substitute for a Designated CPU at any time, provided that City provides Contractor with written notice of such hardware substitution, including information regarding the replacement hardware as required for the Designated CPU pursuant to this Agreement, that City refrain from using the Licensed Software or Licensed Applications simultaneously on both the Designated CPU and the substitute CPU, and that the Licensed Software and Licensed Applications be removed from or rendered inoperable on the Designated CPU by the City in a timely manner subsequent to installation of the Licensed Software and Licensed Applications upon the substitute CPU.

For the purpose of any bona fide City disaster recovery plan or with respect to the use of computer software in its municipal operations, City may make one copy of the Licensed

Software for archival purposes and use such archival copy on a CPU other than the Designated CPU, or at a site other than the Designated Site, so long as such alternative CPU or site is owned or controlled by City. The use of such archival copy shall be limited to (1) the purpose of conducting limited testing of the disaster recovery plan's procedures and effectiveness and (2) during any period subsequent to the occurrence of an actual disaster during which the City cannot operate the Licensed Software on the Designated CPU or at the Designated Site. City agrees to furnish evidence of its disaster recovery plan and procedures upon Contractor's request.

d. Transfer of Products. City may move the Licensed Software and Licensed Applications and supporting materials to another City site that physically replaces the original installation site upon prior written notice to Contractor.

e. Documentation. Contractor shall provide City with the Licensed Software specified in the Authorization Document, and a minimum of two electronic copies of the Documentation per installation. Contractor grants to City permission to print and duplicate the Documentation for City's internal use. Contractor shall provide City with two electronic copies of the Application Documentation. Contractor grants to City permission to print and duplicate the Application Documentation for City's and its providers' internal use.

f. Proprietary Markings. City agrees not to remove or destroy any proprietary markings or proprietary legends placed upon or contained within the Licensed Software or Licensed Applications or any related materials or Documentation.

g. Authorized Modification. City shall also be permitted to develop, use and modify Application Program Interfaces (API's), macros and user interfaces external to Netsmart Licensed Programs and the Caché Database and shall not modify any Contractor supplied APIs, macros or interfaces. For purposes of this Agreement, any such development shall be deemed an authorized modification. Any such APIs, macros or other interfaces developed by the City shall become the property of the City.

h. Access to Source Code. Unless Contractor consents, or the Source Code is released to the City under the terms of the Escrow Agreement, City shall not disassemble or reverse engineer any of the Licensed Software or Licensed Applications and nor attempt to access or modify the source code versions of the Licensed Software or Licensed Applications and shall not make any derivations, adaptations, or translations of the Licensed Software or Licensed Applications in whole or in part or use the Licensed Software or Licensed Applications to develop functionally similar computer software or applications.

i. Ownership of Application Intellectual Property.

1. Contractor represents that it has the right to license the software, tools, and information that make up the MMPS and all related technologies. Contractor's rights in the Contractor Services include any updates or modifications, whether in machine-readable or printed form, and including without limitation derivative works, compilations, or collective works thereof and all related technical know-how, whether made by Contractor or City. Subject only to City's rights, or the rights of City's patients, in the Patient Data, Contractor shall own all derivative works created.

2. If suggestions made by City are incorporated into subsequent versions of the MMPS, City hereby assigns to Contractor all rights City may have in and to any suggestions, concepts, or improvements concerning products and services that City communicates to Contractor.

3. City shall not knowingly or wrongfully take any action to jeopardize, limit or interfere in any manner with Contractor's ownership of, or rights with respect to MMPS. City shall not knowingly or wrongfully remove or alter any trademark, logo, copyright or other proprietary notices, legends, symbols, or labels, and shall use every effort to reproduce such notices on all copies of product and services.

4. Except for the rights expressly granted to City herein, Contractor reserves for itself all other rights in and to the Netsmart Services.

5. City may not use, copy, modify, transfer, lend, rent, lease, loan, resell for profit, use in a time sharing or service bureau arrangement, or distribute the MMPS, or use it in a client/server network thereby providing multiple users access to MMPS, the Patient Data and Content in whole or in part except as expressly provided for in the Agreement.

6. City agrees not to attempt, either on its own behalf or through the services of others, to decipher, reverse engineer, disassemble, de-compile, or translate the MMPS, or otherwise attempt to derive the source code of MMPS, or authorize any third party to do any of the foregoing. City agrees not to modify or create derivative works of MMPS or other Contractor technology associated with the products described herein, without Contractor's prior written authorization.

7. Contractor has licensed the InfoScan Formulary Database ™ ("IFDB") from Multimedia Information Technologies Division, Medimedia USA, Inc. ("MMIT") to provide various on-line formulary and referral capabilities as part of the MMPS. All drug information provided in or through the MMPS is obtained and licensed from Multum and such drug information service is referred to herein as the "Multum Service". City acknowledges that MMIT reserves and retains at all times its intellectual property rights in the IFDB, and Multum reserves and retains at all times its intellectual property rights in the Multum Service. City hereby agrees:

i. City does not own data or information provided by Multum or other data or information available through the MMPS, except for the Patient Data and other data furnished by City;

ii. City will not make the data available to any person, or entity including the government, whether affiliated or not, except as required by subpoena or other legal process. If City is required to disclose any such information, the City will notify Contractor promptly in writing so that Contractor, Multum or MMIT may seek a protective order or other appropriate remedy or, in Contractor's sole discretion, waive compliance with the terms of the Agreement;

iii. City will not use the Contractor's Services for any unlawful purpose:

iv. City will not use the IFDB data in any mailing or to develop or support analysis.

j. Application Trademarks

1. Contractor owns or has the rights to use the names used in MMPS, including but not limited to Contractor, InfoNews, InfoScriber, Multum Information Services, Inc., and Medimedia Information Technologies Division ("Trademarks") and these names are protected by trademark laws in the U.S. and internationally. All trademarks are the property of their respective owners.

2. City may not use Trademarks in any of the following ways:

i. In a non-Netsmart product name or publication title.

ii. Within or as part of City's own trademarks.

iii. To identify non-Netsmart products or services.

iv. In a manner which will likely cause confusion.

v. In a manner that implies that Contractor sponsors, endorses or is otherwise connected with City's own activities, products, or services.

vi. In a manner that disparages Contractor.

k. Grant of License by City. City grants to Contractor, its subsidiaries, affiliates, and Contractor's Agents who assist in the operation or maintenance of the MMPS, a non-exclusive, non-transferable license (the "Usage License") to use the Patient Data for the sole purpose of operating the MMPS for the benefit of City and its patients, including providing City and its authorized agents with access to Patient Data upon authorization, making some portions of the Patient Data available to individual patients if both they and City desire to do so, and maintaining the MMPS (for example, creating backups of the Patient Data or moving it between servers). The Usage License does not confer on Contractor any right to share Patient Data with third parties other than Contractor's Agents who are bound by agreements that contain confidentiality provisions equivalent to those contained in the Agreement. The grant of the Usage License is conditioned upon Contractor agreeing to and abiding by all the terms and conditions in the Agreement, including HIPAA regulations (Appendix E). The forgoing restriction on Contractor's use of Patient Data does not prohibit Contractor from making use of De-identified Data provided Contractor has followed all HIPAA regulations regarding de-identification of the data. Use of City owned, de-identified prescribing data is permitted for purposes of informing decision support functions.

6. Delivery

a. Licensed Software and Licensed Application Delivery. One copy of each of the Licensed Software products in computer readable form shall be sent electronically to an FTP site designated by the City not later than the date specified in Appendix A-1. Contractor shall make the Licensed Applications available to the City on-line as described in Appendix A.

b. Installation. Contractor and City shall work jointly to install the Licensed Software by the dates specified in the Project Plan Narrative attached hereto as Appendix A and Project Plan attached hereto as Appendix A-1.

c Hardware. Contractor will deliver the Hardware, with operating system pre-installed and configured according to the specifications listed in Appendix F-1 and Appendix K, to meet the requirements of the Project Plan Narrative attached hereto as Appendix A and Project Plan attached hereto as Appendix A-1.

d. Implementation and Configuration. Contractor and the City shall work together as specified in the Project Plan attached hereto as Appendix A to configure the Licensed Software to support the City's requirements described in this Agreement. The Contractor shall supply the resources noted in the Netsmart Project Staffing Profile For San Francisco Project attached hereto as Appendix B - 3.

e. Risk of Loss. If any of the Licensed Software products are lost or damaged during electronic transfer or before installation is completed, Contractor shall promptly replace such products, at no additional charge to the City. If any of the Licensed Software products are lost or damaged while in the possession of the City, Contractor will promptly replace such products without charge, except for program storage media, unless supplied by the City.

7. Acceptance Testing

The parties shall jointly develop a Testing and Acceptance Plan, which shall be attached hereto as Appendix A - 6. After Contractor has installed the Licensed Software, the City shall have the periods defined in Appendix A - 6 ("Acceptance Testing Period") from the date of installation to verify that the Licensed software substantially performs to the specifications contained in the Documentation. In the event that the City determines that the Licensed Software does not meet such specifications, the City shall notify the Contractor in writing, and Contractor shall modify or correct the Licensed Software so that it satisfies the Acceptance criteria. Any such corrections shall be tested by City as provided in the Testing and Acceptance Plan. The date of Acceptance will be that date upon which City provides Contractor with written notice of satisfactory completion of Acceptance testing. If City notifies Contractor after the Acceptance Testing Period that the Licensed Software does not meet the Acceptance criteria of this section, then City shall be entitled to terminate this License in accordance with the procedures specified in Section 31(b) herein, and shall be entitled to a full refund of the license fee. In the event the City does not accept the Licensed Software upon completion of testing, and Netsmart disagrees with the City's decision, the parties will submit the matter to the Dispute Resolution Process as set forth in Appendix A - 5. If City fails to provide such notification to Contractor within ten (10) days after the end of the Acceptance Testing Period, the System shall be deemed to have been accepted. Use of any part of the System by City for productive purposes, except as provided in a phased implementation plan agreed to by the parties, shall constitute acceptance of the part of the System used for such productive purposes. In the event that the City has not provided notice of Acceptance to the Contractor in accordance with the Testing and Acceptance Plan (Appendix A-6) the System shall be deemed to be accepted by the City.

8. Training

Contractor will provide training in the use and operation of the Licensed Software and Applications as described in Appendix A - 7 ("Training Plan") at City training sites(s) unless otherwise agreed upon.

Upon request by the City, Contractor will provide additional training at its then current best government rates or as defined in Appendix L as determined by the City.

9. Contractor's Default

Failure or refusal of Contractor to perform or do any material act herein required shall constitute a default. In the event of any default, in addition to any other remedy available to City, this Contract may be terminated by City upon thirty (30) days written notice, during which notice period Contractor shall have the right to cure the default. Such termination does not waive any other legal remedies available to City.

10. Maintenance and Support

a. Maintenance and Support Services. After Acceptance of the Licensed Software and subject to the terms, conditions, and charges set forth in this Section and in Appendices A, B, and C, Contractor will provide City with maintenance and support services for the Licensed Software as follows: (i) Contractor will provide such assistance as necessary to cause the Licensed Software to perform in accordance with the Specifications as set forth in the Documentation; (ii) Contractor will provide, for City's use, whatever improvements, enhancements, extensions and other changes to the Licensed Software Contractor may develop, and (iii) Contractor will update the Licensed Software, as required, to cause it to operate under new versions or releases of the operating system specified in the Authorization Document so long as such updates are made generally available to Contractor's other Licensees. Contractor will provide maintenance and support services for the Licensed Application as described in Appendices A, B-2, C, and I. Hardware maintenance and support are provided as defined in Appendix B-1, and Appendix K

b. Changes in Operating System. If City desires to obtain a version of the Licensed Software that operates under an operating system not specified in the Authorization Document, Contractor will provide City with the appropriate version of the Licensed Software, if available, on a 90-day trial basis without additional charge, provided City has paid all maintenance and support charges then due. At the end of the 90-day trial period, City must elect one of the following three options: (i) City may retain and continue the old version of the Licensed Software, return the new version to Contractor and continue to pay the applicable rental or license fee and maintenance charges for the old version; (ii) City may retain and use the new version of the Licensed Software and return the old version to Contractor, provided City pays Contractor the applicable rental or license fee and maintenance charges for the new version of the Licensed Software; or (iii) City may retain and use both versions of the Products, provided City pays Contractor the applicable rental or license fee and maintenance charges for both versions of the Licensed Software. City will promptly issue the necessary Authorization Document(s) to accomplish the above.

c First Line Support and Second Line Support City shall maintain an internal Help-Desk for users of the Licensed Software. City's internal Help-Desk shall handle all first line support calls from users and City shall designate the IT staff who will be primary contacts with Contractor's support staff, as specified in Appendix C. Contractor shall provide Second Line support for the Licensed Software to designated City IT contacts as specified in Appendix C.

d. Avatar Software. Maintenance and support is free for the first year of the Agreement. Thereafter, Avatar software annual maintenance and support for years 2-5 is as specified in Appendices B-1 and B-2.

e. Licensed Application. Contractor will provide First Line Maintenance and support, Toll free (M-F, 830AM TO 8PM EST), and Second Line Maintenance and Support as further detailed in Appendix I and as specified in Appendix C. They are included in the yearly subscription fees for the Licensed Application.

f. **Third Party Software.** Maintenance and Support fees begin upon delivery of the third party software to the City in the first year and are included in the annual Avatar software maintenance and support fees for each year as described above in 10.c. and as specified in Appendix B-1 and Appendix B- 2.

11. Configuration Services

The Contractor agrees to perform the configuration services provided for and on the schedule set forth in Appendix A, "Project Plan," and Appendix A - 1, attached hereto and incorporated by reference as though fully set forth herein, for the charges described in Appendix B- 2.

12. City Representations and Warranties

City represents and warrants to Contractor that:

(a) It has the right to grant to Contractor the rights and licenses granted in the Agreement on behalf of itself and any healthcare professional who treated the patient and created or submitted the Patient Data or other similar healthcare information:

(b) It will use appropriate measures to protect the security and confidentiality of the Patient Data (for example, by protecting passwords used to access Patient Data and by employing physical security measures for any computers that contain Patient Data),

(c) It has obtained any required authorization from patients for the release and disclosure of the Patient Data and any related information that it discloses to Contractor pursuant to the terms of the Agreement,

(d) Only authorized personnel and representatives required to have access and who agree to be bound by the confidentiality terms of the Agreement will have access to the Patient Data and related healthcare information.

13. Warranties of Contractor

a. **Right to Grant a License.** Contractor hereby warrants that it has title to and/or the authority to grant licenses for the Licensed Software and Applications to the City.

b. **Conformity to Specifications.** Contractor warrants that when the Licensed Software and Licensed Applications specified in the Authorization Document and all updates and improvements to the Licensed Software and Licensed Applications are delivered to City, they will be free from material defects as to design, material, and workmanship and will perform on the Designated CPU and Hardware and Environment configuration described in Appendices F and K in accordance with the Contractor's published Specifications for the Licensed Software and Licensed Applications for a period of one hundred and eighty (180) days from the completion of each phase of the City's Acceptance of such Licensed Software and Licensed Applications. Contractor shall promptly correct in accordance with Appendix C any failure of the Licensed Software or Licensed Applications to comply with the warranties contained in this Section 13.

c. Hardware is warranted for three years, by IBM direct warranty to City. IBM On-site Repair 24 hours a day, 7 days a week with a four hour response time, as described in the Description of Hardware, Hardware Maintenance and Warranties attached hereto as Appendix K.

d. **High Risk Activities.** The MMPS are not intended for use in the following applications: operation of nuclear facilities, surgical operations, and direct life support machines. Netsmart expressly disclaims any responsibility or liability should City, its licensees, affiliates, or others choose to use the MMPS in any such application.

e. The MMPS and related technologies will be free of viruses and when properly downloaded, installed or used, will perform in all material respects in accordance with the applicable documentation attached as listed in Appendix J and specified in Appendices J and M.

f. Contractor will use appropriate technological and operational safeguards to protect the confidentiality of the Patient Data and to reduce the risk of loss of Patient Data. These safeguards include encryption of electronically transmitted healthcare information, message and entity authentication, audit trails, emergency back up systems containing secure data, firewalls, anti-virus implementation and checks, and administrative security training and access limiting protocols. Contractor will routinely review and update its technological and operational safeguards for compliance with applicable laws and regulations including but not limited to those required by HIPAA.

g. Contractor will obtain consent from the appropriate parties for the release and disclosure of confidential information and will adhere to authentication procedures to ensure an entity is genuine in its representations to Contractor.

h. **Disclaimer of Warranty.** EXCEPT AS EXPRESSLY PROVIDED HEREIN, CONTRACTOR EXPRESSLY DISCLAIMS ALL IMPLIED WARRANTIES, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NO ORAL OR WRITTEN INFORMATION OR ADVICE GIVEN BY CONTRACTOR, ITS EMPLOYEES, DISTRIBUTORS, DEALERS OR AGENTS SHALL CREATE ANY WARRANTIES. CONTRACTOR PROVIDES THE MMPS AND ANY RELATED TECHNOLOGIES ON AN "AS-IS" BASIS.

14. Infringement Indemnification

If notified promptly in writing of any judicial action brought against City based on an allegation that City's use of the Licensed Software or Licensed Applications infringes a patent, copyright, or any right of a third party or constitutes misuse or misappropriation of a trade secret or any other right in intellectual property (Infringement), Contractor will hold City harmless and defend such action at its own expense. Contractor will pay the costs and damages awarded in any such action or the cost of settling such action, provided that Contractor shall have sole control of the defense of any such action and all negotiations or its settlement or compromise. If notified promptly in writing of any informal claim (other than a judicial action) brought against City based on an allegation that City's use of the Licensed Software or Licensed Applications constitutes Infringement, Contractor will pay the costs associated with resolving such claim and will pay the settlement amount (if any), provided that Contractor shall have sole control of the resolution of any such claim and all negotiations for its settlement.

In the event a final injunction is obtained against City's use of the Licensed Software or Licensed Applications by reason of Infringement, or in Contractor's opinion City's use of the Licensed Software or Licensed Applications is likely to become the subject of Infringement, Contractor may at its option and expense: (a) procure for City the right to continue to use the Licensed Software or Licensed Applications as contemplated hereunder, (b) replace the Licensed Software or Licensed Applications with a non-infringing, functionally equivalent substitute Licensed Software or Licensed Applications, or (c) suitably modify the Licensed Software or Licensed Applications to make its use hereunder non-infringing while retaining functional equivalency to the unmodified version of the Licensed Software or Licensed Applications. If none of these options is reasonably available to Contractor, then the applicable Authorization Document or relevant part of such Authorization Document may be terminated at the option of either party hereto and Contractor shall refund to City all amounts paid under this Agreement for the license of such infringing Licensed Software or Licensed Applications, such refund to be reduced by one sixtieth ($1/60^{th}$) for each month from the date of acceptance of the Licensed Software or Applications up to the date of termination.

Any unauthorized modification or attempted modification of the Licensed Software or Licensed Applications by City or any failure by City to implement any improvements or updates to the Licensed Software or Licensed Applications, as supplied by Contractor, shall void this indemnity unless City has obtained prior written authorization from Contractor permitting such modification, attempted modification or failure to implement. Contractor shall have no liability for any claim of Infringement based on City's use or combination of the Licensed Software or Licensed Applications with products or data of the type for which the Licensed Software or Licensed Applications were neither designed nor intended to be used.

15. Payment

Compensation shall be due and payable within 45 days of the date of invoice. In no event shall the amount of this Agreement exceed Nine Million Nine Hundred and Sixty-Eight Thousand Eight Hundred and Twenty-Eight Dollars (**$ 9,968,828)**. The breakdown of costs associated with this Agreement is provided for in Appendix B.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until Licensed Software, Licensed Applications, Hardware, and services, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

16. Guaranteed Maximum Costs

a. The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification.

b. Except as may be provided by City ordinances governing emergency conditions, the City and its employees and officers are not authorized to request Contractor to perform services or to provide materials, equipment and supplies that would result in Contractor performing services or providing materials, equipment and supplies that are beyond the scope of the services, materials, equipment and supplies agreed upon in the contract unless the agreement is amended in writing and approved as required by law to authorize additional services, materials, equipment or supplies. The City is not required to reimburse Contractor for services, materials, equipment or supplies that are provided by Contractor which are beyond the scope of the services, materials, equipment and supplies agreed upon in the contract and which were not approved by a written amendment to the agreement having been lawfully executed by the City.

c. The City and its employees and officers are not authorized to offer or promise to Contractor additional funding for the contract which would exceed the maximum amount of funding provided for in the contract for Contractor's performance under the contract. Additional funding for the contract in excess of the maximum provided in the contract shall require lawful approval and certification by the Controller of the City and County of San Francisco. The City is not required to honor any offered or promised additional funding for a contract which exceeds the maximum provided in the contract which requires lawful approval and certification of the Controller when the lawful approval and certification by the Controller has not been obtained.

d. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

17. Invoice Format

Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique identifying number. All amounts paid by City to Contractor shall be subject to audit by City.

Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

18. Submitting False Claims; Monetary Penalties

Pursuant to San Francisco Administrative Code Section 21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for three times the amount of damages that the City sustains because of the false claim. A contractor, subcontractor or consultant who submits a false claim shall also be liable to the City for the costs, including attorney's fees, of a civil action brought to recover any of those penalties or damages, and may be liable to the City for a civil penalty of up to $10,000 for each false claim. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) Knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval. (b) Knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City. (c) Conspires to defraud the City by getting a false claim allowed or paid by the City. (d) Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City. (e) Is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

19. Taxes

Payment of any taxes, including possessory interest taxes, and California sales and use taxes, levied upon this Agreement, the transaction, or the services delivered pursuant hereto, shall be the obligation of Contractor.

20. Payment Does Not Imply Acceptance of Work

The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, the Licensed Software or

Applications, although the unsatisfactory character of such work, or Licensed Software or Applications may not have been apparent or detected at the time such payment was made. Software, Applications, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

21. Qualified Personnel

Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor.

22. Responsibility for Equipment

City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City. The acceptance or use of such equipment by Contractor or any of its employees means that Contractor accepts full responsibility for and agrees to exonerate, indemnify, defend and save harmless City from and against any and all claims for any damage or injury of any type arising from the use, misuse or failure of such equipment, whether such damage be to Contractor, its employees, City employees or third parties, or to property belonging to any of the above.

23. Independent Contractor; Payment of Taxes and Other Expenses

a. Independent Contractor. Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor.

Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. Payment of Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority.

Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability).

A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

24. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification and General Liability," section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(1) Workers' Compensation, with Employers' Liability limits not less than $1,000,000 each accident, injury, or illness; and

(2) Comprehensive or Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(3) Comprehensive Automobile Liability Insurance with limits not less than $1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned and Non-owned and hired auto coverage, as applicable.

(4) Professional liability insurance / Errors and Omissions with limits not less than $1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must provide the following:

(1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of Contractor's activities under this Agreement,

c. All policies shall provide thirty (30) days advance written notice to City of cancellation, non-renewal mailed to the following address:

Office of Contract Management and Compliance
Department of Public Health
101 Grove Street, Room 307
San Francisco, California 94102

d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

e. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

f. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

g. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement. Policy shall be endorsed and insurer shall provide written notice to City of policy cancellation for any reason. Insurer shall also provide thirty days' advance written notice to City of any reduction in coverage or nonrenewal of coverage.

h. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

25. Indemnification and General Liability

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's negligent or grossly negligent performance of this Agreement or willful misconduct, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and in not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

26. Incidental and Consequential Damages

CONTRACTOR SHALL NOT BE RESPONSIBLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT RESULTING IN WHOLE OR IN PART FROM CONTRACTOR'S ACTS OR OMISSIONS.

27. Liability of the Parties

a. Liability of the City. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, CITY'S CUMULATIVE LIABILITY, INCLUDING WITHOUT LIMITATION CITY'S PAYMENT OBLIGATIONS AND ANY ADDITIONAL LIABILITY UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 14 (PAYMENT) OF THIS AGREEMENT AS LIMITED BY SECTION 2 (CERTIFICATION OF FUNDS) OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

b. Liability of the Contractor. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, CONTRACTOR'S CUMULATIVE LIABILITY UNDER THIS AGREEMENT SHALL BE LIMITED TO THE GREATER OF (I) ONE HUNDRED PERCENT (100%) OF THE AGGREGATE PAYMENTS ACTUALLY RECEIVED BY CONTRACTOR AS OF THE DATE THE LIABILITY ACCRUED AND (II) THE AMOUNT OF FOUR MILLION, EIGHT HUNDRED THOUSAND DOLLARS ($4,800,000). THE FOREGOING LIMITATION SHALL NOT APPLY TO (I) CONTRACTOR'S GROSSLY NEGLIGENT ACTS OR OMISSIONS OR WILLFUL MISCONDUCT, (II) CONTRACTOR'S WARRANTIES UNDER SECTION 13, (III) CONTRACTOR'S INDEMNIFICATION AND DEFENSE OBLIGATIONS UNDER SECTION 14, (IV) CLAIMS FOR DAMAGES TO THE EXTENT THAT PROCEEDS OF INSURANCE MAINTAINED BY CONTRACTOR UNDER THIS AGREEMENT EXCEED THE LIMITATION ABOVE, (V) STATUTORY DAMAGES SPECIFIED IN THIS AGREEMENT OR (VI) CLAIMS FOR WRONGFUL DEATH.

28. Nondisclosure

a. City agrees that it shall treat confidential and proprietary information of Contractor with the same degree of care as it treats like information of its own, which it does not wish and is not obligated by law to disclose to the public, from the date that such confidential information is disclosed to City.

b. The obligations of the City set forth above, however, shall not apply to confidential information or any portion thereof, which:

(1) is now or hereafter becomes publicly known;
(2) is disclosed to the City by a third party that legally entitled to disclose such information without restriction;
(3) is known to the City prior to its receipt of the confidential information;
(4) is subsequently developed by the City independently of any disclosures made hereunder by Contractor;
(5) is disclosed with Contractor's prior written consent;
(6) is disclosed by Contractor to a third party without similar restrictions;
(7) is required by law to be disclosed by the City.

c. City may not download, use or otherwise export or re-export the MMPS or any underlying information or technology of the MMPS except in full compliance with all United States and other applicable laws and regulations. By downloading or installing MMPS Software or using the MMPS, City is agreeing to the foregoing and is representing and warranting that City is not located in, under the control of, or a national resident of any country to which the U.S. has embargoed goods or on any U.S. Treasury Department's list of Specially Designated

Nationals or the U.S. Commerce Department's Table of Denial Orders. The MMPS Software must always bear the following Export Warning (as updated from time to time based on the U.S. government's administration of the export restrictions):

> This software is subject to the U. S. Export Administration Regulations and other U. S. law, and may not be exported or re-exported to certain countries, Cuba, Iran, Libya, North Korea, , Sudan and Syria or to persons or entities prohibited from receiving U. S. exports (including Denied Parties, Specially Designated Nationals, and entities on the Bureau of Export Administration Entity List).

29. Proprietary or Confidential Information

a. **Proprietary or Confidential Information of City.** Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information that may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in the performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent Contractor would use to protect its own proprietary data.

The obligations of Contractor set forth above, however, shall not apply to confidential information or any portion thereof, which:

(1) is now or hereafter becomes publicly known;
(2) is disclosed to the Contractor by a third party that is legally entitled to disclose such information without restriction;
(3) is known to the Contractor prior to its receipt of the confidential information;
(4) is subsequently developed by the Contractor independently of any disclosures made hereunder by the City;
(5) is disclosed with the City's prior written consent;
(6) is disclosed by City to a third party without similar restrictions.

b. Proprietary or Confidential Information of Contractor.

1. City acknowledges that information related to the MMPS and related technologies, including the method and manner of providing these products, are confidential information owned or licensed by Contractor from the owner ("Netsmart Confidential Information"). City agrees to use the Contractor Confidential Information only for the duration of which it pays the license fees for the MMPS and solely for the purpose of using the MMPS, and to take all steps reasonably necessary to maintain and protect the Netsmart Confidential Information in the strictest confidence for the benefit of Contractor.

2. City agrees that it will not, at any time, without prior written permission of Contractor, disclose any Netsmart Confidential Information directly or indirectly to any third person, except employees, consultants, agents and others having a need to know and associated with City, provided they have expressly agreed to be bound by the terms of the Master Agreement.

3. The confidentiality obligations imposed by this paragraph shall not apply or shall cease to apply to any information that:

i. is lawfully known by the receiving party at the time of the disclosure;

ii. is or becomes available to the general public through no fault of the receiving party;

iii. is independently developed by the receiving party without use of the disclosed information;

iv. is lawfully received by the receiving party from a third party not having an obligation of confidentiality to the disclosing party;

v. is disclosed to a third party free of restrictions by the party who owns or has the right to keep such information confidential or by its subsidiaries, affiliates or agents or their directors, officers or employees; or

vi. is required to be disclosed by compulsory or judicial or administrative process or by law or regulation, including without limitation the San Francisco Sunshine Ordinance (Section 37 of this Agreement) and the California Public Records Act.

vii. The Provider acknowledges that disclosure of Netsmart Confidential Information would cause substantial harm to Netsmart that could not be remedied by the payment of damages alone. Accordingly, Netsmart will be entitled to seek preliminary and permanent injunctive relief and other equitable relief for any breach of this Section 29(b). This Section 29(b) shall survive termination of this Agreement.

30. Protection of Private Information

Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12M of the San Francisco Administrative Code ("Protection of Private Information"), including the remedies provided. The provisions of Chapter 12M are incorporated herein by reference and made a part of this Agreement as though fully set forth. Capitalized terms used in this section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12M. Consistent with the requirements of Chapter 12M, Contractor agrees to all of the following:

a. Neither Contractor nor any of its Subcontractors shall disclose Private Information obtained from the City in the performance of this Agreement to any other Subcontractor, person, or other entity, unless one of the following is true:

(1) The disclosure is authorized by this Agreement;

(2) The Contractor received advance written approval from the Contracting Department to disclose the information; or

(3) The disclosure is expressly required by a judicial order.

b. Any disclosure or use of Private Information authorized by this Agreement shall be in accordance with any conditions or restrictions stated in this Agreement. Any disclosure or use of Private Information authorized by a Contracting Department shall be in accordance with any conditions or restrictions stated in the approval.

c. Private Information shall mean any information that: (1) could be used to identify an individual, including without limitation, name, address, social security number, medical information, financial information, date and location of birth, and names of relatives; or (2) the law forbids any person from disclosing.

d. Any failure of Contractor to comply with Chapter 12M shall be a material breach of this Agreement. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate this Agreement, debar Contractor, or bring a false claim action against Contractor.

e. City shall release Patient Data to Contractor to the extent necessary to enable it to utilize the Netsmart Services. City shall release Patient Data to Netsmart only in accordance with applicable laws and regulations. Netsmart shall not release Patient Data to any person or entities except in accordance with HIPAA rules and regulations and the terms of the HIPAA Business Associate Agreement (Appendix E). Netsmart may release the data to the Netsmart Agents, subject to all the restrictions set forth in this Agreement and the Business Associate Agreement, and only to the extent necessary for the Netsmart Agents to perform their function as described in paragraph 2(c), and to pharmacies that provide prescription drugs to a patient, but only to the extent necessary for the dispensing of such prescription. Netsmart acknowledges its fiduciary responsibility to maintain the confidentiality of Patient Data. Netsmart indemnifies City for any claims, damages and fines City incurs as a result of any such improper disclosure, and City hereby indemnifies Netsmart for any claims, damages, and fines, Netsmart incurs as a result of any improper disclosure of Patient Data by City.

31. Termination

a. Basis for Termination by Contractor. Contractor shall have the right to terminate this Agreement if City is delinquent in making payments of any sum due under this Agreement and continues to be delinquent for a period of ninety days after the last day payment is due; provided, however, that written notice is given to City by Contractor of the expiration date of the ninety-day delinquency period at least ten days prior to the expiration date or, to terminate this Agreement if City commits any other breach of this Agreement and fails to remedy such breach within thirty days after receipt of written notice by Contractor of such breach.

b. Basis for Termination by City. City shall have the right, without further obligation or liability to Contractor (except as specified in Sections 30 (Protection of Private Information) and 31(c) (Disposition of Licensed Software on Termination) hereof: (i) to immediately terminate this Agreement or the applicable Authorization Document if Contractor commits any material breach of this Agreement and fails to remedy such breach within thirty (30) days after written notice by City of such breach, in which event, Contractor shall reimburse City in the same manner as for the removal of the Licensed Software and Applications due to infringement under Section 14; or (ii) to terminate this Agreement or the applicable Authorization Document upon ninety (90) days prior written notice for any reason if the license granted hereunder is for any term other than perpetual. In the event the license granted is perpetual, termination of this Agreement or the applicable Authorization Document by City shall be effective upon receipt by Contractor of written notice of said termination.

c. Disposition of Licensed Software on Termination. Upon the expiration or termination of this Agreement or an applicable Authorization Document for any reason other than as provided for in Section 5(a) (Grant of License), City shall immediately: (i) return the Licensed Software to Contractor together with all Documentation; (ii) purge all copies of the Licensed Software or any portion thereof from all CPU's and from any computer storage medium or device on which City has placed or permitted others to place the Licensed Software;

and (iii) give Contractor written certification that through its best efforts and to the best of its knowledge, City has complied with all of its obligations under Section 31(c).

d. Survival. This section and the following sections of this Agreement shall survive termination of expiration of this Agreement: 14, 18 through 20, 22-30, 40-45, and 49.

32. Notice to the Parties

Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or fax, and shall be addressed as follows:

To CITY (Administrative Contact):

Office of Contract Management and Compliance
Department of Public Health
101 Grove Street, Room 307
San Francisco, California 94102

And

Director

Management Information Systems

1380 Howard St., 3rd Floor

San Francisco, CA 94103

And (Technical Contact):

Sr. IS Manager
1380 Howard St., 3rd Floor
San Francisco, CA 94103

To CONTRACTOR: **Netsmart New York, Inc. , 3500 Sunrise Highway, suite D122, Great River, NY 11739**
ATT: ANTHONY GRISANTI, CFO

Either party may change the address to which notice is to be sent by giving written notice thereof to the other party.

If e-mail notification is used, the sender must specify a Receipt notice.

Any notice of default must be sent by certified US mail or delivered by a recognized courier service.

33. Bankruptcy

In the event that either party shall cease conducting business in the normal course, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets or shall avail itself of, or become subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or the protection of rights of creditors, then at the option of the other party this Agreement shall terminate and be of no further force and effect.

34. Subcontracting

Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

35. Assignment

The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

36. Compliance with Americans with Disabilities Act

Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

37. Sunshine Ordinance

In accordance with San Francisco Administrative Code Section 67.24(e), contracts, contractors' bids, responses to requests for proposals and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

38. Limitations on Contributions

Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or a board on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of $50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126.

39. Conflict of Interest

Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of the City's Campaign and Governmental Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

40. Non-Waiver of Rights

The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

41. Modification of Agreement

This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

42. Administrative Remedy for Agreement Interpretation

Should any question arise as to the meaning and intent of this Agreement, the question shall, prior to any other action or resort to any other legal remedy, be referred to Purchasing who shall provide its opinion on the true meaning and intent of the Agreement.

43. Agreement Made in California; Venue

The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

44. Construction

All paragraph captions are for reference only and shall not be considered in construing this Agreement.

45. Entire Agreement

This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. If any provision of this Agreement is held to be unenforceable, this Agreement shall be construed without such provision.

46. Compliance with Laws

Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws.

47. Graffiti Removal

Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti.

Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute a material breach of this Agreement.

48. Food Service Waste Reduction Requirements

Effective June 1, 2007, Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of $100 liquidated damages for the first breach, $200 liquidated damages for the second breach in the same year, and $500)liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

49. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

☐ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or

☒ A Business Associate subject to the terms set forth in Appendix E;

☐ Not Applicable, CONTRACTOR will not have access to Protected Health Information.

50. Liquidated Damages

By entering into this Agreement, Contractor agrees that in the event the products and services listed in Appendix C section 15 (Infoscriber Application), as provided under this Agreement do not operate in the manner as specified in section 15 of Appendix C the Contractor agrees to pay the liquated damages as listed Appendix C, section 15. These liquidated damages are not a penalty, but are a reasonable estimate of the loss that City will incur based on the delay, established in light of the circumstances existing at the time this contract was awarded. City may deduct a sum representing the liquidated damages from any money due to Contractor. Such deductions shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to deliver to City within the stated performance standards as listed in Appendix C.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

RECOMMENDED BY:

Angi Sass FOR: / 8-11-08

MITCHELL H. KATZ, M.D. Date
Director of Health

APPROVED AS TO FORM:

DENNIS J. HERRERA
City Attorney

By: / 8.7.08

Deputy City Attorney Date

APPROVED:

Naomi Kelly Date
Director Office of Contract Administration/Purchaser

CONTRACTOR

By: / 8/6/2008

Authorized Signature Date

Alan Tillinghast
Name (please print)

EVP/COO
Title

NETSMART NEW YORK INC
Contractor

73298
City Vendor Number

3500 SUNRISE HIGHWAY, SUITE D122
Address

GREAT RIVER, NY 11739
City, State, ZIP

(631) 968-2000
Phone Number

113215536
Fed ID Number

Appendices:

A: Project Plan Narrative
B: Budget Summary
C: Service Level Agreement
D: Escrow Agreement
E: HIPAA Business Associate Agreement
F: SF Avatar Environment Description
G: Software Licensing and Subscription Detail
H: Third-Party Software Subscriptions
I: Description of Applications Licensed
J: List of Licensed Program Documentation
K: Description of Hardware, Hardware Maintenance and Warranties
L: Optional Software and Services
M Netsmart RFP Specifications Worksheet Response

CMS # 6193

Table of Contents

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Project Plan Narrative

Appendix A

Plan Narrative

Overview

The purpose of this project plan is to provide a representation of the scope of work, set of work packages, estimated resources, and estimated time lines required for accomplishing implementation of the information system proposed in the

San Francisco Department of Public Health Community Behavioral Health Services
Integrated Billing and Healthcare Record System
RFQ/P 26-2005

Assumptions:
This is a dynamic document that will continue to be developed and refined throughout the above system implementation and project life cycle. Task order, durations and dates may vary as the project develops.

This project plan defines the scope of work required to accomplish full implementation, testing and acceptance of the integrated billing, electronic health record and e-prescribing system within three years from the start date.

Upon contract signing, the detailed implementation plan will be developed and mutually agreed upon by both parties which will reflect the usage of the services purchased by San Francisco Department of Public Health Community Behavioral Health Services.

Applications and System Tools:
San Francisco Department of Public Health Community Behavioral Health Services and Netsmart, New York have entered into an agreement to implement a suite of Netsmart applications that provide an integrated system to manage administrative, clinical, and revenue-related data and processes for mental health and substance abuse services. Specifically, the Netsmart applications described in Appendix G and related tools are to be implemented during the two phases of this project.

Hardware
As part of the payment plan, Netsmart will deliver eight servers as described in Appendix F - 1
Hardware will be delivered to meet the project timelines defined in the project plan, Appendix A - 1.

Platform

The San Francisco system will be installed on dedicated servers to be located in the San Francisco Department of Public Health (SFDPH) Data Center (1380 Howard Street, 3rd Floor, San Francisco, CA 94103). End-users will access the system through a combination of Local and Wide area network, Secure Socket Layer (SSL) and Virtual Private Network (VPN) maintained by SFDPH. See Appendix F for full engineering diagram and descriptions.

Implementation Plan

Resources Assigned

Throughout the implementation, a team of resources comprised of San Francisco County Staff (CITY) and Netsmart personnel (CONTRACTOR) will perform all the tasks defined in the project plan. Currently, the list of resources anticipated to be involved in the project is:

Note: Netsmart staff is available as defined in Appendix B - 3.

Title	Role
CITY Project Director	San Francisco's primary representation, the CITY Project Director is responsible for coordination of contracting tasks, vendor communications, project plan development and oversight and provision of project resource assistance throughout the project life cycle. . The CITY Project Director additionally acts as the system architect and is key in coordinating decisions regarding software components that impact multiple application areas.
CITY Project Manager	The CITY Project Manager, working in coordination with the CONTRACTOR Project Manager is responsible for all tasks associated with the planning, execution, monitoring, and management of resources throughout the project. The CITY Project Manager has an excellent working knowledge of San Francisco's current systems and processes.
CITY Billing Lead	The leader of the "CITY Billing Workgroup" this person manages all tasks assigned to the workgroup. This resource is the Billing and Fiscal subject matter expert and will be assigned to the project throughout phase I and as needed during phase II.
CITY Billing Work Group	A group comprised of Subject Matter Experts from San Francisco County who will be depended upon to address decisions and efforts associated with the Billing objectives of the project. This group will: • Provide subject matter expertise on financial, billing, eligibility, claims and provider management required by project assignments • Provide input on the organizational goals associated with integrating the Avatar suite of applications to other systems in use by other departments within the county. • do the actual financial screen/form builds required for the SF customized surveys and forms. Primarily involved in the CalPM and MSO implementation (Phase I) This group's involvement may also be required for some issues and decisions associated with the clinical implementations of Phase II (see "Project Phases and Objectives")
CITY Clinical Lead	The leader of the "CITY Clinical Workgroup" this person manages all tasks assigned to the workgroup. This resource is the Clinical and EHR subject matter expert and will be assigned to the project throughout phases I and II.
CITY Clinical Work Group	A group comprised of Subject Matter Experts from San Francisco County who will be depended upon to address decisions and efforts associated with the Clinical objectives of the project. This group will: • Provide subject matter expertise on financial, billing, eligibility, claims and provider management required by project assignments • Provide input on the organizational goals associated with integrating the Avatar suite of applications to other systems in use by other departments within the county. • do the actual clinical screen/form builds required for the SF customized surveys and forms. This group will be active throughout all stages of the project. • Provide SME input to consumer access and participation

Title	Role
	This group is assigned as needed for the duration of the project.
CITY Executive Steering Committee	This group provides focus, oversight, and strategic guidance to the Project. This committee is responsible for guiding the overall implementation from an enterprise point of view including contract compliance, budget, policy and organizational resources. Not actively responsible for the completion of tasks, this group oversees the progress of the implementation and is one of the primary recipients of Project Status Metrics and Reports.
CITY Insyst Programmer	A technical resource supplied by the county of San Francisco, it is anticipated that this programmer will be responsible for all efforts associated with the extraction of data from the legacy system for use in the conversions. This resource is assigned as needed for the duration of the project.
CITY Integration and consumer Sub-Work Group	A group comprised of Subject Matter Experts from San Francisco County and Consumer groups this group will be responsible for: • providing input to the project work groups on the organizational goals associated with integrating the Avatar suite of applications to other systems in use by other departments within the county. • Providing consumer input and informing the project work groups on consumer issues including development of the PHR.
CITY Programmer1	Technical resource(s) supplied by the county of San Francisco, it is anticipated that this programmer will be involved in technical objectives associated with integration efforts.
CITY Programmer2	Technical resource(s) supplied by the county of San Francisco, it is anticipated that this programmer will be involved in technical objectives associated with the creation of Crystal Reports.
CITY Programmer3	Technical resource supplied by the County of San Francisco will perform data scrubbing and data extracts from legacy billing and MSO systems
CITY Technical Lead	The leader of the "CITY Technical Workgroup" this person manages all tasks assigned to the workgroup. This resource is assigned as needed for the duration of the project.
CITY Technical Work Group	A group comprised of Subject Matter Experts from San Francisco County this group will be responsible for providing input on the organizational goals associated with all technical considerations including, but not limited to: Integration, Conversion, RADplus Modeling, and Crystal Reports. In the project plan resources from this group are heavily relied upon for creating the RADplus Modeled forms and Crystal Reports.
CITY Technician	Technical resource(s) supplied by the county of San Francisco, it is anticipated that this technician will be involved in hardware preparation within the county. This resource is assigned as needed for the duration of the project.
CONTRACTOR Project Manager	Netsmart New York's primary representation on the project, the CONTRACTOR Project Manager working in coordination with the CITY Project Manager -- is responsible all tasks associated with the planning, execution, monitoring, and management of CONTRACTOR resources throughout the project. Contractor will provide NPM resume for review and approval by City. Netsmart Project Manager will: • Be fully qualified to perform all tasks and responsibilities of this project • Be authorized to represent Contractor in all related project management and administrative matters • Be authorized to make decisions and approve change orders that do not result in increase or decrease of charges or project costs • Liaison with City Project Manager The project plan has this resource assigned to the project full-time throughout the duration of the project.

Title	Role
	If the Project Manager is removed or replaced, City will be provided opportunity to review and approve replacement qualifications and resume.
CONTRACTOR BA - Billing	A Business Analyst resource supplied by Netsmart, the CONTRACTOR Billing BA works as a liaison among the CITY Billing Workgroup and other stakeholders in order to elicit, analyze, communicate and validate requirements and business processes associated with the Client management, Billing, Remittance Processing, and State Reporting objectives set forth by San Francisco. This resource is a Subject Matter Expert for the Avatar Cal-PM application and as such will be primarily responsible for assisting the San Fran workgroups while implementing Avatar Cal PM. The Contractor Billing Analyst will: • Be fully qualified to perform all tasks assigned in this project • Liaison with the Billing Workgroup Lead If the Billing Analyst is removed or replaced, City will be provided opportunity to review and approve replacement qualifications and resume.
CONTRACTOR BA - MSO	A Business Analyst resource supplied by Netsmart, the CONTRACTOR MSO BA works as a liaison among the CITY Billing Workgroup and other stakeholders in order to elicit, analyze, communicate and validate requirements and business processes associated with the Managed Services requirements set forth by San Francisco. This resources is a Subject Matter Expert for the Avatar MSO application and as such will be primarily responsible for assisting the San Fran workgroups while implementing Avatar MSO. The Contractor BA-MSO Analyst will: • Be fully qualified to perform all tasks assigned in this project • Liaison with the Billing Workgroup Lead If the MSO Analyst is removed or replaced, City will be provided opportunity to review and approve replacement qualifications and resume.
CONTRACTOR BA-Clinical 1	A Business Analyst resource supplied by Netsmart, the first CONTRACTOR Clinical BA works as a liaison among the CITY Clinical Workgroup and other stakeholders in order to elicit, analyze, communicate and validate requirements and business processes associated with some of the Clinical objectives set forth by San Francisco. This resource is a Subject Matter Expert for the Avatar CWS application and as such may be available for consultation with the San Fran workgroups while implementing the Progress Notes and Treatment Plans functions during Phase I. The Contractor Clinical Analyst will: • Be fully qualified to perform all tasks assigned in this project • Liaison with the Clinical Workgroup Lead If the Clinical Analyst is removed or replaced, City will be provided opportunity to review and approve replacement qualifications and resume.
CONTRACTOR QA Test Engineer	Technical resource(s) supplied by Netsmart New York, these resources will be performing all testing of development items produced by Netsmart Programs in the areas of Integration, Conversions, and Custom Enhancements. These resources will be located remotely in CONTRACTOR's New York offices but will be managed by the CONTRACTOR Project Manager based upon a "Balanced Matrix" dynamic.

Project Phases, Objectives and Implementation Services

The total implementation is anticipated to span roughly three years. During this project, the efforts will be broken down into three distinct Stages:

Initial Project Initiatives

Starting with the signing of the contract, this phase will commence with the majority of the work focusing on:

Project Planning: The purpose of project plan appendices, A-2 through A-8, is to provide direction and structure to the implementation of the new Behavioral Health Information System, Appendices A-3 Communication Plan, A-6 Testing and Acceptance Plan, A-7 Training Plan and A-8 Risk Management Plan, provide draft plans for project communications, system testing and acceptance, training and project risk management all of which will be reviewed, finalized and approved by the full project team during project initiation. Appendices A-1 Project Plan, A-2 Specifications Worksheet, A-4 Change Control Policy and A-5 Dispute Resolution Plan provide agreed upon plans for management of the scope and size of this large, complicated project Throughout project initiation the CITY Project Manager and CONTRACTOR Project Manager will work in coordination with the Executive Steering Committee and Project Team to review and finalize these management plans and educate all other stakeholders associated with the project as to their details so that all future efforts will be performed within the parameters defined.

Acquiring Staff: During the Initial Project Initiatives, the project managers for CONTRACTOR and the CITY will undertake efforts to secure, and in some cases, relocate personnel. Specifically, although the Netsmart resources to be assigned to the project will have already been identified, it is anticipated that securing long-term accommodations and other details associated with relocation will need to be undertaken. For the City's part, although stakeholders and subject matter experts have been identified, during this period of the project these personnel will be officially assigned to the project and the various workgroups will be established. Each of these efforts will take time as the personnel transition responsibilities and work locations.

Project team and San Francisco IT staff training on RADPlus modeling and Crystal reports applications.

Technical Scope Analysis: Although prior to the signing of the contract initial discussions and budgets have been secured for configuration efforts associated with Conversions, Interfaces, and Custom Enhancements, during Phase I, it is anticipated that the Workgroups and CONTRACTOR Business Analysts will delve into the specifics associated with the county's objectives in order to: plan the sequence of the efforts, identify gaps in requirements, and provide final pricing and level of effort estimates for the deliverables associated with this Project. (Based upon this effort, it is assumed that modifications to the project plan tasks associated with Phase I and Phase II will be made in order to accommodate the sequencing and scope of the configuration efforts.)

System Installation:~~,~~ All hardware and software required to install the applications on the servers located in San Francisco will be acquired and installed during the project initiation phase. Subsequently, all the Avatar applications and associated tools will be installed so that by the time Phase I commences, the system will be installed and available for configuration.

Phase I

After the Initial Project Initiatives have been completed, Phase I will commence whereby all tasks associated with the implementation of the functions designed to address the following objectives will be undertaken and completed:

Client Management: Supported by the Avatar CalPM application, the objectives associated with Client Management will include Registration, Admission, Client Census, Appointment Scheduling, Diagnosis, etc.

Billing and Remittance: Supported by Avatar CalPM, the objectives associated with Billing and Remittance will include: Charge Entry, Financial Eligibility, MEDS Eligibility verification, Claims Creation via industry standard paper-based and electronic formats, Payment and Adjustment Posting, Processing of 835 Remittance files, etc.

State Reporting Requirements: Primarily supported by Avatar CalPM, during this phase efforts to configure the application to produce the following required reports will be undertaken: CalOMS, CADDS, CSI, and OSHPD.

Managed Services Requirements: Primarily supported by the Avatar MSO application, during this phase efforts associated with the implementation of functions to manage Contracting Provider Management, Member Management, Authorizations, Care Management, Claims Processing will be completed.

G/L Interface: Supported by the Avatar G/L application, during Phase I of the project, all efforts associated with the configuration and implementation of this application will be completed.

Clinical Notes: In order to fulfill the clinical notes requirements that support billing, during Phase I of the project the Progress Note and Treatment Plan functions within Avatar CWS will be configured and implemented.

Interfaces: Utilizing a variety of tools such as Web Services (Xml and API's) and HL7 messaging, it is anticipated that during Phase I a level of custom programming is to be undertaken by both County and Netsmart programmers assigned to the project. The scope of these efforts to be scheduled for Phase I will not be completely known until the completion of the Technical Scope Analysis to be performed during the Initial Project Initiatives.

Conversions: Although the complete scope of the conversion efforts will not be known until the Technical Scope Analysis efforts schedule for the Initial Project Initiatives are completed, it is assumed at this point that conversions of the following data will be undertaken: Client Demographics (CalPM), Client Admission History (CalPM), Client Diagnosis (CalPM), Financial Eligibility (CalPM), Progress Notes (CWS), Group Progress Notes (CWS); Practitioner Enrollment (CalPM), Authorizations (MSO), Member Enrollments (MSO), Contracting Providers (MSO), Performing Providers (MSO), and treatment Plans (CWS).

RADplus Modeling: It is anticipated that during Phase I some level of custom Data Collection Instruments will need to be designed using the RADplus Modeling Tool-sets to assure the complete capture of data elements per San Francisco business. requirements.

Crystal Reports: It is anticipated that during Phase I some number of custom reports will need to be designed using the Crystal Report application in order to accommodate San Francisco requirements.

Executive Reporting System: It is anticipated that during Phase I, to the extent that is possible, the Executive Reporting System (ERS) will be implemented to support integration and linkages with other systems in order to create common tables, adherence to ODBC standards and standard tools support the import/export of data from/to other systems.

Custom Enhancements: to be managed as defined in Appendix A - 1 of the contract.

Phase II

After Phase I has been completed, Phase II will immediately commence whereby all tasks associated with the implementation of the functions designed to address the following objectives will be undertaken and completed:

Workflow Management: One of the primary objectives associated with Phase II, the Workflow Management functions within Avatar CWS will be implemented in coordination with the clinical functions implemented during Phase I, as well as the Assessments being designed during Phase II. It is important to note that some clinical staff who attended training during Phase I will be required to attend additional training sessions during Phase II.

Assessments: One of the primary objectives associated with Phase II, the implementation of the Assessments during Phase II will require that the CITY Clinical Workgroup collect and consolidate forms from throughout the organization. Although the technical efforts associated with the creation of these forms in the application using the RADplus Tool-set will take a good amount of time, generally, it is the efforts and decisions of the Clinical Workgroup that will either expedite the implementation, or cause delays. (Note, although the implementation of Assessments is planned for Phase II, due to certain clinical documentation requirements, one or two specific Assessments may be required to be implemented during Phase I.)

Infoscriber: The implementation of the Infoscriber application will be completed during Phase II. This process will require some level of configuration and training of staff. It is important to note that some clinical staff who attended training during Phase I will be required to attend additional training sessions during Phase II.

Avatar Mobile: During Phase II the Avatar Mobile application will be implemented. This effort will require configuration, process decisions, some level of RAD Modeling, some network testing, and training. (It is important to note that special attention be paid to the synching of data in the ASP environment.)

Executive Reporting System: During Phase II the remainder of the Executive Reporting System (ERS) functions will be implemented to support integration and linkages with other systems in order to create common tables, adherence to ODBC standards and standard tools support the import/export of data from/to other systems.

Conversions: Although the complete scope of the conversion efforts will not be known until the Technical Scope Analysis efforts schedule for the Initial Project Initiatives are completed, it is assumed at this point that conversions associated with populating Assessments will be undertaken.

Interfaces: Utilizing a variety of tools such as Web Services (Xml and API's) and HL7 messaging, it is anticipated that during Phase II a level of custom programming is to be undertaken by both County and Netsmart programmers assigned to the project. The scope of these efforts to be scheduled for Phase II will not be completely known until the completion of the Technical Scope Analysis to be performed during the Initial Project Initiatives.

RADplus Modeling: It is anticipated that during Phase II some level of custom Data Collection Instruments will need to be designed using the RADplus Modeling Tool-sets to assure the complete capture of data elements per San Francisco business requirements.

Crystal Reports: It is anticipated that during Phase II some number of custom reports will need to be designed using the Crystal Report application in order to accommodate San Francisco requirements.

Custom Enhancements: to be managed as defined in Appendix A - 1 of the contract.

Note: Additional Custom Enhancements, Applications and Implementation Services will be managed in accordance with the Change Control process outlined in Appendix A - 3.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Project Plan

Appendix A-1

ID	Milestone	Task Name	Duration	Start	Finish
0	**No**	**San Francisco New BHIS**	**923.05 days**	**Fri 8/1/08**	**Wed 2/15/12**
1	**No**	**San Francisco BH/SA Information System Implementation**	**923.05 days**	**Fri 8/1/08**	**Wed 2/15/12**
2	**No**	**Project Management Efforts**	**923.05 days**	**Fri 8/1/08**	**Wed 2/15/12**
3	**No**	**Project Management Processes**	**923.05 days**	**Fri 8/1/08**	**Wed 2/15/12**
4	**No**	**Project Planning Processes**	**125.94 days**	**Mon 8/18/08**	**Mon 2/9/09**
5	**No**	**Review Project Initiation Outputs**	**12 days**	**Mon 8/18/08**	**Tue 9/2/08**
6	**No**	**Executive Steering Committee Review and Priorities**	**12 days**	**Mon 8/18/08**	**Tue 9/2/08**
7	**No**	**Review Initiation Outputs with Project Team**	**10 days**	**Mon 8/18/08**	**Fri 8/29/08**
8	No	Review the Draft Project Charter	2 days	Mon 8/18/08	Tue 8/19/08
9	No	Review the Contract	2 days	Wed 8/20/08	Thu 8/21/08
10	No	Review the Preliminary Scope Statement	2 days	Fri 8/22/08	Mon 8/25/08
11	No	Review the WBS and WBS Dictionary	2 days	Tue 8/26/08	Wed 8/27/08
12	No	Review the Draft Project Plan	2 days	Thu 8/28/08	Fri 8/29/08
13	No	Define Implementation Priorities	2 days	Mon 9/1/08	Tue 9/2/08
14	**No**	**Develop Project Management Plan**	**30 days**	**Mon 12/29/08**	**Mon 2/9/09**
15	**No**	**Develop Scope Management Plan**	**20 days**	**Mon 12/29/08**	**Mon 1/26/09**
16	**No**	**Develop Detailed Scope Statement**	**17 days**	**Mon 12/29/08**	**Wed 1/21/09**
17	No	Develop/Write Detailed Scope Statement	6 days	Mon 12/29/08	Tue 1/6/09
18	No	Client Review	5 days	Tue 1/6/09	Tue 1/13/09
19	No	Detailed Scope Statement Revisions	1 day	Tue 1/13/09	Wed 1/14/09
20	**No**	**Final Scope Statement Approval by San Fran**	**5 days**	**Wed 1/14/09**	**Wed 1/21/09**
21	No	Project Team Final Review and Approval	3 days	Wed 1/14/09	Mon 1/19/09
22	No	Executive Steering Committee Final Review and Approval	2 days	Mon 1/19/09	Wed 1/21/09
23	Yes	Detailed Scope Statement Complete	0 days	Wed 1/21/09	Wed 1/21/09
24	**No**	**Scope Verification Plan**	**1 day**	**Mon 12/29/08**	**Tue 12/30/08**
25	No	Define how the team will establish and document the level and extent of completion of	1 day	Mon 12/29/08	Tue 12/30/08
26	No	Define the Timelines and Milestones during which Scope Verification will occur	1 day	Mon 12/29/08	Tue 12/30/08
27	**No**	**Review Scope Control Plan**	**1 day**	**Mon 12/29/08**	**Tue 12/30/08**
28	No	Develop Change control policy and process	1 day	Mon 12/29/08	Tue 12/30/08
29	No	Change Control Policy review and approval	1 day	Mon 12/29/08	Tue 12/30/08
30	No	Compile all Details into Scope Management Plan	3 days	Wed 1/21/09	Mon 1/26/09
31	**No**	**Develop Quality Management Plan**	**3 days**	**Wed 1/21/09**	**Mon 1/26/09**
32	No	Define the Metrics to be used to measure the quality of the Project Progress	1 day	Wed 1/21/09	Thu 1/22/09
33	No	Define the Timelines for review of Project Quality	1 day	Thu 1/22/09	Fri 1/23/09
34	No	Compile all Details into Quality Management Plan	1 day	Fri 1/23/09	Mon 1/26/09
35	**No**	**Develop Communications Plan**	**5 days**	**Wed 1/21/09**	**Wed 1/28/09**

ID	Milestone	Task Name	Duration	Start	Finish
36	**No**	**Identify the Communication Needs of the Project Stakeholders**	**2 days**	**Wed 1/21/09**	**Fri 1/23/09**
37	No	Identify What Reports will be Distributed	2 days	Wed 1/21/09	Fri 1/23/09
38	No	Identify When these Reports are to be Distributed	2 days	Wed 1/21/09	Fri 1/23/09
39	No	Identify How these Reports are to be Distributed	2 days	Wed 1/21/09	Fri 1/23/09
40	No	Compile all Details into Communications Plan	2 days	Fri 1/23/09	Tue 1/27/09
41	**No**	**Establish IT Infrastructure for Project Communications**	**5 days**	**Wed 1/21/09**	**Wed 1/28/09**
42	No	Establish Project Domain/Web site	5 days	Wed 1/21/09	Wed 1/28/09
43	No	Install Project Server	5 days	Wed 1/21/09	Wed 1/28/09
44	**No**	**Develop Risk Management Plan**	**1 day**	**Wed 1/21/09**	**Thu 1/22/09**
45	No	Define the Manner through which Project Risks are to be Identified ,	1 day	Wed 1/21/09	Thu 1/22/09
46	No	Define the Manner through which Project Risks are to be Prioritized/Ranked	1 day	Wed 1/21/09	Thu 1/22/09
47	No	Define how the Project Team can Respond to Identified Risks	1 day	Wed 1/21/09	Thu 1/22/09
48	Yes	Compile all Details into Risk Management Plan	0 days	Thu 1/22/09	Thu 1/22/09
49	Yes	Finalize Project Management Plan	0 days	Wed 1/28/09	Wed 1/28/09
50	**No**	**Kick-Off Meeting**	**8 days**	**Wed 1/28/09**	**Mon 2/9/09**
51	No	Schedule Kick-Off Meeting	0.5 days	Wed 1/28/09	Thu 1/29/09
52	No	Creation of Kick Off Agenda	3 days	Wed 1/28/09	Mon 2/2/09
53	No	Prepare Presentation for Project Stakeholders	5 days	Wed 1/28/09	Wed 2/4/09
54	No	Perform Kick-Off Meeting	2 days	Wed 2/4/09	Mon 2/9/09
55	**No**	**Project Execution and Monitoring Processes**	**923.05 days**	**Fri 8/1/08**	**Wed 2/15/12**
56	**No**	**Acquire Project Team**	**11 days**	**Fri 8/1/08**	**Fri 8/15/08**
57	**No**	**Aquire Netsmart Personnel**	**11 days**	**Fri 8/1/08**	**Fri 8/15/08**
58	No	Netsmart Team Relocation Efforts	10 days	Fri 8/1/08	Thu 8/14/08
59	No	Establish Netsmart team work stations	1 day	Fri 8/15/08	Fri 8/15/08
60	**No**	**Aquire San Francisco Team Personnel**	**9 days**	**Fri 8/1/08**	**Wed 8/13/08**
61	**No**	**Initiate SME work groups**	**9 days**	**Fri 8/1/08**	**Wed 8/13/08**
62	No	Review and approval of WG plan	5 days	Fri 8/1/08	Thu 8/7/08
63	No	Introduce concept and WG invitations to CBHS provider meetings	2 days	Fri 8/8/08	Mon 8/11/08
64	No	WG Kickoff training	2 days	Tue 8/12/08	Wed 8/13/08
65	**No**	**Integration Work Group**	**9 days**	**Fri 8/1/08**	**Wed 8/13/08**
66	No	Develop WG Charter	5 days	Fri 8/1/08	Thu 8/7/08
67	No	Invite WG Participants	2 days	Fri 8/8/08	Mon 8/11/08
68	No	WG Project Plan	2 days	Tue 8/12/08	Wed 8/13/08
69	**No**	**Initiate Patient Data Model Sub-Work Group**	**2 days**	**Fri 8/1/08**	**Mon 8/4/08**
70	No	Invite WG Participants	2 days	Fri 8/1/08	Mon 8/4/08
71	**No**	**Initiate consumer work group**	**923.05 days**	**Fri 8/1/08**	**Wed 2/15/12**

ID	Milestone	Task Name	Duration	Start	Finish
72	No	Hire consumer advocate position	2 days	Fri 8/1/08	Mon 8/4/08
73	**No**	**Finance: Billing and Managed Care Work Group**	**9 days**	**Fri 8/1/08**	**Wed 8/13/08**
74	No	Develop WG Charter	5 days	Fri 8/1/08	Thu 8/7/08
75	No	Invite WG Participants	2 days	Fri 8/8/08	Mon 8/11/08
76	No	WG Project Plan	2 days	Tue 8/12/08	Wed 8/13/08
77	**No**	**Clinical and Practice Management Work Group**	**9 days**	**Fri 8/1/08**	**Wed 8/13/08**
78	No	Develop WG Charter	5 days	Fri 8/1/08	Thu 8/7/08
79	No	Invite WG Participants	2 days	Fri 8/8/08	Mon 8/11/08
80	No	WG Project Plan	2 days	Tue 8/12/08	Wed 8/13/08
81	**No**	**Technical Work Group**	**9 days**	**Fri 8/1/08**	**Wed 8/13/08**
82	No	Develop WG Charter	5 days	Fri 8/1/08	Thu 8/7/08
83	No	Invite WG Participants	2 days	Fri 8/8/08	Mon 8/11/08
84	No	WG Project Plan	2 days	Tue 8/12/08	Wed 8/13/08
85	**No**	**Direct and Manage Execution of Project Tasks**	**770 days**	**Fri 8/1/08**	**Thu 7/14/11**
86	No	Implement Approved Corrective Actions	770 days	Fri 8/1/08	Thu 7/14/11
87	No	Implement Approved Preventative Actions	770 days	Fri 8/1/08	Thu 7/14/11
88	No	Implement Approved Change Requests	770 days	Fri 8/1/08	Thu 7/14/11
89	**No**	**Develop Project Team**	**770 days**	**Fri 8/1/08**	**Thu 7/14/11**
90	No	Manage Development Assignments - New York	266 days	Wed 7/1/09	Wed 7/7/10
91	No	Perform Team Member Assessments	770 days	Fri 8/1/08	Thu 7/14/11
92	No	Schedule Team Member Training (As Needed)	770 days	Fri 8/1/08	Thu 7/14/11
93	**No**	**Distribute Information**	**756 days**	**Fri 8/1/08**	**Fri 6/24/11**
94	Yes	Chair Project Status Meetings	0 days	Fri 8/1/08	Fri 8/1/08
95	**No**	**Conduct Weekly Status Meetings**	**756 days**	**Fri 8/1/08**	**Fri 6/24/11**
248	Yes	Compile Required Project Reports	0 days	Fri 8/1/08	Fri 8/1/08
249	**No**	**Compile Weekly Project Status Reports**	**751 days**	**Thu 8/7/08**	**Thu 6/23/11**
401	Yes	Distribute Project Reports	0 days	Fri 8/1/08	Fri 8/1/08
402	**No**	**Distribute Project Reports**	**736 days**	**Fri 8/29/08**	**Fri 6/24/11**
438	**Yes**	**Perform Integrated Change Control**	**770 days**	**Fri 8/1/08**	**Thu 7/14/11**
439	No	Execute On-Going Risk Process Meetings (ID, Analysis, Response)	770 days	Fri 8/1/08	Thu 7/14/11
440	No	Perform On-Going Change Control Meetings to Review Scope Change Requests	770 days	Fri 8/1/08	Thu 7/14/11
441	No	Assess Schedule Schedule and Cost Analysis	770 days	Fri 8/1/08	Thu 7/14/11
442	No	Perform Scope Verification	140 days	Fri 8/1/08	Thu 2/12/09
443	**No**	**Execute Administrative Project Closure**	**25 days**	**Wed 1/11/12**	**Wed 2/15/12**
444	No	Document Outstanding Deliverables	10 days	Wed 1/11/12	Wed 1/25/12
445	No	Compile all Project Documentation	10 days	Wed 1/25/12	Wed 2/8/12

ID	Milestone	Task Name	Duration	Start	Finish
446	No	Develop Lessons Learned Document	5 days	Wed 2/8/12	Wed 2/15/12
447	Yes	Project Phased into Maintenance	0 days	Wed 1/11/12	Wed 1/11/12
448	**No**	**Pre-Phase Analysis and Installation Efforts**	**106.94 days**	**Fri 8/1/08**	**Mon 12/29/08**
449	**No**	**Technical Scope Analysis (Conversions, Interfaces, Custom Enhancements)**	**95.94 days**	**Mon 8/18/08**	**Mon 12/29/08**
450	**No**	**Conversion(s) Scope Analyis and Planning**	**16 days**	**Mon 8/18/08**	**Mon 9/8/08**
451	**No**	**Training - NTST Existing Conversions**	**1 day**	**Mon 8/18/08**	**Mon 8/18/08**
452	No	Provide Existing NTST Conversion Specifications	1 day	Mon 8/18/08	Mon 8/18/08
453	No	Train San Francisco IT Staff on Scope of Existing NTST Conversions	1 day	Mon 8/18/08	Mon 8/18/08
454	**No**	**Analize San Francisco Conversion Data Requirements**	**3 days**	**Tue 8/19/08**	**Thu 8/21/08**
455	**No**	**Client data analysis for conversion**	**3 days**	**Tue 8/19/08**	**Thu 8/21/08**
456	No	Assemble DPH Patient Data Dictionary	2 days	Tue 8/19/08	Wed 8/20/08
457	No	Review PDM requirements - MH - SA	1 day	Thu 8/21/08	Thu 8/21/08
458	No	Provider data analysis for conversion	2 days	Tue 8/19/08	Wed 8/20/08
459	No	Clinical data analysis for conversion	2 days	Tue 8/19/08	Wed 8/20/08
460	**No**	**Conversion Effort**	**4 days**	**Fri 8/22/08**	**Wed 8/27/08**
461	No	Client data conversion gaps-Insyst-eCURA	1 day	Fri 8/22/08	Fri 8/22/08
462	No	Provider data conversion gaps-Insyst-eCURA	1 day	Mon 8/25/08	Mon 8/25/08
463	No	Clinical data conversion gaps- Clinician Gateway	1 day	Tue 8/26/08	Tue 8/26/08
464	No	Clinical data conversion gaps- Clinician Tracking	1 day	Wed 8/27/08	Wed 8/27/08
465	**No**	**Define Conversion Plans to Address Gaps**	**4 days**	**Thu 8/28/08**	**Tue 9/2/08**
466	No	Client data conversion plan-Insyst-eCURA	1 day	Thu 8/28/08	Thu 8/28/08
467	No	Provider data conversion plan-Insyst-eCURA	1 day	Fri 8/29/08	Fri 8/29/08
468	No	Clinical data conversion plan- Clinician Gateway	1 day	Mon 9/1/08	Mon 9/1/08
469	No	Clinical data conversion plan- Clinician Tracking	1 day	Tue 9/2/08	Tue 9/2/08
470	**No**	**Finalize Level of Effort Estimates and Pricing**	**4 days**	**Wed 9/3/08**	**Mon 9/8/08**
471	No	Client data conversion pricing-Insyst-eCURA	1 day	Wed 9/3/08	Wed 9/3/08
472	No	Provider data conversion pricing-Insyst-eCURA	1 day	Thu 9/4/08	Thu 9/4/08
473	No	Clinical data conversion pricing- Clinician Gateway	1 day	Fri 9/5/08	Fri 9/5/08
474	No	Clinical data conversion pricing- Clinician Tracking	1 day	Mon 9/8/08	Mon 9/8/08
475	**No**	**Interface Scope Analysis and Planning**	**12 days**	**Tue 9/9/08**	**Wed 9/24/08**
476	**No**	**Analize San Francisco Interface Objectives**	**4 days**	**Tue 9/9/08**	**Fri 9/12/08**
477	No	Analize Invision EAD HL-7 Interface to Avatar MPI Objectives/Requirements	2 days	Tue 9/9/08	Wed 9/10/08
478	No	Analize Objectives/Requirements for Interface to Morrissey Credentialing Ap	2 days	Thu 9/11/08	Fri 9/12/08
479	**No**	**Write Technical Specifications of Interface Requirements**	**4 days**	**Mon 9/15/08**	**Thu 9/18/08**
480	No	Write Technical Specifications for Invision EAD HL-7 Interface	2 days	Mon 9/15/08	Tue 9/16/08
481	No	Write Technical Specifications for Interface to Morrissey Credentialing Applic	2 days	Wed 9/17/08	Thu 9/18/08

ID	Milestone	Task Name	Duration	Start	Finish
482	**No**	**Finalize Level of Effort Estimates and Pricing**	**4 days**	**Fri 9/19/08**	**Wed 9/24/08**
483	No	Finalize Pricing for Invision EAD HL-7 Interface	2 days	Fri 9/19/08	Mon 9/22/08
484	No	Finalize Pricing for Interface to Morrissey Credentialing Application	2 days	Tue 9/23/08	Wed 9/24/08
485	**No**	**Custom Enhancement Analysis and Planning**	**67.94 days**	**Thu 9/25/08**	**Mon 12/29/08**
486	No	Analize Development Items Defined within Contract	6 days	Thu 9/25/08	Thu 10/2/08
487	No	Write Technical Specifications for Development Items Defined within Contract	10 days	Fri 10/3/08	Thu 10/16/08
488	No	Finalize Level of Effort Estimates and Pricing	5 days	Fri 10/17/08	Thu 10/23/08
489	**No**	**Identify and Analize New Development Items**	**42.5 days**	**Fri 10/24/08**	**Tue 12/23/08**
490	No	Compare Avatar Functionality against San Francisco System Objectives	5 days	Fri 10/24/08	Thu 10/30/08
491	No	Identify Potential Gaps	5.63 days	Fri 10/31/08	Fri 11/7/08
492	No	Write Functional Description of Potential Enhancement to Address Gaps	11.25 days	Fri 11/7/08	Mon 11/24/08
493	No	Provide Level of Effort Estimates and Pricing	10 days	Mon 11/24/08	Mon 12/8/08
494	No	Review Contractual Budget for New Development Items	5 days	Mon 12/8/08	Mon 12/15/08
495	No	Identify New Development Enhancements to be Included in Project	5.63 days	Mon 12/15/08	Tue 12/23/08
496	No	Sequence Development Items Based Upon Priority	4.44 days	Tue 12/23/08	Mon 12/29/08
497	**No**	**System Installation**	**72.5 days**	**Fri 8/1/08**	**Tue 11/11/08**
498	**No**	**Hardware Installation**	**41 days**	**Fri 8/1/08**	**Fri 9/26/08**
499	**No**	**Assess Hardware Requirements**	**6 days**	**Fri 8/1/08**	**Fri 8/8/08**
500	No	Develop Hardware Requirements (NTST and San Fran)	2 days	Fri 8/1/08	Mon 8/4/08
501	No	Develop Network Requirements (NTST and San Fran)	2 days	Tue 8/5/08	Wed 8/6/08
502	No	Complete Pre-Installation Checklist	1 day	Thu 8/7/08	Thu 8/7/08
503	No	DTIS Review	1 day	Fri 8/8/08	Fri 8/8/08
504	**No**	**Acquire and Install Hardware**	**35 days**	**Mon 8/11/08**	**Fri 9/26/08**
505	**No**	**CCSF Server Installation**	**35 days**	**Mon 8/11/08**	**Fri 9/26/08**
506	No	Hardware Acquisition	30 days	Mon 8/11/08	Fri 9/19/08
507	No	Installation of Hardware	5 days	Mon 9/22/08	Fri 9/26/08
508	**No**	**County of San Francisco**	**35 days**	**Mon 8/11/08**	**Fri 9/26/08**
509	No	Acquire VPN Concentrator(s)	30 days	Mon 8/11/08	Fri 9/19/08
510	No	Installation of VPN Concentrators	5 days	Mon 9/22/08	Fri 9/26/08
511	Yes	Hardware installation confirmed	0 days	Fri 9/26/08	Fri 9/26/08
512	**No**	**Server Software Installation**	**26 days**	**Mon 9/29/08**	**Mon 11/3/08**
513	No	Install OS on Server	1 day	Mon 9/29/08	Mon 9/29/08
514	No	Install Cache	1 day	Mon 9/29/08	Mon 9/29/08
515	No	Install RADplus	1 day	Mon 9/29/08	Mon 9/29/08
516	**No**	**Install Avatar Products in "Live" Environment**	**2 days**	**Mon 9/29/08**	**Tue 9/30/08**
517	No	Install Master Patient Index (MPI)	2 days	Mon 9/29/08	Tue 9/30/08

ID	Milestone	Task Name	Duration	Start	Finish
518	No	Install Avatar California Practice Management (Cal PM)	2 days	Mon 9/29/08	Tue 9/30/08
519	No	Install Avatar Clinician's Workstation (CWS)	2 days	Mon 9/29/08	Tue 9/30/08
520	No	Install Avatar Managed Services Organization (MSO)	2 days	Mon 9/29/08	Tue 9/30/08
521	No	Install Executive Reporting System (ERS)	2 days	Mon 9/29/08	Tue 9/30/08
522	No	Install Avatar Mobile	2 days	Mon 9/29/08	Tue 9/30/08
523	No	Install General Ledger Interface (G/L)	2 days	Mon 9/29/08	Tue 9/30/08
524	**No**	**Install Avatar Products in "TEST" Environment**	**2 days**	**Fri 10/31/08**	**Mon 11/3/08**
525	No	Install Master Patient Index (MPI)	2 days	Fri 10/31/08	Mon 11/3/08
526	No	Install Avatar California Practice Management (Cal PM)	2 days	Fri 10/31/08	Mon 11/3/08
527	No	Install Avatar Clinician's Workstation (CWS)	2 days	Fri 10/31/08	Mon 11/3/08
528	No	Install Avatar Managed Services Organization (MSO)	2 days	Fri 10/31/08	Mon 11/3/08
529	No	Install Executive Reporting System (ERS)	2 days	Fri 10/31/08	Mon 11/3/08
530	No	Install Avatar Mobile	2 days	Fri 10/31/08	Mon 11/3/08
531	No	Install General Ledger Interface (G/L)	2 days	Fri 10/31/08	Mon 11/3/08
532	No	System Administration Training	0.5 days	Tue 11/4/08	Tue 11/4/08
533	No	Verify Software Installation	5 days	Tue 11/4/08	Tue 11/11/08
534	Yes	Software Installation Complete	0 days	Tue 11/11/08	Tue 11/11/08
535	**No**	**Phase I - Avatar PM, CWS (Notes and TP) MSO, G/L, and ERS**	**437.24 days**	**Tue 11/11/08**	**Thu 7/15/10**
536	**No**	**Workstation Software Installation**	**317.24 days**	**Tue 11/11/08**	**Thu 1/28/10**
537	**No**	**Phase 1- Project Team Workstations**	**6 days**	**Tue 11/11/08**	**Wed 11/19/08**
538	No	Identify Project team to receive development workstation	2 days	Tue 11/11/08	Thu 11/13/08
539	No	Evaluate team workstation readiness	3 days	Thu 11/13/08	Tue 11/18/08
540	No	Install Java	1 day	Tue 11/18/08	Wed 11/19/08
541	No	Install Avatar Java Thin Client	1 day	Tue 11/18/08	Wed 11/19/08
542	No	Install Crystal Report Viewer	1 day	Tue 11/18/08	Wed 11/19/08
543	No	Install VPN Software	1 day	Tue 11/18/08	Wed 11/19/08
544	**No**	**Phase 1- Training Workstations**	**1 day**	**Tue 11/11/08**	**Wed 11/12/08**
545	No	Install Java	1 day	Tue 11/11/08	Wed 11/12/08
546	No	Install Avatar Java Thin Client	1 day	Tue 11/11/08	Wed 11/12/08
547	No	Install Crystal Report Viewer	1 day	Tue 11/11/08	Wed 11/12/08
548	No	Install VPN Software	1 day	Tue 11/11/08	Wed 11/12/08
549	**No**	**Phase 1- End User Workstations**	**5 days**	**Thu 1/21/10**	**Thu 1/28/10**
550	No	Develop Rollout Plan	5 days	Thu 1/21/10	Thu 1/28/10
551	No	Install Java	5 days	Thu 1/21/10	Thu 1/28/10
552	No	Install Avatar Java Thin Client	5 days	Thu 1/21/10	Thu 1/28/10
553	No	Install Crystal Report Viewer	5 days	Thu 1/21/10	Thu 1/28/10

ID	Milestone	Task Name	Duration	Start	Finish
554	No	Install VPN Software	5 days	Thu 1/21/10	Thu 1/28/10
555	Yes	Workstation istallations Complete	0 days	Thu 1/21/10	Thu 1/21/10
556	**No**	**Application Implementation Efforts**	**85.79 days**	**Mon 2/9/09**	**Tue 6/9/09**
557	**No**	**Initial Software Training**	**21.79 days**	**Mon 2/9/09**	**Wed 3/11/09**
558	No	RADPlus Security / Database Management	2 days	Mon 2/9/09	Wed 2/11/09
559	**No**	**San Francisco Project Team Application Training**	**9.29 days**	**Wed 2/11/09**	**Wed 2/25/09**
560	No	Avatar Cal PM Training	2.63 days	Wed 2/11/09	Mon 2/16/09
561	No	Avatar CWS (Progress Notes and Treatment Plans) Training	1.67 days	Mon 2/16/09	Wed 2/18/09
562	No	Avatar G/L Interface Training	0.5 days	Wed 2/18/09	Wed 2/18/09
563	No	Avatar MSO Training	2.5 days	Wed 2/18/09	Mon 2/23/09
564	No	Avatar Executive Reporting Training & Setup	2 days	Mon 2/23/09	Wed 2/25/09
565	**No**	**Quick Start Training**	**9.5 days**	**Wed 2/25/09**	**Tue 3/10/09**
566	No	Avatar Cal Pm Quick Start Training	3.5 days	Wed 2/25/09	Mon 3/2/09
567	**No**	**CWS Progress Notes**	**4 days**	**Mon 3/2/09**	**Fri 3/6/09**
568	No	Avatar CWS (Progress Notes and TP) Quick Start Training	2 days	Mon 3/2/09	Wed 3/4/09
569	No	Treatment Planner Process Decisions	2 days	Wed 3/4/09	Fri 3/6/09
570	No	Avatar MSO Quick Start Training	2 days	Fri 3/6/09	Tue 3/10/09
571	Yes	Distribute "Quick-Start" Data Collection Forms	0 days	Tue 3/10/09	Tue 3/10/09
572	No	Registry Setting & Other Setups	1 day	Tue 3/10/09	Wed 3/11/09
573	**No**	**"Quick-Start" Data Collection and Review**	**33 days**	**Wed 3/11/09**	**Mon 4/27/09**
574	**No**	**Avatar CalPM Items**	**28 days**	**Wed 3/11/09**	**Mon 4/20/09**
575	No	Identify Tables to be Populated via Upload	2 days	Wed 3/11/09	Fri 3/13/09
576	No	Design Plans to Map Data for Upload.	2 days	Fri 3/13/09	Tue 3/17/09
577	**No**	**Dictionaries**	**7 days**	**Tue 3/17/09**	**Thu 3/26/09**
578	**No**	**Client File Elements**	**4 days**	**Tue 3/17/09**	**Mon 3/23/09**
579	No	Treatment Service Data Collection Sheets or Electronic File	1 day	Tue 3/17/09	Wed 3/18/09
580	No	RRG Data Collection Sheets or Electronic File	1 day	Tue 3/17/09	Wed 3/18/09
581	No	Insurance Charge Category Data Collection Sheets or Electronic F	2 days	Wed 3/18/09	Fri 3/20/09
582	No	Client Address County Data Collection Sheets or Electronic File	1 day	Fri 3/20/09	Mon 3/23/09
583	No	Location Data Collection Sheets or Electronic File	1 day	Fri 3/20/09	Mon 3/23/09
584	**No**	**Other Tabled File Elements**	**1 day**	**Mon 3/23/09**	**Tue 3/24/09**
585	No	Group Codes Data Collection Sheets or Electronic File	1 day	Mon 3/23/09	Tue 3/24/09
586	**No**	**Staff File Elements**	**1 day**	**Tue 3/24/09**	**Wed 3/25/09**
587	No	Discipline Data Collection Sheets or Electronic File	1 day	Tue 3/24/09	Wed 3/25/09
588	No	Staff Category Data Collection Sheets or Electronic File	1 day	Tue 3/24/09	Wed 3/25/09
589	No	Provider Categories for Coverage Data Collection Sheets or Electr	1 day	Tue 3/24/09	Wed 3/25/09

ID	Mileston	Task Name	Duration	Start	Finish
590	**No**	**Referral File Elements**	**1 day**	**Wed 3/25/09**	**Thu 3/26/09**
591	No	Specialty Data Collection Sheets or Electronic File	1 day	Wed 3/25/09	Thu 3/26/09
592	No	Referral Source Class Data Collection Sheets or Electronic File	1 day	Wed 3/25/09	Thu 3/26/09
593	No	Source Category Data Collection Sheets or Electronic File	1 day	Wed 3/25/09	Thu 3/26/09
594	**No**	**Tables**	**17 days**	**Thu 3/26/09**	**Mon 4/20/09**
595	No	Service Code Collection Sheet/Upload File	5 days	Thu 3/26/09	Thu 4/2/09
596	No	Service Code Cross Reference Collection Sheets	3 days	Thu 3/26/09	Tue 3/31/09
597	No	Service Fee Data Collection Sheet or Electronic File	1 day	Thu 3/26/09	Fri 3/27/09
598	No	Guarantor Data Collection Sheet for Each Guarantor (25)	5 days	Fri 3/27/09	Fri 4/3/09
599	No	Benefit Plan Data Collection Sheets for each Plan (est 25)	5 days	Fri 4/3/09	Fri 4/10/09
600	No	Program Data Collection Sheets	2 days	Thu 4/2/09	Mon 4/6/09
601	No	Payment/Adjustment Code Collection Sheets	3 days	Thu 3/26/09	Tue 3/31/09
602	No	GL Interface Chart of Accounts Mapping or Electronic File	2 days	Mon 4/6/09	Wed 4/8/09
603	No	Facility Defaults Data Collection Sheet	0.25 days	Thu 3/26/09	Thu 3/26/09
604	No	Referral Source Data Collection Sheets or Electronic File	0.5 days	Thu 3/26/09	Fri 3/27/09
605	No	Practitioner Enrollment Data Collection Sheets or Electronic File	5 days	Thu 3/26/09	Thu 4/2/09
606	No	Guarantor/Program Billing Defaults Data Collection Sheets	3 days	Mon 4/6/09	Thu 4/9/09
607	No	Practitioner Numbers by Guarantor Data Collection Sheets	3 days	Mon 4/6/09	Thu 4/9/09
608	No	Appt Scheduling Site Registration Data Collection Sheets	5 days	Thu 4/2/09	Thu 4/9/09
609	No	Appt Scheduling Group Registration Data Collection Sheets	2 days	Thu 4/9/09	Mon 4/13/09
610	No	Appt Scheduling Staff Schedules Data Collection Sheets	5 days	Mon 4/13/09	Mon 4/20/09
611	**No**	**Avatar CWS (Progress Notes and TP) Items**	**26 days**	**Wed 3/11/09**	**Thu 4/16/09**
612	**No**	**Treatment Plan File Build**	**26 days**	**Wed 3/11/09**	**Thu 4/16/09**
613	No	Gather, Review, Define Problems	4 days	Wed 3/11/09	Tue 3/17/09
614	No	Gather, Review, Define Problem Definitions	4 days	Tue 3/17/09	Mon 3/23/09
615	No	Gather, Review, Define Goals	4 days	Mon 3/23/09	Fri 3/27/09
616	No	Gather, Review, Define Objectives	4 days	Fri 3/27/09	Thu 4/2/09
617	No	Gather, Review, Define Interventions	4 days	Thu 4/2/09	Wed 4/8/09
618	No	Gather, Review, Define Staff Role in Treatment Planner	2 days	Wed 4/8/09	Fri 4/10/09
619	No	Gather, Review, Define Current Goals Status	2 days	Fri 4/10/09	Tue 4/14/09
620	No	Gather, Review, Define Objective Type	2 days	Tue 4/14/09	Thu 4/16/09
621	**No**	**Progress Note File Build**	**2 days**	**Wed 3/11/09**	**Fri 3/13/09**
622	No	Gather, Review, Define Note Type Dictionary	2 days	Wed 3/11/09	Fri 3/13/09
623	**No**	**Avatar MSO Items**	**33 days**	**Wed 3/11/09**	**Mon 4/27/09**
624	No	Identify Tables to be Populated via Upload	2 days	Wed 3/11/09	Fri 3/13/09
625	No	Design Plans to Map Data for Upload.	2 days	Fri 3/13/09	Tue 3/17/09

ID	Milestone	Task Name	Duration	Start	Finish
626	**No**	**Dictionaries**	**2 days**	**Tue 3/17/09**	**Thu 3/19/09**
627	**No**	**Member File Elements**	**1 day**	**Tue 3/17/09**	**Wed 3/18/09**
628	No	Member County Data Collection Sheets or Electronic File	1 day	Tue 3/17/09	Wed 3/18/09
629	No	Member Language Data Collection Sheets(Optional)	1 day	Tue 3/17/09	Wed 3/18/09
630	No	Reason For Termination Data Collection Sheets or Electronic File	1 day	Tue 3/17/09	Wed 3/18/09
631	No	Authorized Level of Care Data Collection Sheets(Single Choice =	1 day	Tue 3/17/09	Wed 3/18/09
632	No	Letter Type Data Collection Sheets or Electronic File	1 day	Tue 3/17/09	Wed 3/18/09
633	No	Current Authorization Status Reason Data Collection Sheets or Ele	1 day	Tue 3/17/09	Wed 3/18/09
634	No	Primary Level Of Care Data Collection Sheets (Care Manager Assi	1 day	Tue 3/17/09	Wed 3/18/09
635	**No**	**Provider File Elements**	**1 day**	**Wed 3/18/09**	**Thu 3/19/09**
636	No	Specialties Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
637	No	Type Of Contact Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
638	No	Special Accommodations Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
639	No	Performing Provider's Age Group Data Collection Sheets or Electrc	1 day	Wed 3/18/09	Thu 3/19/09
640	No	Reason for Termination Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
641	No	Performing Provider's License Type Data Collection Sheets or Elec	1 day	Wed 3/18/09	Thu 3/19/09
642	No	Treatment Age Group Specialties Data Collection Sheets or Electr	1 day	Wed 3/18/09	Thu 3/19/09
643	No	Hospital Privileges Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
644	No	Other Languages Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
645	**No**	**Funding Source File Elements**	**1 day**	**Wed 3/18/09**	**Thu 3/19/09**
646	No	Funding Source Type Data Collection Sheets or Electronic File	1 day	Wed 3/18/09	Thu 3/19/09
647	**No**	**Batch Claim Processing File Elements**	**1 day**	**Wed 3/18/09**	**Thu 3/19/09**
648	No	Claim Status Reason Data Collection Sheets (e.g. Approved but ur	1 day	Wed 3/18/09	Thu 3/19/09
649	**No**	**RADplus User File Elements**	**0.5 days**	**Wed 3/18/09**	**Thu 3/19/09**
650	No	Position Class Data Collection Sheets (e.g. Care Manager, Claims	0.5 days	Wed 3/18/09	Thu 3/19/09
651	**No**	**Tables**	**27 days**	**Thu 3/19/09**	**Mon 4/27/09**
652	No	CPT Code Definition Data Collection Sheets or Electronic File	2 days	Thu 3/19/09	Mon 3/23/09
653	No	Authorization Group Data Collection Sheets or Electronic File	3 days	Mon 3/23/09	Thu 3/26/09
654	No	Approve/Pend/Deny Rules Data Collection Sheets (per Funding Source	3 days	Thu 3/26/09	Tue 3/31/09
655	No	Contracting Providers Data Collection Sheets or Electronic File	5 days	Tue 3/31/09	Tue 4/7/09
656	No	Performing Providers Data Collection Sheets (for each Contracting Prov	5 days	Tue 4/7/09	Tue 4/14/09
657	No	Funding Source Registration Data Collection Sheets or Electronic File	4 days	Tue 4/14/09	Mon 4/20/09
658	No	Plan Definition Data Collection Sheets or Electronic File	3 days	Mon 4/20/09	Thu 4/23/09
659	No	Establish MSO to Parent System Integration Mapping or Electronic File	2 days	Thu 4/23/09	Mon 4/27/09
660	**No**	**File Build Assistance - (BUILD) Root System Code**	**38 days**	**Thu 4/16/09**	**Tue 6/9/09**
661	**No**	**Cal PM Dictionary and Table Population Assistance**	**30.25 days**	**Mon 4/20/09**	**Mon 6/1/09**

ID	Milestone	Task Name	Duration	Start	Finish
662	No	Enter/Key All Dictionaries in "BUILD" Root System Code	2 days	Mon 4/20/09	Wed 4/22/09
663	No	Enter/Key Payment/Adjustment Posting Codes	1 day	Wed 4/22/09	Thu 4/23/09
664	No	Upload Service Code File	0.25 days	Thu 4/23/09	Thu 4/23/09
665	No	Enter/Key Guarantor Data Collection Sheets	1 day	Mon 4/20/09	Tue 4/21/09
666	No	Enter/Key Benefit Plan Data Collection Sheets	1 day	Tue 4/21/09	Wed 4/22/09
667	No	Enter/Key Service Code Cross Reference Collection Sheets	2 days	Wed 4/22/09	Fri 4/24/09
668	Yes	Enter/Key Service Fee Data Collection Sheet	0 days	Fri 4/24/09	Fri 4/24/09
669	No	Enter/Key Program Data Collection Sheets	1 day	Fri 4/24/09	Mon 4/27/09
670	No	Enter/Key GLI Chart of Accounts Mapping	1 day	Mon 4/27/09	Tue 4/28/09
671	No	Enter/Key Facility Defaults Data Collection Sheet	0.25 days	Tue 4/28/09	Tue 4/28/09
672	No	Enter/Key Referral Source Data Collection Sheets	1 day	Tue 4/28/09	Wed 4/29/09
673	No	Enter/Key Enter/Key Practitioner Enrollment Data Collection Sheets	5 days	Wed 4/29/09	Wed 5/6/09
674	No	Enter/Key Guarantor/Program Billing Defaults Data Collection Sheets	3 days	Wed 5/6/09	Mon 5/11/09
675	No	Enter/Key Practitioner Numbers by Guarantor Data Collection Sheets	3 days	Mon 5/11/09	Thu 5/14/09
676	No	Enter/Key Appt Scheduling Site Registration Data Collection Sheets	1 day	Thu 5/14/09	Fri 5/15/09
677	No	Enter/Key Appt Scheduling Group Registration Data Collection Sheets	1 day	Fri 5/15/09	Mon 5/18/09
678	No	Enter/Key Appt Scheduling Staff Schedules Data Collection Sheets	10 days	Mon 5/18/09	Mon 6/1/09
679	**No**	**CWS (Progress Notes and TP) Dictionary and Table Population Assistance**	**32 days**	**Thu 4/16/09**	**Mon 6/1/09**
680	**No**	**Treatment Plan File Build**	**32 days**	**Thu 4/16/09**	**Mon 6/1/09**
681	No	Enter/Key Problems	5 days	Thu 4/16/09	Thu 4/23/09
682	No	Enter/Key Problem Definitions	5 days	Thu 4/23/09	Thu 4/30/09
683	No	Enter/Key Goals	5 days	Thu 4/30/09	Thu 5/7/09
684	No	Enter/Key Objectives	5 days	Thu 5/7/09	Thu 5/14/09
685	No	Enter/Key Interventions	5 days	Thu 5/14/09	Thu 5/21/09
686	No	Enter/Key Staff Role in Treatment Planner	5 days	Thu 5/21/09	Thu 5/28/09
687	No	Enter/Key Current Goals Status	1 day	Thu 5/28/09	Fri 5/29/09
688	No	Enter/Key Objective Type	1 day	Fri 5/29/09	Mon 6/1/09
689	**No**	**Progress Note File Build**	**1 day**	**Thu 4/16/09**	**Fri 4/17/09**
690	No	Enter/Key Note Type Dictionary	1 day	Thu 4/16/09	Fri 4/17/09
691	**No**	**MSO Dictionary and Table Population Assistance**	**31 days**	**Mon 4/27/09**	**Tue 6/9/09**
692	No	Enter/Key All Dictionaries in BUILD Root System Code	3 days	Mon 4/27/09	Thu 4/30/09
693	No	Enter/Key CPT Code Definition Data Collection Sheets	2 days	Thu 4/30/09	Mon 5/4/09
694	No	Enter/Key Authorization Group Data Collection Sheets	3 days	Mon 4/27/09	Thu 4/30/09
695	No	Enter/Key Approve/Pend/Deny Rules Data Collection Sheets (per Funding S	3 days	Mon 4/27/09	Thu 4/30/09
696	No	Enter/Key Contracting Providers Data Collection Sheets	10 days	Mon 4/27/09	Mon 5/11/09
697	No	Enter/Key Performing Providers Data Collection Sheets (for each Contractin	10 days	Mon 5/11/09	Mon 5/25/09

ID	Milestone	Task Name	Duration	Start	Finish
698	No	Enter/Key Funding Source Registration Data Collection Sheets	5 days	Mon 5/25/09	Mon 6/1/09
699	No	Enter/Key Plan Definition Data Collection Sheets	5 days	Mon 6/1/09	Mon 6/8/09
700	No	Enter/Key MSO to Parent System Integration Mapping	1 day	Mon 6/8/09	Tue 6/9/09
701	**No**	**System Code and User Roles Assistance**	**4 days**	**Mon 6/1/09**	**Fri 6/5/09**
702	No	Define System Codes	2 days	Mon 6/1/09	Wed 6/3/09
703	No	Create User Roles	2 days	Wed 6/3/09	Fri 6/5/09
704	**No**	**Data Conversion Efforts**	**45 days**	**Tue 6/9/09**	**Tue 8/11/09**
705	**No**	**Develop Conversion Extraction Routines**	**35 days**	**Tue 6/9/09**	**Tue 7/28/09**
706	**No**	**Avatar CalPM Conversions**	**30 days**	**Tue 6/9/09**	**Tue 7/21/09**
707	No	Build Extraction Processes	15 days	Tue 6/9/09	Tue 6/30/09
708	**No**	**Review and adjudicate MH and SA client data**	**5 days**	**Tue 6/9/09**	**Tue 6/16/09**
709	No	Client MRN integrated	5 days	Tue 6/9/09	Tue 6/16/09
710	No	Refine Extraction	10 days	Tue 7/7/09	Tue 7/21/09
711	**No**	**Avatar CWS Conversions**	**20 days**	**Tue 6/9/09**	**Tue 7/7/09**
712	**No**	**Treatment Plan**	**20 days**	**Tue 6/9/09**	**Tue 7/7/09**
713	No	Build Extraction Processes	20 days	Tue 6/9/09	Tue 7/7/09
714	No	Refine Extraction	10 days	Tue 6/9/09	Tue 6/23/09
715	**No**	**Progress Notes**	**20 days**	**Tue 6/9/09**	**Tue 7/7/09**
716	No	Build Extraction Processes	20 days	Tue 6/9/09	Tue 7/7/09
717	No	Refine Extraction	10 days	Tue 6/9/09	Tue 6/23/09
718	**No**	**Avatar MSO Conversions**	**35 days**	**Tue 6/9/09**	**Tue 7/28/09**
719	No	Build Extraction Processes	20 days	Tue 6/9/09	Tue 7/7/09
720	No	Refine Extraction	10 days	Tue 7/14/09	Tue 7/28/09
721	**No**	**Test Conversion Efforts**	**43 days**	**Tue 6/9/09**	**Fri 8/7/09**
722	**No**	**Avatar CalPM Conversions**	**23 days**	**Tue 6/30/09**	**Fri 7/31/09**
723	Yes	Submit Brief Conversion Test File	0 days	Tue 6/30/09	Tue 6/30/09
724	No	Review Brief File	5 days	Tue 6/30/09	Tue 7/7/09
725	Yes	Submit Full Test File	0 days	Tue 7/21/09	Tue 7/21/09
726	No	Review Full Test File	5 days	Tue 7/21/09	Tue 7/28/09
727	No	Approve Test File	3 days	Tue 7/28/09	Fri 7/31/09
728	**No**	**Avatar CWS (Progress Notes and TP) Conversions**	**3 days**	**Tue 6/9/09**	**Fri 6/12/09**
729	**No**	**Treatment Plan Conversion**	**3 days**	**Tue 6/9/09**	**Fri 6/12/09**
730	Yes	Submit Brief Conversion Test File	0 days	Tue 6/9/09	Tue 6/9/09
731	Yes	Submit Full Test File	0 days	Tue 6/9/09	Tue 6/9/09
732	No	Approve Test File	3 days	Tue 6/9/09	Fri 6/12/09
733	**No**	**Progress Note Conversion**	**3 days**	**Tue 6/9/09**	**Fri 6/12/09**

ID	Milestone	Task Name	Duration	Start	Finish
734	Yes	Create Brief xml Test File	0 days	Tue 6/9/09	Tue 6/9/09
735	Yes	Create Full xml Test File	0 days	Tue 6/9/09	Tue 6/9/09
736	No	Approve Test File	3 days	Tue 6/9/09	Fri 6/12/09
737	**No**	**Avatar MSO Conversions**	**23 days**	**Tue 7/7/09**	**Fri 8/7/09**
738	Yes	Submit Brief Conversion Test File	0 days	Tue 7/7/09	Tue 7/7/09
739	No	Review Brief File	5 days	Tue 7/7/09	Tue 7/14/09
740	Yes	Submit Full Test File	0 days	Tue 7/28/09	Tue 7/28/09
741	No	Review Full Test File	5 days	Tue 7/28/09	Tue 8/4/09
742	No	Approve Test File	3 days	Tue 8/4/09	Fri 8/7/09
743	**No**	**Production Conversion Efforts**	**2 days**	**Fri 8/7/09**	**Tue 8/11/09**
744	**No**	**Avatar Cal PM Conversion(s)**	**2 days**	**Fri 8/7/09**	**Tue 8/11/09**
745	No	Production Extraction	1 day	Fri 8/7/09	Mon 8/10/09
746	No	Process Conversion Data	1 day	Mon 8/10/09	Tue 8/11/09
747	**No**	**Avatar CWS (Progress Notes and TP) Conversions**	**2 days**	**Fri 8/7/09**	**Tue 8/11/09**
748	**No**	**Treatment Plan Conversion**	**2 days**	**Fri 8/7/09**	**Tue 8/11/09**
749	No	Production Extraction	1 day	Fri 8/7/09	Mon 8/10/09
750	No	Process Conversion Data	1 day	Mon 8/10/09	Tue 8/11/09
751	**No**	**Progress Note Conversion**	**2 days**	**Fri 8/7/09**	**Tue 8/11/09**
752	No	Production Extraction	1 day	Fri 8/7/09	Mon 8/10/09
753	No	Process xml Data Import	1 day	Mon 8/10/09	Tue 8/11/09
754	Yes	Conversion Completed	0 days	Tue 8/11/09	Tue 8/11/09
755	**No**	**Crystal Report Development**	**142.37 days**	**Tue 6/9/09**	**Fri 12/25/09**
756	**No**	**Training- Crystal Reports**	**6 days**	**Tue 6/9/09**	**Wed 6/17/09**
757	No	Establish Crystal Reports training team	1 day	Tue 6/9/09	Wed 6/10/09
758	No	Initial Crystal Reports Training (Unique NTST Integration)	5 days	Wed 6/10/09	Wed 6/17/09
759	**No**	**Planning and Scope Definition- Crystal Reports**	**67.37 days**	**Wed 6/17/09**	**Mon 9/21/09**
760	No	Establish Report Management Workgroup	2 days	Wed 6/17/09	Fri 6/19/09
761	No	Identify Reports to be Developed	20 days	Fri 6/19/09	Fri 7/17/09
762	No	Sequence Reports Based Upon Priority	11.4 days	Fri 7/17/09	Tue 8/4/09
763	No	Write Report Specifications	33.98 days	Tue 8/4/09	Mon 9/21/09
764	**No**	**Develop Crystal Reports**	**60 days**	**Mon 9/21/09**	**Mon 12/14/09**
765	No	Develop Reports	60 days	Mon 9/21/09	Mon 12/14/09
766	**No**	**Testing- Crystal Reports**	**60 days**	**Mon 9/28/09**	**Mon 12/21/09**
767	No	Test and Approve Reports	60 days	Mon 9/28/09	Mon 12/21/09
768	**No**	**Install Crystal Report**	**4 days**	**Mon 12/21/09**	**Fri 12/25/09**
769	No	Load Approved Reports into Production (LIVE) Namespace	4 days	Mon 12/21/09	Fri 12/25/09

ID	Milestone	Task Name	Duration	Start	Finish
770	Yes	Reports Installed	0 days	Fri 12/25/09	Fri 12/25/09
771	**No**	**RADplus Modeled Forms Development**	**139 days**	**Wed 6/17/09**	**Tue 12/29/09**
772	No	Training- RADPlus Modeled Forms	25 days	Wed 6/17/09	Wed 7/22/09
773	**No**	**Planning and Scope Definition- RADPlus Modeled Forms**	**47 days**	**Wed 7/22/09**	**Fri 9/25/09**
774	No	Establish RADplus Modeling Management Workgroup	2 days	Wed 7/22/09	Fri 7/24/09
775	No	Identify RADPlus Modeled Forms to be Developed	10 days	Fri 7/24/09	Fri 8/7/09
776	No	Sequence RADPlus Modeled Forms Based Upon Priority	5 days	Fri 8/7/09	Fri 8/14/09
777	No	Write RADPlus Modeled Forms Specifications	30 days	Fri 8/14/09	Fri 9/25/09
778	**No**	**Develop RADPlus Modeled Forms**	**60 days**	**Fri 9/25/09**	**Fri 12/18/09**
779	No	Develop RADPlus Modeled Forms	60 days	Fri 9/25/09	Fri 12/18/09
780	**No**	**Testing- RADPlus Modeled Forms**	**60 days**	**Fri 10/2/09**	**Fri 12/25/09**
781	No	Test and Approve RADPlus Modeled Forms	60 days	Fri 10/2/09	Fri 12/25/09
782	**No**	**Install RADPlus Modeled Forms**	**2 days**	**Fri 12/25/09**	**Tue 12/29/09**
783	No	Load Approved RADPlus Modeled Forms into Production (LIVE) Namespace	2 days	Fri 12/25/09	Tue 12/29/09
784	Yes	Modeled Forms Installed	0 days	Tue 12/29/09	Tue 12/29/09
785	**No**	**Custom Development Efforts**	**136 days**	**Tue 6/9/09**	**Wed 12/16/09**
786	**No**	**Develop Code for Development Items**	**120 days**	**Tue 6/9/09**	**Tue 11/24/09**
787	**No**	**Interface(s)**	**60 days**	**Tue 6/9/09**	**Tue 9/1/09**
788	No	Eligibility &FM	60 days	Tue 6/9/09	Tue 9/1/09
789	No	Clinical Information Link MPI	60 days	Tue 6/9/09	Tue 9/1/09
790	**No**	**Application Enhancements**	**60 days**	**Tue 9/1/09**	**Tue 11/24/09**
791	No	Incorporate open access scheduling functions under development by BHS	60 days	Tue 9/1/09	Tue 11/24/09
792	No	Permit Auto Adjudication Based on user defined rules	60 days	Tue 9/1/09	Tue 11/24/09
793	**No**	**Additional Required Development Items**	**120 days**	**Tue 6/9/09**	**Tue 11/24/09**
794	**No**	**Interface(s)**	**60 days**	**Tue 6/9/09**	**Tue 9/1/09**
795	No	New Interface - 1	60 days	Tue 6/9/09	Tue 9/1/09
796	No	New Interface- 2	60 days	Tue 6/9/09	Tue 9/1/09
797	**No**	**Application Enhancements**	**60 days**	**Tue 9/1/09**	**Tue 11/24/09**
798	No	New Application Enhancement - 1	60 days	Tue 9/1/09	Tue 11/24/09
799	No	New Application Enhancement - 2	60 days	Tue 9/1/09	Tue 11/24/09
800	**No**	**Testing- Development Items**	**45 days**	**Tue 10/13/09**	**Tue 12/15/09**
801	No		45 days	Tue 10/13/09	Tue 12/15/09
802	No	Install Development Items	1 day	Tue 12/15/09	Wed 12/16/09
803	**No**	**Acceptance Testing**	**177 days**	**Tue 5/26/09**	**Thu 1/28/10**
804	**No**	**CalPM Application Testing**	**102.5 days**	**Tue 5/26/09**	**Fri 10/16/09**
805	No	Design Acceptance Test Scenarios and Objectives	10 days	Tue 5/26/09	Tue 6/9/09

ID	Milestone	Task Name	Duration	Start	Finish
806	**No**	**Execute Application Implementation Test Plans**	**48.5 days**	**Tue 6/9/09**	**Mon 8/17/09**
807	No	Admissions/Discharge/Transfer	15 days	Tue 6/9/09	Tue 6/30/09
808	No	Financial Eligibility	15 days	Tue 6/9/09	Tue 6/30/09
809	No	MEDS-MMEF File Management Testing	15 days	Tue 6/9/09	Tue 6/30/09
810	No	Family Registration & UMDAP	15 days	Tue 6/9/09	Tue 6/30/09
811	No	Scheduling	15 days	Tue 6/9/09	Tue 6/30/09
812	No	Service/Charge Entry	15 days	Tue 6/9/09	Tue 6/30/09
813	No	Client Ledger/Liability Distribution	15 days	Tue 6/9/09	Tue 6/30/09
814	**No**	**CSI Testing**	**7.25 days**	**Tue 6/30/09**	**Thu 7/9/09**
815	No	Compilation	2 days	Tue 6/30/09	Thu 7/2/09
816	No	Output Report	2 hrs	Thu 7/2/09	Thu 7/2/09
817	No	Test output file with State	5 days	Thu 7/2/09	Thu 7/9/09
818	**No**	**CaOhms**	**7.25 days**	**Thu 7/9/09**	**Tue 7/21/09**
819	No	Compile	2 days	Thu 7/9/09	Mon 7/13/09
820	No	Output Report	2 hrs	Mon 7/13/09	Tue 7/14/09
821	No	Test output file with State	5 days	Tue 7/14/09	Tue 7/21/09
822	**No**	**OSHPD**	**6 days**	**Tue 7/21/09**	**Wed 7/29/09**
823	No	Compilation	6 hrs	Tue 7/21/09	Tue 7/21/09
824	No	Output Report	2 hrs	Tue 7/21/09	Wed 7/22/09
825	No	Test output file with State	5 days	Wed 7/22/09	Wed 7/29/09
826	**No**	**MHSA DCR**	**13 days**	**Wed 7/29/09**	**Mon 8/17/09**
827	No	Compile	6 days	Wed 7/29/09	Thu 8/6/09
828	No	Output Report	2 days	Thu 8/6/09	Mon 8/10/09
829	No	Test output file with State	5 days	Mon 8/10/09	Mon 8/17/09
830	No	Address Issues Identified During Testing (In "LIVE" Namespaces)	5 days	Mon 8/17/09	Mon 8/24/09
831	**No**	**837 Claims Submission Testing**	**44 days**	**Mon 8/17/09**	**Fri 10/16/09**
832	No	Design Acceptance Test Scenarios and Objectives	5 days	Mon 8/17/09	Mon 8/24/09
833	**No**	**Execute Medi-Cal 837 Testing**	**17 days**	**Mon 8/24/09**	**Wed 9/16/09**
834	No	Enter Test Claim Clients and Charges	5 days	Mon 8/24/09	Mon 8/31/09
835	No	Reconfirm System Set-up	2 days	Mon 8/31/09	Wed 9/2/09
836	No	Produce Test Claim Files	1 day	Wed 9/2/09	Thu 9/3/09
837	No	Compare test claim to Insyst claim	1 day	Thu 9/3/09	Fri 9/4/09
838	Yes	Submit Test File	0 days	Fri 9/4/09	Fri 9/4/09
839	No	Review Results	2 days	Fri 9/11/09	Tue 9/15/09
840	No	Recreate New Test Claim Files	1 day	Tue 9/15/09	Wed 9/16/09
841	**No**	**Execute Medicare Part B 837 Testing**	**17 days**	**Wed 9/16/09**	**Fri 10/9/09**

ID	Milestone	Task Name	Duration	Start	Finish
842	No	Enter Test Claim Clients and Charges	5 days	Wed 9/16/09	Wed 9/23/09
843	No	Reconfirm System Set-up	2 days	Wed 9/23/09	Fri 9/25/09
844	No	Produce Test Claim Files	1 day	Fri 9/25/09	Mon 9/28/09
845	No	Compare Test Claim to Insyst claim	1 day	Mon 9/28/09	Tue 9/29/09
846	Yes	Submit Test File	0 days	Tue 9/29/09	Tue 9/29/09
847	No	Review Results	2 days	Tue 10/6/09	Thu 10/8/09
848	No	Recreate New Test Claim Files	1 day	Thu 10/8/09	Fri 10/9/09
849	No	Address Issues Identified During Testing (In "LIVE" Namespaces)	5 days	Fri 10/9/09	Fri 10/16/09
850	**No**	**CWS Application Testing**	**22 days**	**Mon 6/1/09**	**Wed 7/1/09**
851	No	Design Acceptance Test Scenarios and Objectives	5 days	Mon 6/1/09	Mon 6/8/09
852	**No**	**Execute Application Implementation Test Plans**	**15 days**	**Mon 6/8/09**	**Mon 6/29/09**
853	No	Treatment Plan Testing	15 days	Mon 6/8/09	Mon 6/29/09
854	No	Progress Note Testing	15 days	Mon 6/8/09	Mon 6/29/09
855	No	Address Issues Identified During Testing (In "LIVE" Namespaces)	2 days	Mon 6/29/09	Wed 7/1/09
856	**No**	**MSO Application Testing**	**72 days**	**Tue 5/26/09**	**Thu 9/3/09**
857	No	Design Acceptance Test Scenarios and Objectives	10 days	Tue 5/26/09	Tue 6/9/09
858	**No**	**Execute Application Implementation Test Plans**	**60 days**	**Tue 6/9/09**	**Tue 9/1/09**
859	No	Membership Management	10 days	Tue 6/9/09	Tue 6/23/09
860	No	Care/Utilization Management	10 days	Tue 6/23/09	Tue 7/7/09
861	No	Claims Management	10 days	Tue 7/7/09	Tue 7/21/09
862	No	Test Authorizations	10 days	Tue 7/21/09	Tue 8/4/09
863	No	Test Claims Adjudication	10 days	Tue 8/4/09	Tue 8/18/09
864	No	Test Controller File	10 days	Tue 8/18/09	Tue 9/1/09
865	No	Address Issues Identified During Testing (In "LIVE" Namespaces)	2 days	Tue 9/1/09	Thu 9/3/09
866	**No**	**System Code and User Roles Testing**	**11 days**	**Fri 10/16/09**	**Mon 11/2/09**
867	No	Design Acceptance Test Scenarios and Objectives	5 days	Fri 10/16/09	Fri 10/23/09
868	**No**	**Execute System Code and User Role Test Plans**	**4 days**	**Fri 10/23/09**	**Thu 10/29/09**
869	No	Test System Code Configuration	2 days	Fri 10/23/09	Tue 10/27/09
870	No	Test User Role Access	2 days	Tue 10/27/09	Thu 10/29/09
871	No	Address Issues Identified During Testing (In "LIVE" Namespaces)	2 days	Thu 10/29/09	Mon 11/2/09
872	**No**	**General Ledger Interface Testing**	**8 days**	**Fri 10/16/09**	**Wed 10/28/09**
873	No	Design Acceptance Test Scenarios and Objectives	5 days	Fri 10/16/09	Fri 10/23/09
874	**No**	**Execute Application Implementation Test Plans**	**1 day**	**Fri 10/23/09**	**Mon 10/26/09**
875	No	Confirm General Ledger Mapping	1 day	Fri 10/23/09	Mon 10/26/09
876	No	Address Issues Identified During Testing (In "LIVE" Namespaces)	2 days	Mon 10/26/09	Wed 10/28/09
877	**No**	**Crystal Report Testing**	**12 days**	**Fri 12/18/09**	**Tue 1/5/10**

ID	Milestone	Task Name	Duration	Start	Finish
878	No	Design Acceptance Test Scenarios and Objectives	5 days	Fri 12/18/09	Fri 12/25/09
879	**No**	**Execute Crystal Report Test Plans**	**5 days**	**Fri 12/25/09**	**Fri 1/1/10**
880	No	Enter Data for Report Outputs	2 days	Fri 12/25/09	Tue 12/29/09
881	No	Test Report Outputs	3 days	Tue 12/29/09	Fri 1/1/10
882	No	Address Issues Identified During Testing	2 days	Fri 1/1/10	Tue 1/5/10
883	**No**	**RADplus Modeled Forms Testing**	**10 days**	**Tue 12/22/09**	**Tue 1/5/10**
884	No	Design Acceptance Test Scenarios and Objectives	5 days	Tue 12/22/09	Tue 12/29/09
885	**No**	**Execute RADplus Modeled Forms Test Plans**	**3 days**	**Tue 12/29/09**	**Fri 1/1/10**
886	No	Test Data Collection Capabilities	3 days	Tue 12/29/09	Fri 1/1/10
887	No	Test Screen Logic Configuration	3 days	Tue 12/29/09	Fri 1/1/10
888	No	Address Issues Identified During Testing	2 days	Fri 1/1/10	Tue 1/5/10
889	**No**	**Custom Development Testing**	**35 days**	**Wed 12/9/09**	**Wed 1/27/10**
890	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 12/9/09	Wed 12/16/09
891	**No**	**Execute Custom Development Test Plans**	**10 days**	**Wed 12/16/09**	**Wed 12/30/09**
892	No	Test Interfaces	10 days	Wed 12/16/09	Wed 12/30/09
893	No	Test Application Enhancements	10 days	Wed 12/16/09	Wed 12/30/09
894	No	Document Issues Identified During Testing	10 days	Wed 12/30/09	Wed 1/13/10
895	No	Address Issues Identified During Testing	10 days	Wed 1/13/10	Wed 1/27/10
896	No	Accept Software for Go-Live	1 day	Wed 1/27/10	Thu 1/28/10
897	**No**	**Training Efforts**	**75 days**	**Thu 1/28/10**	**Thu 5/13/10**
898	No	Develop Training Plan	3.75 days	Thu 1/28/10	Wed 2/3/10
899	No	Develop Training Documentation	5 days	Thu 1/28/10	Thu 2/4/10
900	**No**	**Training the Trainers**	**10 days**	**Thu 2/4/10**	**Thu 2/18/10**
901	**No**	**CalPM- Training of Trainers**	**6 days**	**Thu 2/4/10**	**Fri 2/12/10**
902	No	Client Management	2 days	Thu 2/4/10	Mon 2/8/10
903	No	Scheduling	1 day	Mon 2/8/10	Tue 2/9/10
904	No	Billing	3 days	Tue 2/9/10	Fri 2/12/10
905	**No**	**CWS- Training of Trainers**	**2 days**	**Thu 2/4/10**	**Mon 2/8/10**
906	No	Progress Notes	1 day	Thu 2/4/10	Fri 2/5/10
907	No	Treatment Plans	1 day	Fri 2/5/10	Mon 2/8/10
908	**No**	**MSO- Training of Trainers**	**3 days**	**Fri 2/12/10**	**Wed 2/17/10**
909	No	Membership Management	1 day	Fri 2/12/10	Mon 2/15/10
910	No	Care/Utilization Management	1 day	Mon 2/15/10	Tue 2/16/10
911	No	Claims Management	1 day	Tue 2/16/10	Wed 2/17/10
912	**No**	**Other Applications- Training of Trainers**	**1 day**	**Wed 2/17/10**	**Thu 2/18/10**
913	No	Executive Reporting System	1 day	Wed 2/17/10	Thu 2/18/10

ID	Milestone	Task Name	Duration	Start	Finish
914	No	General Ledger Interface	1 day	Wed 2/17/10	Thu 2/18/10
915	**No**	**End User Training**	**60 days**	**Thu 2/18/10**	**Thu 5/13/10**
916	**No**	**CalPM - End User Training**	**35 days**	**Thu 2/18/10**	**Thu 4/8/10**
917	No	Client Management	10 days	Thu 2/18/10	Thu 3/4/10
918	No	Scheduling	15 days	Thu 3/4/10	Thu 3/25/10
919	No	Billing	10 days	Thu 3/25/10	Thu 4/8/10
920	**No**	**CWS- End User Training**	**60 days**	**Thu 2/18/10**	**Thu 5/13/10**
921	No	Progress Notes	60 days	Thu 2/18/10	Thu 5/13/10
922	No	Treatment Plans	60 days	Thu 2/18/10	Thu 5/13/10
923	**No**	**MSO - End User Training**	**15 days**	**Thu 4/8/10**	**Thu 4/29/10**
924	No	Membership Management	5 days	Thu 4/8/10	Thu 4/15/10
925	No	Care/Utilization Management	5 days	Thu 4/15/10	Thu 4/22/10
926	No	Claims Management	5 days	Thu 4/22/10	Thu 4/29/10
927	**No**	**Other Applications - End User Training**	**2 days**	**Thu 4/29/10**	**Mon 5/3/10**
928	No	Executive Reporting System	2 days	Thu 4/29/10	Mon 5/3/10
929	No	General Ledger Interface	2 days	Thu 4/29/10	Mon 5/3/10
930	**No**	**Go Live Activities**	**45 days**	**Thu 5/13/10**	**Thu 7/15/10**
931	No	Define User Accounts	4 days	Thu 5/13/10	Wed 5/19/10
932	**No**	**CalPM Go-Live**	**41 days**	**Thu 5/13/10**	**Fri 7/9/10**
933	No	Complete Supplemental Conversion Data Entry	1 day	Thu 5/13/10	Fri 5/14/10
934	No	On-Site Go-Live Support	5 days	Fri 5/14/10	Fri 5/21/10
935	No	Create first batch of "Live" claims	3 days	Fri 7/2/10	Wed 7/7/10
936	No	Balance and Close out Monthly Accounting Period	2 days	Wed 7/7/10	Fri 7/9/10
937	No	835 Remittance Processing	2 days	Wed 7/7/10	Fri 7/9/10
938	**No**	**G/L Interface Go-Live**	**3 days**	**Fri 7/9/10**	**Wed 7/14/10**
939	No	Extract G/L Interface File	1 day	Fri 7/9/10	Mon 7/12/10
940	No	Verify Extract Data	1 day	Mon 7/12/10	Tue 7/13/10
941	No	Modify Chart of Account Mapping	1 day	Tue 7/13/10	Wed 7/14/10
942	Yes	Extract Production G/L Interface File	0 days	Wed 7/14/10	Wed 7/14/10
943	Yes	Upload File in G/L system	0 days	Wed 7/14/10	Wed 7/14/10
944	**No**	**CWS Go-Live**	**45 days**	**Thu 5/13/10**	**Thu 7/15/10**
945	No	Progress Notes Go-live	45 days	Thu 5/13/10	Thu 7/15/10
946	No	Treatment Plan Go-Live	45 days	Thu 5/13/10	Thu 7/15/10
947	**No**	**MSO Go-Live**	**15 days**	**Thu 5/13/10**	**Thu 6/3/10**
948	No	Process Service Authorizations	5 days	Thu 5/13/10	Thu 5/20/10
949	No	Process Claims	5 days	Thu 5/20/10	Thu 5/27/10

ID	Milestone	Task Name	Duration	Start	Finish
950	No	Confirm Service Transfer to CalPM for Billing	5 days	Thu 5/27/10	Thu 6/3/10
951	**No**	**Other Applications Go-Live**	**1 day**	**Thu 5/13/10**	**Fri 5/14/10**
952	No	Executive Reporting System	1 day	Thu 5/13/10	Fri 5/14/10
953	**No**	**Phase II - Avatar CWS, Mobile and Infoscriber**	**388.31 days**	**Thu 7/15/10**	**Wed 1/11/12**
954	**No**	**Workstation Software Installation**	**382.31 days**	**Thu 7/15/10**	**Tue 1/3/12**
955	**No**	**Phase 2- Project Team Workstations**	**1 day**	**Thu 7/15/10**	**Fri 7/16/10**
956	No	Install Java	1 day	Thu 7/15/10	Fri 7/16/10
957	No	Install Avatar Java Thin Client	1 day	Thu 7/15/10	Fri 7/16/10
958	No	Install Crystal Report Viewer	1 day	Thu 7/15/10	Fri 7/16/10
959	**No**	**Phase 2- End User Workstations**	**5 days**	**Tue 12/27/11**	**Tue 1/3/12**
960	No	Install Java	5 days	Tue 12/27/11	Tue 1/3/12
961	No	Install Avatar Java Thin Client	5 days	Tue 12/27/11	Tue 1/3/12
962	No	Install Crystal Report Viewer	5 days	Tue 12/27/11	Tue 1/3/12
963	**No**	**Application Implementation Efforts**	**69.5 days**	**Fri 7/16/10**	**Fri 10/22/10**
964	**No**	**Initial Software Training**	**10.5 days**	**Fri 7/16/10**	**Mon 8/2/10**
965	No	RADPlus Security / Database Management	2.5 days	Fri 7/16/10	Wed 7/21/10
966	**No**	**San Francisco Project Team Application Training**	**4 days**	**Wed 7/21/10**	**Tue 7/27/10**
970	**No**	**Quick Start Training**	**4 days**	**Tue 7/27/10**	**Mon 8/2/10**
971	No	Avatar CWS (Assessments and Workflow) Quick Start Training	2 days	Tue 7/27/10	Thu 7/29/10
972	No	Avatar Mobile Quick Start Training	2 days	Thu 7/29/10	Mon 8/2/10
973	Yes	Distribute "Quick-Start" Data Collection Forms	0 days	Mon 8/2/10	Mon 8/2/10
974	**No**	**Planning and Process Definition**	**34 days**	**Mon 8/2/10**	**Fri 9/17/10**
975	**No**	**CWS Planning Efforts**	**23 days**	**Mon 8/2/10**	**Thu 9/2/10**
976	**No**	**Process Decisions**	**23 days**	**Mon 8/2/10**	**Thu 9/2/10**
977	No	Workflow Manager Decisions	3 days	Mon 8/2/10	Thu 8/5/10
978	No	Clinical Forms Gathering	20 days	Thu 8/5/10	Thu 9/2/10
979	**No**	**Avatar Mobile Planning Efforts**	**11 days**	**Thu 9/2/10**	**Fri 9/17/10**
980	**No**	**Process Decisions**	**11 days**	**Thu 9/2/10**	**Fri 9/17/10**
981	No	Utilization Decisions	1 day	Thu 9/2/10	Fri 9/3/10
982	No	Clinical Forms Gathering	10 days	Fri 9/3/10	Fri 9/17/10
983	No	Quick-Start Data Collection and Review	10 days	Fri 9/17/10	Fri 10/1/10
984	No	File Build Assistance - (BUILD) Root System Code	5 days	Fri 10/1/10	Fri 10/8/10
985	**No**	**System Code and User Roles Assistance**	**10 days**	**Fri 10/8/10**	**Fri 10/22/10**
986	No	Define System Codes	5 days	Fri 10/8/10	Fri 10/15/10
987	No	Create User Roles	5 days	Fri 10/15/10	Fri 10/22/10
988	**No**	**Data Conversion Efforts**	**25 days**	**Fri 10/8/10**	**Fri 11/12/10**

ID	Milestone	Task Name	Duration	Start	Finish
989	**No**	**Training - Conversions**	**1 day**	**Fri 10/8/10**	**Mon 10/11/10**
990	Yes	Provide Conversion Specifications	0 days	Fri 10/8/10	Fri 10/8/10
991	**No**	**Train San Francisco IT Staff on Requirements**	**1 day**	**Fri 10/8/10**	**Mon 10/11/10**
992	No	XML Data Import Process	1 day	Fri 10/8/10	Mon 10/11/10
993	**No**	**Develop Conversion Extraction Routines**	**25 days**	**Fri 10/8/10**	**Fri 11/12/10**
994	No	Build Extraction Processes	10 days	Fri 10/8/10	Fri 10/22/10
995	No	Refine Extraction	5 days	Fri 11/5/10	Fri 11/12/10
996	**No**	**Test Conversion Efforts**	**13 days**	**Fri 10/22/10**	**Wed 11/10/10**
997	Yes	Submit Brief Conversion Test File	0 days	Fri 10/22/10	Fri 10/22/10
998	No	Review Brief File	5 days	Fri 10/22/10	Fri 10/29/10
999	Yes	Submit Full Test File	0 days	Fri 10/29/10	Fri 10/29/10
1000	No	Review Full Test File	5 days	Fri 10/29/10	Fri 11/5/10
1001	No	Approve Test File	3 days	Fri 11/5/10	Wed 11/10/10
1002	**No**	**Production Conversion Efforts**	**2 days**	**Fri 10/8/10**	**Tue 10/12/10**
1003	No	Production Extraction	1 day	Fri 10/8/10	Mon 10/11/10
1004	No	Process Conversion Data	1 day	Mon 10/11/10	Tue 10/12/10
1005	**No**	**Crystal Report Development**	**177.21 days**	**Fri 10/8/10**	**Tue 6/14/11**
1006	**No**	**Planning and Scope Definition- Crystal Reports**	**72.21 days**	**Fri 10/8/10**	**Tue 1/18/11**
1007	No	Establish Report Management Workgroup	1.1 days	Fri 10/8/10	Mon 10/11/10
1008	No	Identify Reports to be Developed	27.41 days	Mon 10/11/10	Wed 11/17/10
1009	No	Sequence Reports Based Upon Priority	13.7 days	Wed 11/17/10	Tue 12/7/10
1010	No	Write Report Specifications	30 days	Tue 12/7/10	Tue 1/18/11
1011	**No**	**Develop Crystal Reports**	**105 days**	**Tue 1/18/11**	**Tue 6/14/11**
1012	No	Develop Reports	105 days	Tue 1/18/11	Tue 6/14/11
1013	**No**	**Testing- Crystal Reports**	**38.57 days**	**Tue 1/25/11**	**Mon 3/21/11**
1014	No	Test and Approve Reports	38.57 days	Tue 1/25/11	Mon 3/21/11
1015	**No**	**Install Crystal Report**	**2 days**	**Mon 3/21/11**	**Wed 3/23/11**
1016	No	Load Approved Reports into Production (LIVE) Namespace	2 days	Mon 3/21/11	Wed 3/23/11
1017	**No**	**RADplus Modeled Forms Development**	**207.6 days**	**Mon 10/11/10**	**Wed 7/27/11**
1018	**No**	**Training- RADPlus Modeled Forms**	**6 days**	**Mon 10/11/10**	**Tue 10/19/10**
1019	No	Initial RADplus Modeling Training	6 days	Mon 10/11/10	Tue 10/19/10
1020	**No**	**Planning and Scope Definition- RADPlus Modeled Forms**	**85.6 days**	**Tue 10/19/10**	**Tue 2/15/11**
1021	No	Establish RADplus Modeling Management Workgroup	2 days	Tue 10/19/10	Thu 10/21/10
1022	No	Identify RADPlus Modeled Forms to be Developed	14.8 days	Thu 10/21/10	Thu 11/11/10
1023	No	Sequence RADPlus Modeled Forms Based Upon Priority	14.8 days	Thu 11/11/10	Wed 12/1/10
1024	No	Write RADPlus Modeled Forms Specifications	54 days	Wed 12/1/10	Tue 2/15/11

ID	Milestone	Task Name	Duration	Start	Finish
1025	**No**	**Develop RADPlus Modeled Forms**	**105 days**	**Tue 2/15/11**	**Tue 7/12/11**
1026	No	Develop RADPlus Modeled Forms	105 days	Tue 2/15/11	Tue 7/12/11
1027	**No**	**Testing- RADPlus Modeled Forms**	**108 days**	**Tue 2/22/11**	**Fri 7/22/11**
1028	No	Test and Approve RADPlus Modeled Forms	108 days	Tue 2/22/11	Fri 7/22/11
1029	**No**	**Install RADPlus Modeled Forms**	**3 days**	**Fri 7/22/11**	**Wed 7/27/11**
1030	No	Load Approved RADPlus Modeled Forms into Production (LIVE) Namespace	3 days	Fri 7/22/11	Wed 7/27/11
1031	**No**	**Custom Development Efforts**	**40 days**	**Fri 10/8/10**	**Fri 12/3/10**
1032	**No**	**Planning and Scope Definition**	**2 days**	**Fri 10/8/10**	**Tue 10/12/10**
1033	No	Establish Phase II Development Workgroup(s)	2 days	Fri 10/8/10	Tue 10/12/10
1034	**No**	**Develop Code for Development Items**	**30 days**	**Fri 10/8/10**	**Fri 11/19/10**
1035	No	Interface(s) (Specific Items TBD during Technical Analysis)	30 days	Fri 10/8/10	Fri 11/19/10
1036	No	Application Enhancements (Specific Items TBD during Technical Analysis)	30 days	Fri 10/8/10	Fri 11/19/10
1037	**No**	**Additional Required Development Items**	**30 days**	**Fri 10/8/10**	**Fri 11/19/10**
1038	**No**	**Interface(s)**	**30 days**	**Fri 10/8/10**	**Fri 11/19/10**
1039	No	New Interface - 1	30 days	Fri 10/8/10	Fri 11/19/10
1040	No	New Interface- 2	30 days	Fri 10/8/10	Fri 11/19/10
1041	**No**	**Application Enhancements**	**30 days**	**Fri 10/8/10**	**Fri 11/19/10**
1042	No	New Application Enhancement - 1	30 days	Fri 10/8/10	Fri 11/19/10
1043	No	New Application Enhancement - 2	30 days	Fri 10/8/10	Fri 11/19/10
1044	**No**	**Testing- Development Items**	**30 days**	**Fri 10/22/10**	**Fri 12/3/10**
1045	No	Perform QA Testing for all Development Items	30 days	Fri 10/22/10	Fri 12/3/10
1046	**No**	**Install Development Items**	**10 days**	**Fri 11/5/10**	**Fri 11/19/10**
1047	No	Load Developed Software On-Site	10 days	Fri 11/5/10	Fri 11/19/10
1048	**No**	**Acceptance Testing**	**35.11 days**	**Wed 7/27/11**	**Thu 9/15/11**
1049	**No**	**CWS Application Testing**	**24.2 days**	**Wed 7/27/11**	**Wed 8/31/11**
1050	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 7/27/11	Wed 8/3/11
1051	**No**	**Acceptance Testing**	**5 days**	**Wed 8/3/11**	**Wed 8/10/11**
1052	No	Assessment Testing	5 days	Wed 8/3/11	Wed 8/10/11
1053	No	Workflow Management Testing	5 days	Wed 8/3/11	Wed 8/10/11
1054	**No**	**Crystal Report Testing - CWS**	**10 days**	**Wed 8/3/11**	**Wed 8/17/11**
1055	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 8/3/11	Wed 8/10/11
1056	**No**	**Execute Crystal Report Test Plan**	**5 days**	**Wed 8/10/11**	**Wed 8/17/11**
1057	No	Enter Data for Report Outputs	2 days	Wed 8/10/11	Fri 8/12/11
1058	No	Test Report Outputs	3 days	Fri 8/12/11	Wed 8/17/11
1059	**No**	**RADplus Modeled Forms Testing- CWS**	**8 days**	**Wed 8/17/11**	**Mon 8/29/11**
1060	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 8/17/11	Wed 8/24/11

ID	Milestone	Task Name	Duration	Start	Finish
1061	**No**	**Execute RADplus Modeled Forms Test Plan**	**3 days**	**Wed 8/24/11**	**Mon 8/29/11**
1062	No	Test Data Collection Capabilities	3 days	Wed 8/24/11	Mon 8/29/11
1063	No	Test Screen Logic Configuration	3 days	Wed 8/24/11	Mon 8/29/11
1064	**No**	**Custom Development Testing- CWS**	**9.2 days**	**Wed 8/17/11**	**Wed 8/31/11**
1065	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 8/17/11	Wed 8/24/11
1066	**No**	**Execute Custom Development Test Plan**	**4.2 days**	**Wed 8/24/11**	**Wed 8/31/11**
1067	No	Test Interfaces	4.2 days	Wed 8/24/11	Wed 8/31/11
1068	No	Test Application Enhancements	3.5 days	Wed 8/24/11	Tue 8/30/11
1069	**No**	**Avatar Mobile Testing**	**8 days**	**Wed 7/27/11**	**Mon 8/8/11**
1070	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 7/27/11	Wed 8/3/11
1071	**No**	**Execute Application Implementation Test Plans**	**3 days**	**Wed 8/3/11**	**Mon 8/8/11**
1072	No	Client and Appointment Download	1 day	Wed 8/3/11	Thu 8/4/11
1073	No	Charge Entry	1 day	Thu 8/4/11	Fri 8/5/11
1074	No	Progress Note Entry	1 day	Fri 8/5/11	Mon 8/8/11
1075	No	Data Synchronization	1 day	Wed 8/3/11	Thu 8/4/11
1076	**No**	**System Code and User Roles Testing**	**4 days**	**Wed 8/31/11**	**Tue 9/6/11**
1077	No	Test System Code Configuration	2 days	Wed 8/31/11	Fri 9/2/11
1078	No	Test User Role Access	2 days	Fri 9/2/11	Tue 9/6/11
1079	**No**	**Infoscriber Applicaton Testing**	**5 days**	**Wed 8/31/11**	**Wed 9/7/11**
1080	No	Design Acceptance Test Scenarios and Objectives	5 days	Wed 8/31/11	Wed 9/7/11
1081	**No**	**Execute Application Implementation Test Plans**	**1 day**	**Wed 8/31/11**	**Thu 9/1/11**
1082	No	Enter Client Prescriptions	1 day	Wed 8/31/11	Thu 9/1/11
1083	No	Test Contra Indication Warnings	1 day	Wed 8/31/11	Thu 9/1/11
1084	No	Test Fax Submission of Prescription to Pharmacy	1 day	Wed 8/31/11	Thu 9/1/11
1085	No	Test Infoscriber Reports	1 day	Wed 8/31/11	Thu 9/1/11
1086	No	Address Issues Identified During Testing	5.91 days	Wed 9/7/11	Thu 9/15/11
1087	Yes	Accept Software for Go-Live	0 days	Thu 9/15/11	Thu 9/15/11
1088	**No**	**Training Efforts**	**73 days**	**Thu 9/15/11**	**Tue 12/27/11**
1089	No	Develop Training Documentation	5 days	Thu 9/15/11	Thu 9/22/11
1090	**No**	**Training the Trainers**	**8 days**	**Thu 9/22/11**	**Tue 10/4/11**
1091	**No**	**CWS- Training of Trainers**	**6 days**	**Thu 9/22/11**	**Fri 9/30/11**
1092	No	Progress Notes	1 day	Thu 9/22/11	Fri 9/23/11
1093	No	Treatment Plans	1 day	Fri 9/23/11	Mon 9/26/11
1094	No	Assessments and Other	2 days	Mon 9/26/11	Wed 9/28/11
1095	No	Workflow Management	2 days	Wed 9/28/11	Fri 9/30/11
1096	**No**	**Avatar Mobile- Training of Trainers**	**1 day**	**Fri 9/30/11**	**Mon 10/3/11**

ID	Milestone	Task Name	Duration	Start	Finish
1097	No	Client Data Download	1 day	Fri 9/30/11	Mon 10/3/11
1098	No	Application Use in Field	1 day	Fri 9/30/11	Mon 10/3/11
1099	No	Data Synchronization	1 day	Fri 9/30/11	Mon 10/3/11
1100	**No**	**Infoscriber- Training of Trainers**	**1 day**	**Mon 10/3/11**	**Tue 10/4/11**
1101	No	Prescription Entry	1 day	Mon 10/3/11	Tue 10/4/11
1102	No	Report Generation	1 day	Mon 10/3/11	Tue 10/4/11
1103	**No**	**End User Training**	**60 days**	**Tue 10/4/11**	**Tue 12/27/11**
1104	**No**	**CWS- End User Training**	**60 days**	**Tue 10/4/11**	**Tue 12/27/11**
1105	No	Assessments	60 days	Tue 10/4/11	Tue 12/27/11
1106	No	Workflow Management	60 days	Tue 10/4/11	Tue 12/27/11
1107	**No**	**Avatar Mobile- End User Training**	**15 days**	**Tue 10/4/11**	**Tue 10/25/11**
1108	No	Client Data Download	15 days	Tue 10/4/11	Tue 10/25/11
1109	No	Application Use in Field	15 days	Tue 10/4/11	Tue 10/25/11
1110	No	Data Synchronization	15 days	Tue 10/4/11	Tue 10/25/11
1111	**No**	**Infoscriber- End User Training**	**20 days**	**Tue 10/4/11**	**Tue 11/1/11**
1112	No	Prescription Entry	20 days	Tue 10/4/11	Tue 11/1/11
1113	No	Report Generation	20 days	Tue 10/4/11	Tue 11/1/11
1114	**No**	**Clinical Applcation go-live**	**5 days**	**Tue 12/27/11**	**Tue 1/3/12**
1115	No	Define User Accounts	5 days	Tue 12/27/11	Tue 1/3/12
1116	**No**	**Test integrated system**	**1 day**	**Tue 1/3/12**	**Wed 1/4/12**
1117	No	Medicaion list	1 day	Tue 1/3/12	Wed 1/4/12
1118	**No**	**Application Go-Live**	**5 days**	**Wed 1/4/12**	**Wed 1/11/12**
1119	No	CWS Application- Go-Live	5 days	Wed 1/4/12	Wed 1/11/12
1120	No	Avatar Mobile - Go-Live	5 days	Wed 1/4/12	Wed 1/11/12
1121	No	Infoscriber Go-Live	5 days	Wed 1/4/12	Wed 1/11/12
1122	Yes	Final Syste Acceptance	0 days	Wed 1/25/12	Wed 1/25/12

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Software Specifications Worksheet

Appendix A-2

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Software Specifications Worksheet

Appendix A - 2

Purpose

The purpose of the attached specifications work sheet is to provide for tracking of items reviewed and agreed upon by San Francisco Behavioral Health Information Systems and Netsmart Technologies for inclusion in the current software configuration and implementation project (category A), exclusion from the project (category C) or review for inclusion under the change control policy during the implementation phase of the project (category B).

Those items retained a part of the software implementation plan, category A, are relatively minor support services ancillary to the purchase of the software and included in the payment plan as fixed price software items. Configuration of the category A items is not included in the professional services fee structure.

Appendix A - 2

San Francisco Software Specifications Worksheet

Color Code:	Green = A - Included in this contract	Blue = B - Possible Inclusion in the future but not included now	Red = C,D or E - Not included in this contract

Item Number	Description	San Francisco and Netsmart Understanding	Contract Status
1	Electronic claims status inquiry. Electronic receipt of claims status requests in the ASC X12N 276	Claim status inquiry from providers requesting the status of san Francisco claims using the 276 & 277. This is from providers into MSO and is not supported in Netsmart products	C - Not part of initial contract deliverable. If San Francisco can get additional funding it will be added as a change order
2	Transmission of claims status notifications in ASC X12N 277 format	This is the 277 part of #1 Same comment as #1	C - Not part of initial contract deliverable. If San Francisco can get additional funding it will be added as a change order
3	Permit auto adjudication of claims in MSO	If undertaken in the future, need to be certain claims auto adjudicate based on rules	B - Need but in future. Not part of initial project deliverable
4	Transmission of claims status notifications in ASC X12N 277 format	San Francisco wants to have contract providers request claim status of items that are not managed through MSO. For example a straight MediCal claim from a provider to the County which is then billed to the state	D - Not required. No deliverable
5	Permit auto adjudication of claims in MSO	This is a duplication of #3	B - Need but in future. Not part of initial project deliverable
6	Invision EAD Interface	This is a call to the EAD system to get a unique county Identification number for each patient. If the match is exact, a number is returned to the calling system. If there is not an exact match, a potential match list is sent via a manual process and the number is entered manually. In initial discussions between San Francisco and Netsmart, this was determined to be a "C". Subsequently, it was re-classified as a "B". If this changes to a project deliverable "A", there needs to be some cost associated with this and built into the project.	B - Need but in future. Not part of initial project deliverable
7	Provide a Share of Cost clearance mechanism from client finance system capable of linking to other DPH provider finance systems to permit full coordination of client benefits, and to assure	The Counties objective with this was to get SOC data from SFGH. This would allow San Francisco to increase collections by knowing the person had already met this deductible. No one could identify how this could be achieved	C - Not part of initial contract deliverable. If San Francisco can get additional funding it will be added as a change order

8	Inpatient admission interface	San Francisco is looking for a methoo ave admissions to general hospitals and other IP facilities come into the AVATAR system automatically. We reviewed the challenges in doing this w/o a strong MPI in place. It was agreed that San Francisco would continue to have these providers enter the data manually. Additionally there were issues regarding allowing the system to bill some services and not others while a person was in an inpatient facility. Netsmart functionality does not currently support this.	C - Not part of initial contract deliverable. If San Francisco can get additional funding it will be added as a change order
9	Documentation and tracking of treatments provided on site	The primary objective here was tracking of DOT's We discussed possible use of EMAR which was ruled out for a lot of reasons. It was agreed that Medication Observations would be handled through appointment scheduling and standard progress notes. I voiced concerns about this being a clunky process but the County said they would make it work	D - Not required we have no deliverable
10	Integration with Siemens Lifetime Clinical Record	They want to be able to link to this system but we could not identify how this could happen. This may be possible via the use of ODBC connections into our system. It was agreed that this would not be part of our deliverable under this agreement	E - Further discussion necessary at some point but we have no deliverable
11	Interface with HDX	Since San Francisco provided no specifications for this, there was no way to scope this. San Francisco stated they believe that they can get dollars for their new access team and can have them do this directly in that system. Netsmart has no deliverable associated with this item.	D - Not required we have no deliverable
12	Credentialing Interface	This is integration with an unknown system that would pass enrolled providers from AVATAR to that unknown system. Credentialing would happen in that system and then it would pass something back to AVATAR that says to inhibit charges from going into the system because the person does not have valid credentials at this time. Netsmart stated Netsmart will modify the system to stop the entry of charges after a termination date is manually entered in Practitioner registration and create a place where a list of services that the person (or class of person) is allowed. This would restrict providers from having inappropriate services entered for example a Med Mgmt visit for a social worker	A - This is development we agreed to do as part of the fixed 50K
13	Additional conversions	Netsmart Development in this contract is limited to Netsmart standard conversion. However Netsmart agreed to include an analysis to scope out additional needed conversions to be priced for San Francisco. If San Francisco accepts the price and scope proposed by Netsmart as a result of the analysis, San Francisco will execute a change order adding that scope and price to the project.	A - This analysis will be included as a part of the fixed $50,000 development agreed to do as part of the initial contract. Any subsequent work resulting from the analysis is not included in this contract but can be added through the execution of a change order by San Francisco.

14	Review of additional applications that may be phased out as part of our implementation	San Francisco agreed that this would be a San Francisco responsibility.	D - No deliverable or effort required by Netsmart
15	Cost Reporting	The California Avatar User Group is specifying changes to the product to meet emerging California requirements with respect to cost reporting. Subsequent to the agreement of the User Group and Netsmart on the specifications and scope of the work to be done, Netsmart will undertake the modifications to cost reporting agreed to with the user group. Upon completion of the modifications by Netsmart, Netsmart will make those cost reporting functions available for no additional license charge to San Francisco. Additional annual maintenance will be required. Any County requirements beyond those specified and executed by the User Group are not included in this contract. Additional functions may be added through the use of a change order.	A - Netsmart will deliver functions developed for the California User Group to San Francisco at no additional License charge.
16	County data warehouse integration	In discussions in January 2008, San Francisco and Netsmart agreed that Netsmart will provide its standard Data Warehouse Product that will load its own MS-SQL instance. San Francisco will do all ETL work needed to integrate with the County Data Warehouse.	A - Netsmart will provide it standard Data Warehouse product to San Francisco as a part of this contract. There are no other deliverables included from Netsmart with respect to County Data Warehouse integration.
17a	Treatment selection linked to insurance coverage	San Francisco desires to have the MSO system restrict what services could be authorized for a client based upon the services that are covered in the contract assigned to the client.	A - Netsmart will include development to cover this functionality as a part of the fixed $50,000 development effort included in this contract.
17b	Treatment selection linked to insurance coverage	San Francisco wants the treatment planner to look at all guarantors assigned to the client in that episode and then and see if their plans cover the services. In the event that the service is not covered by the plan, San Francisco would like the system to pop a message that says the service is not covered.	C - Not part of initial contract deliverable. If San Francisco can get additional funding it will be added as a change order

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Communication Plan

Appendix A-3

1. Introduction

Communication is a major component of successful project delivery. Without effective communication, vital information may not be exchanged between the project team and other stakeholders. Lack of communication among project team members and stakeholders may prohibit or delay the execution or completion of scheduled tasks. Success is enabled through the effective development and execution of a Communication Management Plan.

The Communication Management Plan is included in the Project Plan to establish a consistent method for communication planning and management. The Communication Management Plan identifies project stakeholders and the information that is to be exchanged between the project team and stakeholders. In addition, the Communication Management Plan documents the methods and activities needed to ensure timely and appropriate collection, generation, dissemination, storage, and ultimate disposition of project information among the project team and stakeholders.

2. Use of the Communication Management Plan

2.1. Overview

Within the Framework, the Communication Management Plan is a key deliverable of the Project Planning process. The Communication Management Plan is executed throughout the life of the project to facilitate communication among the project team and stakeholders and to contribute to the success of the project. The Communication Management Plan should be developed in coordination with and be accessible by all project team and stakeholder entities. All schedule, work plan activities, roles, and responsibilities required for execution of the Communication Management Plan should be integrated into the Project Plan. All information in the Communication Management Plan should be consistent with the Project Plan and the related plans. For example, the Communication Management Plan identifies communication methods for the exchange of information required for status reporting and the Project Plan describes how status reports will be used to monitor and control the project.

2.2. Governance and Scope

The Project Manager has ultimate responsibility for ensuring the Communication Management Plan is developed in conjunction with the Project Plan. A key responsibility of the Project Manager is to ensure the Communication Plan is integrated into the overall planning as outlined by the Project Plan.

2.3. Assumptions and Requirements

In order to fulfill project roles and responsibilities, the New BHIS Executive Steering Committee and other stakeholders require regular communication on the status of the new system planning, issues related to planning and development, project status, and work group progress. To accomplish this:

- Formal status reports are built into the project plans
- Work Group status reports are built into the project plan for each of the designated work groups
- Executive Steering Committee, Project Team and Work Group meetings are documented
- A project domain and web site will be provided to enhance work group and project team communication

3. Project Stakeholders

3.1. Stakeholder Roles and Responsibilities

Project Stakeholder	Roles / Responsibilities
To be specified by Contractor Project Manager during initiation phase of project.	Netsmart Project Sponsor: • Major participation in sales effort and contract negotiations • Establishes and maintains top-level client relationships • Assists project managers in getting the project underway (planning, procedures, staffing, etc.) • Maintains current knowledge of major project activities • Handles major contractual matters • Assists project manager in identifying and solving major problems • Keeps general management and company management advised of major problems • Works with Project Managers to manage project scope creep.
Staff to be specified by Contractor Project Manager during initiation phase of project.	• Project Management • Project Oversight • Communication of project goals, successes, and issues • Monitor the making of project related decisions concerning resources, system design, and priorities • Serve as the focal point for all internal installation questions and concerns • Issue Resolution • Business Analyst / Project Management Duties • Development, management, and distribution of Implementation Plan (SOW), Communication Management Plan, and Change Request Plan. • File Build Assistance • Training Assistance • Go Live Assistance • Perform cross-product communications and coordination during the installation • Project Oversight • Management of Project Work Plan activities • Development, management, and distribution of Implementation Plan (SoW), Communication Management Plan, and Change Request Plan. • Monthly Project Status • Project Issue Log
Contractor Project Executive	• Oversee and support Netsmart Project Management Activities
Contractor VP of Operations	• Netsmart Executive Management intervention as needed
City Project Director	• Provides direct oversight for the entire project over the full project life cycle. • Liaisons with Netsmart PM and CBHS work groups • Provides oversight of vendor performance to assure accountability and progress. • Keeps CBHS management advised of major problems • Works with vendor Project Manager to manage project scope creep, communications and project plan.
City Project Manager	• Provides direct oversight of the CBHS work groups over the full project life cycle.

Project Stakeholder	Roles / Responsibilities
	• Liaisons with Netsmart PM, CBHS work groups and Project Director • Facilitates work groups meetings and communications • Monitors project plan status • In conjunction with the NTST PM, provides CCSF management and distribution of the Implementation Plan (SoW), Communication Management Plan, and Change Request Plan.
City Executive Steering Committee	• Provides administrative oversight for the entire project over the full project life cycle. • Communicates project status and issues to DPH Administration and back to CBHS programs. • Decides policy and procedure issues related to the project and behavioral health information management. • Develops and implements policies required for successful implementation of the project. • Prioritizes this project and unrelated CBHS projects that may impact the project or work teams. • Provides decisions to resolve internal conflicts and process issues. • Insures Departmental resources are committed for the full term of this project. • Reviews work of the work groups and provides feedback to break log-jams and sustain progress. • Provides oversight of vendor performance to assure accountability and progress. • Monitors the project to insure improvement of patient care remains the focus and the new system provides for improved functionality for front line programs and staff. • Facilitates communication between the major work units involved in the project, IT, Billing and CBHS Administration. • Defines the scope of the project, monitor to manage "scope creep" and police the process. • Promotes accurate and timely communication about the project across the Department and into the community. • Assesses organizational impact of various approaches to resolve issues and provide decisions to Project Work Groups.
City New BHIS Work Groups	The BHIS Work Groups act as content experts for all aspects of the system analysis and development phases to insure the integrated system meets all billing compliance, business, administrative, documentation and healthcare recordkeeping requirements.
City Clinical Work Group	• Provide analysis of the CBHS clinical business model. • Provide clinical expert input to the design and development of the New BHIS. • Provide a forum for clinical responsibility. • Communicate clinical information, work flow and recordkeeping issues to the Executive Steering Committee and back to CBHS programs.

Project Stakeholder	Roles / Responsibilities
	• Inform policies and procedures related to the management and flow of behavioral health information. • Suggest policies required for successful implementation of an electronic behavioral healthcare record. • Participate in project design to insure improvement of patient care remains the focus and the new system provides for improved functionality for front line programs and staff. • Insure the system finally implemented provides for the quality management and improvement activities suggested by outside quality review boards and agencies, and meets all healthcare record keeping mandates and regulations. • Provide for full consumer participation in development of PHR and consumer access to healthcare information and resources.
City Billing and Finance Work Group	• Provide analysis of the CBHS billing and business model. • Provide expert input to the design and development of the New BHIS. • Communicate billing and claims information, work flow and process issues to the Executive Steering Committee and back to CBHS programs. • Inform policies and procedures related to the management and flow of billing and claims information. • Participate in project design to insure improvement of patient care remains the focus and the new system provides for improved functionality for front line programs and staff. • Insure the system finally implemented provides for the quality management and improvement activities suggested by outside quality review boards and agencies, and meets all healthcare record keeping and billing regulations.
City Consumer and Interoperability Sub Work Groups	• Provides input on the organizational goals associated with integrating the Avatar suite of applications to other systems and applications in use throughout SF DPH. • Manages consumer involvement in the planning and implementation process • Provide technical expertise for the data conversion and development of the patient data model
City Technical Work Group	• Provide input on the organizational goals associated with all technical considerations including, but not limited to: Integration, Conversion, RADplus Modeling, and Crystal Reports. • Create the SF specific RADplus Modeled forms and Crystal Reports. • Manage user access interfaces • Develop data center and network configurations • Provide technical expertise related to CCSF networks and engineering availability and functionality

3.2. Stakeholder Contact Information

(For each of the stakeholders identified, specify their contact information.)

Stakeholder	Project Role	Phone Contact	Email Address
CBHS Executive Steering Committee (ESC)	Executive Steering and Sponsorship		
Chief Financial Officer (CFO), DPH	Program Co-Chair ESC		
Director CBHS	Program Co-Chair ESC		
CFO CHS	Fiscal Co-Chair Finance Work Group		
Deputy Director	CBHS Deputy Director		
Deputy Director	Adult/Older Adult Services		
Deputy Director	Child, Youth, Family Services		
Deputy Director	Substance Abuse Services		
BHIS Manager	Project Director, Clinical Work Group Administrative Lead		
Clinical Manager	Co-Chair Clinical Work Group		
Clinical Manager	Co-Chair Clinical Work Group		
Senior IS Manager	ESC Facilitator and Technical Work Group Administrative Lead		
IS Manager	Finance and Billing Project Administrative Lead		
Patient Finance, Claims and Billing Unit Supervisor	Co-Chair Finance Work Group		
BIS Billing Project Director	Work Group Facilitator		

3.3. Stakeholder Information Requirements

In order to provide oversight for all aspects of business model and work flow analysis and design, development and implementation of the new BHIS, the Department of Public Health, Community Behavioral Health Administration, The Project Executive Steering Committee and other CCSF stakeholders require consistent, timely and accurate information on project status, issues and development.

Report Description	Distribution Frequency	Project Sponsor	Executive Steering Committee	Team Members	Project Work Groups	End User
Project Plan	Start of Project	X	X	X	X	
Implementation Plan (SoW)	Start of Project Updates as documented	X	X	X	X	
Communication Management Plan	Start of Project Updates as documented	X	X	X	X	
Change Management Plan	Start of Project Updates as documented	X	X	X	X	
Issue List	Monthly Updates as documented	X	X	X	X	
Risk List	Monthly Updates as documented	X	X	X	X	
Project Status	Monthly Updates as documented	X	X	X	X	X
Weekly Meeting Agenda	24 hours prior to scheduled meeting	As Applicable	As Applicable	As Applicable	As Applicable	As Applicable
Meeting Minutes	No later than 48 hours following meeting	As Applicable	As Applicable	As Applicable	As Applicable	As Applicable
Transition Document	Contract and Project Closure Facility Roll-out	X	X	X	X	X

The types of information defined in the following sections may be time or cycle specific or event triggered.

4. Project Information Collection, Reporting, and Distribution

This section specifies the communication methods for production of the communication outputs that fulfill the stakeholder information requirements. Analyze and classify the stakeholder information requirements listed above. Develop an approach for development of the communication outputs that fulfill those requirements. Communication outputs include documents, such as project status reports and issue tracking reports. In this section, identify the information that must be collected, summarized, and reported in order to produce the communication outputs.

4.1. Information Collection and Reporting

List the information that must be collected, summarized, and reported in order to produce the communication outputs that fulfill the stakeholder information requirements. For each information requirement, specify the provider of the information, the collection timeframe, frequency, or trigger, collection method, reporting or documentation method, and the report or document title.

Use the timeframe, frequency, or trigger to specify when information must be reported. The specification can be both cycle and event driven (i.e., major defect encountered during testing or project phase completion).

Examples of collection methods are email, placement of files or information on a designated disk drive, or placement of information in a designated "inbox".

Include in the reporting or documentation method any compilation, summarization, or formatting of the information that is reported.

Information Requirement	Provider of Information	Data Collection Trigger	Reporting Documentation Method	Document Title
Project Plan	Netsmart Project Manager	Project Activity Updates	Microsoft Project	
Implementation Plan (SoW)	Netsmart Project Manager	Project Kick-off	Netsmart SoW Template	Implementation Plan (SoW)
Communication Management Plan	Netsmart Project Manager	Project Kick-Off Ongoing Project Management Activities	Netsmart Communication Management Plan Template	Communication Management Plan
Change Request Plan	Netsmart Project Manager	Project Kick-Off Client Approved Change Request	Netsmart Change Management Plan Template	Change Request Plan
Risk List	Netsmart Project Manager	Initial Risk Identification Ongoing Risk Management Triggers and Risk Updates	Netsmart Risk List Template	**Risk Assessment**
Issue List	Netsmart Project Manager	Weekly Project Updates	Netsmart Issue Log Template	**Project Issue Log**
Project Status Report	Netsmart Project Manager	Monthly Project Updates	Netsmart Project Status Report Template	
Meeting Agenda	Project Manager	Regularly Scheduled and Ad-Hoc Scheduled Meetings	Netsmart Meeting Agenda Template	
Meeting Minutes	Project Manager	Regularly Scheduled and Ad-Hoc Scheduled Meetings	Netsmart Meeting Minute Template	
Lessons Learned	Project Manager	Phase End	Lessons Learned	
Transition Document	Project Manager	Contract / Project Closure Facility Roll-out	Netsmart Transition Document Template	

4.2. Information Distribution, Storage, and Disposition

List each report or document to be produced and distributed as a communication output to fulfill the stakeholder information requirements. For each report or document, specify the target audience in terms of stakeholders, the primary and secondary method of notification or distribution, the timeframe, frequency, or trigger for distribution, and the means of storage and disposition of the report or document.

Examples of methods of notification or distribution include manual distribution, placement of information on a designated disk drive or web page, and email.

Use the timeframe, frequency, or trigger to specify when information must be distributed. The specification can be both cycle and event driven (i.e., major defect encountered during testing or project phase completion).

Means of storage and disposition include retaining information in electronic files or physical files for a particular period of time or posting information on a web page.

San Francisco New BHIS Communications					
Main Project Plan-status reports	Exec. Steering Committee CIO *Work Group Leads	Provide formal project status information	Face to face Paper and post to Project web site with email notification	Monthly *As needed	Project Lead and vendor Project Manager
Steering Committee Notes	Exec Steering Committee CIO Other stake-holders as needed	Provide documentation of issue, decisions and accountability	Paper	Monthly	Exec Steering Committee staff
General Project Status Reports	Exec Steering Committee CFO CIO	Provide status of schedule and budget adherence.	Paper and/or meeting agenda	Quarterly or as requested	Exec Steering Committee Co-Chairs
Change Control Requests and responses	Exec Steering Committee Project Lead Vendor Project Manager	Provide for appropriate review and processing of all change requests	Paper and post Change Request and responses to Project web site	As needed	Party initiating change request and Steering Committee
Work Group Project Plan-status reports	Exec. Steering Committee	Provide formal work group progress information	Paper and post to Project web site	Monthly	Work Group Lead
Work Group	Exec Steering	Provide documentation	Paper and	As	Work Group

San Francisco New BHIS Communications					
Meeting notes	Committee	of issue, decisions and accountability	post to Project web site	produced	Lead or facilitator
Project Team meeting notes	Exec Steering Committee CIO Other stake-holders as needed	Provide documentation of issue, decisions and accountability	Paper and post to Project web site	As produced	Project Lead and vendor Project Manager
Project Goals and Objectives measures	Exec Steering Committee CIO Other stake-holders as needed	Provide for review, edit and updates to project goals and objectives. Inform the project progress and planning functions	Paper and post to Project web site	Monthly	Project Lead and vendor Project Manager

4.3. Distribution Groups

Project information will be distributed to the contacts listed in the stake holder table in section 3.2

5. Glossary

Define all terms and acronyms required to interpret the Communication Management Plan properly. Definitions may be added, as they arise during the course of the project.

Term	Definition
BHIS	Behavioral Health Information System
BWG	Billing Work Group
Cal-PM	Avatar California Practice Management (Netsmart)
CBP	Community Based Programs
CBHS	Community Behavioral Health Services
CCSF	City and County of San Francisco
CIO	Chief Information Officer
CMHS	Community Mental Health Services
COB	Coordination of Benefits
CSAS	Community Substance Abuse Services
CWG	Clinical Work Group
CWS	Clinician Workstation (Netsmart)
DPH	Department of Public Health
EHR	Electronic Health Record
EMR	Electronic Medical Record
EOB	Explanation of Benefits
ERS	Executive Reporting System (Netsmart)
ESC	Executive Steering Committee
FFS	Fee For Service
HEAT	Netsmart current online support system
HIPAA	Health Insurance Portability and Accountability Act
IWG	Interoperability and Consumer Work Group
LAN	Local Area Network
MPI	Master Patient Index
MSO	Management Services Organization (Netsmart)
PFI	Payor Financial Information
POE	Proof of Eligibility
PPN	Private Provider Network
SFMHP	San Francisco Mental Health Plan
SME	Subject Matter Expert (Netsmart term)
SOC	MediCal Share of Cost
SoW	Statement of Work
TWG	Technical Work Group
UMDAP	Uniform Method to Determine Ability to Pay
WAN	Wide Area Network

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Change Control Policy

Appendix A-4

The purpose of this plan is to define the mechanism to be used for managing changes to the proposed project plan for development and implementation of the new Integrated Billing and Healthcare Record System for San Francisco Community Behavioral Health Services (CBHS).

This Change Management Plan is set up to protect the achievability of the approved project scope. When the original project scope was defined, assumptions and agreements were made as to what the project was going to produce. If the deliverables change during the project, the estimates for cost, effort and duration may no longer be valid. However, if the project sponsor agrees to add the requested changes into the project scope, the cost, effort hours and/or duration must be modified to reflect any additional work or cost. This new cost, effort or duration now becomes the approved target. It is imperative that the processes defined in the change management plan identify how change requests are recognized and reconciled, and ultimately, the plan must be rigorously executed.

Assumptions:

Scope changes are sometimes needed to solve project problems or to respond to new opportunities. Changes are approved sparingly and only when a compelling business need along with detailed cost/benefit analysis supports the change.

Policy and Procedures:

CBHS supports a consistent process for change control decision-making. Change requests are submitted in writing to the vendor and the CBHS Executive Steering Committee for review.

CBHS Executive Steering committee may reject changes that lack a compelling, credible business case or that are likely to so overtax resources that the project or business processes are comprised. For each potential change, there are four alternatives: approval, approval with modification, deferral, and rejection.

Change requests will be submitted using a Project Change Request (PCR) Form and change requests will be logged in the project change log. The PCR and change request log will be developed by the project management team, during the project initiation phase.

Change requests identified as *immediate* are scheduled for Executive review as soon as possible. Change requests identified as *future* are reviewed at the next regularly scheduled Executive Steering Committee meeting.

The CBHS Executive Steering Committee approves changes, along with attendant funding and resource plans, that fall outside of the established contract dollars or that impact the project critical path or deliverables.

ROLES AND RESPONSIBILITIES:

The specific persons or groups, within or external to, the project who will be involved with the identification, review and resolution of change requests within the project will be identified during the project initiation phase.

Roles and responsibilities related to change management for these persons or groups include:

Netsmart Project Management Team:
Assigned by the vendor, reviews, logs, processes and tracks change requests

Project Stakeholders:

Stakeholder	Project Change Management Role
CBHS Executive Steering Committee (ESC)	Executive Steering and Sponsorship initiate, modify, approve or deny all change requests
Director CBHS	Co-Chair ESC, may initiate change request
DPH CFO CHS	Co-Chair ESC, may initiate change request
CBHS Deputy Director	CBHS Administration, may initiate change request
Deputy Director	Adult/Older Adult Services administrative representation, may initiate change request
Deputy Director	Child, Youth, Family Services administrative representation, may initiate change request
Deputy Director	Substance Abuse Services administrative representation, may initiate change request
BHIS Manager	Project Director, Clinical WG Lead, may initiate change request
Senior IS Manager	Technical Work Group Lead, may initiate change request
Operations IS Manager	Interoperability /Consumer WG Lead, may initiate change request
Patient Finance, Claims and Billing Unit Supervisor	Finance Work Group Lead, may initiate change request

Program Stakeholders

Work Group	Project Change Management Role
Clinical Work Group	Clinical SME, may initiate change request
Billing and Finance Work Group	Finance SME, may initiate change request
Interoperability and Consumer Sub Work Groups	Interface and consumer and family SME, may initiate change request
Technical Work Group	Technical SME, evaluates change requests

THE CHANGE MANAGEMENT PROCESS:

INITIATION OF A CHANGE:

Change requests are submitted to the project management team, using the approved project change request form. Including:

- A description of the change requested
- The situation that makes the change necessary or desirable, the reason for the change with quantitative assessment of benefits to be derived from the change, the business case for the change
- Estimated timing of the change (immediate, future), the point at which the change should be incorporated into the project time line
- Priority of the change to the Department (Essential/Critical, High, Medium, Low)

The Netsmart Project Manager will submit requests to the appropriate technical team to add:

- The estimated impact of the change on the project schedule as provided by the vendor
- Estimate of the impact of the change on project cost and funding as provided by the vendor
- Specific vendor and City resources needed for the change

Each submitted change proposal is reviewed for *completeness*. If the information is unclear or incomplete, the request will be returned to the author for revision prior to executive review.

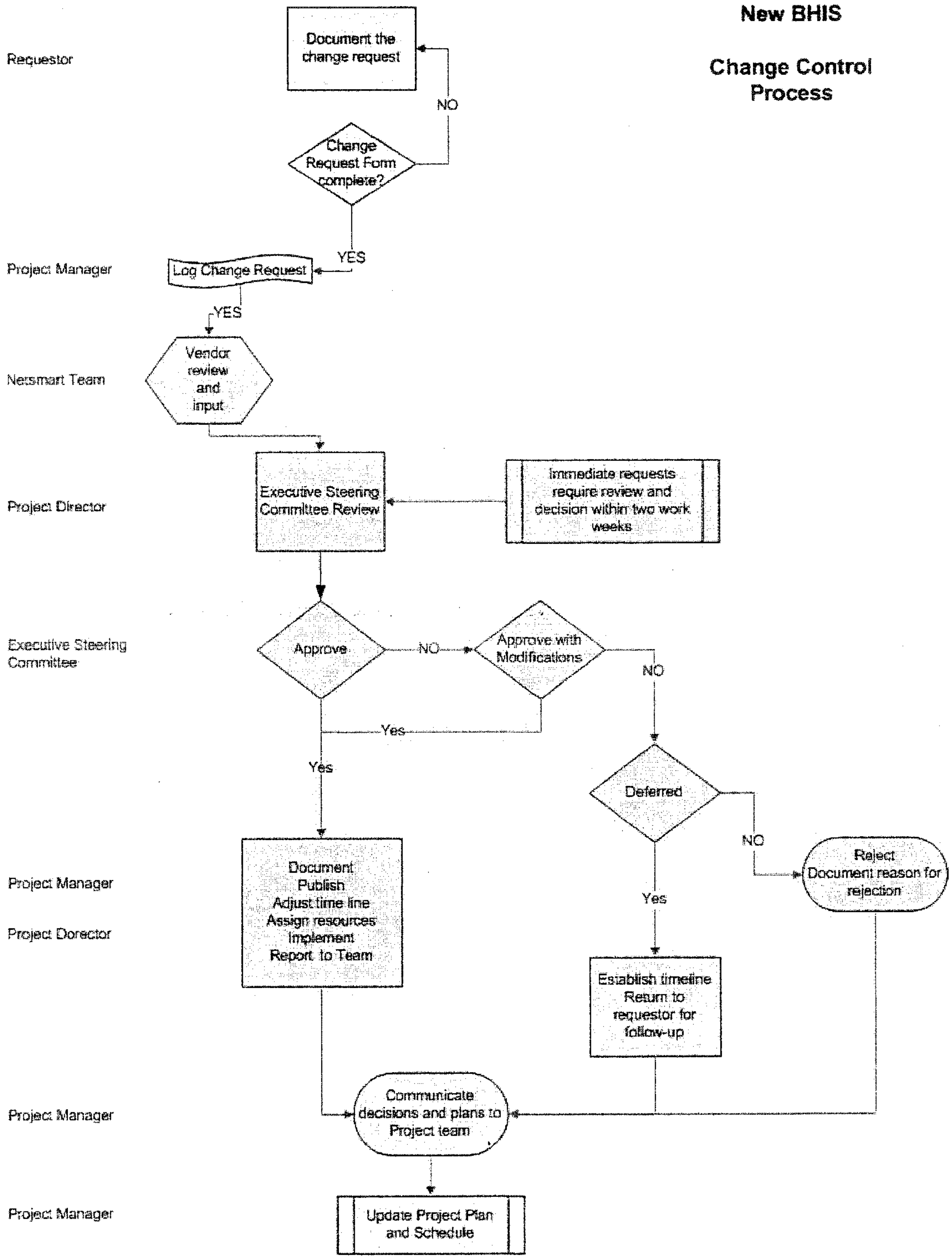
Completed PCRs are submitted to the Executive Steering Committee for review and approval.

Executive and vendor responses are returned to the requestor within a reasonable time period based on the following:

- Essential/critical changes and those impacting immediate system development require response within 5 business days. (Essential/critical change requests may trigger a special, ad hoc, ESC meeting.)
- High, medium, low changes require response within five days of the regularly scheduled Executive Steering Committee meeting

New BHIS

Change Control Process



Rev 2/8/08 New BHIS/ncd

PROJECT INTEGRATION:

The Work Breakdown Structure of the project plan is updated with the components required for the identified change, including schedule and cost changes.

- Approved changes are incorporated into the project plan and timelines and deliverables are adjusted to meet the change.
- Approvals with modifications are defined and incorporated into the project plan as modifications are completed.
- Deferred changes are appended to the project plan at the appropriate interval and the business case is reassessed as the timeline approaches.
- Rejected change requests are not incorporated into the current project plan.

A RISK ASSESSMENT is completed to determine which additional risks, if any need to be planned into the project.

CHANGE COMMUNICATION:

Change requests are incorporated into routine project status reports as defined in the project communications policy.

All approved changes are communicated to the following individuals via email.

- Exec Steering Committee
- Project Management Team
- Project Work Groups

STOPPING CHANGE:

Freezing change requests. There comes a time in a project where it just doesn't pay to make additional changes or absorb additional requirements. This is the time to gain a commitment for a change freeze. The freeze can be implemented at various times, but usually done no later than the beginning of testing. At this point, the team needs to focus on testing the current solution.

Change requests resulting from user acceptance testing may be maintained in a backlog and planned as product enhancement requests after the solution is implemented if there is no immediate impact on system usability. See the Project Testing and Acceptance Policy for further information.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Dispute Escalation and Resolution

Appendix A-5

Purpose:

To define the mechanism to be used for resolving disputes related to the proposed project plan for development and implementation of the new San Francisco Behavioral Health integrated information system.

Assumptions:

Scope, plan or project changes are sometimes needed to solve project or program problems or to respond to new opportunities. Change requests may lead to differences of opinion between the key project participants. To insure successful implementation of the new system, disputes must be addressed in a timely manner, by persons or entities with authority to provide a final decision.

This policy does not attempt to address disputes related to the software agreement or contract.

Nothing in this dispute escalation and resolution policy shall prohibit the parties from pursuing any or all of their legal rights.

Policy

The New BHIS project team will use a consistent process for escalation of issues and dispute resolution. Disputes not resolved in the normal course of business are submitted in writing to the vendor designee and the CBHS Executive Steering Committee for review and action. Each step in this review and resolution process will be completed within two weeks (ten (10) working days) of initiation. Written justification is required for review and resolution attempts that require more than two weeks to process at any one of the defined steps.

Escalation Plan

Issues arising out of the New BHIS project are brought to the attention of the vendor and CCSF project management team.

The project managers investigate the issue and attempt resolution. Investigation and decisions are documented, tracked and communicated to project stakeholders according to the project change management and communication plans.

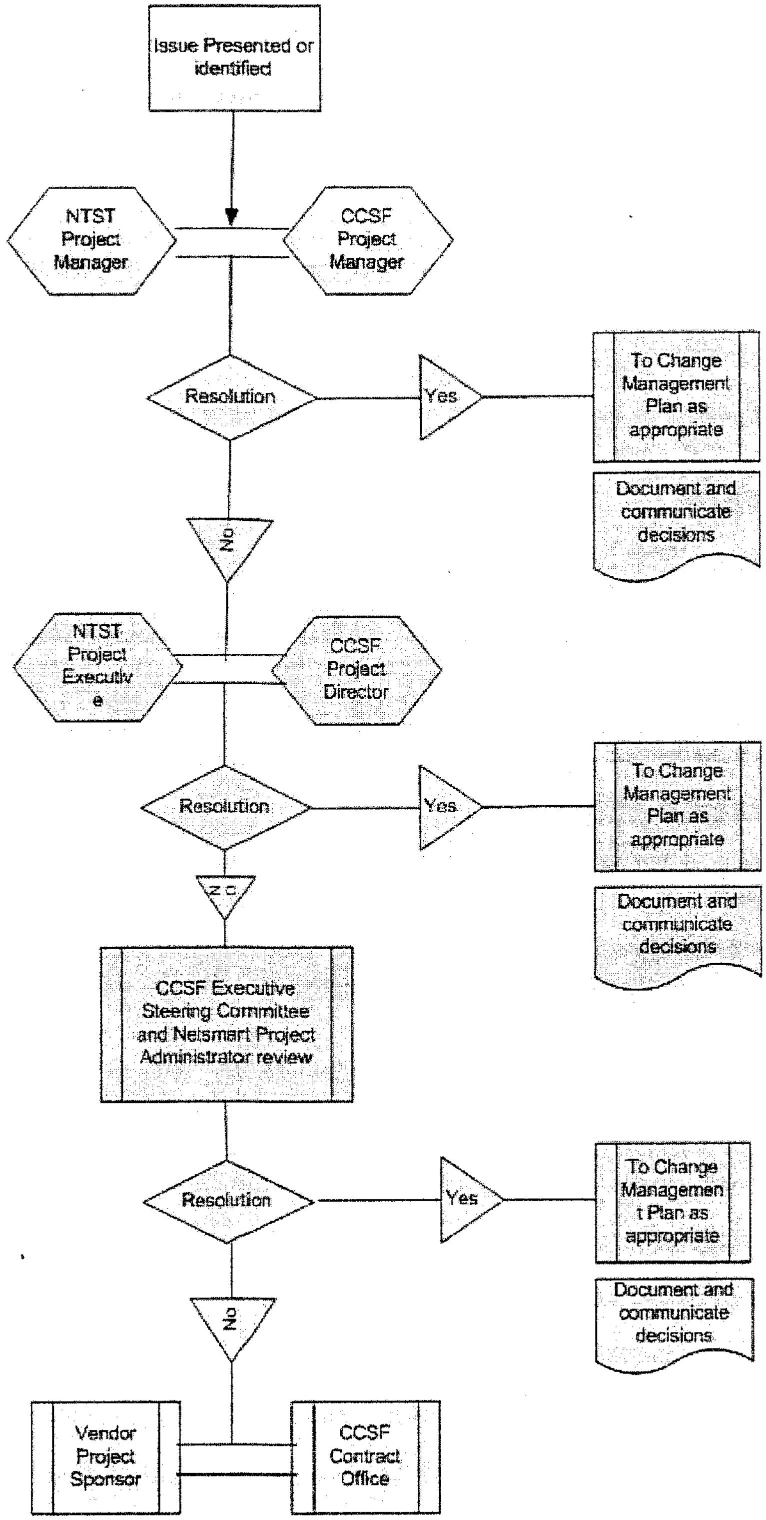
Issues that cannot be resolved by the project management team are referred to the vendor Project Executive and the CCSF Project Director for concurrent review and joint decision.

Issues that cannot be resolved by the vendor Project Executive and the CCSF Project Director together may be referred to the vendor VP of Operations and the CCSF Executive Steering Committee.

Issues that cannot be resolved by the vendor VP of Operations and the CCSF Executive Steering Committee may be referred to the vendor Project Sponsor and the Department of Public Health CCSF Contracts Office for review. Summary of escalation:

1. Vendor and CCSF Project Managers
2. Vendor Project Executive – CCSF Project Director
3. Vendor VP of Operations – CCSF Executive Steering Committee
4. Vendor Project Sponsor - Department of Public Health CCSF CCSF Contracts Office

Dispute Escalation Flow



New BHIS 2/13/08

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Testing and Acceptance Plan

Appendix A-6

Purpose

This document is to serve as the on-going and final system acceptance testing plan for the implementation of the Avatar applications and Infoscriber at San Francisco Community Behavioral Health Services. This plan will define the approach for the testing and validation of Avatar and third Party Licensed Programs. The plan identified is a recommended plan for San Francisco Community Behavioral Health Services (CBHS). Netsmart tests each feature and enhancement as released and will participate in on-site testing at client site as part of the implementation project plan.

1. Objective

At a high level, system testing intends to prove that:

- The functionality delivered with the Licensed Programs, and by the development team for user defined options, is as specified in associated Specification documentation.
- The software will replace / support the business functions described in the Specification and achieves the standards agreed upon by San Francisco Community Behavioral Health Services and Netsmart.

2. Scope

Inclusions

Software Deliverables:

CBHS will implement Avatar Licensed Programs in two phases starting with replacement of client registration, eligibility, financial and billing functions, managed services operations and the addition of scheduling, treatment plans and progress notes in phase one. The full Clinicians Work Station Licensed program suite and Infoscriber will be integrated in phase two for a fully integrated system. Each Avatar licensed Program module and all conversions will be tested using test plans similar in nature to the examples provided below. Final testing will include test plans and scripts to specifically test integration of the modules and full system functionality.

Avatar Practice Management includes client admission, account management, leave, discharge, treatment and census data. Staff records are also maintained in this module as well as all billing and accounts receivable functions of the system.

Avatar Executive Reporting System (ERS) is a data warehouse environment and reporting infrastructure that helps resolve daily reporting requirements. Avatar ERS includes a number of data compiles that allows the user to customize the selection of data from the transactional database. The saved compiles allow historical data analysis and the creation of unique data sets. In addition, an automated daily compile creates a wide variety of summarized clinical and financial statistics for daily management reporting.

Avatar Clinician Workstation integrates the clinical tools necessary for an interdisciplinary approach to the delivery of health and human services including: Treatment / Care Planning, Individual and Group Progress Notes, Assessments, Nursing Reports, and Workflow Management.

Avatar Master Patient Index (MPI) module is the central controller and maintainer of generic patient information within a distributed or multi-facility environment.

Avatar Management of Services Organization (MSO) module includes Contract tracking (patients, providers and other), Service request management, Authorization, Case management documentation, Capitation (PMPM) revenue management, Costs by CPT codes, physician, patient or period, Claims adjudication and payment calculations based on negotiated fee schedules, MSO permits multifaceted contract tracking, Integration with electronic claims, Payment and/or GL/AP systems

Avatar Mobile Care Manager – disconnected data collection module that synchronizes with main Avatar database upon reconnection to network.

Web Services – bundled set of services to include RADplus modeled forms and MSO transactions (Member Enrollment/termination, Service Authorization, Batch Creation, Create Voucher/EOB, Claims Processing)

Infoscriber (MMPS) is a Web-based prescribing and medication management system that provides for the electronic creation and transmission of medication orders from the user's desktop computer to any pharmacy via the SureScripts Electronic Prescribing Network™. InfoScriber improves access to key clinical information when ordering patient medications, including: Potential drug-to-drug/food interactions and drug allergy alerts; Pregnancy and lactation alerts; Peer medication dosing patterns; On-line access to clinical resources.

Data Warehouse is a point-in-time data extraction process that populates a data warehouse under the Oracle or Microsoft SQL database.

General Ledger Interface provides the ability to pass information from Avatar to the GL package of their choice, enabling clients to have a GAAP-compliant GL.

Exclusions

When the scope of each phase has been agreed to and signed off , no further changes will be considered for inclusion in this System Test Plan, except:

- Where there is the express permission and agreement of the Project Management team, and .
- Where the changes / inclusions will not adversely affect the project or test schedule.

3. Testing Process

For each Avatar licensed program and each distinct phase of the implementation, the following is incorporated into the implementation project plan:

- Organize Project - involves creating a System Test Plan, Schedule & Approach, and requesting/ assigning resources.
- Design / Build System Test - involves identifying Test Cycles, Test Cases, Expected Results and Actual Results. In general, test conditions / expected results will be identified by the Test Team in conjunction with the Project Business Analyst or Subject Matter Expert. The test team will then identify Test Cases and the Data required. The test conditions are derived from the Business Workflow Design and Transaction Requirements Documents.
- Design / Build Test Procedures - includes setting up procedures such as Error Reporting and Management and Status Reporting for Functional Testing and Regression Testing, .
- Build Test Environment - includes building data set up requirements for acting on the documented test cases.
- Execute Test

- Each Avatar licensed program and phase will be tested according the test plan established by the Project Test Team:
  a. Each licensed program will be tested for basic unit functionality after installation.
  b. Integration testing will be done after addition of each licensed program.
  c. Testing will be conducted at the completion of each of the two phases.
  d. Each test plan may be conducted up to three (3) times. Failures after the third test cycle will be treated as priority 1 events and referred as defined in Appendix C of this agreement.
  e. Each test cycle will provide for up to two (2) weeks for correction, which may include a Fix or Patch for the Error, Defect or Malfunction, or provision of a suitable alternative plan.
  f. Final system testing will include testing of full system functionality and integration of data and work flows across all licensed programs.
  g. Final system testing will be conducted up to three (3) times and will provide up to thirty (30) days for correction, which may include a Fix or Patch for the Error, Defect or Malfunction, or provision of a suitable alternative plan.
  h. The length of the acceptance testing period will be set by the project implementation team for each program and phase based on the complexity of the testing and the number of testers.
  i. Testing plans may be expanded by mutual agreement of the implementation team
  j. Each test plan includes communication and review of test results and follow up plans within ten days of the agreed upon test completion.
  k. Success will be defined in the test plans which will provide that programs will perform according to specifications.
  l. Signoff happens when all pre-defined expected results have been achieved.
  m. Failure to provide a fix, patch or provide suitable alternative plan within the prescribed time constitutes a material breach of this agreement.

4. Approach

Preparation for testing consists of defining the test approach to be used. The test sets the scope of system testing, the overall strategy to be adopted, the activities to be completed, the general resources required, and the methods and processes to be used to test the module concerned. It also details the activities, dependencies, and effort required to conduct the System Test. See below for a standard test approach.

- Identify Testing Staff
- Review Modules to be tested
- Identify Testing Methodology
- Conduct System Testing
- Document System Issues
- Implement Problem Resolution
- Retest Resolved Issues

5. Documenting the Test

- Testing Plan details the activities, dependencies and effort required to conduct the System Test.
- Test Case documents the tests to be applied, the data to be processed, and the test results.
- Test Script details each individual test scenario that will be conducted for each Test Case
- Test results, corrective plans and signoff of each licensed program and phase are documented and reviewed

Sample Test Plan {Test Plan to be developed during project initiation phase}

Test Case Name:	1	**T/C #:**		
Description:	Ability to Admit a Client	**Status:**		**Not Started**
Start Conditions:	None - New Data	**CR#(s):**		
Overall Pass Criteria:	Client Admitted and data stored in SQL			

Test Information

Name of Tester:	TBD	**Date:**		
Build Number:		**Time:**		
Test Data Used (acct, ssn):		**O/S:**		
Comments		**Browser:**		

15	**steps**	**Number of steps complete by status:**	**0**	**0**	**0**	**Rec Event Time**	**% Complete:**	**0 %**
Step	**Action**	**Expected Result**	**Pass**	**Fail**	**N/A**		**Comments**	**CR #**
1	Click PM Icon	System / User ID / Password Prompt						
2	Enter System / User ID / Password	Log on to RADplus 2006					Must have valid ID active	
3	Select Client Management / Episode Management / Admission	Should be taken to blue lookup screen						
4	Enter Last, First and Sex - Click Search	Should say "no matches found"					Assuming blank system and client is not active	
5	Click New from Screen	"Auto Assign Next ID Number"						
6	Click Yes	"ID Number "X" assigned"						
7	Click OK	Enter Admission Screen						
8	Fill out all Data on All tabs of admission screen. For this example admit client to OP	Please refer to attachment 1-1						
8A	Required Check	Required values in attachment 1 tab 1 are all required						
8B	Put in Inpatient Program	Inpatient / Partial / Day Treatment Tab 3 become required						
8C	Put in OP Program	Inpatient / Partial / Day Treatment Tab 3 becomes disabled						
9	Once all info is entered on every page with an inpatient program select file	System should now file client						
10	Repeat Steps 1-9 with 2 additional clients but change data - inpatient programs	3 Total Inpatient Test Clients now created						
11	Repeat Steps 1-9 with 2 additional clients but change data - Outpatient programs	2 Total Outpatient Test Clients now created						
12	Pick a client and verify that all data entered appears in the appropriate SQL table	All data elements appear on SQL table					Can use Option Documentation to see where all data is stored	
	End of Test Case							

7. Types of Tests Performed

Outlined below are the main test types that CBHS may perform as part of this System Test Plan.

7.1. Functional Testing

The objective of this test is to ensure that various elements of the application meet the Specifications. This stage will also include Validation Testing, which is intensive testing of the new front end fields and screens and all user defined drop down data elements. Once this high-level, intensive testing is complete, this stage will move into Specific Functional Testing, which include low-level tests which aim to test the individual processes and data flows (see Integration Testing)

- Billing Setup and Testing – Avatar PM
- Concurrent legacy claims testing – Avatar PM
- Admissions Testing – Avatar PM
- Client Assessments – Avatar CWS
- Client Progress Notes – Avatar CWS
- Client Treatment Plan – Avatar CWS
- Workflow Management (To Do Lists) – Avatar CWS
- Prescription writing – Infoscriber
- Prescription alerts/reminders – Infoscriber
- Prescription refill/reorder – Infoscriber
- CSI reporting – Avatar PM
- CalOMS reporting – Avatar PM
- Claims production – Avatar PM

7.2. Network Performance and System Stress Test

A load test will be performed to examine the software and hardware capacity of the system. San Francisco CBHS can either purchase software to accomplish this task or schedule end-users to access the product consecutively to test the affects on each user as more end-users gain access.

7.3. Ad Hoc Testing

San Francisco CBHS may want to perform ad-hoc testing. . For example, this type of testing is useful to test the release of new development or the release of new User Defined RAD options.

7.4 Response Time Testing

CBHS will perform response time tests upon completion of testing of various modules and during final system testing, response times will be tested under normal user load, during routine production hours. Based on its experience with other licensees, Netsmart anticipates that the system will meet the following response times, provided that Licensee maintains the installation of the System in accordance or in excess of the minimum requirements set forth below by Netsmart for this installation. The response time test will be conducted as follows:

7.4.1 Response time testing shall be performed on production workstations and servers configured as provided in the Schedule of Hardware. Licensee shall demonstrate that the network bandwidth is available to the application consistent with the Network Bandwidth Requirements listed below. The workstation and server should be running the Licensed Programs in a configuration consistent with the CITY end user environment. During the test, there should be no monthly or production batch processing taking place, nor should there be any significant ad hoc data base inquiries.

7.4.2 In the event there is a failure of the response standard set forth below, Netsmart shall promptly commence to correct the response time problem, and will continuously work to correct the problem until it is resolved, at no charge to the Licensee. If the response time problem is not resolved through software changes within thirty (30) days of the reported problem, Netsmart will remedy such nonconformance by purchasing the hardware or software, at no cost to Licensee, required to bring the System into conformance with the response times set forth below.

7.4.3 Network Bandwidth Requirements

The network will be maintained as follows:

The network will be maintained in accordance with IEEE 802.3 standards

The network topology to connect desktops shall be switched 100 BaseT Ethernet and Netsmart Server Segment is installed on a network running at a minimum of 1GB.

The network will be configured such that the backbone links will not be oversubscribed.

7.4.4 Storage Area Network ("SAN") Requirements

The SAN will be maintained as as defined in Appendix F - 1.Netsmart is not responsible for performance degradation on or caused by the County's SAN, fiber channel switches, iSCSI switches/processors, or other storage components, and Netsmart's performance standard obligations will be void, until such time as the cause of such degradation is resolved.

7.4.5 Response Times

Record Search and/or Retrieval Time: The time elapsed after the search command is entered until the list of matching records begins to appear must not exceed 4 seconds for 95% of all record searches/retrievals.

Screen Edit Time: The time elapsed after the last field is filled on the screen and the enter command executed until all fields entries are edited and the screen refreshed with the errors highlighted will not exceed 2 seconds for 95% of the time.

Next Screen Page Time: The time elapsed from the request of a new screen until the new screen and data appears must not exceed 2 seconds for 95% of the time. (This does not include the opening of a new screen from the menu, but screen to screen flips.)

Response Time Performance Standards must be measured over a minimum period of 4 hours. Response times do not include any wide area network delays between Licensee, application or database systems.

7.5 Integration Testing

The objectives of integration testing are to ensure that various elements of the application work together in the manner specified in the Specifications. This stage will also include Validation Testing which is intensive testing of data flows and system integration. At the completion of development of each component or module of the system, the test team will test for work flow, data flow among components and ease of movement from one module to another.

8. System Test Schedule Notes (Sample)

Conversion Test – Avatar PM

- This task is a successor of Avatar PM File Build, and is therefore dependent on the completion of the Avatar PM File Build Tasks.
- The Project Work Plan will allot Conversion Testing for Client, Clinical, Billing and Provider data conversions .

Billing Setup and Testing – Avatar PM

- Netsmart will be onsite to review billing requirements and to train CCSF on setting up electronic billing. Once this training is complete, CCSF staff will test electronic billing with all pertinent carriers.
- Electronic Billing Tests are wholly dependent on pertinent carriers. Testing must be scheduled with the carriers.
- Electronic Billing Tests are dependent on the completion of all Avatar Setup Screens; therefore the start date of these tests will be dependent on the end date of all Setup tasks.

Resource Type	Resource Title	Assigned Resource

9. Resources: Specific resources will be assigned during the project initiation phase.

10. Hardware

One separate, controlled system will be required for the initial phase of testing. In order to maintain the integrity of the test environment this system should not be accessible to anybody outside the Core Project Team and all named testing resources. Printers should be available exclusively for use by the Test Team. Each application will initially be defined in a Test environment. Once all testing is approved, all production environments will be defined.

11. Roles and Responsibilities (specifics to be assigned during project implementation)

Management Team:

Testing Team:
Test Controller:
Testers:

Business Team:

12. Error Documentation and Management

During System Test, errors will be recorded as they are detected on Error Report Forms. These forms will be stored in a designated area on the Network Share as defined. These Error Reports should be reviewed by designated review staff at regularly scheduled intervals. It is recommended that errors are categorized as follows and the Project Management team will address based on Priority of error.

- **Priority 1 (P1)**

Serious errors that prevent system test of a particular function continuing or a serious data type error. A situation wherein software is not operable and customer is unable to conduct its normal business operations.

- **Priority 2 (P2)**

Serious or missing data related errors that will not prevent implementation. A situation wherein major functionality of the software is impaired but the customer is able to conduct its normal business operations.

- **Priority 3 (P3)**

Minor errors that do not prevent or hinder functionality. A situation wherein minor functionality of the software is impaired and/or customer's normal business operations are minimally impaired.

- **Priority 4 (P4)**

All other potential malfunctions.

See the Project Change Control Policy for further information.

13. Status Reporting

Test preparation and progress will be formally reported during the routine Steering Committee Status Meetings according to the Project Communication Plan. It is recommended that a status report be prepared by the Test Controller to facilitate this meeting. This report should contain, at a minimum, the following information:

- Current Status vs. Planned Status (using Testing Schedule)
- Progress of tasks planned for the previous week
- Tasks planned for the following week including tasks carried from the previous week
- Issues / Risks

14. Formal Signoff of System Test Plan

This document must be formally approved before System Testing can commence. Parties responsible for testing sign off will be assigned during the project initiation phase.

15. Appendix A –Sample Test Conditions / Cases

Specific test cases to be developed and enhanced in conjunction with San Francisco CBHS workflow and file builds.

Avatar PM - ADT	Test Scenarios
Client Management / Episode Management	PreAdmit Client
	Discharge Preadmit Episode
	Admit Client
	Verify Edit appears for defaulting reserved bed – and default occurs
	Admit Client
	Transfer Client
	Put Client on Leave
	Return Client from Leave
	Discharge Client

Client Information	Verify Update Client Data
	Add Diagnosis
	Add Legal Status
	Add data to other options if used
	Verify Data

Census Management Reports	Verify Report Data for Reports to be used

Practitioner Registration	Verify Practitioner is available
	Verify Practitioner Information
	Verify Practitioner scheduling
	Verify Practitioner rate schedules
Services - Inpatient/Residential	Admit Client Inpatient
	Add Room and Board and Admit Billing Code
	Setup Financial Eligibility
	Add Client Diagnosis
	Verify Unit Census
	Compile Residential Inpatient Charges
	Post Residential Inpatient Charges
Account Management	Verify Client Ledger

Services - Ancillary / Ambulatory	Add Charges via Client Charge Input
	Verify Client Ledger

Avatar PM - Billing	**Test Scenarios**
Monthly Billing Process	Run Update Liability
(Billing history will not be converted - this test must be performed in SAMPLE using manually added billing data)	Run Aged Accounts Report by Detail
	Create Batch
	Edit Batch
	Print Bill (Preview Only)
	Close Charges
	Print Bill
	Run Electronic Billing Process
	Create a Non-Billable Batch
	Run Self Pay bill process
	Run Summary Trial Balance Report
	Run Aged Account Report by Summary
	Run Batch Cash Posting
	Run Earned Income Report
	Run Payment / Adjustment Report
	Run Summary Trial Balance Report
	Close Accounting Period

City and County of San Francisco
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Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Training Plan

Appendix A-7

1. Training Plan Purpose

This document details the training to take place during the New BHIS project implementation cycle. The training courses will give San Francisco Community Behavioral Health Services (CBHS) users the knowledge to successfully configure and use the Netsmart and Avatar Products.

2. Assumptions

Trainings will be provided at San Francisco CBHS locations. Hands on training will be provided in the CBHS-IS Training Center. Didactic trainings, group presentations and informational meetings may be provided at other San Francisco DPH facilities.

Training will be provided by Netsmart Trainers over the course of the implementation, as defined in the project plan. Cost of training is defined in the project payment plan. Additional training may be available at the standard professional services fees as defined in the project payment plan.

Security and Auditing training will be provided via Netsmart University accessible via sharable Webex in classroom setting located at City facility.

3. Goals and Objectives

The overall goal of this training program is to develop a plan that will enable the San Francisco CBHS employees the ability to learn the new products they will be using on a day to day basis. This will enhance their productivity and the overall success of San Francisco CBHS. The objectives of this plan are:

- Train the Subject Matter Expert (SME) trainers from each of the affected departments
- Train representatives from system Administration
- Oversee the User training done by the SME

4. Training Background

Training for each product will be done during the project implementation.
Most successful training occurs when San Francisco CBHS recognizes "Subject Matter Experts (SME)." These SME's are individuals that are comfortable with the computer, have an excellent knowledge of their area of support, and have the skills and knowledge base required to act as trainers.

Requirements for successful training:

- This is a living document and should be updated with the **current names as identified.**
- Include the recommended number of attendees for each training, when they are needed, and for how long the training sessions will last.
- Include necessary training facilities for each training to include; classroom size, equipment and other necessary needs to accomplish the training.
- Include necessary knowledge needed by the SMEs for each training session.
- Training materials tailored for the San Francisco CBHS environment.

5. Program Scope/Exclusions

This program will cover only those products being installed at the San Francisco CBHS:

List products:

Avatar Cal-PM
Avatar CWS
Infoscriber
Avatar MSO
Avatar RADplus (2006 or most current)
Avatar Crystal Reports
Avatar MPI
Avatar Data Warehouse
Avatar ERS
General Ledger Interface
Avatar Mobile Care Manager
Web Services

Training will not teach someone how to use the computer. Knowledge of how to use the computer will be assumed.

6. Organizational Units Involved/Impacted

The implementation will impact many users within San Francisco Community Behavioral Health Services organization located within:

Avatar PM:	Registration, Patient Finance, Billing, Accounts Receivable, Scheduling, Census Reporting, Provider Systems, Clinical, Fiscal and Quality Management
Avatar CWS:	Clinical, Physicians, Nurses, Social Workers, Marriage Family Counselors, Intake Staff (Persons responsible for: Assessments, Treatment Plans, Progress Notes, Quality Indicators, Outcomes)
Infoscriber:	Physicians and other prescribers, Nurses, other non-prescribing users
Avatar MSO:	Central Access team and others responsible for: Authorizations, Provider maintenance, Approve, Deny, Pend Claims, Accounts receivable, Accounts Payable
Avatar Crystal Reports:	CBHS Administration, Business and Operations Units, Research and Evaluations Units, Quality Management, Information Systems Analysts
Avatar RADplus:	SMEs, New BHIS Work Groups, BHIS applications support

In addition to the Core Team, SMEs should be identified from each area impacted, for each phase. The person(s) will be key in the ongoing success of the implementation and continued use of the Netsmart products.

All areas impacted are represented in the New BHIS Work Groups. Exclusion or non-participation by one area of expertise will become a road block in the success of this implementation.

7. Targeted Participants

The key participants in the Avatar Training are those San Francisco CBHS personnel who will be held accountable for the successful implementation and integration of the Avatar Netsmart Products. Subject matter experts will be assigned to work groups based upon proficiencies in the following areas of operation:

- Admissions/Registration (Avatar Practice Management)
- Billing (Avatar Practice Management)
- Security/Access Control (Avatar Practice Management)
- Prescription Management (Infoscriber)
- Executive Reporting/Research and Evaluations/ Quality Management (ERS)
- Clinical Treatment Plan Definition and Progress Notes (Avatar Clinician Workstation)
- Clinical Assessments (Avatar Clinician Workstation)

These key personnel will receive the Quick Start Training, they will build the Avatar tables and dictionaries. If assigned, they may perform User Acceptance Testing (UAT), and they will train others in their organization, becoming the go-to staff for the San Francisco CBHS Avatar Products.

8. Training Prerequisites

- Training Facilities must have a Workstation for the Trainer
- Training facilities must have a Workstation for each Trainee
- An LCD Projector should be available in each training room
- A White Board should be available in each training room
- Netsmart recommends no more than ten individuals per training class.
- Participants must be knowledgeable about existing processes pertaining to the training session, i.e. Admissions, Billing, Lab, Pharmacy, etc.
- Participants should be familiar with the use of a personal computer
- Participants should be familiar with Windows, in particular the ability to Open, Close Minimize and Restore a window, as well as the ability to use a mouse.
- A training environment will be available that mirrors the intended San Francisco CBHS production system.

9. Expected Benefits

Without proper training sessions, users are unlikely to use the Avatar products properly or in a manner that at least maintains their current level of productivity. Having stated that, this training must be completed by each user in order for the user to be most effective with the San Francisco CBHS Behavioral Health Information System.

Users will complete pre- and post-training proficiency ratings and a final training evaluation for each session attended. Each user will complete the prescribed training with proficiency rating improvement before being granted access to the production application.

A user attending the training will be approximately 80% more productive than a user who just sits down at a computer screen and tries to learn on the job. This will reduce the overhead on help desk calls as well as the frustration of the users; with lower frustration will come more effective production support, and better employee morale.

10. Issues/Constraints

It is extremely important to identify the SME's from each area of each location to attend the train the trainer sessions. This should be done early in the process. Netsmart project teams and trainers will assist San Francisco CBHS in identifying the needed skill sets and expertise for each training as part of train-the-trainer sessions. Training for the trainers will start as appropriate based on the project implementation plan. Training sessions will be held at San Francisco CBHS IS Training Room located at 1380 Howard Street, San Francisco. Trainers will be permitted to leave their normal work locations to attend the classes.

San Francisco CBHS IS training room is equipped with identical workstations as the users will have on site outside of the training facility. Users will not have to share a workstation during training unless specifically planned for with the session trainer.

11. Critical Success Factors

- Identify Subject Matter Experts
- Identify the best training environment
- Acquire the needed computers/workstations
- Training Budget Management
- Identify work schedules to alleviate the time needed to attend training
- Successful installation of the servers and software
- Availability of a user-ready training environment

12. Risks

A major risk to this plan is not meeting any preceding deadline, i.e. successful software installation of all system servers and the workstations needed for training. Misidentification of needs is also a risk. It will be important for the trainers to stay in close communication with the Core Team in order to assure identification of processes the Core Team may not be aware of, or misunderstood process flow.

Strategies to help mitigate known risks include:

- Being familiar with the goals of the training or the specific focus areas that impact users.
- Being familiar with the general risks outlined in the risk list under the Training Category.
- Reevaluating the training program to determine what is working and what is not working.
- Reviewing the Training Plan to ensure it is meeting the objective of the departments.
- Identifying challenged users that may need extra instruction that may slow down the training session. These users may just be uncomfortable with the computer.
- Proper setup of training facilities.

These strategies should result in a higher success rate for the training sessions.

13. Evaluation Process

An evaluation form will be completed by each trainee as part of each training session. San Francisco CBHS will use these forms to determine if additional advanced training will be required.

14. Training Facility and Equipment

Avatar Training

- Sufficient networked PC Workstations with Access to RADplus client, avoiding the need for trainees to share a workstation
- Laser Printer
- Projector and Screen
- Flip Chart & Markers and/or White Board with markers & erasers

15. Management Approach

Time and Status Reporting

Prior to the actual training sessions taking place, a weekly status should be given reporting the status of the identified SMEs, Training facility, training workstations, master list of trainers and users to be trained via the trainers.

After the training starts a reporting of who attended the training is provided to San Francisco CBHS.

16. Program Organization Section [TBD]

<Name Training Sub Team Here>
<Core Team Members>

17. Training Sessions Defined as Part of the BHIS Project Work Plan [Dates to be inserted based on project plan]

Avatar PM Quick Start Training

- This training is for the Admissions and Billing SME representatives as well as Appointment Scheduling SME representatives and any other applicable.
- This training is conducted on-site at the client site.
- Training Dates from Work Plan: *[Insert Dates]*

Avatar PM Team Training

- This is a high level product overview for the Core Team Members.
- This training is conducted on-site at the client site.
- Training Dates from Work Plan: *[Insert Dates]*

RADplus / Crystal Training

- This training focuses on RAD Modeling and Avatar Table Structures.
- Primary representation for this training includes all Development / Programmer staff assigned to modeling user-defined Avatar options and creating Crystal Reports for ad-hoc or scheduled daily reports.
- This training is through Netsmart University.
- Client may attend this training at any time during the project cycle.

RADplus Security / Menu Structure and Configuration training

- This training focuses on definition of user roles/ system codes if needed and user definition. It also covers the reporting and auditing of system usage
- This training is through Netsmart University.

- Client may attend this training at any time during the project cycle.

Executive Reporting Training
- This training focuses on the creation of <Client Name>Management Reports via Avatar ERS.
- Primary representation for this training includes all Development / Programmer staff assigned to modeling user-defined Avatar options and creating Crystal Reports for ad-hoc or scheduled daily reports.
- This training is conducted on-site at the client site.
- Training dates from the Work Plan: *[Insert Dates]*

Infoscriber Training
- This training is for the Clinical Ordering SMEs responsible for prescription management.
- This training is conducted on-site at the client site.
- Training dates from the Work Plan: *[Insert Dates]*

Infoscriber Team Training
- This training is a high level product overview for Core Team members to obtain an understanding of the product in order to better support the SME.
- This training is conducted on-site at the client site.
- Training dates from the Work Plan: *[Insert Dates]*

CWS Quick Start Training
- This training is for Clinical SMEs representing direct care to the client. Staff representation will include, but may not be limited to Nursing, Practitioner, Social Workers, etc.
- This training is conducted on-site at the client site.
- Training dates from the Work Plan: *[Insert Dates]*

CWS Team Training
- This training is a high level product overview for Core Team members to obtain an understanding of the product in order to better support the SME.
- This training is conducted on-site at the client site.
- Training dates from the Work Plan: *[Insert Dates]*

Train-the-Trainer Training
- This training is for all named Training Resources named by San Francisco CBHS This training is supplied by Avatar training staff. These resources will be trained on the full functionality of the product. This training will prepare the trainer for training end-users in specific functional areas.
- This training is conducted on-site at the client site.
- Training dates from the work plan: Avatar PM: *[Insert Date]*

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Risk Management Plan

Appendix A-8

1. Introduction

This Risk management plan and Risk Assessment Matrix will be reviewed by the full project team, Netsmart, and San Francisco Community Behavioral Health Executive Steering Committee for approval and signature during project initiation and during re-evaluation procedures.

0.1. Purpose of the Risk Management Plan

The Risk Management Plan has the following purposes:

- To identify and plan mitigation for anticipated project risks;
- To list the risks that have been defined as extreme or high;
- To categorize identified risks by degree of severity and likelihood;
- To identify the symptoms that indicate that a risk is about to materialize;
- To develop procedures to mitigate these risks; and
- To define procedures within the project to identify new risks and to re-evaluate existing ones.

0.2. Risk Identification

Risks are evaluated in the "Risk Analysis" checklist included in Section 2. Contingency plans are drafted and plan is approved during the project initiation phase. Risks identified as being severe or high and new risks identified during the course of the project are reviewed during regular project management meetings.

2. Re-Evaluation, Identification, and Notification of Risks

2.1. Re-Evaluation Procedures

Risks will be re-evaluated as follows:

- Each project team meeting will include an agenda item for risks as determined by the Project Management team.
- During the meeting, risks identified by the Project Management team will be reviewed by team members
- If a risk is downgraded from extreme or high to medium or lower, the cause of the change of status will be noted in the Risk Analysis section of this document.
- If a risk is upgraded to high, it will be added to the Risk Analysis section of this document and mitigation procedures will be defined.
- If a risk is upgraded to extreme, management will be informed by memo and follow-up telephone call.

2.2. Risk Identification Procedures

New risks will be identified as follows:

Each project team and customer status meeting will include an agenda item for risks.

During the meeting, a roundtable will be conducted in which each attendee will be asked to identify any factors which could adversely affect the project.

Factors that have not materialized will be identified as risks. Their probability and impact will be assessed. Those that are evaluated as extreme or high will be documented in the Risk Analysis section of this document.

New risks that are evaluated as extreme or high will be documented on the next status report. In addition, the project manager will formally notify the management of and will follow up to ensure action.

2.3. Risk Notification Procedures

2.3.1. Management will be notified of important changes to risk status as follows:

2.3.2. The status of all risks that are extreme or high will be reported on the project status report.

2.3.3. Any risks that change categorization, either reducing or increasing in severity, will be noted on the status report.

2.3.4. Any new risks that are identified or risks that increase in severity to high or extreme will trigger formal notification to San Francisco CBHS management of and follow-up to ensure action.

3. Risk Analysis

Following is analysis of risks identified as specific to the San Francisco New BHIS project.

Risk assessment scale:

	Impact		
Probability	**High**	**Medium**	**Low**
High	Extreme	High	Medium
Medium	High	Medium	Low
Low	Medium	Low	Minimal

San Francisco-specific Risk assessment Matrix

Risk Category	Risk	Contingency	Probability	Impact	Severity
Staffing	Key staff will not be available when needed	Designate backup staff for key rolls in the project and maintain formal and informal communications between key staff assigned and their designated backups.	Medium	High	High
	Key skill sets will not be available when needed	Designate backup staff for key rolls in the project and maintain formal and informal communications between key staff assigned and their designated backups.	Low	High	Medium
	Key staff will be lost during the project	Designate backup staff for key rolls in the project and maintain formal and informal communications between key staff assigned and their designated backups.	Medium	Medium	Medium

Risk Category	Risk	Contingency	Probability	Impact	Severity
	Subcontractors will under-perform and fail to meet their assignments	Closely monitor all phases of project	Low	High	Medium
Equipment Risks	Required hardware will not be delivered on time	Start purchase process as soon as possible to help reduce the chance of delays due to the purchase process.	Medium	Medium	Medium
	Access to the development environment will be restricted	Develop redundant access pathways	Medium	Medium	Medium
	Equipment fails	Configure back up server and work stations	Low	High	Medium
CCSF specific risks	CCSF BIS fails prior to full implementation	Implement steps to off load some report processing to preserve CPU. Archive and remove old files to reduce maintenance load and improve performance on old server Research failover ASP model with vendor	Medium	High	High
	Budget does not cover additional functionality	Identify alternate funding strategies, such as MHSA, for specific parts of the system	Medium	Medium	Medium
	Customer resources will not be made available as required	Establish work groups with management commitment to sufficient staffing to provide backup and continuity of work group processes	Medium	High	High
	Customer staff will not reach decisions in a timely manner	Define clear decision making processes and adhere to Executive Steering Committee charter	Low	Medium	Low
	Deliverables will not be reviewed according to the schedule	Timely and consistent work group status monitoring by Executive Steering Committee	Medium	Medium	Medium
	Knowledgeable customer staff will be replaced with those less qualified	Establish work groups with management commitment to sufficient staffing to provide backup and continuity of work group processes	Low	Low	Low
	A lack of project experience with this customer will result in delays or undermine the relationship		Low	Low	Low
	Conflict within the customer organization about the desirability or feasibility of the project will threaten it.	Clearly define dispute resolution process and policies	Low	Low	Low
	A lack of clear lines of responsibility and	Establish distinct lines of authority and responsibility	Medium	Medium	Medium

Risk Category	Risk	Contingency	Probability	Impact	Severity
	escalation will interfere with problem resolution	with CBHS Executive Steering Committee and work Group leadership			
	Benefits have not been quantified	Develop Project Charter with clear project goals	Low	Low	Low
	Customer expectations for project development exceed the capabilities of technology	Clearly define project goals and assure CBHS Administrative approval during project initiation	Medium	Medium	Medium
	Customer expectations for the application exceed the capabilities of technology	Clearly define project goals and assure CBHS Administrative approval during project initiation. Keep the stake holders engaged in the process to minimized misunderstanding and false expectations.	Medium	Low	Low
Scope Risks	A lack of clarity in the scope definition will result in numerous scope changes	Careful review and documentation of specifications and project plan	Low	High	Medium
	A lack of clarity in the scope definition will result in conflict with the customer about scope	Clarify definitions and specifications during initial project planning phase	Low	High	Medium
	Requirements for additional effort will surface	Establish and enforce change control policies and procedures	High	Medium	High
	Regulatory requirements change during course of project	Apply contingency funding strategies	High	High	High
	Changes of scope will be deemed to be included in the project	Establish and enforce change control policies and procedures	High	High	High
	Scope changes will be introduced without the knowledge of project management	Maintain open communications with management team	Low	High	Medium
	A lack of clearly defined acceptance criteria will cause delays in acceptance and signoff	Clearly define acceptance criteria in Testing and Acceptance Plan	High	Medium to High	High to Medium
	A hurried estimate or one that has not been validated will result in a project plan that will not be met	Validate all work and budgetary estimates during contract planning	Low	High	Medium
Technology Risks	The technology will have technical or performance limitations that endanger the project	• Have alternate vendors in case regular vendor cannot comply with our time line.			
	Key required infrastructure such as upgraded	• Have alternate vendors in case regular vendor cannot	Low	High	Medium

Risk Category	Risk	Contingency	Probability	Impact	Severity
	connection to the internet, upgraded core switching, etc. delayed.	comply with our time line. • Start purchase process as soon as possible to help reduce the chance of delays due to the purchase process. • Involve Engineering and Networks early in the process to assure necessary resources are available for timely implementation and testing.			
	Technology components will not be easily integrated	Involve Engineering and Networks early in the process to assure necessary resources are available for timely implementation and testing	Medium	High	High
	The technology is unproved and will fail to meet customer and project requirements	Involve Engineering and Networks early in the process to assure necessary resources are available for timely implementation and testing	Low	High	Medium
	The technology is new and poorly understood by the project team and will introduce delays	• Start purchase process as soon as possible to help reduce the chance of delays due to the purchase process. • Involve Engineering and Networks early in the process to assure necessary resources are available for timely implementation and testing.	Low	High	Medium
Delivery Risks	System response time will not be adequate	See contract liabilities clauses	Medium	High	High
	System capacity requirements will exceed available capacity	Involve Engineering and Networks early in the process to assure necessary resources and system capacity	Low	High	Medium
	The system will fail to meet functional requirements	See contract liabilities clauses	Low	High	Medium
Physical Risks	The office will be damaged by fire, flood, or other catastrophe	Clearly define disaster plan	Low	High	Medium
	A computer virus will infect the development environment or operational	Involve Engineering and Networks early in the process to assure necessary	Medium	High	High

Risk Category	Risk	Contingency	Probability	Impact	Severity
	system	protections and antivirus resources are available for all equipment and systems			
	The team is not co-located which will impede communications and introduce errors	Co-locate project team at CCF facility	Low	Medium	Medium
	A team member will steal confidential project material and make it available to competitors of the Customer		Low	Low to Medium	Medium
Managemen t Risks	The relative inexperience of the project manager will result in budget or schedule slippages	Always have an experienced project manager available to offer assistance as needed.	Low	High	Medium
	The lack of a clear escalation path will make issues difficult to resolve	Clearly defined dispute resolution policies and procedures	Low	High	Medium
	Management will deem this project to have a lower priority for resources	Clear cost-benefit analyses and consistent management communications	Low	High	Medium

Risk Management Plan Acceptance

The Risk Management Plan is a dynamic document. It will be expanded upon throughout the project life cycle. The Plan will be reviewed and signed off during the project initiation phase. The Project Team will define a form that will be used to communicate and acknowledge an ongoing risk-evaluation process.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Budget Summary

Appendix B

Overview

Appendix B documents the payment plan and fee structure developed by San Francisco Department of Public Health (CITY) and Netsmart Technologies (CONTRACTOR) to meet CITY's funding requirements and to address services and products to be provided by CONTRACTOR to the CITY for implementation of the information system proposed in the:

San Francisco Department of Public Health Community Behavioral Health Services
Integrated Billing And
Healthcare Record System
RFQ/P 26-2005

Project Implementation Services

CONTRACTOR will provide the implementation resources defined in Appendix A - Project Plan Narrative at the level of staffing outlined in Appendix B – 3. Payments for professional implementation services are outlined in Appendix B and are structured to reflect CONTRACTOR service provision and CITY budget availability.

During the course of the implementation project additional services and applications may be required, including programming or development personnel to provide the customization needed for San Francisco-specific Data Conversion(s), Interface(s), Custom Configuration. These services will be managed through the Change Control process identified in Appendix A - 4, and paid for in accordance with the optional services fee structure as described in Appendix L.

Netsmart and third-party Licensed Software:

This payment plan is reflective of a phased-in implementation approach to the various modules and applications described in Appendices G and H. Initial payment is due upon delivery of software by Contractor to City.

The applications and related tools address functionality required by the San Francisco Department of Public Health for an integrated system to manage the administrative, clinical, and revenue-related data and processes for mental health and substance abuse services.

Hardware

City will pay for hardware described in Appendices F and K upon delivery. Maintenance and support are included for the first three years.

Netsmart and Third-party Maintenance/Support:

Payment is graduated based on phased-in implementation.

Subscription Services:

Due upon first day of each service year.

Additional Services and Support may be provided at rates and fees established in Appendix L of this agreement.

Escrow Services:

Initial annual fee due upon contract signing; subsequent years' annual fee payable at the beginning of each fiscal year included in the contract.

Manual Adjustments on Payments:

Adjustments have been made to payments to accommodate CITY's funding structure.

Budget Summary

Year	**Amount**
Annual PO Release	
Year 1 (August 1, 2008 - June 30, 2009)	$ 2,400,000
Year 2 (July 1, 2009 - June 30, 2010)	$ 2,400,000
Year 3 (July 1, 2010 - June 30, 2011)	$ 900,000
Year 4 (July 1, 2011 - June 30, 2012)	$ 1,600,000
Year 5 (July 1, 2012 - July 30, 2013)	$ 1,600,739
Project Total	**$ 8,900,739**
12 % Contingency	**$ 1,068,089**
Total Contract Spending Authority (DBPO) Amount	**$ 9,968,828**

Invoice / Expense Report Format

Contractor shall generate itemized cost expense reports for implementation and configuration services.

Contingency Amount

Contingency is 12% of the total project budget.

City shall develop a detailed quote/ scope of work for the additional products, services or other expense that will be charged to the contingency line.

Contractor understands that, of the maximum dollar obligation listed in Section 15 of this Agreement, $1,068,000 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

REVISED 8/27/08

Netsmart Approval: [signature] 8-28-08

CCSF Approval: [signature] 8/27/08 [signature] 8/27/08

Appendix B-1: Payment Plan

Category	YEAR - 2008 Milestone in time 8-08 thru 6-09	YEAR - 2008 $$ in Time 8-08 thru 6-09	YEAR - 2009 Milestone in time 7-09 thru 6-10	YEAR - 2009 $$ in Time 7-09 thru 6-10	YEAR - 2010 Milestone in time 07-10 thru 6-11	YEAR - 2010 $$ in Time 07-10 thru 6-11	YEAR - 2011 Milestone in time 07-11 thru 6-12	YEAR - 2011 $$ in Time 07-11 thru 6-12	YEAR - 2012 Milestone in time 07-12 thru 06-13	YEAR - 2012 $$ in Time 07-12 thru 06-13	Totals By Category
For Project Implementation Services*	Six equal monthly payments on the first of each month for $99,250 beginning on August 1, 2008 (calculation includes deferment of professional services)	$ 1,058,750	Payment Monthly on the first of each month: $84,975	$ 1,019,700	See adjustments below	$ 656,565	Monthly on the first of each month: $30,050	$ 360,600	No professional services bid for year 2012	$ -	$ 3,095,615
For Netsmart and 3rd Party Licensed Software and Netsmart Developed Items	Upon delivery of software**	$ 1,440,700	Payment Payment in FY 2009 for software delivered in FY 2008. Payable on the First day of the	$ 447,750	N/A	$	Payment On the First Day of the Fiscal Year	$ 22,410	Payment On the First Day of the Fiscal Year	$ 27,390	$ 1,938,250
For Netsmart software	Payment upon installation of Software	$ 200,000	N/A	$ -	N/A	$	N/A	$ -	N/A	$	$ 200,000
For IBM Hardware as Quoted	Payment upon Delivery of Hardware	$ 152,064	N/A	$ -	N/A	$	N/A	$ -	N/A	$	$ 152,064
For NTST Maintenance, NTST Developed Items and 3rd Party Support §§	Upon delivery of software**	$ 17,928	Payment On the First Day of the Fiscal Year	$ 693,904	Payment On the First Day of the Fiscal Year	$ 693,904	Payment On the First Day of the Fiscal Year	$ 718,739	Payment On the First Day of the Fiscal Year	$ 940,640	$ 3,064,115
For IBM hardware Maintenance and Support ΨΨ	Payment Upon Delivery of Hardware	Included in IBM hardware quote	Payment On the First Day of the Fiscal Year	Included in IBM hardware quote	Payment On the First Day of the Fiscal Year	Included in IBM hardware quote	NOT INCLUDED: No quote available at this time	$ -	NOT INCLUDED: No quote available at this time	$ -	$ -
For subscription services	Payment on the First Day of the Fiscal Year	$ -	Payment On the First Day of the Fiscal Year	$ -	Payment On the First Day of the Fiscal Year	$ 107,017	Payment On the First Day of the Fiscal Year	$ 162,761	Payment On the First Day of the Fiscal Year	$ 167,644	$ 437,422
For Escrow Services	Payment shall occur after escrow agreement is reached among the parties.	$ 2,500	Payment On the First Day of the Fiscal Year	$ 2,575	Payment On the First Day of the Fiscal Year	$ 2,652	Payment On the First Day of the Fiscal Year	$ 2,732	Payment On the First Day of the Fiscal Year	$ 2,814	$ 13,273
Manual Adjustment on Payment For: Professional Services	Deferred Professional services in year 2008	$ (481,250)	Payment for Professional Services delivered in 2008	$ 245,979	Postpone payment on 2010 Professional services	$ (580,138)	Payment for professional services in 2008 and 2010. Due on July 1.	$ 332,758	Payment for professional services delivered in 2012. Payment due on July 1.	$ 466,658	
Manual Adjustment on Payment Netsmart License	Prepay 2008 License due upon delivery of FY2008 Software	$ 9,908	Adjustment on Pre-paid 2009 License paid in 2008	$ (9,908)	No adjustment for License Fees on year 2010	$ -	No adjustment for License Fees on year 2011	$ -	No adjustment for License Fees on year 2012	$ -	$ -
TOTAL BY YEAR	2008	$2,400,000	2009	$ 2,400,000	2010	$ 900,000	2011	$1,600,000	2012	$ 1,600,739	$ 6,900,739
San Francisco Cash Model		$ 2,400,000		$ 2,400,000		$ 900,000		$ 1,600,000		$ 1,600,000	$ 6,900,000
NTST Variance From SF Model		$ 0		$ -		$ -		$ -		$ 739	$ 739

NOTES:

*Implementation Services includes travel and other expenses.

§§ There is no Netsmart Maintenance in year 2008. The only maintenance charged is pass-through maintenance for Intersystems Cache Seats.

ΨΨ IBM Maintenance is included for 3 years as a part of the hardware package quoted. Netsmart has no control over IBM pricing but Netsmart estimates that annual maintenance will be between $750-$1000 per year for each processor in years 4 and 5

***City to provide FTP Site for download of Software upon contract signing. Invoicing to occur no earlier than the effective date of the agreement.

Appendix B - 2: Licensed Software, Annual Maintenance, Professional Services and Subscription Services

The County is purchasing and Netsmart will deliver licenses to the following Licensed Software as a part of this Agreement:

Software	Total Units	Implementation Year - 2008	Implementation Year - 2009	Implementation Year - 2010	Implementation Year - 2011	Implementation Year - 2012
Fixed Price Development Items	2	As Available	As Available	As Available	As Available	As Available
Master Patient Index (MPI)	1	1	0	0	0	0
Practice Management (PM)	1	1	0	0	0	0
Clinician Workstation (CWS)	1	1	0	0	0	0
Management of Services Organization (MSO)	1	1	0	0	0	0
Executive Reporting System (ERS)	1	1	0	0	0	0
Data Warehouse	1	1	0	0	0	0
Mobile	100	0	0	0	45	55
General Ledger Interface	1	1	0	0	0	0
HL-7	1	0	1	0	0	0
Web Services	1	0	1	0	0	0
RADPlus Named Users Higher Price	2,300	1100	As Required up to 2300	As Required up to 2300	As Required up to 2300	Balance to 2300
Intersystems Cache	575	50	As Required up to 575	As Required up to 575	As Required up to 575	Balance to 575

The County is purchasing and Netsmart will deliver the following Professional sevices as a part of this Agreement:

Implementation Services	Total Units	Delivered in 2008	Delivered in 2009	Delivered in 2010	Delivered in 2011	Delivered in 2012
Project Manager - Contiguous months	39	6	12	12	9	0
Billing Specialist 1 - Contiguous months	30	3	12	12	3	0
Billing / MSO Specialist - Contiguous months	25	3	12	10	0	0
Clinical Specialist - Contiguous months	14	0	0	5	9	0
Total Person-months	108	12	36	39	21	0

The County is purchasing and Netsmart will deliver the following Subscription sevices as a part of this Agreement:

Subscription Services	Units	Subscribed in 2008	Subscribed in 2009	Subscribed in 2010	Subscribed in 2011	Subscribed in 2012
Wiley Library Seats	Annual Seat Subscriptions	0	0	0	100	100
Infoscriber Subscription Seats	Annual Seat Subscriptions	0	0	100	100	100

The County is purchasing and Netsmart will deliver the following Annual Maintenance and Support as a part of this Agreement:

Supported Product	Unit Type	Supported Number of Units in 2008	Supported Number of Units in 2009	Supported Number of Units in 2010	Supported Number of Units in 2011	Supported Number of Units in 2012
Fixed Price Development Items	Units	Up to 2	Up to 2	Up to 2	Up to 2	Up to 2
Master Patient Index (MPI)	Module	1	0	0	0	0
Practice Management (PM)	Module	1	0	0	0	0
Clinician Workstation (CWS)	Module	1	0	0	0	0
Management of Services Organization (MSO)	Module	1	0	0	0	0
Executive Reporting System (ERS)	Module	1	0	0	0	0
Data Warehouse	Module	1	0	0	0	0
Mobile	Seats	0	0	0	45	55
General Ledger Interface	Module	1	0	0	0	0
HL-7	Module	0	1	0	0	0
Web Services	Module	0	1	0	0	0
RADPlus Named Users Higher Price	Seats	1100	As Required up to 2300	As Required up to 2300	As Required up to 2300	Balance to 2300
Intersystems Cache	Seats	50	As Required up to 575	As Required up to 575	As Required up to 575	Balance to 575

Appendix B - Attachment 3: Netsmart Project Staffing Profile For San Francisco Project Based on 3 FTEs

Project Month #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Month Date	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
PM	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Billing 1				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Billing/MSO				1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Clinical 1																				
Total	1	1	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

Project Month #	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Month Date	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
PM	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Billing 1	1	1	1	1	1	1	1	1	1	1	1	1	1						
Billing/MSO	1	1	1	1	1	1	1	1											
Clinical 1						1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	3	3	3	3	3	4	4	4	3	3	3	3	3	2	2	2	2	2	2

Annual Totals and Breakout by Specialist

Category	2008	2009	2010	2011	2012	Total
PM	5	12	12	10		39
Billing 1	2	12	12	4	0	30
Billing/MSO	2	12	11	0	0	25
Clinical 1	0	0	4	10	0	14
Total	9	36	39	24	0	108

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Service Level Agreement

Appendix C

The Support Services described in this Schedule shall be performed by Netsmart subject to the terms and conditions of this License and Service Agreement.

1. Netsmart will maintain the then current version of the Licensed Programs in substantial conformance with its Specifications as amended from time to time by Netsmart, and with applicable Federal and State regulatory requirements and laws. Netsmart will use commercially reasonable efforts to either:
   (i) correct any reproducible Problems or Defects in the then current or immediately prior release of Licensed Programs by Netsmart which prevent it from operating in substantial conformance with said Specifications and applicable Federal regulatory requirements; or

   (ii) provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal and State regulatory requirements and laws.

2. Licensee shall make requests for licensed software Support Services by giving Netsmart written notice specifying a Problem or Defect in the Licensed Programs. In making a verbal request for Support Services, Licensee shall provide Netsmart within one business day after such verbal notice with such written information and documentation as may be reasonably prescribed by Netsmart. Licensee will provide such people, information and access as Netsmart may require to diagnosis a reported problem.

3. Licensee is contracting for application support 24 hours a day, seven days a week, 365 days a year, and Contractor shall provide Second Line Help Desk support to designated City IT staff, as defined in the Agreement, during the hours of 8:30 a.m. to 5:30 p.m. PST Monday through Friday and will provide on-call support for all other hours, weekends and holidays. During business hours, Licensee shall be able to reach a support staff specialist within one hour; during all other hours shall receive a call back from support staff within two hours.

4. If analysis by Netsmart indicates that a reported problem is caused by a reproducible Problem or Defect, Netsmart will use commercially reasonable efforts to provide Support Services in accordance with the following prioritization of reported problems:

   i. <u>Priority 1</u> will be assigned when the Licensed Program or a material Licensed Program functional component is not operational or there is an Error, Defect or Malfunction which renders the Software inoperative; or causes the Software to fail catastrophically. Within two hours, Contractor shall assign a product or technical staff member to begin efforts to diagnose the Error, Defect or Malfunction and staff member shall contact Licensee to initiate analysis. Contractor shall provide ongoing communication about the status of the correction and shall exercise all commercially reasonable efforts to provide a plan for correction, include a Fix or Patch for the Error, Defect or Malfunction, or provide a suitable alternative plan, within two business days. Contractor will escalate resolution of the problem to personnel with successively higher levels of technical expertise until the Error, Defect or Malfunction is corrected.

   ii. <u>Priority 2</u> will be assigned for less critical functions, such as low impact screens and report printing errors or there is an Error, Defect or Malfunction which substantially degrades the performance of the Software, but does not prohibit the City's use of the Software.. Within four hours one business day, Contractor shall assign a product or technical staff member to begin efforts to diagnose the Error, Defect or Malfunction and staff member shall contact Licensee to initiate analysis. Contractor shall provide ongoing communication about the status of the correction and shall exercise all commercially reasonable efforts to provide a plan for correction, include a Fix or Patch for the Error, Defect or Malfunction, or provide a suitable alternative plan, within five business days. Contractor will escalate resolution of the problem to personnel with successively higher levels of technical expertise until the Error, Defect or Malfunction is corrected.

iii. Priority 3 will be assigned to problems not having a major impact on the Licensee's ability to run the Licensed Program but which obviously requires correction or is an Error, Defect or Malfunction which causes only a minor impact on the use of the Software. Contractor shall reply to Priority 3 problems within three business days to indicate initiation of analysis and will respond within ten (10) working days with a corrective plan and scheduled date for the implementation of the correction or Contractor may include a fix or Patch in the next Software release..

5. Licensee shall provide Netsmart with access to Licensee's systems as required for problem resolution and in compliance with the Licensee's access control policies.

6. On a timely basis Netsmart will also provide Licensee with:

i. updates which reflect modifications and incremental improvements made to the Licensed Programs by Netsmart; including enhancements produced as a result of Federal or State law, rule, regulation, code, policy or guideline adoptions, changes, or judicial interpretations

ii. an opportunity to obtain enhancements to the Licensed Programs for which charges are imposed on the same terms as such enhancements are generally made available to other Licensees;

iii. telephone support to answer Licensee's questions about the Licensed Programs and their use.

7. If reasonable analysis by Netsmart indicates that a reported Problem or Defect is caused by a problem related to Hardware used by Licensee, the hardware's system software, or applicable software other than Licensed Programs, or Licensee's misuse or modification of the Licensed Programs, Netsmart's responsibility shall be limited to the correction of the portion, if any, of the problem caused by a Problem or Defect in the Licensed Programs. Licensee shall, at Netsmart's option, pay Netsmart for the cost of analyzing the reported problem at Netsmart's then prevailing time-and-materials rate.

8. Support Services for the Software begin on the Effective Date for the Software and continue for the duration of the agreement.

9. Fees for Support Services are outlined in Exhibit B.

10. In the event Licensee fails to pay for Support Services when due, except for amounts disputed by Licensee in good faith, Netsmart may refuse to provide Support Services until Licensee makes payment of the Charges for the period when Support Services were discontinued, as well as the Charges for the then current period, and any Charges for bringing the Licensed Programs up to Netsmart's then-current level and certifying that it is again eligible for maintenance hereunder, and a reinstatement charge if charges have been unpaid for a period of more than 120 days.

11. Performance Standards

CBHS will perform response time tests upon completion of testing of various modules and will periodically monitor response time throughout the contract period. Based on its experience with other licensees, Netsmart anticipates that the system will meet the following response times, provided that Licensee maintains the installation of the System in accordance or in excess of the minimum requirements set forth below by Netsmart for this installation. The response time tests will be conducted as follows:

i. The response time tests shall be performed on a workstation and server that is configured as provided in the Schedule of Hardware. Testing will be done on an actual or simulated reasonable production or concurrent-user load environment with a maximum of 2,300 named users. Licensee shall demonstrate that the network bandwidth is available to the application consistent with the Network Bandwidth Requirements listed below. The workstation and server should be running only the Licensed Programs. During the test, there should be no monthly or production batch processing taking place, nor should there be any significant ad hoc data base inquiries that go beyond average or routine daily Avatar use.

ii. In the event there is a failure of the response standard set forth below, Netsmart shall promptly commence to correct the response time problem, and will continuously work to correct the problem until it is resolved, at no charge to the Licensee. If the response time problem is not resolved through software changes within thirty (30) days of the reported problem, Netsmart will remedy such nonconformance by purchasing the hardware or software, at no cost to Licensee, required to bring the System into conformance with the response times set forth below.

12. Network Bandwidth Requirements

i. The network will be maintained as follows:

ii. The network will be maintained in accordance with IEEE 802.3 standards

iii. The network topology to connect desktops shall be switched 100 BaseT Ethernet and Netsmart Server Segment is installed on a network running at a minimum of 1GB.

iv. The network will be configured such that the backbone links will not be oversubscribed.

13. Storage Area Network ("SAN") Requirements

i. The SAN will be maintained as defined in Appendix F - 1.

ii. Netsmart is not responsible for performance degradation on or caused by the County's SAN, fiber channel switches, iSCSI switches/processors, or other storage components, and Netsmart's performance standard obligations will be void, until such time as the cause of such degradation is resolved.

14. Response Times

i. Record Search and/or Retrieval Time: The time elapsed after the search command is entered until the list of matching records begins to appear must not exceed 4 seconds for 95% of all record searches/retrievals.

ii. Screen Edit Time: The time elapsed after the last field is filled on the screen and the enter command executed until all fields entries are edited and the screen refreshed with the errors highlighted will not exceed 2 seconds for 95% of the time.

iii. Next Screen Page Time: The time elapsed from the request of a new screen until the new screen and data appears must not exceed 2 seconds for 95% of the time. (This does not include the opening of a new screen from the menu, but screen to screen flips.)

iv. Response Time Performance Standards must be measured over a minimum period of 4 hours. Response times do not include any wide area network delays between Licensee, application or database systems.

15. Infoscriber

Part 1. Description of application performance standards and penalties for non-performance
Part 2. Description of Restrictions on Scheduled Maintenance and Credit for Up-time Variance

Part 1.

i. Netsmart will maintain the Infoscriber subscription service as an ASP model.

ii. Infoscriber end user support is available toll free, Monday through Friday, 8:30 am to 8:00 pm EST.

Topic	Performance Standard	Remedies
System and Service Performance Standards – Response Times	CONTRACTOR must meet the following response time Performance Standards for the System and Services: Record Search and/or Retrieval Time: The time elapsed after the search command is entered until the list of matching records begins to appear must not exceed 4 seconds for 95% of all record searches/retrievals. Screen Edit Time: The time elapsed after the last field is filled on the screen and the enter command executed until all fields entries are edited and the screen refreshed with the errors highlighted must not exceed 2 seconds for 95% of the time. Next Screen Page Time: The time elapsed from the request of a new screen until the new screen and data appears must not exceed 2 seconds for 95% of the time.	\$100/day Less than 24 hours \$200/day 25 – 48 hours \$300/day More than 48 hours

iii. Measurement of the average response times shall be sampled during any two (2) hour period excluding scheduled maintenance. When available, measurements shall be made using commercially available software designed to calculate such measurements.

iv. CONTRACTOR has at its option, the ability to provide such software to COUNTY for measurements but will remain accountable for this process regardless. When measurement software is not available, measurements shall be made using a stop watch and taken from the point at which a user presses the key required to initiate the specific function until the time that the first character of the desired response displays on the screen.

Part 2. Restrictions on Scheduled Maintenance and Credit for Up-time Variance

2.1. Restrictions on scheduled maintenance.

Scheduled maintenance shall be conducted between the hours of **10:00 PM and 6:00 AM PST, Monday – Friday; or anytime on Saturday and Sunday and holidays.** CONTRACTOR shall provide three (3) business days advance notice to COUNTY, except for emergency/critical maintenance events, requiring immediate attention. CONTRACTOR shall use all reasonable efforts to schedule such maintenance during:

1. late night weekend times
2. weekends
3. late nights to minimize COUNTY'S disruption to their business.

2.2. Credit for "up-time" variance.

In the event that the "up-time" is less than 99.5% for any one or all components, a credit will be applied within two billing cycles. The following scale should be used to determine the percentage of monthly credit due for uptime variances. All credits must be used to offset future ASP support fees. Uptime calculation is excluding scheduled maintenance, backups, etc. Downtime calculation commences upon notification of CONTRACTOR by COUNTY. A single downtime instance per month, of up to 30 minutes, will be excluded when factoring uptime.

Uptime Standards

Monthly uptime*	**Credit**
99.5%	0%
97.5% to 99.5%	10% of the monthly fees as prorated from the annual fee schedule
95.0% to 97.4%	20% of the monthly fees as prorated from the annual fee schedule
94.9% or below	30% of the monthly fees as prorated from the annual fee schedule

*Uptime percentages are calculated at 24 hours per day, times the number of days per month, excluding items listed in section 3 of this document.

2.2.1. In order to receive a credit, COUNTY must make a request by sending an email message to the CONTRACTOR's Sr. Director of IT. Each request in connection with this SLA must include COUNTY'S account number (per CONTRACTOR'S invoice) and the dates and times of the unavailability of COUNTY'S ASP connection. Each claim must be received by CONTRACTOR within ten (10) business days after month end in which the outage(s) occurred. If the unavailability is confirmed by

CONTRACTOR'S online support system ticket information, specific to the notes included within regarding official system outage and restore times. Credits will be applied within two billing cycles after CONTRACTOR'S receipt of COUNTY'S credit request. Credits are not refundable and can be used only towards future billing charges.

2.2.2. Notwithstanding anything to the contrary herein, the total amount credited to COUNTY in a particular month under this SLA shall not exceed the total ASP and hosting fees paid by COUNTY for such month for the affected Services. Credits are exclusive of any applicable taxes charged to COUNTY or collected by CONTRACTOR and are COUNTY'S sole and exclusive remedy with respect to any failure or deficiency in the ASP Connection.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Escrow Agreement

Appendix D

IRON MOUNTAIN®

Three-Party Escrow Service Agreement

Iron Mountain provides flexible, comprehensive escrow services that generate the type of agreement that gives our customers the right level of protection in each unique situation. Iron Mountain is different from other providers in the industry because of our customer-driven approach to technology escrow. With Iron Mountain, the customer's experience is focused on defining his or her own unique needs for a comprehensive service—not on studying and struggling to comprehend the terms, options and add-ons of a variety of pre-packaged agreements.

The benefit of this approach is that it can adapt to meet the needs of a single customer or application today, as well as future ones with requirements that may be quite different. With Iron Mountain, one set of comprehensive escrow services with elective components suited for every situation, covers all the key issues for technology escrow.

At Iron Mountain, we take intellectual property protection seriously and deliver our services with the integrity you and your clients would expect – and, in fact, demand, from a trusted and neutral third party. We don't just vault technology. We provide complete intellectual property management services.

Purpose

Iron Mountain's Three-Party Escrow Service Agreement is generally used when:

- Both parties agree that the highest level of escrow protection is needed.
- The beneficiary needs to sign the agreement.
- The beneficiary needs to negotiate the terms of the agreement and the unique release conditions.
- The beneficiary wants technical verification of the deposit materials.

Key Features

*Iron Mountain's Three-Party Escrow Service Agreements **may** include any of the following:*

- Secure real-time online account management with Escrow Management Center 24x7x365.
- When elected, verification of deposit materials. This includes documentation of the hardware, software environment, utilities, compilers and operating systems needed to access the deposit materials.
- Electronic Depositing of materials.
- Additional advanced types of technical verification including build and usability testing.
- Deposit Tracking Notification – periodic notices to depositors and beneficiaries related to deposit material.
- Escrow Expert consulting services.

(PLEASE DELETE THIS COVER PAGE BEFORE EXECUTING THE AGREEMENT)

IRON MOUNTAIN

THREE-PARTY ESCROW SERVICE AGREEMENT

Deposit Account Number: ____________________

1. Introduction.

This Three Party Escrow Service Agreement (the "**Agreement**") is entered into by and between ________________________ and its Affiliates, as defined below (the "**Depositor**"), and by ________________________________ and its Affiliates (the "**Beneficiary**") and by Iron Mountain Intellectual Property Management, Inc. ("**Iron Mountain**") on this __ day of __________, 200_ (the "**Effective Date**"). Depositor, Beneficiary, and Iron Mountain may be referred to individually as a "Party" or collectively as the "Parties" throughout this Agreement.

(a) The use of the term services in this Agreement shall refer to Iron Mountain services that facilitate the creation, management, and enforcement of software or other technology escrow accounts as described in Exhibit A attached hereto ("**Services**"). A Party shall request Services under this Agreement by submitting a work request for certain Iron Mountain Services ("**Work Request**") via written instruction or the online portal maintained at the website located at www.ironmountainconnect.com, or other websites owned or controlled by Iron Mountain that are linked to that website (collectively the "**Iron Mountain Website**").

(b) The Beneficiary and Depositor have, or will have, entered into a license agreement or other agreement conveying intellectual property rights to the Beneficiary, and the Parties intend this Agreement to be considered as supplementary to such agreement, pursuant to Title 11 United States [Bankruptcy] Code, Section 365(n).

2. Depositor Responsibilities and Representations.

(a) Depositor shall make an initial deposit that is complete and functional of all proprietary technology and other materials covered under this Agreement ("**Deposit Material**") to Iron Mountain within thirty (30) days of the Effective Date. Depositor may also update Deposit Material from time to time during the Term of this Agreement provided a minimum of one (1) complete and functional copy of Deposit Material is deposited with Iron Mountain at all times. At the time of each deposit or update, Depositor will provide an accurate and complete description of all Deposit Material sent to Iron Mountain using the form attached hereto as Exhibit B.

(b) Depositor represents that it lawfully possesses all Deposit Material provided to Iron Mountain under this Agreement free of any li(or encumbrances as of the date of their deposit. Any Deposit Material liens or encumbrances made after their deposit will not prohibit, limit, or alter the rights and obligations of Iron Mountain under this Agreement. Depositor warrants that with respect to the Deposit Material, Iron Mountain's proper administration of this Agreement will not violate the rights of any third parties.

(c) Depositor represents that all Deposit Material is readable and useable in its then current form; if any portion of such Deposit Material is encrypted, the necessary decryption tools and keys to read such material are deposited contemporaneously.

(d) Depositor agrees, upon request by Iron Mountain, in support of Beneficiary's request for verification Services, to promptly complete and return the Escrow Deposit Questionnaire attached hereto as Exhibit Q. Depositor consents to Iron Mountain's performance of any level(s) of verification Services described in Exhibit A attached hereto and Depositor further consents to Iron Mountain's use of a subcontractor to perform verification Services. Any such subcontractor shall be bound by the same confidentiality obligations as Iron Mountain and shall not be a direct competitor to either Depositor or Beneficiary. Iron Mountain shall be responsible for the delivery of Services of any such subcontractor as if Iron Mountain had performed the Services. Depositor represents that all Deposit Material is provided with all rights necessary for Iron Mountain to verify such proprietary technology and materials upon receipt of a Work Request for such Services or agrees to use commercially reasonable efforts to provide Iron Mountain with any necessary use rights or permissions to use materials necessary to perform verification of the Deposit Material. Depositor agrees to reasonably cooperate with Iron Mountain by providing reasonable access to its technical personnel for verification Services whenever reasonably necessary.

3. Beneficiary Responsibilities and Representations.

(a) Beneficiary acknowledges that, as between Iron Mountain and Beneficiary, Beneficiary assumes all responsibility for the completeness and functionality of all Deposit Material.

(b) Beneficiary may submit a verification Work Request to Iron Mountain for one or more of the Services defined in Exhibit A attached hereto and further consents to Iron Mountain's use of a subcontractor if needed to provide such Services. Beneficiary warrants that Iron Mountain's use of any materials supplied by Beneficiary to perform the verification Services described in Exhibit A is lawful and does not violate the rights of any third parties.

4. Iron Mountain Responsibilities and Representations.

(a) Iron Mountain agrees to use commercially reasonable efforts to provide the Services requested by Authorized Person(s) (as identified in the "Authorized Person(s)/Notices Table" below) representing the Depositor or Beneficiary in a Work Request. Iron

Mountain may reject a Work Request (in whole or in part) that does not contain all required information at any time upon notification to the Party originating the Work Request.

(b) Iron Mountain will conduct a visual inspection upon receipt of any Deposit Material and associated Exhibit B. If Iron Mountain determines that the Deposit Material does not match the description provided by Depositor represented in Exhibit B attached hereto, Iron Mountain will notify Depositor of such discrepancies and notate such discrepancy on the Exhibit B.

(c) Iron Mountain will provide notice to the Beneficiary of all Deposit Material that is accepted and deposited into the escrow account under this Agreement.

(d) Iron Mountain will work with a Party who submits any verification Work Request for Deposit Material covered under this Agreement to either fulfill any standard verification Services Work Request or develop a custom Statement of Work ("**SOW**"). Iron Mountain and the requesting Party will mutually agree in writing to an SOW on the following terms and conditions that include but are not limited to: description of Deposit Material to be tested; description of Verification testing; requesting Party responsibilities; Iron Mountain responsibilities; Service Fees; invoice payment instructions; designation of the paying Party; designation of authorized SOW representatives for both the requesting Party and Iron Mountain with name and contact information; and description of any final deliverables prior to the start of any fulfillment activity. After the start of fulfillment activity, each SOW may only be amended or modified in writing with the mutual agreement of both Parties, in accordance with the change control procedures set forth therein..

(e) Iron Mountain will hold and protect Deposit Material in physical or electronic vaults that are either owned or under the control of Iron Mountain, unless otherwise agreed to by the Parties.

(f) Upon receipt of written instructions by both Depositor and Beneficiary, Iron Mountain will permit the replacement or removal of previously submitted Deposit Material. The Party making such request shall be responsible for getting the other Party to approve the joint instructions.

5. **Payment.**

The Party responsible for payment designated in Exhibit A ("**Paying Party**") shall pay to Iron Mountain all fees as set forth in the Work Request ("**Service Fees**"). Except as set forth below, all Service Fees are due within thirty (30) calendar days from the date of invoice in U.S. currency and are non-refundable. Iron Mountain may update Service Fees with a ninety (90) calendar day written notice to the Paying Party during the term of this Agreement. The Paying Party is liable for any taxes related specifically to Services purchased under this Agreement or shall present to Iron Mountain an exemption certificate acceptable to the taxing authorities. Applicable taxes shall be billed as a separate item on the invoice. Depositor and Beneficiary agree that if this Agreement terminates during the term for any reason, other than for the fault of Iron Mountain, all prepaid fees shall be non-refundable. Any Service Fees not collected by Iron Mountain when due shall bear interest until paid at a rate of one percent (1%) per month (12% per annum) or the maximum rate permitted by law, whichever is less. Notwithstanding, the non-performance of any obligations of Depositor to deliver Deposit Material under the License Agreement or this Agreement, Iron Mountain is entitled to be paid all Service Fees that accrue during the Term of this Agreement.

6. **Term and Termination.**

(a) The "**Term**" of this Agreement is for a period of one (1) year from the Effective Date ("**Initial Term**") and will automatically renew for additional one (1) year terms (**"Renewal Term"**) and continue in full force and effect until one of the following events occur: (i) Depositor and Beneficiary provide Iron Mountain with sixty (60) days' prior written joint notice of their intent to terminate this Agreement; (ii) Beneficiary provides Iron Mountain and Depositor with sixty (60) days' prior written notice of their intent to terminate this Agreement; (iii) the Agreement terminates under another provision of this Agreement; or (iv) any time after the Initial Term, Iron Mountain provides a sixty (60) days' prior written notice to the Depositor and Beneficiary of Iron Mountain's intent to terminate this Agreement. If the Effective Date is not specified in the Introduction section, then the last date noted on the signature blocks of this Agreement shall be the Effective Date.

(b) Unless the express terms of this Agreement provide otherwise, upon termination of this Agreement, Iron Mountain shall return the Deposit Material to the Depositor. If reasonable attempts to return the Deposit Material to Depositor are unsuccessful, Iron Mountain shall destroy the Deposit Material.

(c) In the event of the nonpayment of undisputed Service Fees owed to Iron Mountain, Iron Mountain shall provide all Parties to this Agreement with written notice of Iron Mountain's intent to terminate this Agreement. Any Party to this Agreement shall have the right to make the payment to Iron Mountain to cure the default. If the past due payment is not received in full by Iron Mountain within thirty (30) calendar days of the date of such written notice, then Iron Mountain shall have the right to terminate this Agreement at any time thereafter by sending written notice to all Parties. Iron Mountain shall have no obligation to perform the Services under this Agreement (except those obligations that survive termination of this Agreement) so long as any undisputed Service Fees due Iron Mountain under this Agreement remain unpaid.

General Indemnity.

Subject to Section 10 and 11, each Party shall defend, indemnify and hold harmless the others, their corporate affiliates and their respective officers, directors, employees, and agents and their respective successors and assigns from and against any and all claims, losses, liabilities, damages, and expenses (including, without limitation, reasonable attorneys' fees), arising under this Agreement from the negligent or intentional acts or omissions of the indemnifying Party or its subcontractors, or the officers, directors, employees, agen successors and assigns of any of them.

8. **Warranties.**

(a) IRON MOUNTAIN WARRANTS ANY AND ALL SERVICES PROVIDED HEREUNDER SHALL BE PERFORMED IN A WORKMANLIKE MANNER. EXCEPT AS SPECIFIED IN THIS SECTION, ALL EXPRESS OR IMPLIED CONDITIONS, REPRESENTATIONS, AND WARRANTIES INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SATISFACTORY QUALITY, AGAINST INFRINGEMENT OR ARISING FROM A COURSE OF DEALING, USAGE, OR TRADE PRACTICE, ARE HEREBY EXCLUDED TO THE EXTENT ALLOWED BY APPLICABLE LAW. AN AGGRIEVED PARTY MUST NOTIFY IRON MOUNTAIN PROMPTLY OF ANY CLAIMED BREACH OF ANY WARRANTIES AND SUCH PARTY'S SOLE AND EXCLUSIVE REMEDY FOR BREACH OF WARRANTY SHALL BE RETURN OF THE PORTION OF THE FEES PAID TO IRON MOUNTAIN BY PAYING PARTY FOR SUCH NON-CONFORMING SERVICES. THIS DISCLAIMER AND EXCLUSION SHALL APPLY EVEN IF THE EXPRESS WARRANTY AND LIMITED REMEDY SET FORTH ABOVE FAILS OF ITS ESSENTIAL PURPOSE. THE WARRANTY PROVIDED IS SUBJECT TO THE LIMITATION OF LIABILITY SET FORTH IN THIS AGREEMENT.

(b) Depositor warrants that all Depositor information provided hereunder is accurate and reliable and undertakes to promptly correct and update such Depositor information during the Term of this Agreement.

(c) Beneficiary warrants that all Beneficiary information provided hereunder is accurate and reliable and undertakes to promptly correct and update such Beneficiary information during the Term of this Agreement.

(d) Ownership Warranty. Depositor warrants that it is the owner or legal custodian of the Deposit Material and has full authority to store the Deposit Material and direct their disposition in accordance with the terms of this Agreement. Depositor shall reimburse Iron Mountain for any expenses reasonably incurred by Iron Mountain (including reasonable legal fees) by reason of Iron Mountain's compliance with the instructions of Depositor in the event of a dispute concerning the ownership, custody or disposition of Deposit Material stored by Depositor with Iron Mountain.

9. **Confidential Information.**

Iron Mountain shall have the obligation to reasonably protect the confidentiality of the Deposit Material. Except as provided in this Agreement Iron Mountain shall not disclose, transfer, make available or use the Deposit Material. Iron Mountain shall not disclose the terms of this Agreement to any third Party. If Iron Mountain receives a subpoena or any other order from a court or other judicial tribunal pertaining to the disclosure or release of the Deposit Material, Iron Mountain will notify the Parties to this Agreement unless prohibited by law. After notifying the Parties, Iron Mountain may comply in good faith with such order. It shall be the responsibility of Depositor or Beneficiary to challenge any such order; provided, however, that Iron Mountain does not waive its rights to present its position with respect to any such order. Iron Mountain will cooperate with the Depositor or Beneficiary, as applicable, to support efforts to quash or limit any subpoena, at such party's expense. Any party requesting additional assistance shall pay Iron Mountain's standard charges or as quoted upon submission of a detailed request.

10. **Limitation of Liability.**

NOTWITHSTANDING ANYTHING ELSE IN THIS AGREEMENT , ALL LIABILITY, IF ANY, WHETHER ARISING IN CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, OF ANY PARTY TO THIS AGREEMENT SHALL BE LIMITED TO THE AMOUNT EQUAL TO ONE YEAR OF FEES PAID OR OWED TO IRON MOUNTAIN UNDER THIS AGREEMENT. IF CLAIM OR LOSS IS MADE IN RELATION TO A SPECIFIC DEPOSIT OR DEPOSITS, SUCH LIABILITY SHALL BE LIMITED TO THE FEES RELATED SPECIFICALLY TO SUCH DEPOSITS. THIS LIMIT SHALL NOT APPLY TO ANY PARTY FOR: (I) ANY CLAIMS OF INFRINGEMENT OF ANY PATENT, COPYRIGHT, TRADEMARK OR OTHER PROPRIETARY RIGHT; (II) LIABILITY FOR DEATH OR BODILY INJURY; (III) DAMAGE TO TANGIBLE PROPERTY (EXCLUDING THE DEPOSIT MATERIAL); (IV) THEFT; OR (V) PROVEN GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

11. **Consequential Damages Waiver.**

IN NO EVENT SHALL ANY PARTY TO THIS AGREEMENT BE LIABLE TO ANOTHER PARTY FOR ANY INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, LOST PROFITS OR LOST DATA OR INFORMATION, ANY COSTS OR EXPENSES FOR THE PROCUREMENT OF SUBSTITUTE SERVICES, OR ANY OTHER INDIRECT DAMAGES, WHETHER ARISING IN CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE EVEN IF THE POSSIBILITY THEREOF MAY BE KNOWN IN ADVANCE TO ONE OR MORE PARTIES.

12. **General.**

(a) Incorporation of Work Requests. All valid Depositor and Beneficiary Work Requests are incorporated into this Agreement.

(b) Purchase Orders. In the event that the Paying Party issues a purchase order or other instrument used to pay Service Fees to Iron Mountain, any terms and conditions set forth in the purchase order which constitute terms and conditions which are in addition to those set forth in this Agreement or which establish conflicting terms and conditions to those set forth in this Agreement are expressly rejected by Iron Mountain.

(c) Right to Make Copies. Iron Mountain shall have the right to make copies of all Deposit Material as reasonably necessary to perform the Services. Iron Mountain shall copy all copyright, nondisclosure, and other proprietary notices and titles contained on Deposit Material onto any copies made by Iron Mountain. Any copying expenses incurred by Iron Mountain as a result of a Work Request to copy will be borne by the Party requesting the copies. Iron Mountain may request Depositor's reasonable cooperation in promptly copying Deposit Material in order for Iron Mountain to perform this Agreement.

(d) Choice of Law. The validity, interpretation, and performance of this Agreement shall be controlled by and construed under the laws of the Commonwealth of Massachusetts, USA, as if performed wholly within the state and without giving effect to the principles of conflicts of laws.

(e) Authorized Person(s). Depositor and Beneficiary must each authorize and designate one person whose actions will legally bind such party ("Authorized Person" who shall be identified in the Authorized Persons (s) Notices Table of this Agreement) and who may manage the Iron Mountain escrow account through the Iron Mountain website or written instruction. The Authorized Person for each the Depositor and Beneficiary will maintain the accuracy of their name and contact information provided to Iron Mountain during the term of this Agreement.

(f) Right to Rely on Instructions. Iron Mountain may act in reliance upon any instruction, instrument, or signature reasonably believed by Iron Mountain to be genuine and from an Authorized Person(s), officer, or other employee of a Party. Iron Mountain may assume that such representative of a Party to this Agreement who gives any written notice, request, or instruction has the authority to do so. Iron Mountain will not be required to inquire into the truth or evaluate the merit of any statement or representation contained in any notice or document reasonably believed to be from such representative. With respect to Release and Destruction of Deposit Materials, Iron Mountain shall rely on an Authorized Person(s).

(g) Force Majeure. No Party shall be liable for any delay or failure in performance due to events outside the defaulting Party's reasonable control, including without limitation acts of God, earthquake, labor disputes, shortages of supplies, riots, war, acts of terrorism, fire, epidemics, or delays of common carriers or other circumstances beyond its reasonable control. The obligations and rights of the excused Party shall be extended on a day-to-day basis for the time period equal to the period of the excusable delay.

(h) Notices. All notices regarding Exhibit C (release) shall be sent by commercial express mail or other commercially appropriate means that provide prompt delivery and require proof of delivery. All other correspondence, including invoices, payments, and other documents and communications, may be sent electronically or via regular mail. The Parties shall have the right to rely on the last known address of the other Parties. Any correctly addressed notice to last known address of the other Parties that is relied on herein and that is refused, unclaimed, or undeliverable because of an act or omission of the Party to be notified as provided herein shall be deemed effective as of the first date that said notice was refused, unclaimed, or deemed undeliverable by electronic mail, the postal authorities by mail, through messenger or commercial express delivery services.

(i) No Waiver. No waiver of rights under this Agreement by any Party shall constitute a subsequent waiver of this or any other right under this Agreement.

(j) Assignment. No assignment of this Agreement by Depositor or Beneficiary or any rights or obligations of Depositor or Beneficiary under this Agreement is permitted without the written consent of Iron Mountain, which shall not be unreasonably withheld or delayed. Iron Mountain shall have no obligation in performing this Agreement to recognize any successor or assign of Depositor or Beneficiary unless Iron Mountain receives clear, authoritative and conclusive written evidence of the change of parties.

(k) Severability. In the event any of the terms of this Agreement become or are declared to be illegal or otherwise unenforceable by any court of competent jurisdiction, such term(s) shall be null and void and shall be deemed deleted from this Agreement. All remaining terms of this Agreement shall remain in full force and effect. If this paragraph becomes applicable and, as a result, the value of this Agreement is materially impaired for any Party, as determined by such Party in its sole discretion, then the affected Party may terminate this Agreement by written notice to the others.

(l) Independent Contractor Relationship. Depositor and Beneficiary understand, acknowledge, and agree that Iron Mountain's relationship with Depositor and Beneficiary will be that of an independent contractor and that nothing in this Agreement is intended to or should be construed to create a partnership, joint venture, or employment relationship.

(m) Attorneys' Fees. In any suit or proceeding between the Parties relating to this Agreement, the prevailing Party will have the right to recover from the other(s) its costs and reasonable fees and expenses of attorneys, accountants, and other professionals incurred in connection with the suit or proceeding, including costs, fees and expenses upon appeal, separately from and in addition to any other amount included in such judgment. This provision is intended to be severable from the other provisions of this Agreement, and shall survive and not be merged into any such judgment.

(n) No Agency. No Party has the right or authority to, and shall not, assume or create any obligation of any nature whatsoever on behalf of the other Parties or bind the other Parties in any respect whatsoever.

(o) Disputes. Any dispute, difference or question relating to or arising among any of the Parties concerning the construction, meaning, effect or implementation of this Agreement or the rights or obligations of any Party hereof will be submitted to, and settled by arbitration by a single arbitrator chosen by the corresponding Regional Office of the American Arbitration Association in accordance with the Commercial Rules of the American Arbitration Association. The Parties shall submit briefs of no more than 10 pages and the arbitration hearing shall be limited to two (2) days maximum. The arbitrator shall apply Massachusetts law. Unless otherwise agreed by the Parties, arbitration will take place in Boston, Massachusetts, U.S.A. Any court having jurisdiction over the matter may enter judgment on the award of the arbitrator. Service of a petition to confirm the arbitration award may be made by regular mail or by commercial express mail, to the attorney for the Party or, if unrepresented, to the Party at the last known business address. If however, Depositor or Beneficiary refuse to submit to arbitration, the matter shall not be submitted to arbitration and Iron Mountain may submit the matter to any court of competent jurisdiction for an interpleader or similar action. Unless adjudged otherwise, any costs of arbitration incurred by Iron Mountain, including reasonable attorney's fees and costs, shall be divided equally and paid by Depositor and Beneficiary.

(p) Regulations. All Parties are responsible for and warrant, to the extent of their individual actions or omissions, compliance with all applicable laws, rules and regulations, including but not limited to: customs laws; import; export and re-export laws; and government regulations of any country from or to which the Deposit Material may be delivered in accordance with the provisions of this Agreement.

(q) No Third Party Rights. This Agreement is made solely for the benefit of the Parties to this Agreement and their respective permitted successors and assigns, and no other person or entity shall have or acquire any right by virtue of this Agreement unless otherwise agreed to by all the parties hereto.

(r) Entire Agreement. The Parties agree that this Agreement, which includes all the Exhibits attached hereto and all valid Work Requests submitted by the Parties, is the complete agreement between the Parties hereto concerning the subject matter of this Agreement and replaces any prior or contemporaneous oral or written communications between the Parties. There are no conditions, understandings, agreements, representations, or warranties, expressed or implied, which are not specified herein. Each of the Parties herein represents and warrants that the execution, delivery, and performance of this Agreement has been duly authorized and signed by a person who meets statutory or other binding approval to sign on behalf of its business organization as named in this Agreement. This Agreement may only be modified by mutual written agreement of the Parties.

(s) Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one instrument.

(t) Survival. Sections 6 (Term and Termination), 7 (General Indemnity), 8 (Warranties), 9 (Confidential Information), 10 (Limitation of Liability) 11(Consequential Damages Waiver), and 12 (General) of this Agreement shall survive termination of this Agreement or any Exhibit attached hereto.

(u) Affiliates. "Affiliates", as used herein, shall mean those entities controlled by, or under common control with, a party of this Agreement. For purposes of the foregoing definition "control" (including "controlled by" and "under common control") shall mean ownership of, or the right to acquire; (a) not less than fifty percent (50%) of the voting stock of a corporation, (b) the right to vote not less than fifty (50%) of the voting stock of a corporation, or (c) not less than fifty percent (50%) ownership interest in a partnership or other business entity. It is the intention of the parties (i) that each Affiliate shall be bound by the terms and conditions of this Agreement, (ii) that all of the services provided under this Agreement be made available to each Affiliate, (iii) each Affiliate shall be entitled to enforce this Agreement against Iron Mountain and that (iv) each Affiliate shall be a third party beneficiary of this Agreement.

Note: If contracting electronically via the online portal, clicking the "I Accept" button displayed as part of the ordering process, evidences agreement to the preceding terms and conditions (the '**Agreement**"). If you are entering into this Agreement via the online portal on behalf of a company or other legal entity, you represent that you have the authority to bind such entity to these terms and conditions, in which case the terms "you" or "your" shall refer to such entity. If you do not have such authority, or if you do not agree with these terms and conditions, you must select the "I Decline" button.

DEPOSITOR

COMPANY NAME:	
SIGNATURE:	
PRINT NAME:	
TITLE:	
DATE:	
EMAIL ADDRESS	

BENEFICIARY

COMPANY NAME:	
SIGNATURE:	
PRINT NAME:	
TITLE:	
DATE:	
EMAIL ADDRESS:	

IRON MOUNTAIN INTELLECTUAL PROPERTY MANAGEMENT, INC.

SIGNATURE:	
PRINT NAME:	
TITLE:	
DATE:	
EMAIL ADDRESS:	ipmclientservices@ironmountain.com

DEPOSITOR -- AUTHORIZED PERSON(S)/NOTICES TABLE

Provide the name(s) and contact information of the Authorized Person(s) under this Agreement. All notices will be sent to the person(s) at the address(es) set forth below. This is required information.

COMPANY:	
ADMINISTRATIVE CONTACT PRINT NAME:	
TITLE:	
EMAIL ADDRESS	
ADDRESS 1	
ADDRESS 2	
CITY/STATE/PROVINCE	
POSTAL/ZIP CODE	
PHONE NUMBER	
FAX NUMBER	

BENEFICIARY -- AUTHORIZED PERSON(S)/NOTICES TABLE

Provide the name(s) and contact information of the Authorized Person(s) under this Agreement. All notices will be sent to the person(s) at the address(es) set forth below. This is required information.

COMPANY:	
ADMINISTRATIVE CONTACT PRINT NAME:	
TITLE:	
EMAIL ADDRESS	
ADDRESS 1	
ADDRESS 2	
CITY/STATE/PROVINCE	
POSTAL/ZIP CODE	
PHONE NUMBER	
FAX NUMBER	

IRON MOUNTAIN INTELLECTUAL PROPERTY MANAGEMENT, INC.

All notices should be sent to ipmclientservices@ironmountain.com OR
Iron Mountain Intellectual Property Management, Inc., Attn: Client Services
2100 Norcross Parkway, Suite 150
Norcross, Georgia, 30071, USA.
Telephone: 800-875-5669
Facsimile: 770-239-9201

BILLING CONTACT INFORMATION TABLE

Please provide the name and contact information of the Billing Contact under this Agreement. All Invoices will be sent to this individual at the address set forth below.

DEPOSITOR

PRINT NAME:	
TITLE:	
EMAIL ADDRESS	
STREET ADDRESS	
PROVINCE/CITY/STATE	
POSTAL/ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
PURCHASE ORDER #	

SIGNATURE:	
PRINT NAME:	
TITLE:	
DATE:	
EMAIL ADDRESS	

BENEFICIARY

PRINT NAME:	
TITLE:	
EMAIL ADDRESS	
STREET ADDRESS	
PROVINCE/CITY/STATE	
POSTAL/ZIP CODE	
PHONE NUMBER	
FAX NUMBER	
PURCHASE ORDER #	

SIGNATURE:	
PRINT NAME:	
TITLE:	
DATE:	
EMAIL ADDRESS:	

MUST BE COMPLETED **EXHIBIT A - Escrow Service Work Request - Deposit Account Number:** ___________________

SERVICE Check box(es) to order service	SERVICE DESCRIPTION – THREE PARTY ESCROW AGREEMENT All services are listed below. Services in shaded tables are required for every new escrow account set up. Some services may not be available under the Agreement.	ONE-TIME FEES	ANNUAL FEES	PAYING PARTY Check box to identify the Paying Party for each service below.
☒ Setup Fee	Iron Mountain will setup a new escrow deposit account using a standard escrow agreement. Custom contracts are subject to the Custom Contract Fee noted below.	$1,050		☐ Depositor - OR - ☐ Beneficiary
☒ Deposit Account Fee-including Escrow Management Center Access	Iron Mountain will set up one deposit account to manage and administrate access to Deposit Material that will be securely stored in controlled media vaults. Furthermore, Iron Mountain will provide account services that include unlimited deposits, electronic vaulting, access to Iron Mountain Connect™ Escrow Management Center for secure online account management, submission of electronic Work Requests, and communication of status. A Client Manager will be assigned to each deposit account and provide training upon request to facilitate secure Internet access to the account and ensure fulfillment of Work Requests. An oversize fee may apply.		$950	☐ Depositor - OR – ☐ Beneficiary
☒ Beneficiary Fee including Escrow Management Center Access	Iron Mountain will fulfill a Work Request to add a Beneficiary to an escrow deposit account and manage access rights associated with the account. Beneficiary will have access to Iron Mountain Connect™ Escrow Management Center for secure online account management, submission of electronic Work Requests, and communication of status. A Client Manager will be assigned to each deposit account and provide training upon request to facilitate secure Internet access to the account and ensure fulfillment of Work Requests.		$650	☐ Depositor - OR – ☐ Beneficiary
☐ Add Deposit Tracking Notification	At least semi-annually, Iron Mountain will send an update reminder to Depositor. Thereafter, Beneficiary will be notified of last deposit. .	N/A	$350	☐ Depositor - OR - ☐ Beneficiary
☐ Add File Comparison and Analysis Test	Iron Mountain will fulfill a Work Request to perform a File Comparison and Analysis Test, which includes analyzing deposit media readability, file listing, creation of file classification table, virus scan, assurance of completed deposit questionnaire, and analysis of completed deposit questionnaire. A final report will be sent to the Paying Party regarding the Deposit Material to ensure consistency between Depositor's representations (i.e., Exhibit B and Supplementary Questionnaire) and stored Deposit Material.	$2,500	N/A	☐ Depositor - OR - ☐ Beneficiary
☐ Add Deposit Compile Test	Iron Mountain will fulfill a Work Request to perform a Deposit Compile Test, which includes the File Comparison and Analysis Test as described above plus recreating the Depositor's software development environment, compiling source files and modules, linking libraries and recreating executable code, pass/fail determination, creation of comprehensive build instructions with a final report sent to the Paying Party regarding the Deposit Material. The Paying Party and Iron Mountain will agree on a custom Statement of Work ("SOW") prior to the start of fulfillment.	Based on SOW	N/A	☐ Depositor - OR - ☐ Beneficiary
☐ Add Deposit Usability Test – Binary Comparison	Iron Mountain will fulfill a Work Request to perform one Deposit Compile Test Binary Comparison which includes a comparison of the files built from the Deposit Compile Test to the actual licensed technology on the Beneficiary's site to ensure a full match in file size, with a final report sent to the Requesting Party regarding the Deposit Material. The Paying Party and Iron Mountain will agree on a custom Statement of Work ("SOW") prior to the start of fulfillment.	Based on SOW	N/A	☐ Depositor - OR - ☐ Beneficiary
☐ Add Deposit Usability Test – Full Usability Test	Iron Mountain will fulfill a Work Request to perform one Deposit Compile Test Full Usability which includes a confirmation that the built applications work properly when installed. A final report will be sent to the Paying Party regarding the Deposit Material. The Paying Party and Iron Mountain will agree on a custom Statement of Work ("SOW") prior to the start of fulfillment.	Based on SOW	N/A	☐ Depositor - OR - ☐ Beneficiary
☐ Add Dual/Remote Vaulting	Iron Mountain will fulfill a Work Request to store deposit materials in one additional location as defined within the Service Agreement. Duplicate storage request may be in the form of either physical media or electronic storage.	N/A	$500	☐ Depositor - OR - ☐ Beneficiary
☐ Release Deposit Material	Iron Mountain will process a Work Request to release Deposit Material by following the specific procedures defined in Exhibit C "Release of Deposit Materials" the Escrow Service Agreement.	$500	N/A	☐ Depositor - OR - ☐ Beneficiary
☐ Add Custom Services	Iron Mountain will provide its Escrow Expert consulting based on a custom SOW mutually agreed to by all Parties.	$150/hour	N/A	☐ Depositor - OR - ☐ Beneficiary
☐ Custom Contract Fee	Custom contracts are subject to the Custom Contract Fee, which covers the review and processing of custom or modified contracts.	$500	N/A	☐ Depositor - OR - ☐ Beneficiary

Note: Parties may submit Work Requests via written instruction or electronically through the online portal.

EXHIBIT B
DEPOSIT MATERIAL DESCRIPTION

COMPANY NAME: ____________________ ESCROW ACCOUNT NUMBER: ____________________

DEPOSIT NAME ____________________ AND DEPOSIT VERSION ____________________
(Deposit Name will appear in account history reports)

DEPOSIT MEDIA (PLEASE LABEL ALL MEDIA WITH THE DEPOSIT NAME PROVIDED ABOVE)

MEDIA TYPE	QUANTITY		MEDIA TYPE	QUANTITY
☐ CD-ROM / DVD			☐ 3.5" Floppy Disk	
☐ DLT Tape			☐ Documentation	
☐ DAT Tape			☐ Hard Drive / CPU	
			☐ Circuit Board	

	TOTAL SIZE OF TRANSMISSION (SPECIFY IN BYTES)	# OF FILES	# OF FOLDERS
☐ Internet File Transfer			
☐ Other (please describe below):			

DEPOSIT ENCRYPTION (Please check either "Yes" or "No" below and complete as appropriate)

Is the media or are any of the files encrypted? ☐Yes or ☐ No

If yes, please include any passwords and decryption tools description below. Please also deposit all necessary encryption software with this deposit.

Encryption tool name ____________________ Version ____________________

Hardware required ____________________

Software required ____________________

Other required information ____________________

DEPOSIT CERTIFICATION (Please check the box below to Certify and Provide your Contact Information)

☐ I certify for Depositor that the above described Deposit Material has been transmitted electronically or sent via commercial express mail carrier to Iron Mountain at the address below.	☐ Iron Mountain has inspected and accepted the above described Deposit Material either electronically or physically. Iron Mountain will notify Depositor of any discrepancies.
NAME:	NAME:
PRINT NAME:	PRINT NAME:
DATE:	DATE:
EMAIL ADDRESS:	
TELEPHONE NUMBER:	
FAX NUMBER:	

Note: If Depositor is physically sending Deposit Material to Iron Mountain, please label all media and mail all Deposit Material with the appropriate Exhibit B via commercial express carrier to the following address:

Iron Mountain Intellectual Property Management, Inc.
Attn: Vault Administration
2100 Norcross Parkway, Suite 150
Norcross, GA 30071

Telephone: 800-875-5669
Facsimile: 770- 239-9201

FOR IRON MOUNTAIN USE ONLY: (NOTED DISCREPANCIES ON VISUAL INSPECTION)	

EXHIBIT C

RELEASE OF DEPOSIT MATERIALS

Deposit Account Number: ___________________

Iron Mountain will use the following procedures to process any Beneficiary Work Request to release Deposit Material. All notices under this Exhibit C shall be sent pursuant to the terms of Section 12(h) Notices.

1. Release Conditions. The Depositor and Beneficiary agree that a Work Request for the release of the Deposit Material shall be based solely on one or more of the following conditions (defined as "**Release Conditions**"):

   (i) Depositor's breach of the license agreement or other agreement between the Depositor and the Beneficiary regulating the use of the Deposit Material covered under this Agreement; or

   (ii) Failure of the Depositor to function as a going concern or to operate in the ordinary course; or

   (iii) Depositor is subject to voluntary or involuntary bankruptcy.

2. Release Work Request. A Beneficiary may submit a Work Request to Iron Mountain to release the Deposit Material covered under this Agreement. Iron Mountain will send a written notice of this Beneficiary Work Request within five (5) business days to the Depositor's Authorized Person(s).
3. Contrary Instructions. From the date Iron Mountain mails written notice of the Beneficiary Work Request to release Deposit Material covered under this Agreement, Depositor authorized representative(s) shall have ten (10) business days to deliver to Iron Mountain contrary instructions. Contrary instructions shall mean the written representation by Depositor that a Release Condition has not occurred or has been cured ("**Contrary Instructions**"). Contrary Instructions shall be on company letterhead and signed by an authorized Depositor representative. Upon receipt of Contrary Instructions, Iron Mountain shall promptly send a copy to Beneficiary's Authorized Person(s). Additionally, Iron Mountain shall notify both Depositor and Beneficiary Authorized Person(s) that there is a dispute to be resolved pursuant to the Disputes provisions of this Agreement. Iron Mountain will continue to store Deposit Material without release pending (i) joint instructions from Depositor and Beneficiary with instructions to release the Deposit Material; or (ii) dispute resolution pursuant to the Disputes provisions of this Agreement; or (iii) receipt of an order from a court of competent jurisdiction.
4. Release of Deposit Material. If Iron Mountain does not receive Contrary Instructions from an authorized Depositor representative, Iron Mountain is authorized to release Deposit Material to the Beneficiary or, if more than one Beneficiary is registered to the deposit, to release a copy of Deposit Material to the Beneficiary. Iron Mountain is entitled to receive any undisputed, unpaid Service Fees due Iron Mountain from the Parties before fulfilling the Work Request to release Deposit Material covered under this Agreement. Any Party may cure a default of payment of Service Fees.
5. Termination of Agreement Upon Release. This Agreement will terminate upon the release of Deposit Material held by Iron Mountain.
6. Right to Use Following Release. Beneficiary has the right under this Agreement to use the Deposit Material for the sole purpose of continuing the benefits afforded to Beneficiary by the License Agreement. Notwithstanding, the Beneficiary shall not have access to the Deposit Material unless there is a release of the Deposit Material in accordance with this Agreement. Beneficiary shall be obligated to maintain the confidentiality of the released Deposit Material.

EXHIBIT Q

ESCROW DEPOSIT QUESTIONNAIRE

Introduction

From time to time, technology escrow beneficiaries may exercise their right to perform verification services. This is a service that Iron Mountain provides for the purpose of validating relevance, completeness, currency, accuracy and functionality of deposit materials.

Purpose of Questionnaire

In order for Iron Mountain to determine the deposit material requirements and to quote fees associated with verification services, a completed deposit questionnaire is requested. It is the responsibility of the escrow depositor to complete the questionnaire.

Instructions

Please complete the questionnaire in its entirety by answering every question with accurate data. Upon completion, please return the completed questionnaire to the beneficiary asking for its completion, or e-mail it to Iron Mountain to the attention of verification@ironmountain.com

Escrow Deposit Questionnaire

General Description

1. What is the general function of the software to be placed into escrow?
2. On what media will the source code be delivered?
3. What is the size of the deposit in megabytes?

Requirements for the Execution of the Software Protected by the Deposit

1. What are the system hardware requirements to successfully execute the software? (memory, disk space, etc.)
2. How many machines are required to completely set up the software?
3. What are the software and system software requirements, to execute the software and verify correct operation?

Requirements for the Assembly of the Deposit

1. Describe the nature of the source code in the deposit. (Does the deposit include interpreted code, compiled source, or a mixture? How do the different parts of the deposit relate to each other?)
2. How many build processes are there?
3. How many unique build environments are required to assemble the material in the escrow deposit into the deliverables?
4. What hardware is required for each build environment to compile the software? (including memory, disk space, etc.)
5. What operating systems (including versions) are used during compilation? Is the software executed on any other operating systems/version?
6. How many separate deliverable components (executables, share libraries, etc.) are built?
7. What compilers/linkers/other tools (brand and version) are necessary to build the application?
8. What, if any, third-party libraries are used to build the software?
9. How long does a complete build of the software take? How much of that time requires some form of human interaction and how much is automated?
10. Do you have a formal build document describing the necessary steps for system configuration and compilation?
11. Do you have an internal QA process? If so, please give a brief description of the testing process.
12. Please list the appropriate technical person(s) Iron Mountain may contact regarding this set of escrow deposit materials.

Please provide your technical verification contact information below:

COMPANY:	
SIGNATURE:	
PRINT NAME:	
ADDRESS 1:	
ADDRESS 2:	
CITY, STATE, ZIP	
TELEPHONE:	
EMAIL ADDRESS:	

For additional information about Iron Mountain Technical Verification Services, please contact

Manager of Verification Services at **978-667-3601 ext. 100** or by e-mail at **mailto: verification@ironmountain.com**

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

HIPPA Business Associate Agreement

Appendix E

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Exhibit contains requirements set forth in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 and the regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws. The City and County of San Francisco, referred to in this agreement as CITY, is the Covered Entity and is referred to below as CE. The CONTRACTOR is the Business Associate, and is referred to below as Associate. The agreement between CITY and CONTRACTOR to which this Addendum is attached is referred to in this Addendum as the Contract.

This HIPAA Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between Covered Entity ("CE") and Business Associate ("Associate"), [and is effective as of April 14, 2003 for existing contracts and the effective date for future contracts].

RECITALS

A. CE wishes to disclose certain information to Associate pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).

B. CE and Associate intend to protect the privacy and provide for the security of PHI disclosed to Associate pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

C. As part of the HIPAA Regulations, the Privacy Rule (defined below) requires CE to enter into a contract containing specific requirements with Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.502(e) and 164.504(e) of the Code of Federal Regulations ("CFR") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

1. Definitions.

A. **Business Associate** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103.

B. **Covered Entity** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103.

C. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

D. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

E. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

F. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164.

G. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501. [45 CFR §§ 160.103 and 164.501]

H. **Protected Information** shall mean PHI provided by CE to Associate or created or received by Associate on CE's behalf.

2. Obligations of Associate.

A. **Permitted Uses.** Associate shall not use Protected Information except for the purpose of performing Associate's obligations under the Contract and as permitted under the Contract and Addendum. Further, Associate shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule if so used by CE except that Associate may use Protected Information (i) for the proper management and administration of Associate, (ii) to carry out the legal responsibilities of Associate, or (iii) for Data Aggregation purposes for the Health Care Operations of CE. [45 CFR §§ 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)]

B. **Permitted Disclosures**. Associate shall not disclose Protected Information except for the purpose of performing Associate's obligations under the Contract and as permitted under the Contract and Addendum or in any manner that would constitute a violation of the Privacy Rule if disclosed by CE, except that Associate may disclose Protected Information (i) for the proper management and administration of Associate; (ii) to carry out the legal responsibilities of Associate;(iii) as required by law, or (iv) for Data Aggregation purposes for the Health Care Operations of CE.

To the extent that Associate discloses Protected Information to a third party, Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) an agreement from such third party to immediately notify Associate of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach. [45 CFR §§ 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)]

C. **Appropriate Safeguards**. Associate shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by this Contract. [45 CFR § 164.504(e)(2)(ii)(B)] Associate shall maintain a comprehensive written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Associate's operations and the nature and scope of its activities.

D. **Reporting of Improper Use or Disclosure**. Associate shall notify the compliance office of CE in writing of any use or disclosure of Protected Information otherwise than as provided for by the Contract and this Addendum within five (5) days of becoming aware of such use or disclosure. [45 CFR § 164.504(e)(2)(ii)(C)]. Such notice shall be sent to: DPH Compliance Office, 2789 Twenty-fifth Street, San Francisco, CA 94110 or can be sent via e-mail to CHN_Hotline@chnsf.org.

E. **Associate's Agents.** Associate shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to Associate with respect to such PHI. [45 CFR § 164.504(e)(2)(D)] Associate shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation. (See 45 CFR §§ 164.530(f) and 164.530(e)(1))

F. **Access to Protected Information.** Associate shall make Protected Information maintained by Associate or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.524. [45 CFR § 164.504(e)(2)(ii)(E)]

G. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.526. If any individual requests an amendment of Protected Information directly from Associate or its agents or subcontractors, Associate must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by Associate or its agents or subcontractors shall be the responsibility of CE. [45 CFR § 164.504(e)(2)(ii)(F)]

H. **Accounting Rights.** Within ten (10) days of notice by CE of a request for an accounting of disclosures of Protected Information, Associate and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.528, as determined by CE. Associate agrees to implement a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years prior to the request, but not before the compliance date of the Privacy Rule. At a minimum, such information shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to Associate or its agents or subcontractors, Associate shall within five (5) days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. Associate shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum. [45 CFR §§ 164.504(e)(2)(ii)(G) and 165.528]

I. **Governmental Access to Records.** Associate shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining Associate's compliance with the Privacy Rule. [45 CFR § 164.504(e)(2)(ii)(H)] Associate shall provide to CE a copy of any Protected Information that Associate provides to the Secretary concurrently with providing such Protected Information to the Secretary.

J. **Minimum Necessary.** Associate (and its agents or subcontractors) shall only request, use and disclose the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [45 CFR § 164.514(d)(3)]

K. **Data Ownership.** Associate acknowledges that Associate has no ownership rights with respect to the Protected Information.

L. **Retention of Protected Information.** Notwithstanding Section 3.c of this Addendum, Associate and its subcontractors or agents shall retain all Protected Information throughout the term of the Contract and shall continue to maintain the information required under Section 2.h of this Addendum for a period of six (6) years after termination of the Contract. (See 45 CFR §§ 164.530(j)(2) and 164.526(d).

M. **Notification of Breach.** During the term of this Contract, Associate shall notify the Compliance Office of the CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which Associate becomes aware and / or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. Associate shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.

Notification can occur through use of e-mail or by telephone. The Compliance Office E-mail address is CHN_Hotline@chnsf.org and the telephone numbers are: **(415) 642-5790 and (415) 252-3078.**

N. **Audits, Inspection and Enforcement Involving the Use of Protected Information.** Within ten (10) days of a written request by CE, Associate and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether Associate has complied with this Addendum; provided, however, that (i) Associate and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of Associate to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by Associate. The fact that CE inspects, or fails to inspect, or has the right to inspect, Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Associate of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under this Contract.

3. Termination.

A. **Material Breach.** A breach by Associate of any material provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract by CE pursuant to Section 31 of the Contract. [45 CFR § 164.504(e)(2)(iii)]

B. **Judicial or Administrative Proceedings.** CE may terminate this Contract, effective immediately, if (i) Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the Associate has violated any standard or requirement of HIPAA, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

C. **Effect of Termination.** Upon termination of this Contract for any reason, Associate shall, at the option of CE, return or destroy all Protected Information that Associate or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, Associate shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. [45 CFR § 164.504(e)(ii)(2)(I)] If CE elects destruction of the PHI, Associate shall certify in writing to CE that such PHI has been destroyed.

4. **Limitation on Liability.** Any limitations on liability set forth in the Contract shall not apply to the obligations set forth herein.

5. **Disclaimer.** CE makes no warranty or representation that compliance by Associate with this Addendum, HIPAA or the HIPAA Regulations will be adequate or satisfactory for Associate's own purposes. Associate is solely responsible for all decisions made by Associate regarding the safeguarding of PHI.

6. **Certfication.** To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense examine Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which Associate's security safeguards comply with HIPAA, the HIPAA Regulations or this Addendum.

7. **Amendment.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Contract may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the Privacy Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from Associate that Associate will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the Privacy Rule or other applicable laws. CE may terminate this Contract upon thirty (30) days written notice in the event (i) Associate does not promptly enter into negotiations to amend this Contract when requested by CE pursuant to this Section or (ii) Associate does not enter into an amendment to this Contract providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the Privacy Rule.

8. **Assistance in Litigation or Administrative Proceedings.** Associate shall make itself, and any subcontractors, employees or agents assisting Associate in the performance of its obligations under this Contract, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the Privacy Rule or other laws relating to security and privacy, except where Associate or its subcontractor, employee or agent is a named adverse party.

9. **No Third Party Beneficiaries.** Nothing express or implied in this Contract is intended to confer, nor shall anything herein confer, upon any person other than CE, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. **Effect on Contract.** Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA and the Privacy Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the Privacy Rule.

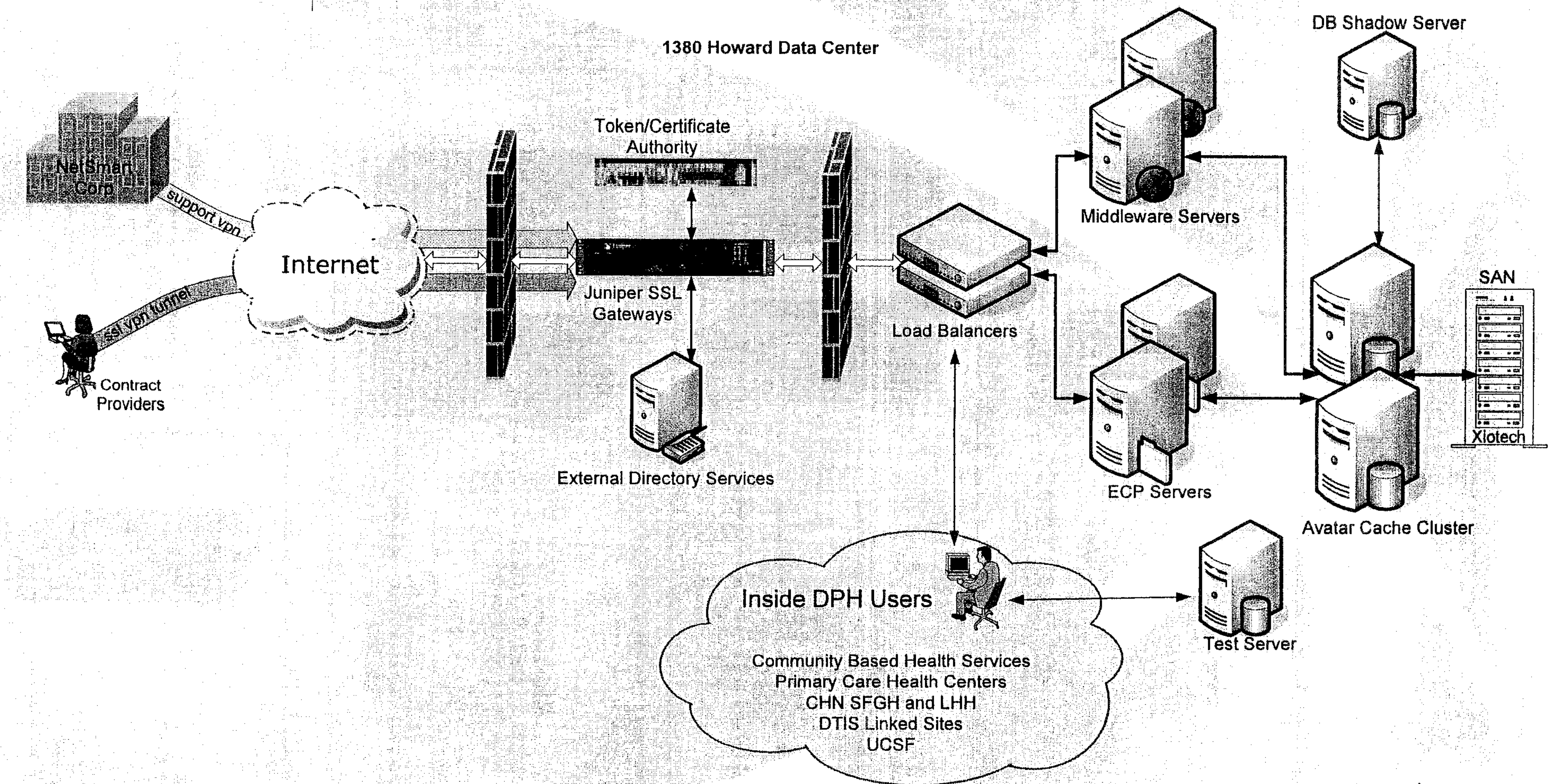
City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

SF Avatar Environment Description

Appendix F

San Francisco Health Dept.
Avatar Environment
Appendix F

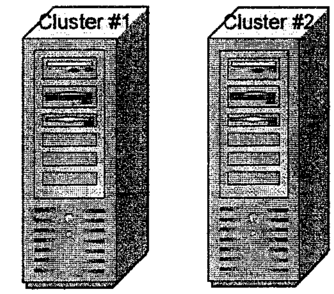


DPH NetSmart Avatar	Network Services
System Proposal For Further information please see Attachments 1 and 2	Last Modified: 3/13/2008 js Contract language added 3/14/08 JEB

San Francisco Production Server Specifications

Avatar/Cache Server Specification

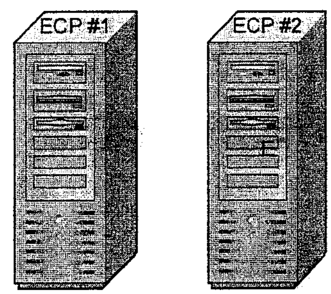
Model x3850's
4 2-Core 3.3 Ghz 16MB LC
16 GB of Memory
Form Factor of 3U
2 Power Supplies
2 73GB SAS 15K Hard drives
2 QLOGIC ISCSI PCI HBA Adapters
Windows 2003 x64 bit
3 Year ONSITE repair 24x7 4 hour response
(2 servers)



Avatar/Cache   Avatar/Cache

ECP Server Specification

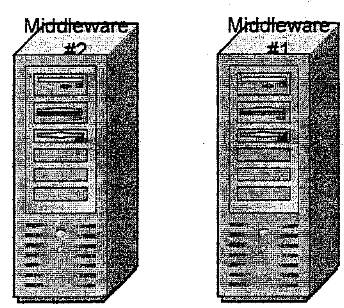
Model x3650's
2 4-Core 3.0 Ghz 8MB L2 1333Mhz 120W
8 GB DDR2 Chipkill Memory
Form Factor 2U
2 power Supplies
2 73GB SAS 15K Hot Swap Hard drives
Windows 2003 x64 bit
3 Year ONSITE repair 24x7 4 hour response
(2 servers)



ECP Server   ECP Server

Middleware Server Specification

Model x3650's
2 2-Core 3.0 Ghz 4MB L2 Cache
4 GB DDR2 Chipkill Memory
Form Factor 2U
2 Power Supplies
2 73GB SAS 15K Hot Swap Hard drives
Windows 2003 x64 bit
3 Year ONSITE repair 24x7 4 hour response
(2 servers) .

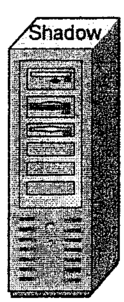


Middleware Server   Middleware Server

1. San Francisco will provide and configure VERITAS backup solution for all proposed servers
2. San Francisco will provide UPS backup solutions for all proposed servers
3. San Francisco will provide and configure Trend Anti-Virus and Malware solutions for all proposed servers
4. All proposed servers will be pre loaded with Operating Systems. San Francisco will be responsible for loading IIS on the Middleware servers
5. San Francisco will be responsible for configurin and connecting the Xiot Fiber Storage Array
6. San Francisco will be responsible for putting all equipment into System Racks
7. Netsmart will require RDP connections into all servers for Netsmart Software installation
8. San Francisco is responsible for configuring the Database Cluster through Windows Cluster Services. Netsmart will configure the Cache database cluster.
9. San Francisco is responsible for any setup/ configuration of Load Balancing Equipment

Shadow Server Specification

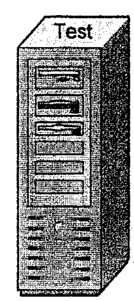
Model x3850
2 2-Core 3.3 Ghz 16MB LC
8 GB of Memory
Form Factor of 3U
2 Power Supplies
6 73GB SAS 15K Hard drives
Windows 2003 x64 bit
3 Year ONSITE repair 24x7 4 hour response
(1 server)



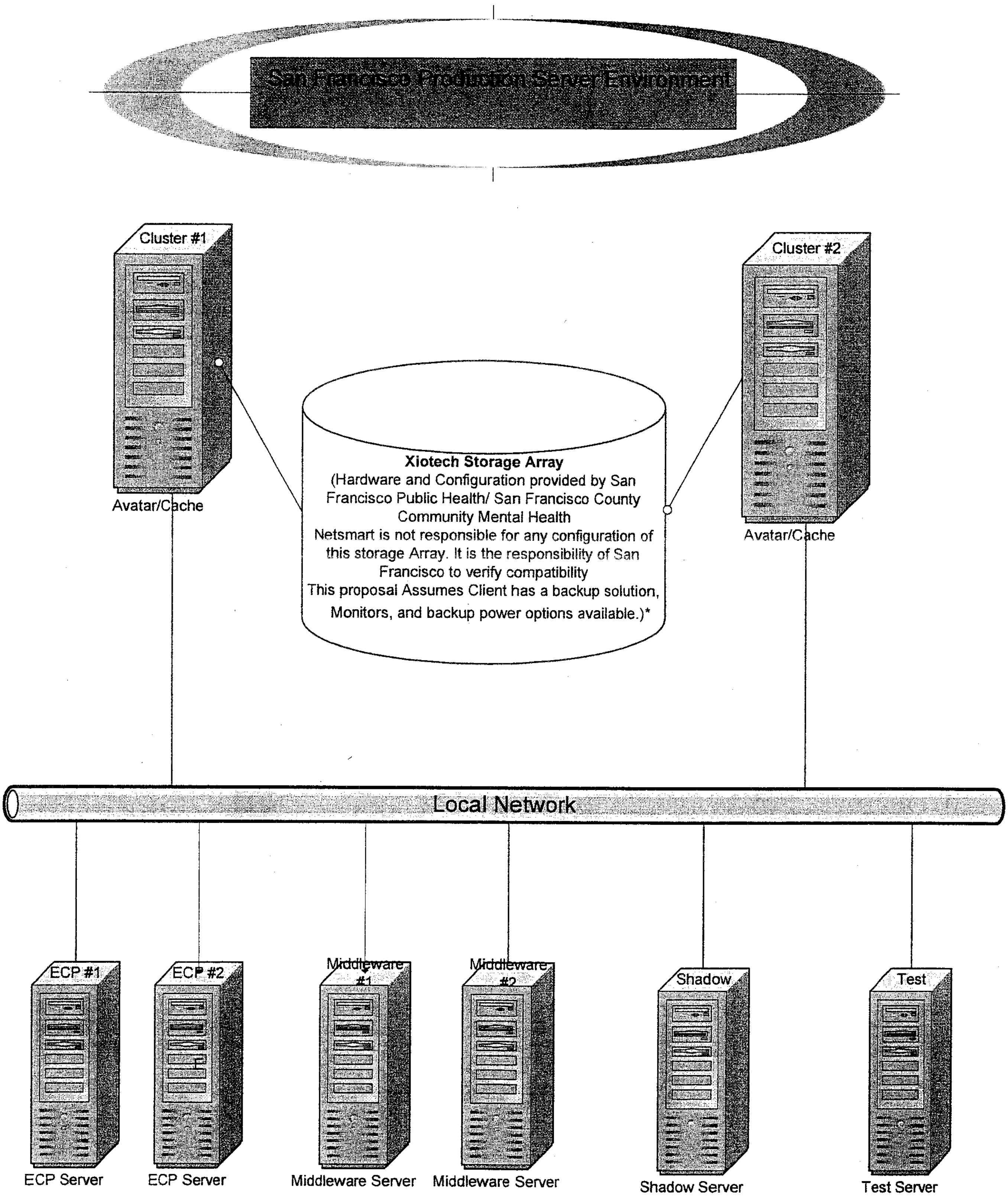
Shadow Server

Test Server Specification

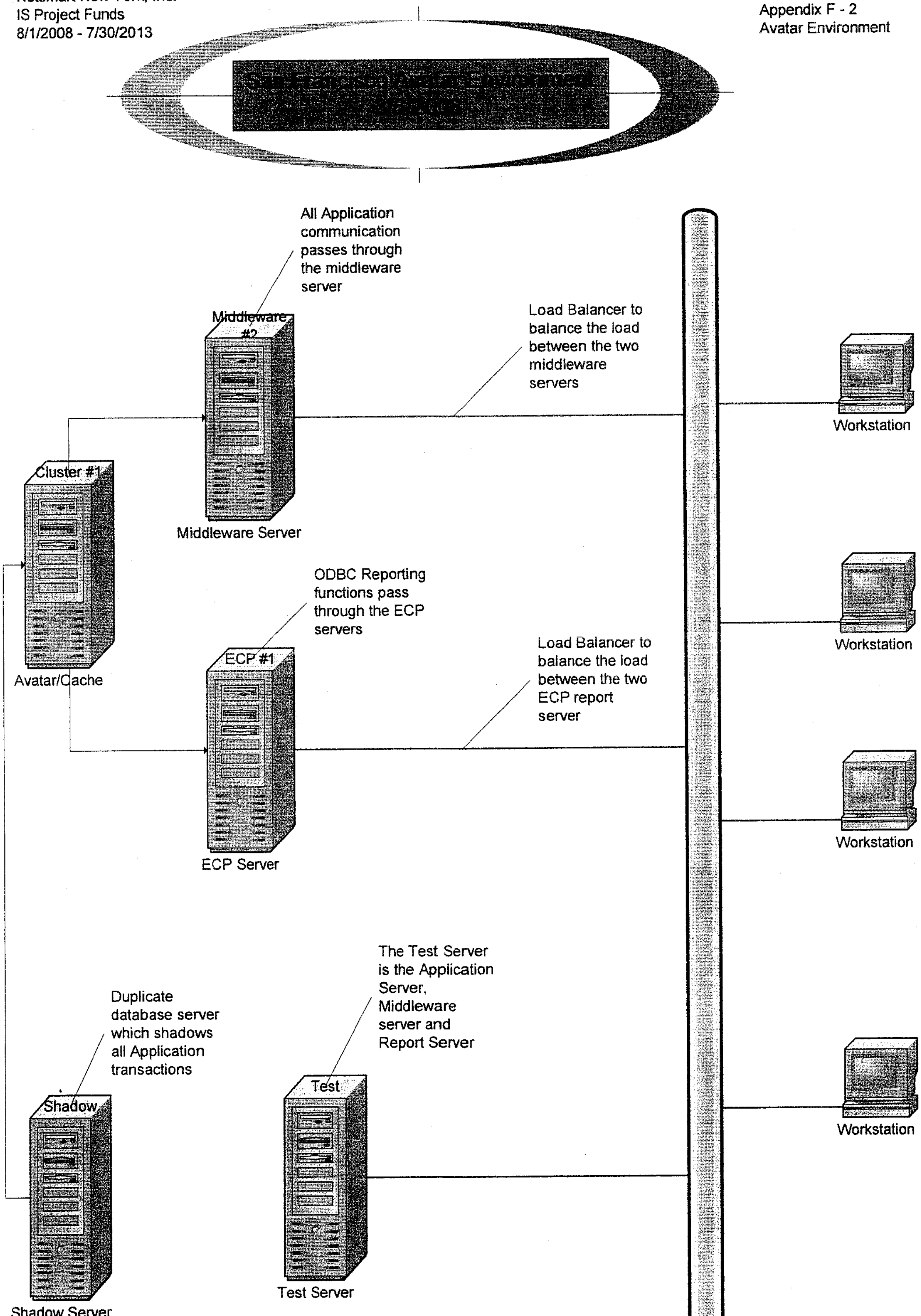
Model x3650
2 4-Core 3.0 Ghz 8MB L2 1333Mhz 120W
14 GB DDR2 Chipkill Memory
Form Factor of 2U
2 Power Supplies
8 73GB SAS 15K Hard drives
Windows 2003 x64 bit
3 Year ONSITE repair 24x7 4 hour response
(1 server)



Test Server



The Test server will run Avatar/Cache and the Middleware on the same server. Depending upon types of use, this configuration can support up to 50 Concurrent users



The Workstations will need to have Network Access to the Avatar/ Cache server. The basic communication goes through the middleware server, but there are some residual communications between the Avatar/Cache server and the workstation

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Software Licensing and Subscriptions Description

Appendix G

This document describes the Netsmart New York, Inc. software and subscription services included in the San Francisco Community Behavioral Health Services Integrated Billing and Healthcare Record System contract. All licensed software will be delivered and installed during the project initiation phase. Software and applications will be brought into production in two phases.

DESCRIPTION
Note: pricing and payment plan for the following items are located in Exhibit B.

Product	Quantity
PHASE ONE	
Avatar Practice Management [1] - 1 Licensee Database: Includes system management, client tracking, scheduling and reporting functions	1
Avatar Master Patient Index (MPI) -- software module: provides client ID management, query and generation.	1
Avatar Management of Services Organization [1] *–1 Licensee Database: Includes system management, membership management, provider management, contract management, care management, and claims processing.*	1
Clinician Workstation[1]– 1 Licensee Database: Phase One Includes system management, progress notes, treatment planning	1*
RADplus [1,2] – Named Users: Includes Avatar System access and security management, modeling, table and dictionary maintenance and ad-hoc report integration.	2,300
Avatar GLI [1,3] – 1 Licensee Database: Standard General Ledger Interface month-end file creation.	1
Avatar Executive Reporting System (ERS:) includes a number of data compiles that allows the user to customize the selection of data from the transactional database and includes a wide variety of summarized clinical and financial statistics for daily management reporting.	1
HL7 interface – standard, one-way HL7 interface	1
PHASE TWO	
Clinician Workstation[1]– 1 Licensee Database: Phase Two Includes system management, assessments, surveys and reporting functions	*
Infoscriber – Named Users: is a secure, Web-based prescribing and medication management system. This is a per-seat subscription service.	100
Avatar Data Warehouse [4] - Point in time data extracts / increments of the Avatar data model to a customer-supplied data warehouse	1
Avatar Mobile Care Manager – disconnected data collection module that synchronizes with main Avatar database up reconnection to network.	100
Web Services – bundled set of services to include RADplus modeled forms and MSO transactions (Member Enrollment/termination, Service Authorization, Batch Creation, Create Voucher/EOB, Claims Processing)	1

Notes:

1) All Avatar and RADplus Licenses will be maintained on a single application server, and in a single database environment unless otherwise stated above.
2) Requires the acquisition of commercial report-writer software. Recommended product is Business Objects Crystal Reports.
3) Development services may be required to meet specific requirements of Licensee's General Ledger application, not included herein. Additional software may be required by Licensee's General Ledger application vendor, not included herein.
4) Assumes Licensee has prior relationship with Microsoft SQL or Oracle vendor or has previously acquired the software and licenses for Microsoft SQL or Oracle. The acquisition of MS-SQL or Oracle is not included in this contract. Licensee must declare the preferred database immediately upon contract execution.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Third-Party Software Subscriptions

Appendix H

This document describes the third party software and subscription services included in the San Francisco Community Behavioral Health Services Integrated Billing and Healthcare Record System contract.

DESCRIPTION

Product	Quantity
InterSystems Single Server Caché (Enterprise Level) – Concurrent Users on a Single Server, Single Licensee Database: Database and program compiler	Up to 575
InterSystems Caché Multi-Server Server (Enterprise Level) [1] – *Second Server Environment: Synchronized Enterprise Level Database.*	Up to 575
Business Objects Crystal Report Writer Professional version 9.0[2]	0

Notes:

1 Caché and Caché Shadow License must be maintained at equal level and equal number of licensed users. Shadow Server requires the purchase and maintenance of additional hardware, which is not included herein.

2 RADplus includes functionality that requires the use of Crystal Report Writer that unless otherwise stated above, is not included in this contract. Licensee must acquire, at its expense, the appropriate licenses of Crystal Report Writer.

SUBSCRIPTION SERVICES DESCRIPTION

Product	Quantity
Wiley Treatment Plan Libraries *For up to 100 clinicians* To Be delivered in 2011 and 2012 Licensed on an annual subscription basis	1 Library, 100 named users

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Licensed Applications

Appendix I

INFOSCRIBER (MMPS) and Wiley Libraries
Licensed Applications

InfoScriber (MMPS)

		Year	Year	Year
		2010	2011	2012
Prescriber (Includes Civil Service and contractor agency providers. Includes MD, and NP classifications)	100 named-user subscriptions	Included	Included	Included
Prescriber agents (Includes Civil Service and contractor agency staff. Includes RN, LVN and other classifications authorized to transcribe, fax, phone or otherwise transmit RXs for prescribers)	100 named-user subscriptions	Included	Included	Included
Non-Prescribing Users (Includes Civil Service and contractor agency staff. Includes administrative staff authorized to view, copy, list, read or review medication information.)	100 named-user subscriptions	Included	Included	Included
System Administrator Subscription	2 named-user subscriptions	Included	Included	Included
Integration Annual Fee (data transfer mechanism from host system to InfoScriber and a datafile from InfoScriber)	Included in Annual fee	Included	Included	Included
Integration Setup	Included in first year Annual fee	Included	N/A	N/A
System Implementation and Training	Included in first year Annual fee 60 hours web based training	Included	N/A	N/A
Annual Maintenance and Support	Includes TOLL FREE User Support M-F, 5:30AM to 5:00 PM Pacific	Included	Included	Included

Wiley Libraries*

		2010	2011	2012
Users (Includes Civil Service and contractor agency staff.)	100 Named-user annual subscriptions	Not applicable	Included	Included

*Wiley Libraries subscription to start in 2011 and extend until 2012.

*Additional subscriber seats available as described in Appendix L

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Licensed Program Documentation

Appendix J

Appendix J

LIST OF LICENSED PROGRAM DOCUMENTATION

Contractor shall provide City with the Licensed Software specified in the Authorization Document, and a minimum of two electronic copies of the Software Documentation listed below. Documentation includes the versions listed below and with all updates and modifications to the documentation made in accordance with changes and upgrades to the licensed software and applications. Contractor grants to City permission to print and duplicate the Documentation for City's internal use.

TITLE	CURRENT VERSION NUMBER	REVISION DATE
❑ Avatar CAL/PM User Guide	2007	V2007 – 8/16/2007
❑ Avatar CAL/PM Welcome Guide	2007	V2007 – 6/1/2007
❑ Avatar CAL/PM Kickoff Manual	2007	V2007 – 6/1/2007
❑ Avatar CWS User Guide	2004	V2004 – 8/12/2004
❑ Avatar CWS Welcome Guide	2004	V2004 – 8/12/2004
❑ Avatar CWS Kickoff Manual	2004	V2004 – 7/20/2004
❑ Avatar MSO User Guide	2007	V2007 – 5/10/2007
❑ Avatar MSO Welcome Guide	2007	V2007 – 5/10/2007
❑ Avatar MSO Kickoff Manual	2007	V2007 – 5/10/2007
❑ Avatar GLI User Guide	2004	V2004 – 5/7/2004
❑ RADplus User Guide	2006	V2006 – 6/23/2006
❑ Setup and Utilization of Third Party Reporting Software version 6.0	6.0	V6.0 – 6/20/2002
❑ System Administration Procedures for Netsmart Systems Utilizing Cache'	Cache 5	V5 – 1/27/2006
❑ InfoScriber (MMPS) User Manual	1.0	V6.5 – 4/27/2007

Note:
2 electronic copies of all documentation will be provided with the system.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Description of Hardware, Hardware Maintenance and Warranties

Appendix K

Netsmart New York will deliver the listed hardware with operating systems installed. Software and installation keys will be provided to the City. Hardware will be delivered to coincide with project implementation.***

Model #	Manufacturer	Quantity
X3850 Form Factor 3U 4 Dual core 3.3 Ghz 16Mb LC 16 Gigabytes RAM ECC Chipkill 2 73 Gigabyte SAS 15K Hard Drives 2 Qlogic ISCSI PCI HBA Adapters 2 Power supplies Windows Server 2003 X64 R2 3 Year onsite repair 24x7 4 hour response	IBM	2
X3850 Form Factor 3U 2 Dual core 3.3 Ghz 16Mb LC 8 Gigabytes RAM ECC Chipkill 6 73 Gigabyte SAS 15K Hard Drives 2 Power supplies Windows Server 2003 X64 R2 3 Year onsite repair 24x7 4 hour response	IBM	1
X3650 Form Factor 2U 2 Quad core 3.0 Ghz 8Mb L2 8 Gigabytes RAM ECC Chipkill memory 2 73 Gigabyte SAS 15K Hard Drives 2 Power supplies Windows Server 2003 X64 R2 3 Year onsite repair 24x7 4 hour response	IBM	2
X3650 Form Factor 2U 2 Dual core 3.0 Ghz 4Mb L2 8 Gigabytes RAM ECC Chipkill memory 2 73 Gigabyte SAS 15K Hard Drives 2 Power supplies Windows Server 2003 X64 R2 3 Year onsite repair 24x7 4 hour response	IBM	2
X3650 Form Factor 2U 2 Quad core 3.0 Ghz 8Mb L2 14 Gigabytes RAM ECC Chipkill memory 8 73 Gigabyte SAS 15K Hard Drives 2 Power supplies Windows server 2003 X64 R2 3 Year onsite repair 24x7 4 hour response	IBM	1
*Total Servers		8
**Total Cost of Servers	$152,064	

*See Appendix F Chapter 2 for further technical details
** See Appendix B for payment plan
***See Appendix A for schedule

rev. 6/20/08

IBM Service Pac Warranty Description

Warranty for the hardware outlined in Appendix K, is provided for three years from purchase date and is provided directly by IBM to the City. Specific warranty will be provided at time of purchase as follows:

** Service levels are response time objectives and not guarantees; they also vary by product type - Further detail and limitations are available in the section below titled: ServicePac Part Number Information/Descriptions:*

IBM On-Site Repair (IOR) - Upon completion of remote problem determination via phone, IBM will dispatch a service technician to arrive at the customer site based on the response time purchased.

Purchase price includes Three Year, 24X7X4(Twenty -four hour per day, Seven days per week) On-site Repair with four-hour response time.

Specific part numbers and descriptions to be added at time of purchase and delivery.

IBM Maintenance Services –
ServicePac for Warranty and Maintenance OPtions

IBM ServicePac
Warranty Service Upgrade (WSU)

Supported Products List
April 16, 2008

ServicePac for Warranty Service Upgrade (WSU) Services

IBM ServicePac

Warranty Service Upgrade

Post-warranty maintenance agreement or warranty service upgrade

Which service coverage is right for your customer?

~ If your customer has an IBM machine that is out of warranty, OR they have an existing warranty service upgrade (WSU) or maintenance agreement that is about to expire, then post-warranty maintenance (MA ServicePac®) is the right choice. For details, visit **http ://www-1 . ibm.com/services/us/index.wss/so/its/a1 001480.**

~ If your customer has an IBM machine that is still within its original warranty period, then they can upgrade their service with a ServicePac WSU (see details below).

*Only available for machines released and purchased in the United States. Special Bid machines are not eligible. **All services include both parts & labor. Service period begins with the equipment date of purchase (warranty start date). Service descriptions are response objectives and are not guarantees. Prices are subject to change without notice. ***IBM or your reseller will perform selected CRU repairs at your request on the following parts only: power supply, microprocessor, heat sink, and system board. This document is published once a month. For the most recent product and pricing information, please check the Product Selector Tool which is accessible at: http://www-935.ibm.com/services/us/its/html/servicepac_americas.html Prices provided in this document are for informational purposes only and are subject to change. IBM's official pricing is provided through IBM product announcements and not through this document. Updates are indicated in blue and underlined, deletions are in red for your convenience. Data contained in this document is accurate as of April 16, 2008.

ServicePac for Warranty Service Upgrade (WSU) Services

IBM ServicePac
Warranty Service Upgrade

Overview

- Provides repair or exchange services of your customer's IBM equipment.
- Your customer can choose from a variety of service options, with coverage for parts and labor, so they can select the package with the response time that fits their needs.
- Options available are based on specific product. See supported product listing found later in this document.
- Service is only available for non-refurbished machines released and purchased in the United States. Special Bid machines are not eligible.
- Only non-configured server peripherals are eligible for warranty service upgrades.
- Service period begins with the product warranty, and includes the original limited product warranty period.
- IBM performs hardware problem determination to the component level. For non-IBM components the customer must provide the replacement part and IBM will provide the labor to replace it. If IBM has a Technical Support Agreement with the manufacturer, procurement and cost of the replacement part may also be included.
- International service is also available for ThinkPad notebooks under IBM warranty service upgrade or maintenance agreement. See the "International service for IBM ThinkPad notebooks" section found later in this document for full details.
- Service must be purchased with the product or at any time during the original product warranty period.
- Service cannot be prorated, refunded or transferred.
- ServicePac MUST BE ACTIVATED after purchase in order to use the service.
- Before helping your customer make their purchase decision, please read the "Limitations of Service" statement on page 3 of this document for important details.

- ***To purchase an IBM Warranty Service Upgrade, call toll free 1-888-SHOP-IBM, visit ibm.com, or contact your IBM Business Partner.***

*Only available for machines released and purchased in the United States. Special Bid machines are not eligible. **All services include both parts & labor. Service period begins with the equipment date of purchase (warranty start date). Service descriptions are response objectives and are not guarantees. Prices are subject to change without notice. ****IBM or your reseller will perform selected CRU repairs at your request on the following parts only: power supply, microprocessor, heat sink, and system board. This document is published once a month. For the most recent product and pricing information, please check the Product Selector Tool *which is* accessible at: http://www-935.ibm.com/services/us/its/html/servicepac_americas.html Prices provided in this document are for informational purposes only and are subject to change. IBM's official pricing is provided through IBM product announcements and not through this document. Updates are indicated in blue and underlined, deletions are in red for your convenience. Data contained in this document is accurate as of April 16, 2008.

ServicePac for Warranty Service Upgrade (WSU) Services

Service Levels

IBM onsite repair (IOR)	A service technician will come to your customer's location for equipment repair.

Service response* times

24 x 7 x 4 hou r	A service technician is scheduled to arrive at your customer's location within four hours after remote problem determination is completed. We provide service around the clock, every day, including IBM holidays.

- IBM's ability to meet response times is dependent on many factors, including but not limited to parts availability, service location, service-contract terms and the time of day the service call is received.

Limitations of service for IBM Maintenance Services – ServicePac for Warranty and Maintenance Options for PC Products

~ These services are available for machines normally used for business, professional, or trade purposes, rather than personal, family or household purposes. Not all machine types and models are covered. Service period begins with the equipment date of purchase. Service must be purchased during the original limited product warranty period. Service levels are response time objectives and are not guarantees. A service technician is scheduled to arrive at your customer's location within two or four business hours or the next business day (depending on service) after remote problem determination is completed. For the 9x5x4 hour service, calls dispatched after 1:00 p.m. local time, your customer can expect the service technician to arrive by the morning of the following business day. For non-critical service requests, a service technician will arrive by the end of the following business day. If the machine problem turns out to be a Customer Replaceable Unit (CRU), IBM will express ship the part to your customer for quick replacement. Onsite 24x7x2 hour service is not available in all locations. External peripherals, such as racks, tape drives, and channel controllers, require their own, separate service coverage, they are not covered under the attached Machine. Service activation is required immediately following purchase.

- For ThinkPad notebooks requiring LCD or other component replacement, IBM may choose to perform service at the depot repair center. For failing non-IBM components, the customer must provide the replacement part unless IBM has a Technical Support Agreement with the manufacturer. Service does not cover accessories, supply items and certain parts such as batteries, frames and covers

*Only available for machines released and purchased in the United States. Special Bid machines are not eligible. **All services include both parts & labor. Service period begins with the equipment date of purchase (warranty start date). Service descriptions are response objectives and are not guarantees. Prices are subject to change without notice. ****IBM or your reseller will perform selected CRU repairs at your request on the following parts only: power supply, microprocessor, heat sink, and system board. This document is published once a month. For the most recent product and pricing information, please check the Product Selector Tool *which is* accessible at: http://www-935.ibm.com/services/us/its/html/servicepac_americas.html Prices provided in this document are for informational purposes only and are subject to change. IBM's official pricing is provided through IBM product announcements and not through this document. Updates are indicated in blue and underlined, deletions are in red for your convenience. Data contained in this document is accurate as of April 16, 2008.

ServicePac for Warranty Service Upgrade (WSU) Services

Locations eligible for specific service options

~Onsite 24x7x2 hour service for servers and server peripherals will be provided within a 50-mile radius of the cities indicated

on the list below, based on zip code. The center point is identified by the zip code where city hall is located. All zip code zones that fall within a 50-mile radius of this center point will be eligible. You can determine if a location is within this 50-mile zone by entering the zip code of the location in question, and the nearest zip code from the list below, by using Zip Find. Zip Find can be found on the Internet at: http://zipfind.net/

Akron, OH 44308	Denver, CO 80202	Nashville, TN 37201	San Antonio, TX 78205
Albuquerque, NM 87103	Detroit, MI 48226	New Orleans, LA 70112	San Diego, CA 92101
Allentown, PA 18101	Fort Worth, TX 76102	New York, NY 10007	San Francisco, CA 94102
Atlanta, GA 30335	Greensboro, NC 27402	Newark, NJ 07102	San Jose, CA 95110
Austin, TX 78767	Harrisburg, PA 17101	Norfolk, VA 23510	Seattle, WA 98104
Baltimore, MD 21202	Hartford, CT 06103	Oklahoma City, OK 73102	St. Louis, MO 63103
Baton Rouge, LA 70816	Honolulu, HI 96813	Omaha, NE 68183	St. Paul, MN 55102
Birmingham, AL 35203	Houston, TX 77002	Orlando, FL 32801	St. Petersburg, FL 33731
Boston, MA 02108	Indianapolis, IN 46204	Philadelphia, PA 19107	Syracuse, NY 13202
Bridgeport, CT 06604	Jacksonville, FL 32202	Phoenix, AZ 85003	Tacoma, WA 98402
Buffalo, NY 14202	Kansas City, MO 64106	Pittsburgh, PA 15219	Tampa, FL 33602
Charlotte, NC 28202	Las Vegas, NV 89101	Portland, OR 97204	Toledo, OH 43604
Chicago, IL 60602	Los Angeles, CA 90012	Providence, RI 02903	Virginia Beach, VA 23456
Cincinnati, OH 45202	Louisville, KY 40202	Raleigh, NC 27602	Washington, DC 20001
Cleveland, OH 44114	Memphis, TN 38103	Richmond, VA 23219	West Palm Beach, FL 33402
Columbia, SC 29201	Miami, FL 33133	Rochester, NY 14614	Wilmington, DE 19801
Columbus, OH 43215	Milwaukee, WI 53202	Sacramento, CA 95814	
Dayton, OH 45401	Minneapolis, MN 55415	Salt Lake City, UT 84111	

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

Optional Software and Services

Appendix L

During the course of the project, the County may elect to purchase additional software and/or services from Netsmart as County needs and budgets evolve. The following Optional Services and Software are available for purchase from Netsmart. These prices are valid for 60 months from agreement date (unless noted otherwise).

Optional Software

Netsmart Software:	Unit	Price*
Additional RADplus Seats	Named User License	$800
Avatar Mobile Clinical Seats (requires CWS licenses) ΨΨ	Named User License	$498
Incident Tracking (for each CWS Seat Licensed) ΨΨ	Named User License	$ 55
Additional Root System Code ΨΨ	Instance	$10,000
Electronic Signature ΨΨ		
License (for each CWS Seat Licensed)	Named User License	$ 75
Requires Topaz Signature Devices – unit price		$560/each

On July 1, 2009 and annually thereafter, prices for all Avatar options/licenses and maintenance will increase 5% annually.

For all of the above options, Annual Maintenance: Percentage of License - 21%

Third Party Software

Intersystems Cache Enterprise Seat - Multi-Server, Single Platform (recommend one for every 4 RADplus seats)	Concurrent User License	$1,173

For Cache Licenses, Annual Maintenance: Percentage of License – 22%

Prices for all third-party software and maintenance are valid through June 30, 2009. Thereafter prices may increase as Third Party vendor(s) adjust fees.

ΨΨ NOTE: Implementation and/or Configuration Services may be required for noted software items.

Optional Services – estimates to be given as needed and requested

Netsmart On-Site Implementation and Development Services
Bundled rate (includes Travel Expenses, Minimum 8 hour blocks)
Per Hour $275

Netsmart Off-Site Development Services
Per Hour $225

On July 1, 2009 and annually thereafter, prices for all services will increase based on annual adjustments to the CPI.

Subscription Services
InfoScriber

Product Description	Units	Cost
Subscriptions		
Prescriber FTE **monthly** subscription – (Includes licenses and support for 1 prescriber FTE, one prescribing agent named user, and 1 non-prescribing named user)	1-30	$70.00 / prescriber
	31-60	$65.00 / prescriber
	61-90	$60.00 / prescriber
	91-120	$55.00 / prescriber
	121-150	$50.00 / prescriber
	150+	$45.00 / prescriber
Additional Prescriber Agents users **monthly** subscription for each named user registered. This category includes those user types that can generate a prescription in the application (whether for a prescriber or for data entry purposes). These include: Data Entry Data Conversion Nurse-RN Nursing-Other	1-10	$15.00 / user
	11-30	$13.50 / user
	31-60	$12.75 / user
	61-90	$10.00 / user
	91-120	. $8.00 / user
	120+	$6.50 / user
System Administrator **monthly** subscription (minimum of one per facility)	Each	$15.00 / user

Non-prescribing users **monthly** subscription for each registered non-prescriber named user. This category includes the user types: (1) Non-Prescribing User; (2) Snapshot Viewer user	1-10	$5.00 / user
	11-30	$4.00 / user
	31-60	$3.00 / user
	60+	$2.00 / user
Data Transfer/Integration Services		
Avatar Integration Application Annual Fee (ongoing data transfer to InfoScriber from Avatar and web service sending data from InfoScriber to Cache database)		$7,500.00
Integration Setup Fee (one time)		$4,500.00

Toll-Free Member Support: 8:30 am EST to 8:00 pm EST, Monday through Friday
Travel expenses will be billed as incurred.

On July 1, 2009 and annually thereafter, prices for Subscription (InfoScriber, Netsmart University, etc.) Services, will increase 5% annually. Prices for all services will increase based on annual adjustments to the CPI.

City and County of San Francisco
Department of Public Health
Community Behavioral Health Services

Integrated Billing and Healthcare Record System

NetSmart RFP Specifications Worksheet Response

Appendix M

General System Specifications

The Behavioral Health electronic record ties client registration and eligibility information to all aspects of the client record. The electronic record facilitates accurate selection of the correct client record, without duplication, at each point in the client care process. The registration and eligibility module captures and makes available, where needed in the process, demographic and insurance coverage information. The clinical information module triggers or generates authorization, claims, and billing functions without duplication of data entry.

General system requirements are those aspects of the computer system that make it workable for al end users. In general, all users will be required to use appropriate log-in names and passwords, all users will want to use familiar screen navigation techniques, and all applications used and supported in DPH must provide for levels of security and information protection mandated by HIPAA and consistent with the California Counties Security Best Practices recommendations and California Medical Records law.

General attributes describe the user interface for clinical staff, clerical staff and other end users of the system. The system finally selected will provide basic standard reporting functionality that will be common to all users. Data integrity must be addressed for all levels of records and users, data archiving, disaster planning and recovery, and system security are required attributes for all parts of the system.

Information systems storing or transmitting protected health information must provide for compliance with all applicable HIPAA regulations.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP)	2,1 (-2)
Date/time/User	Auto assign date/time/author of all notes and entries	RR	☑
	Permit entry of original author name with alternate data entry ID	RR	☑
	User defined, limited lists where appropriate	RR	☑
	Check boxes: selections create full text statements reflective of accepted definitions or terms	RR	☑
Text Fields	Text fields able to search on key terms	RR	☑
	Text fields relate to section entered	RR	☑
	Text fields have spell check and word processing assigned	RR	☑
	Data fills into reports printable as standard, recognizable forms	RR	☑
Standardized Forms	All Standardized forms capture client identification information	RR	☑
	Standardized forms and reports are printable from clinician work station	RR	☑
Available on clinician desktop	Low profile or flat screens mounted at desktop level for ease of viewing with minimal interference with the clinician to client interface.	PP	☑
	Recognizable Windows or Web based screen formats	RR	☑
	Sufficient power to create efficiencies in documentation time	RR	☑
	Ergonomic workstation configuration	RR	☑
User Interface	The system should be designed in such a way that the end user only needs to travel through a minimum number of screens to perform functions.	RR	☑
	The sequence of data appearing on the screen must correspond to the logical business sequence and availability of data to provide for efficient data entry and review.	RR	☑
	Single screen access to all sections of the client record	RR	☑
Provides for multiple types of interface	Touch pen	PP	☑
	Voice activation	PP	1*
	Point and click responses	RR	☑
	Minimal text typing	PP	☑
	Permits use of key stroke combinations and shortcuts as well as mouse navigation	RR	☑
Adaptable to remote access	Dial up	RR	☑
	Remote telecommunication	RR	☑
	Lap top or PDA amenable	PP	☑
Interface customizable by clinician	Permit as much or as little text typing as preferred by the clinician	PP	☑
	Ability to customize screen layouts to fit individual skills and needs	RR	☑
	Customize screens by work group	PP	☑
	Customization includes ability of users to create new fields and include them on screens.	PP	☑
	Able to report from new fields	RR	☑
Intuitive Access to functions	· Button and Tab labels customizable to the organizations terminology	RR	☑
	Able to SAVE work at every level	RR	☑
User Defined Fields	Limit access to lists maintenance	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP)	2,1 (-2)
	Provide ability to upload or update form external sources	RR	☑
	Provide ability to designate mandatory	RR	☑
	Provide ability to designate default values	RR	☑
	Reportable	RR	☑
	Local control and update available	RR	☑
Outcomes data retention	Data fields in all modules should provide ability for program to assign data collection and retention criteria	RR	☑
	Provide ability to assign fields as collect at admission, discharge and periodic intervals	RR	☑
	-periodic intervals defined by user and cutomizable by field	RR	☑
	Reportable	RR	☑
	Local control and update available	RR	☑
SECURITY, PRIVACY, CONFIDENTIALITY		**(See HIPAA Security Requirements)**	
Secure Network functionality:VPN allows all necessary controls	Access to interfaces such as prescription writer, laboratory test ordering and review, and expert knowledge based/decision support information from a single screen	RR	☑
Prevent	Virtual Private Network or	RR	☑
being illegally	Secure network with audit trails	RR	☑
diverted	Configurable backup with off-site storage, user defines frequency	RR	☑
User Authentication	Positive user identification through electronic fingerprinting or other biometrics	RR	1*
	Authentication, positive provider identification	RR	☑
Electronic Signature	Meet HIPAA requirements	RR	☑
Limit and Track	Encrypted transactions (if Web enabled)	RR	☑
WHO sees WHAT	Audit logs capture every incursion into the clinical record including read only	RR	☑
	Require users to justify (within the system) any review of, or entry into, records not specifically within their routine client population. Permit pre-approval of designated emergency and one time consultations.	PP	☑
	Sufficient granularity in security functions to permit identification of who should have access, at what level access, field by field.	RR	☑
	Audit trails maintained and archivable with redundant, off-site back up capability	RR	☑
REPORTING			
System generated reporting	Individual client summary available, customizable	RR	☑
	Report parameters able to be set by user	RR	☑
	Aggregate client data reports for all areas	RR	☑
	Graphics capabilities	PP	☑
Ad Hoc Reporting	Tools permit end-users to generate customized queries and reports	RR	☑
Export function	Enable export of data to other data bases or management applications (e.g. Access, Excel)	RR	☑
DATA INTEGRITY			
Positive client identificatin	Unique client identifier based on three or more parameters.	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP)	2,1 (-2)
	Link all components of the client record, without duplicate data entry	RR	☑
Meet statutory requirements for medical records confidentiality	Facilitate off-site storage of redundant back-up	RR	☑
	Retrievable records back-up	RR	☑
	Retrievable storage of inactive record with ability to purge or destroy records according to State law	RR	☑
Data authentication with alerts	User alerts regarding duplicate records or duplicated identification numbers	RR	☑
Control editing of clinical information per medical records requirements.	Auto assign author identity to notes when user is same as signatory	RR	☑
	Allow for author *co-signature* over agent name and identification when user is not same as signatory.	RR	☑
	Allow changes by original author only, prior to authentication. Retain original notes and display changed item or text	RR	☑
Maintain audit logs to capture all edits	Audit log backup, storage and retrieval with original record for the life of the record	RR	☑
Retain logs	Facilitate retention of all data related to the clinical record, including audit logs, for the entire period of records retention as dictated by California Medical Records law.	RR	☑
Incorporate HIPAA regulations	Anticipate full compliance with HIPAA transactions and code sets, security, and privacy standards.	RR	☑
Disaster Planning	Provide redundancies and backup plans to minimize downtime and information loss	RR	☑
	Facilitate off site backup to facilitate data retrieval and disaster recovery.	RR	☑
	The system must provide for direct replication or transactional journaling to guarantee rapid and complete data recovery and resumption of critical business functions in the event of system failure.	RR	☑
Internal email	Provides internal, secure, integrated email mechanism to facilitate commuincation of patient information among users	RR	☑

Requirement	Attributes	Required (RR) Preferred (PP)	2,1 (-2)
	Items marked as 2 indicated by Check as included		
Your information system enables, supports, or facilitates the following HIPAA security and best practices requirements			
Authentication	Unique individual identifier for each user	RR	☑
	Automatic logoff after specified time	RR	☑
	Change passwords often (enforced by system)	RR	☑
	System generates random password	RR	☑
	Weak passwords not allowable	RR	☑
System supports the following:	System stores password encrypted	RR	☑
	Single-use or token based passwords available	PP	☑
	Token card plus password or PIN	PP	☑
	Biometric (fingerprint/smart card, retinal scan, etc.)	PP	1*
	Caller-ID verification of remote location	RR	☑
	Telephone callback for remote users	PP	☑
	Application of different security for terminals/PCs in different locations	PP	☑
	Cancellation of access when an employee leaves or	RR	☑
Supports Access Controls	Access control list for each file or database	RR	☑
	Access control lists UserID based	RR	☑
	Role based access profiles	RR	☑
	Access overrides for emergencies	PP	☑
	Integrate with Active Directory for single logon capabilities	RR	☑
Multiple parameter access controls including:	Gross granularity control (Screen based, or application based)	RR	☑
	Medium granularity control (Record based, or role based algorithm)	RR	☑
	Fine granularity control (Field based, or UserID based algorithm)	RR	☑
	Multiple parameters (e.g. UserID, role, physical location, function, etc.)	RR	☑
Monitoring Acces	System imposed audit trails	RR	☑
	Software controlled audit trails	RR	☑
	Transaction log audit trail	RR	☑
	File level audit trail	RR	☑
	Record level audit trail	RR	☑
	Field level audit trail	RR	☑
	Write or change data audit trail. Shows all items changed, date , time, by whom	RR	☑
	Read, display, print data audit trail	RR	☑
	Automatic display of "last access" to the next user, to allow self-audit by all users.	RR	☑
	Displays edits or visibly flags records that have been edited	RR	☑
	Periodic management reports of edits to validated records	RR	☑
	Periodic management reports of exceptions	RR	☑
	Periodic management reports of all access	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP)	2,1 (-2)
Monitoring of Integrity of Data	Document integrity checking system	RR	☑
	Digital signatures applied to documents	RR	☑
	Monitor integrity of backup media	RR	☑
	Encrypt/sign database contents	RR	☑
	Checksum or signature protection of critical files	RR	☑
	Validation of data by clinical users	RR	☑
	Allow changes to data validated by clinical users by original author only	RR	☑
	Provides temp file to allow data edits until final validation	RR	☑
	Audit logs maintain original data with change log	RR	☑
System Discipline and Assessment	System functionality is not adversly affected by commonly used Virus checking of all files	RR	☑
Your web enabled system supports	Use of firewall for Internet access	RR	☑
	Encrypted Virtual Network for Internet users	RR	☑
	Department limitation to use of the Internet to USA remote sites	RR	☑
	Strong encryption required for Internet and Extranet users	RR	☑
	Authentication and Digital signatures required for Internet and Extranet users	RR	☑
	Dial-in protections (e.g. Caller-ID, callback, encryption)	RR	☑
	Mobile access (laptop/handheld) physical protection and data encryption	RR	☑
	Healthcare data over Infrared or Radio links encrypted and authenticated	RR	☑
	Control IP addresses, prevent IP spoofing	RR	☑

☑ Marked as 2 by Netsmart
*See Appendix A- 2 for disposition of items marked 1, development needed

Registration Requirements and Specifications

The Registration module provides the basic client record upon which all components of the Behavioral Health Services (BHS) records are built. The Registration module must provide easy to use, rapid access, at the point or service for every behavioral health program and provider. Registration must be program neutral to allow global BHS use of a single registration component without compromising confidentiality of protected health information.

Registration provides for positive identification of a client and establishment or insertion of the unique client identifier in conjunction with the Department of Public Health EAD. It facilitates identification of payor sources for clients and provides information required for accurate State and Federal reporting. Registration also provides the demographic information required for the provision and analysis of culturally competent client services, and the recruitment of culturally competent providers. User defined registration fields must link to mandated reporting and be included in guarantees for meeting regulations.

The Registration module must provide for view, add, edit, and delete functions for new and existing registrations according to authorized security clearance. The Registration module should permit assignment of permissions for view, add, edit, and delete at the field level, based on location, individual, group, and role definitions. Registration is used by all of the following:

- Clerical support staff
- Licensed and unlicensed clinical staff
- Central Registration and Billing Unit staff

The Registration module must provide a system of alerts and reminders based on workflow and client movement through the system that will prompt clinicians and clerical personnel to enter complete information, and to update information based on user defined schedules.

Registration functionality is mandated by mental health and substance abuse treatment standards and regulations. This functionality is regulated by County, State and Federal governing agencies and is necessary for the generation of mental health and substance abuse revenues. It is directly related to the provision of comprehensive, quality patient care.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Call Center and Non-Member Temporary Registration			
Advanced/open access	Provide look-up and temporary registration for all calls	RR	☑
	Log call start time	RR	☑
Potential client call (Access) tracking	Log call end time	RR	☑
	Log call transfers	RR	☑
Intake/referral	Link initial call to referrals and authorizations	RR	☑
Caller Information	Client Y/N If No:	RR	☑
	+Name	RR	☑
	+Relationship to client	RR	☑
Initial screening	Client problem	RR	☑
	Client history	RR	☑
	Client symptomology	PP	☑
	Client requests	RR	☑
	Clinical Notes Available	RR	☑
	+Notes available to clinical module(phase þ)	PP	☑
	+Provide clinician alert function	RR	☑
	Call disposition	RR	☑
	Client referral information	RR	☑
Reports from Access tracking	Report call durations	RR	☑
	Report call transfers	RR	☑
	Report dropped calls	RR	☑
	Report time from initial contact to first visit	RR	☑
Client Locator	Permit search on:	RR	☑
	Last or First, Partial names	RR	☑
	SSN, Partial SSN	RR	☑
	Unique Client Identifier	RR	☑
	External Identifiers	RR	☑
	date of birth	RR	☑
	ethnicity	RR	☑
	gender	RR	☑
	Soundex search on name	RR	☑
	Display search results with name, SSN, date of birth, ethnicity, gender, alias names	RR	☑
	Provide mechanism to block display based on consents and sensitive services assignment	RR	☑
	Search results do not show program affiliation	RR	☑
Registration			
Date/time of registration encounter	Default to now, permit change	RR	☑
	Date and Time are separate fields	RR	☑
Place of registration encounter	User defined list	RR	☑
Type of registration encounter	User defined list	RR	☑
Client Type	New (Pending)	RR	☑
	Return (Update)	RR	☑
	Provide alert for periodic updates (Based on program requirements)	RR	☑
Client Identifiers	Corporate Identifier	RR	☑
	Auto-assign - fill from EAD	PP	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	
			2,1 (-2)
	Permit assignment of temporary client number pending completion of registration.	RR	☑
	§ Cross reference temporary number	RR	☑
	§ Provide reports, alerts of temporary numbers not adjudicated within 7þ hours	RR	☑
Other identifiers	Permit one to many relationship with client system identifiers for:	RR	☑
Cross reference to legacy system ID	§ Mental Health client number (currently MH BIS client number)	RR	☑
	§ Substance Abuse client number (currently SA BIS client number)	RR	☑
Financial Acount	§ Financial account number cross reference	RR	☑
	Manage current or replacement HL7 interface to link to EAD Corporate ID or use Corporate ID	RR	☑
	Insert Corporate ID	RR	☑
Client External Identifier Type	User defined list	RR	☑
	Permit multiple types (i.e. Medi-Cal or Medi-Care number)	RR	☑
	Link to Client Insurance module	RR	☑
Primary Care Provider (PCP)	PCP Name	PP	☑
	Link to PCP contact information	PP	☑
	PCP function permits documentation of consultation notes or selection of not contacted	PP	☑
	PCP not contacted indicator	PP	☑
Client Legal Name	Legal Last Name	RR	☑
	Legal First Name	RR	☑
	Legal Middle Name	RR	☑
	Generation	RR	☑
Client Birth Name	Birth Last Name	RR	☑
	Birth First Name	RR	☑
	Birth Middle Name	RR	☑
Alias Name	Permit entry of multiple last, first, middle names	RR	☑
	Cross reference all names	RR	☑
	Search alias names upon client search	RR	☑
	Flag alias names	RR	☑
	"Prefers to use" name designator	RR	☑
John/Jane Doe Tracking	Flag John/Jane Doe charts	PP	☑
	Permit entry of approximate age	PP	☑
	Permit entry of description	PP	☑
	Permit merge of records when client is identified	PP	☑
	Retain John/Jane Doe history	PP	☑
	Provide reports for John/Jane Doe tracking	PP	☑
Date of Birth	Pre-format mm/dd/yyyy	RR	☑
	Not greater than today	RR	☑
Age	Calculated from DOB-auto-fill	RR	☑
	Not less than 1 year	RR	☑
	Retain age at registration	RR	☑
		RR	
Client Service Age Range	Calculated from Age	RR	☑
	Auto-fill	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Caregiver	User defined list	RR	☑
	Require current caregiver information for child in Client Relationship module	RR	☑
Social Security Number (SSN)	Nine character, preformatted to SSN.	RR	☑
	DO NOT permit entry of duplicate SSN	RR	☑
Child of	Permit override of duplicate SSN lockout with "Child of" designator	RR	☑
	Provide alert to duplicate SSN	RR	☑
	Show client name, DOB, sex, ethnicity for original SSN holder	RR	☑
	Permit entry of unknown	RR	☑
	Provide reports of unknown SSN	RR	☑
	Link to DHS SSN application process	RR	☑
Pending/Pseudo SSN	Permit entry of "Pending SSN", 8 numeric characters with terminal alpha character	RR	☑
	Provide report of unknown SSN (Pending SSN, may be called pseudo number. Pseudo number may be assigned for sensitive services)	RR	☑
	Provide report of "pending" SSN	RR	☑
	§ Permit correction to "Final" SSN	RR	☑
	§ Retain history of "pending" SSN	RR	☑
	§ Permit search by SSN to find "pending"	RR	☑
	Permit entry of unknown	RR	☑
Gender	User defined lists	RR	☑
If Female: Pregnant	Y/N	PP	☑
Ethnicity	User defined list	RR	☑
Ethnicity Category	User defined list linked to Ethnicity	RR	☑
	Manage roll-up of ethnicity, by category, to meet State and Federal reporting requirements	RR	☑
Race	User defined lists	RR	☑
Race Category	User defined list linked to Race	RR	☑
	Manage roll-up of race, by category, to meet State and Federal reporting requirements	RR	☑
Hispanic Origin	Yes/No	RR	☑
	State reporting requirement	RR	☑
	{May change based on HIPAA requirements}		
Primary Language	User defined list	RR	☑
Secondary Language	User defined list	RR	☑
Language spoken at home (or by family)	User defined lists	RR	☑
Language Categories	User defined list linked to all language fields	RR	☑
	Manage roll-up of language to meet State and Federal reporting requirements	RR	☑
	(i.e. categories such as Chinese designated for Mandarin, Cantonese)	RR	☑
Client Relationship	Name	RR	☑
Client Relationship type	User defined list	RR	☑
Children	Require entry of current caregiver	RR	☑
	Require entry of parent or legal guardian	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
for each relationship	Relationship valid from date	RR	☑
	Relationship valid to date	RR	☑
	Retain relationship history	RR	☑
Relationship Information	Address	RR	☑
	City	RR	☑
	State	RR	☑
	ZIP	RR	☑
	Home Phone	RR	☑
If Guarantor	Work Phone	RR	☑
	Other Phone	RR	☑
	SSN	RR	☑
	DOB	RR	☑
Relationship Employment	Link to Insurance Module	RR	☑
If Guarantor	Relationship information links to client accounting	RR	☑
Mother's First Name	15 character text	RR	☑
	{May change based on HIPAA requirements}	RR	☑
Place of Birth	Six character code	RR	☑
	{May change based on HIPAA requirements}	RR	☑
Marital Status	User defined List	RR	☑
Education Level	User defined list	RR	☑
Religion	User defined list	RR	☑
Client Address Type	User defined list	RR	☑
	(Homeless, residential care facility name, residential hotel name fills, default to Personal Residence)	RR	☑
Client Street Address1	Street number and name	RR	☑
Client Street Addressþ	Apartment, Room, Suite number, Limit to list	RR	☑
Client City	Default to data entry location	RR	☑
	Auto fill from ZIP	RR	☑
Client State	Default to data entry location	RR	☑
	Auto fill from ZIP	RR	☑
Client ZIP	Five digit with four digit extension	RR	☑
	Provide ZIP search based on Street Address1	RR	☑
	Auto-fill City, State, Area Code	RR	☑
Client Home Phone	Pre-formatted to phone number	RR	☑
	Auto-fill Area Code based on ZIP	PP	☑
	Permit entry of unknown	RR	☑
Client Work Phone	Pre-formatted to phone number	RR	☑
Client Other Phone	User defined list	RR	☑
	Pre-formatted to phone number	RR	☑
Address Valid dates	Valid From	RR	☑
	Valid To	RR	☑
	Permit change of address	RR	☑
	Retain address history	RR	☑
Referred from	User defined list (court. Probation. Parole, etc)	RR	☑
Client Permissions ans Consent	Retain electronic signature for consents	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	Provide alerts and blocks based on client consent status for all related functions	RR	☑
Sensitive information may be completed by clinician and should be added to clinical module			
Sensitive information must be protected at the field level			
Admission Legal Status	User defined list	RR	☑
Sexual Orientation	User defined CCSF specific field	RR	☑
	Coded single character	RR	☑
Veteran	Yes/No CCSF specific field	RR	☑
Year of entry to US	CCSF specific field	RR	☑
Other Issues	User defined CCSF specific field	RR	☑
	Coded single character	RR	☑
Disability	User defined list	RR	☑
Living Situation			
For each situation category provide:	Situation valid from date	RR	☑
	Situation valid to date	RR	☑
	Permit change of situation	RR	☑
	Retain situation history	RR	☑
Living Situation Category	User defined list: Provide update alerts for each client encounter	RR	☑
Living Situation Type	User defined list	RR	☑
Housing situation category	User defined list.	RR	☑
Housing situation	User defined list	RR	☑
	Link to address type	RR	☑
Financial Situation	User defined list	RR	☑
Support Available	User defined list	RR	☑
	Link to clinical module	RR	☑
	Provide clinician alerts for designated categories	RR	☑
LINKS	Provide easy access to MH or SA admission notes	RR	☑
	retain client data	RR	☑
	based on user permissions and client attributes	RR	☑

☑ Marked as 2 by Netsmart

*See Appendix A- 2 for disposition of items marked 1, development needed

Eligibility Specifications

It is the mission of Community Behavioral Health Services to provide Mental Health and Substance Abuse services to San Francisco residents regardless of ability to pay. The Eligibility module is fundamental to this mission. Included in the eligibility process is verification of residency, determination of benefits a for which a client may be eligible, the client's relevant documentation of payor financial information and calculation of ability to pay and determination of third party payor source(s) for which the client may be eligible.

Functionality to be provided in the Eligibility module includes the ability to separately assign user permissions to view, add, edit, and delete information at the record, screen and field levels. These functions, accessible at all end user locations and compliant with HIPPA security regulations, will also operate in conjunction with levels of user authorization and access. The following personnel will use the Eligibility module:

- Clerical Support Staff
- Licensed and unlicensed clinical staff
- Billing and Claims Unit Staff
- Fiscal Unit Staff
- Administrative and Quality Management staff

Currently, the systems and/or agencies used to serve as our eligibility component are: InSyst, eCura, MEDS, EDS, DHS/SSI/GA, Drug MediCal, and the Drug Courts. Eligibility information is integral to billing, reimbursement, provider selection and provider payment. Client eligibility information must be reassessed annually, or when client information changes. Eligibility must be determined prior to service authorization and requires documentation of Payor Financial Information (PFI). MediCal eligibility records must be updated every month for active clients.

Assumptions for the eligibility module:

1. Eligibility information will be processed in HIPAA compliant format.
2. State forms and data element requirements will remain consistent for SA and MH.
3. System allows flexibility to change elements, definitions, and interface based on State and other governing agency requirements.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Eligibility and HIPAA			
Payor Financial Information	Payor may be client	RR	☑
	Payor may be relationship to client	RR	☑
PFI automatically populates from registration	Define payor relationship under relationship	RR	☑
	PFI prints one page form to be reviewed and signed by client at time of registration. (See PFI form)	RR	☑
	Provide on-line client signature to electronic record	PP	☑
	Store electronic signature with PFI file	PP	☑
	PFI prints report to be sent to or reviewed by client for yearly update and if client financial situation changes	RR	☑
Insurance Interface			
MEDS	Auto search on SSN, name, permit further searches as provided by MEDS	RR	1*
	Permit check of multiple months as provided by MEDS	RR	☑
	State MEDS system automatic client search	RR	☑
MMEF	Monthly MEDS Eligibility File (MMEF) processing:	RR	☑
	upload eligibility for registered clients	RR	☑
	report partial matches (maintain partial match file for clearance and upload)	RR	☑
	report of clients with other health coverage (OHC)	RR	☑
	Look-up and Clear Share of Cost online	RR	☑
MediCare	Link to provider module to alert to provider MediCare certification	RR	☑
Other Insurance	Provide link to (insurance carrier elig IS)	PP	☑
for each other insurance:	Provide auto update of special coverage (Healthy Families, FMP, etc)	RR	☑
Eligibility status valid from date from client Insurance	mmddyyyy	RR	☑
Eligibility status valid to date from client insurance	mmddyyyy	RR	☑
	Provide sole source insurance management with coordination of benefits	RR	☑
Eligibility Inquiry	Support HIPAA compliant Eligibility inquiry using		☑
	Eligibility benefit INQUIRY - ASC X1þN (þ70)	RR	☑
Eligibility Benefit Information	Eligibility benefit INFORMATION - ASC X1þN (þ71)	RR	☑
Authorizations	provide for documentation of authorization to treat by insurer	RR	☑
Denials of service	Track denials of service by insurer for resubmission per user defined rules	RR	☑
Payor Financial Information (PFI)			
Date PFI completed	Default to today	RR	☑
	Provide alerts at registration at one year to review and update PFI information	RR	☑
	Permit edit	RR	☑
Client Occupation	Or check NONE	RR	☑
Client Employer/Labor Union	Or check NONE	RR	☑
Service connected Illness	Yes/No	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Veteran Claim number	If service connected illness =Yes	RR	☑
Client is Medi-Cal Eligible	Yes/No	RR	☑
Client referred to Medi-Cal	Yes/No	RR	☑
	Link to eligibility worker scheduling ideal	PP	1*
Client source of income	User defined pick list	RR	☑
	Allow more than one response	RR	☑
	Permit entry of other	RR	☑
	Identify other	RR	☑
Gross monthly Income per source	Able to enter income amount for each source	RR	☑
	Calculate total Gross monthly income	RR	☑
	Auto link to DHS SSN verifies income or alerts to discrepency	PP	1*
Allowable Assets	User defined allowable asset list	RR	☑
	User enter value for each asset	RR	☑
	Calculate subtotal asset value	RR	☑
	Calculate allowable asset from State provided schedule	RR	☑
	Calculate monthly asset amount from asset allowable deduction and asset subtotal	RR	☑
Allowable Expenses	User defined allowable expenses list	RR	☑
	User enter value for each expense	RR	☑
	Calculate total allowable expenses	RR	☑
Adjusted monthly income	Determines client responsibility based on UMDAP (Uniform method to determine ability to pay) calculation	RR	☑
	Calculate total:	RR	☑
	Gross Income plus Asset Amount minus Allowable Expenses	RR	☑
Number of persons depenent on income		RR	☑
Client Annual UMDAP responsibility	Calculated from State provided poverty level schedule based on adjusted monthly income and number of persons dependent on income	RR	☑
Client Annual UMDAP Effective Date	mm/yy	RR	☑
	Provide alert at registration when UMDAP payment due	RR	1*
	Provide alert when client income or insurance information changes to renew UMDAP/PFI	RR	☑
	Tie UMDAP date to clinical anniversary date	RR	☑
	Provide mechanism for billing client appropriately adjusted UMDAP	RR	☑
Manage State schedules	Sliding scale calculation	RR	☑
Client Employment Type	Coded list (may change with HIPAA)	RR	☑
Primary Income Source	Coded list (may change with HIPAA)	RR	☑
Clinician Adjustment of UMDAP	Clinician Name (Enter author, permit change)	RR	☑
Clinician Name	Enter author if among authorized, licensed clinicians from provider module, permit change	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Date UMDAP adjusted	mmddyyyy	RR	☑
Adjustment Reason	Text box, word processing capabilities, link to clinical treatment plan	RR	☑
Adjustment amount	currency	RR	☑
	fills to annual UMDAP update, requires review at each visit	RR	1*
Reports	Provide PFI and UMDAP due reports to primary treatment facility	RR	☑
Verification	Allow swipe card and/or link to web based insurance verification programs to verify inusrance	PP	1*
	Enter insurance data from card/program to populate appropriate fields	PP	☑

☑ Marked as 2 by Netsmart
*See Appendix A- 2 for disposition of items marked 1, development needed

Insurance Specifications

The Insurance Module is essential to Behavioral Health's policy of maximizing 3rd party payor source reimbursement. Approximately 64% of our client's are insured by MediCal. It is the largest source of Mental Health reimbursement. For Substance Abuse, MediCal is the only third party payor aside from several Federal and grant funded programs. An essential component of the Insurance Module is that it must be capable of automatically identifying--either manually or via swipe card—all of a client's third party payor sources. It must also be able to populate the appropriate system screen or screens with the data elements necessary to properly bill the individual client's guarantors.

Given that Behavioral Health clients often have MediCal eligibility established after they have applied, and are oftentimes MediCal eligible prior to the date of their actual application, it is essential that electronic matches between the BHIS data base and official State and Federal databases are run as often as possible. These matches must not only be able to capture retroactive eligibility by automatically populating the appropriate data fields; they must also be able to identify partial matches, whose data is then formatted into organizational reports. In the process, when eligibility information is retroactively applied, the applicable Late Reason Code must be automatically written into the client record to ensure maximized revenue reimbursement.

In addition to HIPPA compliance, the following functionality must be provided with the Insurance Module, the ability to assign permissions to view, add, edit, delete must be available at the record, screen and field levels. All aspects of the record with relative security must be accessible at all end user locations. The Insurance Module must operate in conjunction with levels of user authorization and access, and each individual client must be linked to his/her specific payor sources. Insurance eligibility information should be readily available throughout the clinical record.

The Insurance Module will be used by the following personnel:

- Clerical Support
- Treatment Access programs
- Clinical programs
- Pharmacy
- Billing and Claims Units
- Quality Management
- Fiscal Unit

Insurance Module assumptions
The client insurance module will

1. Permit greater than one insurance per client per time span
2. Provide for printed insurance form for client or guardian signature on Assignment of Benefits
3. Provide for printed release of information for processing insurance, to be signed by the client

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Client Health Insurance Information			
Insurance Carrier	Name	RR	☑
	Street Address	RR	☑
	City	RR	☑
	State	RR	☑
	ZIP	PP	☑
	Policy number	RR	☑
	Group Number	RR	☑
	Name of insured	RR	☑
	Relationship to client	RR	☑
	Employer of insured	RR	☑
	SSN of insured	RR	☑
Capitated program	Track capitation	RR	☑
	Block billing to Medi-Cal	RR	☑
	Provide reports of overage	RR	☑
Grant funded	Identify Populations	RR	☑
	Track grant funding	RR	☑
Other heatlh coverage	Track authorizations and denials,	RR	☑
	Alert to expired authorizations or denials	RR	☑
	Link to clinincal to alert to need for authorization	RR	☑
	Allow multiple insurance types per client per date span	RR	☑
For each payor source	Allow multiple time and status files for each payor source	RR	☑
	Prevent overlap of dates spans for a status	RR	☑
Eligibility status valid from date	mmddyyyy	RR	☑
Eligibility status valid to date	mmddyyyy	RR	☑
Eligibility Status	User defined list	RR	☑

☑ Marked as 2 by Netsmart

*See Appendix A- 2 for disposition of items marked 1, development needed

Authorization Requirements

An authorization is the documentation of approval of treatment ordered by a clinician or practitioner based on an assessment of client needs. Except in very specific circumstances, authorization by an approved clinician is required for payment of all non-emergent Mental Health Care claims or billing. An authorization must exist prior to processing of claims for payment of all non-emergent Mental Health Care. The authorization module may be used to document treatment access requests and referrals as well as authorizations

Processes required for Authorization

- Authorization of non-standard services such as wrap around services and authorizations to non-participating entities.
- Document the level of care, type, dates, and duration of treatment
- Notification to providers, responsible individuals, and clients of care authorized or denied
- Adjudication of claims received
- Reauthorization of care

Authorization functions

- Are based on the level of care determined to be consistent with medical necessity criteria and defined standards of care.
- Are integrated with the list of approved, contracted providers and provider rate information
- Are integrated with the Insurance module
- Merge with member and provider demographic information to facilitate notifications
- Are derived directly from the Clinical module treatment plan

The Authorization module must provide for view, add, edit, and delete functions for new and existing authorizations according to authorized security clearance. The Authorization module should permit assignment of permissions for view, add, edit, and delete at the record, screen and field levels, based on location, individual, group, and role definitions. Authorizations are used by all of the following:

- Clerical support staff
- Licensed and unlicensed clinical staff
- Billing and Claims Unit
- Treatment Access and Case Management Units

Authorization functionality is mandated by mental health managed care standards and regulations; regulated by County, State and Federal governing agencies; necessary for generation of mental health and substance abuse revenues; directly related to provision of comprehensive, quality patient care.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Retain client information from registration		RR	☑
Re-Verify client name when screens change		RR	☑
Link to specific cilinical note in phase þ		RR	☑
Authorizations			
Treatment authorized	Approved procedure codes with definitions	RR	☑
	User defined list	RR	☑
	Not provider type dependent	RR	☑
Insurer Information	Link to client insurance, provide alerts if no coverage	RR	☑
	Provide approved insurance by provider	RR	☑
Link to Claims	Authorization number	RR	☑
Authorization Effective Date	mmddyyyy	RR	☑
Special Funds Authorization for Payment	Provide link to Accounts Payable in Check Write in the Billing Module	RR	☑
Authorization Expiration Date	mmddyyyy	RR	☑
Reports	Prompt for provider letter for expiring authorizations at user defined interval	RR	☑
Units of Service	User defined	RR	☑
	Allow different unit types for different services	RR	☑
	Number Units authorized	RR	☑
Frequency of service	User defined and editable	RR	☑
Length of sessions	Should allow variations	RR	☑
Authorizing Clinician	Auto fill nameof user if on authorizer list	RR	☑
	Ability to designate approved authorizers	RR	☑
	Provide drop down list of approved authorizers	RR	☑
	Link to provider management	RR	☑
Reauthorization	Permit re-authorization without full re-entry of data	RR	☑
Letters **Letter Types**	All letters are customizable	RR	☑
	User Defined List	RR	☑
	All letters have word processing attributes	RR	☑
	All letters print from screen	RR	☑
	Auto fill Clinical information	RR	☑
	Auto fill provider information	RR	☑
	Auto fill Client information	RR	☑
	Link to registration	RR	☑
	Link to Clinical	RR	☑
	Link to provider management	RR	☑
	Require record validation before printing	RR	☑
Denial of Service	Track denials	RR	☑
	prompt denial letter	RR	☑
Security	Prevent edit or deletion of authorizations that have letters printed or services entered against them	RR	1*
	Restrict edit and delete functions to designated users	RR	☑
Claims	Adjudicate claims	RR	☑
	Report claims submitted with no authorization	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	Permit retroactive authorizations	RR	☑
Electronic Transaction HIPAA þ78	Support ANSI X1þN þ78 format for Health Care Services Review -- Request for Review and Response	RR	☑
Client Access to Care Also included in the Registration Module	Log calls to Access	PP	☑
	Link caller information to client record if client becomes a member	PP	☑
	Link to Registration module	PP	1*
	Track calls	PP	☑
	Provide client look up from call log	PP	☑
	Track time call came in	PP	1*
	Time call answered	PP	☑
	Time on hold	PP	1*
	Incorporate open access scheduling functions under development by BHS	RR	1*
	Link to clinical and billing to report time from first call to first visit	RR	1*

☑ Marked as 2 by Netsmart
*See Appendix A- 2 for disposition of items marked 1, development needed

Billing Requirements

The Billing Module is fundamental to Community Behavioral Health Services revenue generation. The Billing Module supports all financial functions for Behavioral Health Services (BHS) including accounts receivable, accounts payable, cost accounting and revenues. BHS provides care to San Francisco residents regardless of ability to pay. The complete billing process includes verification of provider rates, certifications and credentials; verification of client residency and financial status; verification of client eligibility for services; determination of the client's third party payor sources; and verification of billable services.

For the purposes of the Billing module, a provider is defined as the clinic, program, or individual providing a client service.

Community Behavioral Health Services generates, processes and submits claims for reimbursement to State agencies, Federal agencies, private insurance, grant-funded projects and other third party payors. Billing processes must support and enforce rules and requirements related to eligibility determination, coordination of benefits, remittance advisement and explanations of benefits for each agency billed.

The Billing module provides for Direct Data Entry (DDE) and EDI for HIPAA compliant electronic billing functions. DDE and EDI enforce all billing, COB and payment processing regulations.

The Billing and Module must provide for view, add, edit, and delete functions for new and existing records according to authorized security clearance. This module should permit assignment of permissions for view, add, edit, and delete at the record level and field level, based on location, individual, group, and role definitions. The Billing Module will be used by the following:

- Clerical Support Staff
- Billing and Claims Unit Staff
- Fiscal Unit Staff
- Quality Management

Billing functionality is mandated by mental health and substance abuse billing standards and regulations; regulated by County, State and Federal governing agencies; necessary for generation of mental health and substance abuse revenues; directly related to provision of comprehensive, quality patient care.

Assumptions for the Billing Module:

1. Billing information will be provided in HIPAA compliant format

2. The Billing System will allow flexibility to change elements, definitions, and interfaces based on CBHS, State and other governing agency requirements

Out-going Claims Requirements

The Claims Module is fundamental to Community Mental Health Services revenue generation. The complete care management process includes verification of provider authorization to provide services, provider rates, certifications and credentials; verification of client residency and financial status; verification of client eligibility for services; and determination of the client's third party payor sources.

Community Mental Health Services receives, adjudicates, processes and pays claims from providers approved to provide services to SFMHP clients. Reimbursement to the providers is based on State and Federal MediCaid guidelines. The claims module must support adjudication of claims against authorizations for service based on medical necessity, client eligibility, provider attributes, and procedures billed. Claims processes must support and enforce rules and requirements related to eligibility determination, coordination of benefits and remittance advisement. The Claims module must interface with the Billing module to permit seamless rebilling of Fee For Service MediCal claims to Short-Doyle MediCal while enforcing all applicable billing rules.

The Claims module should be able to generate claims adjudication letters to providers, manage bundled services and service payment hierarchy and interface with or replace the check writer system to produce payment requisitions and remittance advisements for private providers.

The Claims Module must provide for view, add, edit, and delete functions for new and existing records according to authorized security clearance. This module should permit assignment of permissions for view, add, edit, and delete at the record level and field level, based on location, individual, group, and role definitions. The Claims Module will be used by the following:

- Clerical Support Staff
- Billing and Claims Unit Staff
- Provider Relations
- Fiscal Unit Staff
- Quality Management at all levels

Claims functionality is mandated by Mental Health managed care standards and regulations; regulated by County, State and Federal governing agencies; necessary for generation of mental health revenues; directly related to provision of comprehensive, quality patient care.

Assumptions for the Claims Module:

1. Claims information will be provided in HIPAA compliant format
2. The Claims Systems will allow flexibility to change elements, definitions, and interfaces based on CBHS, State and other governing agency requirements

Requirement	Attributes	Required (RR) Preferred (PP) (See rating legend)	
	Items marked as 2 indicated by Check as included		2,1 (-2)
General Specifications			
Manage and track services through the full billing life cycle		RR	☑
Provide for electronic processing of billing and claims functions		RR	☑
The system meets basic billing requiremnts of California Depts		RR	☑
of Mental Health and Alcohol and Drug Programs			☑
Provide user customizable billing rules engine		RR	☑
Provide set of work flow alerts/reminders to enforce rules		RR	☑
Links to client, eligibility, payor and provider modules		RR	☑
Episodes of Care	***Episode defines a period of care with a specific provider.***		
Episodes contain all relative DSM-IV diagnoses related to the period of care.			
Service diagnoses relate back to episode diagnoses. (see diagnosis rules)			
Episode is defined by Episode Opening and Episode Closing dates			
Episode opening initiates authorization for services at a specific provider			
Client may have >1 episode. Episode requires a client. Client to episodes is a 1-* relationship			
Episodes may have >1 service. Service requires an episode. Episode to service is a 1-* relationship			
	Manage opening and closing of episodes based on user defined rules	RR	1*
	Open episode initiates authorization based on user defined rules	RR	1*
	Service data entry based on open episode of care	RR	☑
	Entry of client date of death closes episode of care	RR	☑
	Provide mechanism to close episodes in batch per user defined rules	RR	1*
Diagnosis Management			
Diagnosis to be managed in Episodes and linked to services pending implementation of phase 2 Clinical Record module			
Episode documents of AXIS-1 and AXIS-2 primary and secondary, AXIS-3, AXIS-4, AXIS-5 diagnoses			
DSM4 updateable format	Diagnosis tables are updateable	RR	☑
	Decision support offers best diagnosis information based on assessment	RR	1*
	Maintain/show diagnosis history	RR	☑
Diagnosis selection	Enforces Axis appropriate disgnosis	RR	☑
DSM IV to ICD 9	Diagnoses Decision support offers alerts for excluded or inappropriate diagnoses for each Axis	RR	☑
	Provide crosswalk for DSM-IV to ICD9 for billing purposes	RR	☑
	Crosswalk maintainable by users	RR	☑
Incorporation of HIPAA Code Sets requirements	Diagnostic codes electronically update with most recent publications	RR	☑
	Access to manage diagnostic codes in-house	RR	☑
Service Tracking			
Service defines a specific client encounter defined by a date and procedure code			
Service entry requires an open episode for the right client, payor, provider and episode date span			
Validation	Service data is validated upon entry to system	RR	☑
	Validate against provider balances	RR	☑
	Validate against staff license, deny service entry for expired license where license required	RR	☑
	Validates against payor rules engine	RR	☑
	Validate against AID Codes in eligibility file	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	Enforce lockouts and number of services per day rules	RR	☑
	Service may be edited prior to posting to accounts payable	RR	☑
	Validate against payor rules	RR	☑
	Permit entry of more than one staff per service	RR	☑
	User defined units of service	RR	☑
	User defined units of time	RR	☑
	Track non-billable services	RR	☑
	Track Indirect Services	RR	☑
	Provide alerts to non-covered services based on payor	RR	☑
	Enforce user defined service entry cutoff dates	RR	☑
Special Populations	Track and assign SED, EPSDT, Sensitive Services, Dual Diagnosis, etc. based on eligibility	RR	☑
	Enforce special population rules	RR	☑
Bundled Services	Manage services bundled for authorizations to permit claims adjudication. Enforce MediCare bundled services rules	RR	☑
	MCare Part A requires Services at 2 similar reporting units with 2 episodes entered for services within 3 days, be billed as a bundle	RR	☑
	MCare Part B requires two services provided on the same day by same RU be bundled i.e. Individual Therapy and Medication Management on same day to a client,are bundled to 1 single sclaim line.	RR	☑
Invoices	Service data is available to invoicing program for contract providers	RR	☑
Client Accounts			
Family Account	Client can be assigned to a family unit	RR	☑
PFI Link	Financial information is calculated on family unit information	RR	☑
Billing	System can produce one bill at each billing cycle for a family unit and attach liability due to the family unit	RR	☑
Client Billing	Client may change family unit or change to individual account	RR	☑
	Track account changes, retain history	RR	☑
	Provide for Advanced Beneficiary Notifications (ABN)	RR	☑
	Provide printable ABN and/or electronic signature	RR	☑
	Include Medicare co-pays and annual deductible in client account balances,	RR	☑
	system is able to process and calculate patient liabilities: UMDAP or third party Co-pays, Deductibles; track therapeutic and financial hardship adjustments; enter documentation for each	RR	☑
	Provide client account notes field for entry of text related to account management	RR	☑
Account Tracking	Ability to block client billing, merge accounts, block account activity	RR	☑
Account Adjustments	Generate debit or credit	RR	☑
Adjustment Reasons	User defined list	RR	☑
	Generates accurate and understandable monthly client accounts statements; ability for Billing staff to define parameters for statements generation, generate patient accounts receivable report by RU, list by clinician	RR	☑
Provider Financial Mangement			

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Provider Balances	Link rates by type, approved procedure codes from CRDC, Mode, Service function code, unit types, payors authorized, billing line authorized	RR	☑
	Service duration and group billing authorized	RR	☑
	Provider balance information revieable and renewable by month	RR	☑
HIPAA requirements	Link to Provider Taxonomy	RR	☑
Site Management			☑
Location	Link to Entity Management for site attributes	RR	☑
	Validate site for service type and payor	RR	☑
Rates Management			
Provider rates management	Manage up to 100 different rate schedules and differentials	RR	☑
	Provide ability to adjust rates based on provider profiles	RR	☑
	Rates link to provider management	RR	☑
Rate Tables	Provide for managing rates by month, by service code, by provider/staff	RR	☑
	Upload all rate tables electronically	RR	☑
Rate Valid From Date	mmddyyyy - may not be after Valid to date	RR	☑
Rate Valid To Date	mmddyyyy - may not be before Valid from date	RR	☑
	no overlap of rate date spans allowed	RR	☑
Review/ Approval	Ability to identify incorrect rates in the table	RR	☑
	Ability to flag or report incorrect rates using reference table	RR	☑
	Ability to cross reference rates tables	RR	☑
	Require Supervisor override to change 0 (zero) rates	RR	☑
Rates rules	Test rate uploads with rollback capability	RR	1*
	Allow global or individual rate changes	RR	☑
	Rates rules controlled by user	RR	☑
Rate Audits	Ability to change rates retroactively with justification	RR	☑
	Retain log of what changed, when changed, by whom and reason as User Defined list	RR	☑
	System capable of recalculaion of cost of services, based on rate changes,and rebilling of differences based on user defined rules	RR	☑
Payor Management			
Rules	Ability to assign payors to client, provider and site	RR	☑
	Link payor rules to eligibility, insurance, provider and procedure code tables	RR	☑
	Provide ability to add user defined and regulatory rules on a payor by payor basis	RR	☑
	Enforce payor rules for service data entry, posting and claims production	RR	☑
Rule Examples	Lockouts, Medical necessity testing, Utilization Control, Covered/noncoverd diagnoses, Incident to billing, billing precedences	RR	☑
	Block or enable billing to each payor type based on defined rules	RR	☑
Regulatory and governing agencies	MediCare, Short Doyle MediCal, Drug MediCal, Local Health Plans, AB3632, Prop 36, SAMHSA, County General Fund	RR	☑
Payor Type	Provide ability to set payor rules based on type payor or program (ie grants, capitated, special populations)	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Coordination of Benefits (COB)	provide HIPAA COB functionality	RR	☑
	Enforce COB rules by payor	RR	☑
Site	Link to site certifications for each payor in Entity Management module	RR	☑
Code Sets			
System provides for HIPAA compliant code sets		RR	☑
Based on most current code set requirements		RR	☑
Procedure codes	HCPCS level 1 and 2 codes	RR	☑
	Provide ability to add modifiers as approved or changed	RR	☑
	See HIPAA definitions	RR	☑
	Provide crosswalk capabilities for existing code structure	RR	☑
	Disallow entry of codes not included in approved lists	RR	☑
	Procedure codes link to payor rules	RR	☑
	Provide on-screen and electronic management of code cross walk and translation tables	RR	☑
Claims Generation			
	Apply service, payor, rules, eligibility information to genreate claim lines	RR	☑
	Generate 1980 report for MediCal claims for signature	RR	☑
	Link ECR and MH 1984 Cost Report Claim Adjustments to billing system	RR	1*
	Permit rebilling of services based on error corrections and reposting	RR	☑
	Do not permit edit of claims files	RR	☑
	Provide for processing of test claims with roll-back		☑
	Provide for user roll-back of a production claim with appropriate authorization	RR	☑
	Provide for re-posting and re-claiming of services after error correction process	RR	☑
	Do not permit edit of claims files after claim is submitted	RR	☑
	Retain audit log of claims tests and roll-backs	RR	☑
	Provide for billing services by date of service ranges	RR	☑
Encounter Data	Generate encounter data files for each HCP in ASC X12N 837 electronic file format	RR	☑
Supplemental Claims	Provide for supplemental claims billing of prior year's services that are within 1 year from Date of Service	RR	☑
	Enforce Special Reason Code (SRC) for late billing; retain documentation for SRC	RR	☑
Electronic claims	Produce HIPAA comliant electronic claim files for all payors based on payor rules and linked to payor specific client information	RR	☑
	Manage coordination and balance billing of claims according to most current SDMC requirements	RR	☑
Explanation of Benefits	Provide electronic batch processing of EOB files for all payors	RR	☑
	process electronic Remittance Advices ASC X12N 835	RR	☑
	flag denied claim appeals	RR	☑
Error Correction	Interface with or upload from State Error Correction system	RR	☑
Disallowed Calims	Interface with or upload from State Disallowed Claims	RR	☑
	Resubmit services upon successful appeal or correction	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Accounting			
Bank Accounts	Manage cost center requirements	RR	☑
	Accounts payable	RR	☑
	Accounts Receviable	RR	☑
	Journal Maintenance and reconciliations	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
HIPAA			
HIPAA Transactions	Provide mechanism for electronic management of health care claims, EOBs, Status inquiries using most current version of the folowing:	RR	☑
	ASC X12N 837i (institutional) as needed or	RR	☑
	ASC X12N 837p (professional) claims format as needed	RR	☑
	Explanations of benefits (EOB) using ASC X12N 835 (payment advice.)	RR	☑
	Electronic receipt of claims status requests in the ASC X12N 276	RR	1*
	Transmission of claims status notifications in ASC X12N 277 format	RR	1*
Billing Reports			
Mandatory Reporting	CSI (See Part4-Attachment____)	RR	☑
	CalOMS (See Part 4-Attachment___)	RR	☑
	MHSA Performance Measures (See Part 4-Attachment___)	RR	☑
Calculate	Lowest Probable Retainable as an algorithm between contract rate and disallowance factors	RR	☑
	Calculate and report amounts billed, anticipated remittance, actual remittance by payor, by program and as totals for Department	RR	☑
Special billing reports	Advanced Beneficiary Notice of non-covered services	RR	☑
	Report variances in service data entry to providers and administration	RR	☑
	See Cost Reporting in reports module	RR	☑
Managed Care Operations			
Claims Received			
Link to provider management files/credentialer	Enforce contract rules, rates, licensure	RR	☑
Link to client eligibility and insurance	Provide for eligibility information updates from claims module	RR	☑
Link claims to treatment authorizations	Link to treatment justification in authorizations module	RR	1*
	Decrement units of service available inauthorizations as claims adjudicated	RR	☑
	alert clinicians when units of service authorized is running out	RR	☑
Electronic claims	Provide mechanism for electronic claims submission by providers	RR	☑
	batch claims or individual data entry	RR	☑
HIPAA transaction and data content	ASC X12N 837i (institutional)	RR	☑
	ASC X12N 837p (professional) claims format	RR	☑
Electronic EOB	Explanations of benefits (EOB) using ASC X12N 835 (payment advice.)	RR	☑
Electronic claims status inquiry and response	Electronic receipt of claims status requests in the ASC X12N 276	RR	1*
	Transmission of claims status notifications in ASC X12N 277 format	RR	1*
Code Sets	Use HCPCS Level 1 or Level 2 codes	RR	☑
Track claim number	system generated	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Claim Received Date	mmddyyyy	RR	☑
Clean Claim Date	mmddyyyy	RR	☑
Pay to	Name of provider/entity to receive check	RR	☑
Pay to member	Link to client's assignment of benefits	RR	☑
Claim lines	equate to services for rebilling	RR	☑
Date of Service From	mmddyyyy	RR	☑
Date of Service To	mmddyyyy	RR	☑
Claimed amount	Links to allowed rates	RR	☑
Procedure Code	auto enter procedure code from authorization/permit bundled codes management	RR	☑
Modifiers	auto enter from authroization	RR	☑
Treatment Information	Link to authorized treatment information	RR	☑
Pull from clinical record	Phase 2	RR	☑
Admission Diagnosis	auto display treatment and auth info	RR	☑
Discharge Diagnosis	Permit entry of claims diagnosis if different from Admit dx	RR	☑
Admission Date		RR	☑
Discharge Date		RR	☑
Link to authorizations		RR	☑
Authorization number	automatically provided in claims	RR	☑
Authorization Effective Date	drop to claims, comes from authorizations	RR	☑
Auth Expiration Date		RR	☑
Adjudicate Claim	Allow auto adjudicate or manual adjudication	RR	☑
Permit Auto Adjudication	Based on user defined rules	RR	1*
Claimed Amount		RR	☑
Confirmed Amount		RR	☑
Claim Status	Paid	RR	☑
	Denied	RR	☑
	Pending	RR	☑
Denied Claim Reason	User defined list	RR	☑
Claims Status Tracking	All claims received are tracked in system	RR	☑
	Provide mechanism to pend claims	RR	☑
	Provide tracking log of pended claims	RR	☑
	Maintain denied claims files	RR	☑
Adjustments	rate changes should allow a more automated adjustment process: claims processor requests	RR	☑
	For corrected claims: need audit trail, deduct/add amount	RR	☑
	Warning when there is an inconsistency - logical or defined by rules	RR	☑
	Flag when the change is irreversible	RR	☑
Check Production			

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Check Write Program	produce payment orders in fromat for direct submission to Controller and other payment providers such as Fiscal Intermediary	RR	☑
	Payment files generated for Controller and Fiscal Intermediary in proscribed format	RR	☑
	Provide ability to review, add, edit, delete, payment files	RR	☑
	Retain audit trail of all edits	RR	☑
Claims Reports	Services to be adjudicated	RR	☑
	Claims Adjudication status	RR	☑
	See cost reporting	RR	☑
	Claims exemption report showing duplicate services,	RR	☑
	Denied, approved, suspended claims	RR	☑
	IBNR-Report service authorized and not billed	RR	☑
	Calculate anticipated receivables based on percentage of claims billed to authorizations written	RR	☑

☑ Marked as 2 by Netsmart

*See Appendix A- 2 for disposition of items marked 1, development needed

Provider and Entity Management

Entities providing services to, or supporting, CBHS clients include individual clinical practitioners, clinical groups, Civil Service and non-Civil Service programs, hospitals and other treatment facilities, residential facilities, Board and Care homes, residential hotels, insurers and other third party payors, schools, and related support staff. Information regarding clinical provider demographics, licensing, sites, and services is required for assignment of culturally competent client care as well as for appropriate payment and reimbursement billing. Insurer information is required to insure appropriate tracking of third party payor sources, billing and coordination of benefits.

The Entity Management module must provide for view, add, edit, and delete functions for new and existing providers/entities according to authorized security clearance. The Entity Management module should permit assignment of permissions for view, add, edit, and delete at the field level, based on location, individual, group, and role definitions. Entity Management is used by all of the following:

- Provider Systems Office personnel
- CBHS care referral clerical staff
- CBHS care referral clinical staff including Central Access Team
- Central Registration and Billing Unit staff
- Quality Management and Cultural Competence Units
- Open Access Scheduling

The Entity Management module must provide a system of alerts and reminders based on workflow and entity processing through the credentialing and contracting systems that will prompt Provider Systems personnel to enter complete information, and to update information based on user defined schedules.

Entity management functionality is mandated by mental health and substance abuse treatment standards and regulations; regulated by County, State and Federal governing agencies; necessary for generation of mental health and substance abuse revenues; directly related to provision of comprehensive, quality patient care.

The purpose of the Entity Management module is to:

- Identify approved programs/providers
- Identify provider location
- Identify type of services provided
- Identify funding sources
- Set and track rate schedules
- Track clinician license requirements
- Link to credentialing process
- Link to billing to insure maximum reimbursement
- Link to accounts payable to insure accurate payment and account tracking
- Link to clinical module to inform provider selection
- Link to provider cultural competence information to inform provider selection
- Facilitate audits and reporting

Assumptions

The Entity Management module will enable different lines of business for providers with a user defined list and ability to assign and track more than one line of business to a provider. Lines of business to be assigned may include:

- MH Civil Service Clinics
- MH Contract services
- MH FFS Contract services
- Special grant funded services
- SA Contract services
- SA Court ordered services
- Dual Diagnosis programs

Tracks contracts and Memoranda Of Understanding with specialty providers

Maintenance and processing of clinician credentialing requires interface with a separate module

- Clinician information will be electronically interfaced with the Entity Management module

Contracts are managed through other CCSF and DPH systems

- Contract information will be electronically interfaced with the Entity Management module
- Vendor information will be electronically interfaced with FAMIS and other CCSF vendor management information systems

Practitioner credentialing may be provided as an integrated part of the proposed information system or through direct interface with, and support of, the existing BHS Provider Systems credentialing information system.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Provider Type	User defined list	RR	☑
	Allows links among entities (I.e. programs to umbrella organizations, staff to programs)	RR	☑
Provider ID	Auto assigned/indexed number	RR	☑
	Provide for NPI per HIPAA regulations	RR	☑
Provider Taxonomy	Maintain taxonomy assignment per HIPAA	RR	☑
Provider Status	User defined list	RR	☑
Provider Locator	Provide search capabilities on multiple criteria:	RR	☑
	Name	RR	☑
	Address	RR	☑
	Identification numbers	RR	☑
	Reporting Unit Number	RR	☑
	State Provider Number	RR	☑
	Entity Type	RR	☑
	Funding Source	RR	☑
	Populations served	RR	☑
	Treatment modalities available	RR	☑
	Cultural competence criteria	RR	☑
Provider Name	Name as known to State	RR	☑
	Short Provider Name	RR	☑
HIPAA 837 Claim	See HIPAA 837 Claims requirements	RR	☑
	Pay-to-Provider First Name	RR	☑
	Pay-to-Provider Last or Organizational Name	RR	☑
	Pay-to-Provider Middle Name	RR	☑
	Pay-to-Provider Name Suffix	RR	☑
	Link to Billing Module	RR	☑
Entity Address	Address1*	RR	☑
	Address2	RR	☑
Street suffix	User defined list of common types	RR	☑
City	Auto-fill from ZIP	RR	☑
State	Auto-fill from ZIP	RR	☑
County	Auto-fill from ZIP	RR	☑
Country	Auto-fill from ZIP	RR	☑
ZIP	Permit search for/by ZIP	RR	☑
Address Type	User defined list (Physical, Mailing, Billing)	RR	☑
	Permit multiple address types per entity	RR	☑
	Permit multiple entities per address	RR	☑
	Link to scheduling	RR	☑
	Link to provider selection	RR	☑
	Link to Billing Module	RR	☑
Approved Funding Sources	User defined list	RR	☑
Contract	Permit entry of multiple contract types	RR	☑
	Interface with contracts management program	RR	☑
	Contract Start Date	RR	☑

Requirement	Attributes	Required (RR) / Preferred (PP) (See rating legend)	
	Items marked as 2 indicated by Check as included		2,1 (-2)
	Contract Stop Date provide alerts/reminders/do not permit referrals	RR	☑
	Provide alerts/reminders for expired contracts	RR	☑
	Prevent referrals/authorizations to expired contract, permit supervisor override	RR	☑
Contract type	User defined list	RR	☑
	Contract Rates-updatable from other systems	PP	☑
Line of Business	User defined list	RR	☑
	Link to contract information	RR	☑
Provider site	ADA compliant	RR	☑
	Days/hours of operation	RR	☑
	Link to staff language for language capabilities	RR	☑
	Link to staff ethnicity for cultural competence	RR	☑
	Link to staff license for referral and billing	RR	☑
	Link to or provide site certification	RR	☑
	Link to scheduling	RR	☑
Provider Rates			
Rate Type	User defined list	RR	☑
	See Rates in Billing		☑
	Ability to set/change rates	RR	☑
	Ability to link rate types to billing	RR	☑
	Ability to link rates to billing and claims	RR	☑
	Link to provider selection	PP	☑
	Link to rates approval database	RR	☑
Populations served	User defined list	RR	☑
	Link to scheduling	RR	☑
Mode or intensity of services provided	User defined list based on State definitions	RR	☑
Approved procedures	User defined list based on State definitions	RR	☑
	Link to contract information	RR	☑
	Link to provider selection	RR	☑
	Link to scheduling	RR	☑
Staff associated with Entity			
Staff personal information is protected at the field level		RR	☑
Staff Type	User defined list	RR	☑
	Link to IS user permissions	RR	☑
Staff Identification number	Auto assign/Indexed	RR	☑
	Links to Clinical Module (phase 2)	RR	☑
	Link to Billing Module	RR	☑
	Link to authorizations	RR	☑
	Link to scheduling	RR	☑
Staff Name	Last, First, Middle	RR	☑
License/Certificate Required	Y/N	RR	☑
License Waiver	Y/N	RR	☑
	Track user defined waiver rules	PP	☑
Required cert./license forces entry of cert./license information		PP	☑

Requirement	Attributes	Required (RR) Preferred (PP) (See rating legend)	
	Items marked as 2 indicated by Check as included		2,1 (-2)
Staff license/ certificate Type	From Credentialing module	RR	☑
Staff License/Cert Expiration date	Expiration of credentials requires supervisor override for referrals, authorizations, payments, billing entry	PP	☑
	Link to scheduling	RR	☑
	Link to Billing Module	RR	☑
	Link to clinical (phase 2)	RR	☑
	Link to provider selection	RR	☑
	Link to Credentialing module	RR	☑
	Link to licensing board interface	RR	☑
	Provide alerts/reminders for staff license/certificate renewal needed	RR	☑
Staff Social Security Number	Preformatted to SSN	RR	☑
	Required field	RR	☑
	Mask SSN	RR	☑
Staff occupational Category/Title	User defined list	RR	☑
	All required staff information is available to clinical and billing modules as needed.	RR	☑
External ID number	User defined list	RR	☑
	Permit entry of multiple external Ids	RR	☑
Unique Identifier	EIN Unique Entity Identifier	RR	☑
	Accommodate flexible field structure to provde UPIN as defined by HIPAA in current and future iterations	RR	☑
Cultural Competence Information			
Staff Language	User defined list	RR	☑
	Ability to designate langauge ability by user defined list	RR	☑
Staff Ethnicity	User defined list	RR	☑
Staff Gender	User defined list	RR	☑
Staff Date of Birth	Calculate age	RR	☑
Staff Age	calculated from DOB	RR	☑
	Links to provider selection	RR	☑
	Links to cultural competence reporting	RR	☑
Clinician Credentialing			
Track Application Process	Provide system of alerts and reminders for credentialing work flow tracking of:	PP	☑
New Applicants	Recruitment letters	PP	☑
	Recruitment dates	PP	☑
	Application sent date	PP	☑
	Application received date	PP	☑
	Application accepted date	PP	☑
Practitioner Attestation	Track attestation signed date	PP	☑
	Automatically expire attestations at 1*80 days	PP	☑
	Alert to attestations within 60 days	PP	☑
Practitioner Information Verification			
License/Certificate	On screen link to verification boards	PP	☑
Staff license/certificate expiration date	mmddyyyy	PP	☑
License/cert. Type	User defined list	PP	☑
	Permit batch verification queries	PP	1*

Requirement	Attributes	Required (RR) Preferred (PP) (See rating legend)	
	Items marked as 2 indicated by Check as included		2,1 (-2)
	Enable electronic submission of verification requests	PP	1**
	Permit batch verification updates	PP	1*
	Provide veirifcation needed reports	PP	1*
	Provide verification needed letters	PP	1*
Education	On screen link to schools	PP	☑
School Information	School name	PP	☑
	School address	PP	☑
Education Level	User defined list	PP	☑
Graduation Date	mmddyyyy	PP	☑
Degree	User defined list	PP	☑
	Permit batch verification queries	PP	1*
	Permit batch verification updates	PP	1*
	Provide veirifcation needed reports	PP	1*
	Provide verification needed letters	PP	1*
Insurance Information	On screen link to insurance companies	PP	☑
Insurance type	User defined list	PP	☑
Insurer information	Insurer name	PP	☑
	Insurer address	PP	☑
	Permit batch verification queries	PP	☑
	Permit electronic submission of verifications	PP	☑
	Permit batch verification updates	PP	☑
	Provide veirifcation needed reports	PP	☑
	Provide verification needed letters	PP	☑
Coverage information	Insurance start date	PP	☑
	Insurance end date	PP	☑
	Amount of coverage	PP	☑
	Amount of deductible	PP	☑
	Claim limit	PP	☑
	Aggregate limit	PP	☑
	Limit of Liability	PP	☑
Vendor Information	Link to contracts	PP	☑
	Link to controller informaion systems	PP	☑
	Vendor ID	PP	☑
	CCSF Tax ID	PP	☑
References	Track letters of reference	PP	☑
Reference Type	User defined list	PP	☑
	Date received	PP	☑
Reference contact	Name	PP	☑
	Address	PP	☑
	Phone	PP	☑
Privileges	Track privileges	PP	☑
	Start date	PP	☑
	Stop Date	PP	☑
	Privileges suspended informaion	PP	☑
Privileging facility	Link to Facilities	PP	☑
	Name	PP	☑
	Address	PP	☑
	Phone	PP	☑
National Provider Data Bank Queries			

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
NPDB Link	QPRAC link from credentialing screen	PP	☑
	Permits batch queries	PP	1*
	Update practitioner records from electronic link	PP	1*
Practitioner Authorizations			
Peer Review Board	Review date	PP	☑
Track Approval Process	Verification start Date same as attestation signed date	PP	☑
	Education verification received date	PP	☑
	License/cert. verification received date	PP	☑
	All references received date	PP	☑
	Insurance verification date	PP	☑
	Vendor verification date	PP	☑
	Peer review approval date	PP	☑
	Contract Start Date	PP	☑
Status change	Peer Review Board final approval changes status to Active	PP	☑

☑ Marked as 2 by Netsmart

*See Appendix A- 2 for disposition of items marked 1, development needed

Resource Scheduling

Attributes:
Provide User Defined schedule of times when a clinician is available to see clients.
Allow for clinicians available times to be posted by other clinician personnel
Provide search capacity to:

1. Identify available clinician times and clinician location
2. Identify available clinician with specific language capacity needed by client
3. Identify available clinician with the specific set of cultural competencies required by the client
4. Identify clinical specialties, including Medicare billing capacity, of the individual clinicians.

Enable the clinician for whom an appointment is scheduled to be notified by two methods: 1. Electronically via e-mail and, 2. Via hard copy.
Provide ability to track who scheduled the appointment for clinician.
Enable the clinician to view the person who booked the appointment.

Provide a printout in hard copy, and in the culturally appropriate language, for the client identifying a) Clinician, b) Clinician's address, c) Clinician's phone number, language, and cultural competencies, d) time of scheduled appointment, e) a list of relevant reminders for the client, including a password enabling the look-up on the web of elements a thru e, while allowing the client to track their appointment(s).
Provide a roll-up schedule for clinic managers
Enable all scheduling information to be archived.

Permit a tracking history to include the following information: a). client no-show b). Clinician missed appointment c). Clinician productivity.
Permit the identification of clinician time overlap.

Provide a user defined set of notices and alerts with a dialogue box for client specific issues.
Provide linkage of this module to the Registration, Billing and Eligibility Modules.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Provide integration and interface with:			
Open Access	As defined by BHS	RR	☑
	Bed Control	RR	☑
	CSAS Treatment Access program	RR	☑
Clinic Management Link to Provider Management	Provider/Program/clinic location	RR	☑
	Clinic schedule	RR	☑
	Site Attributes	RR	☑
	User Defined List	RR	☑
	Support staff profile	RR	☑
Clinician Managment Link to Provider Management	License type	RR	☑
	License current	RR	☑
	Cultural Competence Information	RR	☑
	Location Information	RR	☑
	Clinician Schedule	RR	☑
	Language Proficiency Information	RR	☑
	Specialty Profile	RR	☑
Clinical Record Phase b	Treatment Plan	RR	☑
	Clinician Orders	RR	☑
Link to Registration	Client Demographic Information	RR	☑
	Client Address	RR	☑
	Work flow alerts and reminders	RR	☑
	Treatment plan renewal date links to registration and eligibility renewal dates	RR	☑
Eligibility	Link to Insurance information	RR	☑
	Provide benefits/special programs/populations information	RR	☑
Alert to PFI due	PFI renewal date links to Treatment plan renewal date	RR	☑

☑ Marked as 2 by Netsmart
*See Appendix A- 2 for disposition of items marked 1, development needed

Placement Requirements

San Francisco Behavioral Health must know, in real time, when and where beds are available so we can expedite patient flow from one level of care to another. A component part of identifying bed availability entails being able to track the specific standard and patch rates of those beds and, when necessary, any other rates we might negotiate based on individual patient need. Our new Behavioral Health Information System needs a Bed Management Module with the capacity to identify unoccupied beds on the following levels of care: Hospital Inpatient, Long Term Care, Residential Care, Support Hotels. Co-ops, Shelters, and Residential Treatment facilities. Bed authorizations as well as extensions and the reason(s) why the extension was granted, must be provided within the capacity of this module. The module must also provide identification capacity for non-ambulatory clients and clients with specials needs. Among the special needs, these are the most common: incontinent (urine), incontinent (feces), insulin dependant (diabetes), finger sticks, clozaril, special ADA needs, blind, hearing impaired, history of violence, and substance abusing.

Special need accommodation is integral to our System of Care, and our Bed Management Module must be able to identify which facilities can accommodate clients with special needs while identifying the precise nature of those needs. Among other things we need to know are; the name of the client's assigned case manager, his/her conservator, and his/her primary care physician. Identifying a patient's status, and verifying the patient's acute or non-acute days, must also be a function of the system. In addition, a user-defined ability to add facilities, such as State and fee for service Hospitals, will be integral to the flexibility required of this module.

The Bed Management Module will be utilized by the following SF Behavioral Health personnel:

- Case Managers and Licensed Clinical Staff
- Administrative Staff
- Facility Personnel

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Facility Identification Data	Fill from Provider/Entity management module	RR	☑
	Facility Address	RR	☑
Bed Capacity	Number of beds of type	RR	☑
Bed Type	User defined list	RR	☑
Filled beds information	Information recordable for each filled bed	RR	☑
	Client ID	RR	☑
	Client payor	RR	☑
Daily Census	Beds of type available	RR	☑
Facility Contact Information	Fill from provider module	RR	☑
Case management	Name of assigned facility case managers	RR	☑
	Contact information	RR	☑
Facility Special Needs Accommodations	User defined list	RR	☑
	Permit search on user defined list	RR	☑
Client Case manager	Name	RR	☑
	Contact information	RR	☑
Client Special Needs	User defined list	RR	☑
	Fill from clinical module (Phase 2)	RR	☑
Client placement effort	Facility contact for client placement	RR	☑
	Facility acceptance	RR	☑
Waiting List management	Track number of days on list	RR	☑
Client current placement	Fill from clinical notes (Phase 2)	RR	☑
Date placed on list	mmddyyyy	RR	☑
Number days on list	Provide alerts for user designated number of dayson list	RR	☑
	Calculate from date placed on list	RR	☑
Extended wait reasons	User defined list	RR	☑
	Permit entry of other	RR	☑
	Identify other	RR	☑
	Permit text note entry	RR	☑
Admission Date current facility	mmddyyyy	RR	☑
Discharge Date	mmddyyyy	RR	☑
Reason for Discharge	User defined list	RR	☑
Bed Committee Referral source	User defined list	RR	☑
Bed Authorization Information			
Bed Authorization Expa	Reason for expansion	RR	☑
	Expansion date	RR	☑
Cost information requires link to entity managementand billing modules			
Cost	Patch Rates - non-standard negotiated rate paid to facility to care for special needs clients. Rate is tied to both the facility and client.	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	When long term care clients are admitted to an inpatient facility we pay for both their long term care bed as well as their inpatient stay.	RR	☑
	Cost per day must include long term care bed cost, any patch cost, and inpatient cost (if applicable).	RR	☑
Reports	Report of inpatient costs by client, insurance, facility, admit/discharge dates and time span	RR	☑
UR	Include UR status and notes as part of single client screen	RR	☑
	Track medical necessity	RR	☑

☑ Marked as 2 by Netsmart
*See Appendix A- 2 for disposition of items marked 1, development needed

Quality Management and Research Requirements

Guiding Principles

The BHIS will provide for continuous quality assessment, monitoring, problem resolution and reporting in all of the following functional areas:

- Analyze Data
- Monitor Programs
- Measurement Domains
  - Outcomes – Client & Clinician
  - Evidence Based Practices and Service Strategies
  - Adverse Incidents
  - Client Satisfaction
  - Grievances / Complaints / Problem Resolution
  - Utilization Management & Control
  - Access (waiting list)
  - Service Capacity
  - Program Review
  - Credentialing Review
  - Demographics
  - Baseline Level of Functioning
- Easily extract data for use in other statistical packages (can't be everything to everyone)

Integrated perspective (different aspects of Gov. services ie: Mental Health*, Substance Abuse*, Primary Care, Jails, Health at Home) Ability to link database easily with other Government services databases with uniform coding, including mapping to the Federal Uniform Coding System.

- Data has clinical relevance
- Provides basis for standardized clinical assessment
- Considers both providers and management (us) needs
- Address all regulatory bodies' needs
- Consider billing aspect
- Retain historical data
- Flags for discrepancies: data entry, review/analysis, duplicates
- Confidentiality compliance (access)
- Eliminate double databases at provider level (POE)
- Flexibility to comply with state and federal edicts

*Absolutely Required

Quality Management functionality is required across all BH information system modules must provide for audit and reporting functionality at all levels of the client, provider, and facility records. QM functions are assigned according to authorized security clearances and do not include add, edit, or delete permissions. This module should permit assignment of permissions at the field level, based on location, individual, group, and role definitions. The QM module is used by all of the following:

- Quality Management
- QM and Administrative Clerical staff
- Licensed and unlicensed clinical staff
- Pharmacy staff
- CBHS Administration

Quality Management functionality is mandated by mental health and substance abuse treatment standards and regulations; regulated by County, State and Federal governing agencies; necessary for generation of regulation compliant mental health and substance abuse revenues; directly related to provision of comprehensive, quality patient care.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Access	Link to scheduling	RR	☑
	waiting list	PP	1*
Adverse Incidents			
	date of incident	RR	☑
	program where incident occurred	RR	☑
	description of incident	RR	☑
	category of incident	RR	☑
	corrective action	RR	☑
	outcome	RR	☑
	additional user defined variables	RR	☑
Client Satisfa	Link to Teleforms application	PP	☑
	þ6 MHSIPs	RR	☑
	MHSIP sub-category scores	RR	☑
	additional user defined variables	RR	☑
	additional user defined variables	RR	
Credentialing and Site Review			
	Provider No.	RR	☑
	Name of Provider	RR	☑
	Street Address,	RR	☑
	City,	RR	☑
	State	RR	☑
	Zip	RR	☑
	Telephone No.	RR	☑
	County	RR	☑
	Contract Agency or County Operated	RR	☑
	Name And Address Of Legal Entity	RR	☑
	Head Of Service Name	RR	☑
	Head Of Service license category	RR	☑
	SD/Medi-Cal Service Modes To Be Provided	RR	☑
	Provider Currently Licensed By a State Agency	RR	☑
	Fire Safety Certification	RR	☑
	Local Entity Authorized Signature	RR	☑
	Entity Signature Date	RR	☑
	Local Mental Health Director or Designee Signature	RR	☑
	Designee Signature Date	RR	☑
	Federal Employer's Tax ID Number (FEIN)	RR	☑
	Fiscal Year End Month	RR	☑
	Type of Organization	RR	☑
	Type of Ownership	RR	☑
	Pay to Address (If different)	RR	☑
	List facility owner(s)	RR	☑
	List owner(s) professional license numbers	RR	☑
	Other facilities or practices that the owner(s) may have.	RR	☑
	Provider Numbers Assigned To These Locations	RR	☑
	Previous Medi-Cal provider numbers that the owner(s) have been issued.	RR	☑
	Type of Provider	RR	☑
	Name of Provider in Which Interest is Held	RR	☑
	Type of Provider	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	Address	RR	☑
	Name of Relative(s) Who Holds The Interest	RR	☑
	Relation	RR	☑
	Type of Interest	RR	☑
	Percentage and/or Dollar Amount of the Interest	RR	☑
	Signature	RR	☑
	Date	RR	☑
	Certification Check List	RR	☑
	Program Type & Modality	RR	☑
	# of unduplicated clients	RR	☑
	Ethnic breakdown	RR	☑
	Hrs/days of operation	RR	☑
	Building owner	RR	☑
	Responsible person for building repairs	RR	☑
	Facility is ADA accessible	RR	☑
	Restrooms are labeled	RR	☑
	Client areas are clean and safe	RR	☑
	Chemical/cleaning supplies stored in locked area	RR	☑
	Description present for storage and disposal of biohazard materials	RR	☑
	Furniture over 5' is bolted to the wall	RR	☑
	Client food stored in the refrigerator at acceptable range	RR	☑
	Emergency Evacuation Plan that has been approved by Linda Wang.	RR	☑
	Visible Emergency Evacuation Map posted on all floors.	RR	☑
	Accessible and visible Fire Extinguishers	RR	☑
	Are there Policies and/or Procedures for Maintenance of client records	RR	☑
	Are there Policies and/or Procedures for Staff accessibility to client records.	RR	☑
	Rule of 3 lock compliance	RR	☑
	Identify staff that have Medical Records Keys	RR	☑
	Are there Policies and/or Procedures for maintenance of closed records vs open records	RR	☑
	Are there Policies and/or Procedures for Personnel P&P/orientation/inservice	RR	☑
	Are there Policies and/or Procedures for Client Outings/Field Trips	RR	☑
	Are there Policies and/or Procedures for Patient Rights material posted and visable in client areas	RR	☑
	Are there Policies and/or Procedures for Practice of how policies are provided to staff described	RR	☑
	Are there Policies and/or Procedures for Medication/Pharmaceutical (if applicable)/Consents	RR	☑
	Is there a job description for each staff member?	RR	☑
	Are there Policies and/or Procedures for checking Staff licenses	RR	☑
	Can the program demonstrate that it is culturally appropriate staff to serve clients	RR	☑
	Are there Policies and/or Procedures for Staffing for after hours, vacation/sick coverage	RR	☑
	Check the following staff ratios (if applicable)	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	Day Treatment Intensive (1 QMH per every 8 clients)	RR	☑
	Day Rehabilitation: (1 QMH per every 10 Clients)	RR	☑
	Do the Drug/Pharmaceutical policies and practices address Drug storage/security & temperature appropriateness?	RR	☑
	Do the Drug/Pharmaceutical policies and practices address Dispensing?	RR	☑
	Do the Drug/Pharmaceutical policies and practices address Outdated Meds Disposal?	RR	☑
	Do the Drug/Pharmaceutical policies and practices address how to confirm and review pharmacy personnel licenses (medical, pharmacy or nursing staff)?	RR	☑
	Does this program have a log w/staff names that have medication storage keys?	RR	☑
Program Revi	Produce full array of program review and productivity reports based on user defined vareiables	RR	☑
	additional user defined variables	RR	
Grievances/Complaints			
	grievance	RR	☑
	date received	RR	☑
	date filed	RR	☑
	description of grievance	RR	☑
	response memo	RR	☑
	dates of action taken	RR	☑
	name of staff cited	RR	☑
	grievance type	RR	☑
	additional user defined variables	RR	
Outcomes			
	þ6 MHSIP items	RR	☑
	MHSIP sub-category and overall scores	RR	☑
	þ0 QLQ items	RR	☑
	QLQ sub-category and overall scores	RR	☑
	compliance with medication	RR	☑
	health status	RR	☑
	level of addiction	RR	☑
	urine analysis results	RR	☑
	several other dynamic variables	RR	☑
	additional user defined variables	RR	
Level of functionality			
	potentially several scores	RR	☑
	additional user defined variables	RR	
5150 Training			
	date of training	RR	☑
	list of individual providers with 5150 cards	RR	☑
	list of staff at programs who are 5150 certified	RR	☑
	additional user defined variables	RR	
Program Review			
	category scores	RR	☑
	provider declaration	RR	☑
	units of service delivered (a summary by specific mode and SFC)	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	units of service contracted	RR	☑
	audit report log	RR	☑
	additional user defined variables	RR	
Track 5150 Status			
5150 tracking	Link to Scheduling	RR	1*
Reason for 51	User defined list	RR	☑
Interval between sessions	User defined list	RR	☑

☑ Marked as 2 by Netsmart
*See Appendix A- 2 for disposition of items marked 1, development needed

Reporting Requirements

Integral to our new BHIS will be the capacity for our End Users to access and print reports according to their level of authorization. One of the main features we seek in the Reporting Module is an integrative query tool coupled with reporting and analysis capabilities that do not create a drain on the production of data entry, billing, and clinical informatics. Although it is vital that the system have a User Friendly reporting tool for customized needs, the pre-programmed, standard reports, need to be quickly delivered. Equally as vital is that the data contained in the report be visually compatible with easy, simple to read tables and charts that drill down or up to match the scope of analysis required.

Indispensable to our Reporting Module is that our reports be easy to distribute in various formats, and that we have the capacity to create and save reports online with flexible functionality like formatting, sharing, and arithmetic functions. The following bulleted items are also indispensable, "must have" features we need with this module:

- Deliver data from multiple data sources; securely and confidentially with full HIPAA compliance
- Scaleable to handle growing demand; from tens to thousands
- Easy to deploy with minimal required training necessary to produce reports
- Minimize unnecessary/under utilized fields
- Input masking to match the field type and validation to ensure data integrity.
- A 'totally automated Cost Report package' allowing for the appropriate clinical and fiscal data to be downloaded into a pre-formatted, State compliant Cost Report.

The Reporting Module will be utilized by the following:

- Clinicians
- Clinical managers
- Section Directors
- Analysts
- Finance and Fiscal Personnel Managers
- Contract Personnel

Requirements **Required reporting and Query Tool Elements**	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See ratings legend)	2,1 (-2)
Reporting-General			
	Data and report extraction support and training available from vendor to analysts.	RR	☑
	Reports generated from the system must be professional and ready for presentation	RR	☑
	A simple, clear graphical tool for creating charts and graphs that can be modified as needed.	RR	☑
	Report output must be customizable and flexible and support development of ad hoc reports	RR	☑
	Reports must present data in familiar business and clinical terms	RR	☑
	Option for analysts to show or suppress calculations and data elements on the report	PP	☑
	Data elements must be compatible with other DPH entities (shared data dictionary) or modifiable to allow integration with other DPH entities	PP	☑
	Wherever possible, eliminate the necessity of using multiple data analysis software to collect, analyze and sort data. "One-stop" reporting.	PP	☑
	Reporting must support web-based/intranet display and data sharing	RR	☑
Reporting-Specific	***The following reports are currently generated ad hoc and should be automated by the new IS:***		
	IBNR - Authorized units and dollars compared to claimed units and dollars for the PPN, SOC, and Inpatient Services in real time.	RR	☑
	Authorization Reports: patients, providers, services	RR	☑
	Insurance/Eligibility: Automated penetration report showing served vs. eligible. Integrate State Medi-Cal eligibility information electronically.	RR	☑
	Wait Time to Service: Ability to track time between first request for service and first service provided.	RR	☑
	Contracted vs. Budgeted units of service	RR	☑
	Contracted vs. Budgeted Medi-Cal revenue	RR	☑
	A report that shows, by program, what was billed, what was received, and the variance between the two (hybrid of the 580, 356 and 655)	RR	☑
Reporting-Specific	***The fiscal department would be greatly assisted by the automation of the following reports:***		
	All CRDC budget information available for querying	PP	☑
	Service summary by Payer Source that is linked to the legal entity	RR	☑
	County to State Comparison Cost Report that would link service function codes to mental health procedure and CPT codes and to the required State Modes.	RR	☑
	One comprehensive report that combines all modes and service function codes from both MediCal and non-MediCal reports.	RR	☑
	A report that breaks down costs by State and Federal requirements, enabling analysts to track cost and revenue related to SD/MC, Healthy Families, Healthy Workers, Healthy Kids, TBS, EPSDT, AB2034, AB3632, CSOC, Managed Care and any new state programs that require State and federal reporting.	RR	☑

Requirements **Required reporting and Query Tool Elements**	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See ratings legend)	2,1 (-2)
	Provides for preservation of existing data elements in current administrative reports that clinicians and administrators rely upon. Report descriptions will be available for review	RR	☑
Query Tool			
	Ability to "drill-down" or "drill-up" to accommodate the scope of the analysis.	PP	☑
	Supports export of data sets in standard text, SQL, and other DB formats without loss of data.	RR	☑
	Built-in data dictionary that shows how data elements relate to eachother	RR	☑
	Ability to build, save, and share queries with other users.	PP	☑
	Ability to permit or restrict access to data at the department and user level	RR	☑
Data Sharing			
	Must allow ease of access and data sharing between users while complying with HIPAA privacy requirements. Such users include: clinicians, section directors, analysts, contracting, financial and fiscal personnel, DPH administrators, "high level" City and Co. executives, and the Public and the Media (via appropriate city agencies). Each of these user types will require different types of reports and levels of access to data.	RR	☑
	Reports can be easily uploaded and saved online in a central repository, with customizable sharing permissions.	PP	☑
Mandated Reporting			
Phased implementation will require that the Billing and Claims modules eneable capture of data elements to meet the following requirements.			
Client Service Information Reproting Evidence Based Practice	Provide templates for documentation required to support billing for use of identified EBP to include core components of fidelity tools (See Part IV-Attachment401.1)	RR	☑
Mental Health Services Act Performance Measures	Support tracking and capture of client outcomes data that responds to performance measurement requirements of the MHSA of 2004 (See Part IV-Attachment401.3)	RR	☑
California Outcomes Measurement Seystem Cal OMS	Support tracking and capture of client outcomes data that responds to CalOMS requirements. (See Part IV-Attachment401.2)	RR	☑

☑ Marked as 2 by Netsmart
*See Appendix A - 2 for disposition of items marked 1, development needed

Clinical Record Requirements

Community Behavioral Health Services has multiple sites throughout San Francisco all with different equipment and hardware capabilities. Client assessment, diagnosis and treatment information is collected, verified, and processed at each point of service. Non-standardization creates onerous administration, quality management, reporting, and billing tasks. Lack of information creates inefficiencies in the provision of care and disrupts client treatment and care management. Isolated paper records create deficiencies in the legibility, availability, and retrieve-ability of clinical records. At each site clinicians need rapid access to reliable and accurate client history and treatment information that can be updated and built upon to avoid redundancies and to enhance continuity of care. To facilitate care, assessment, treatment and diagnosis information should be collected in standardized formats.

At each point of care the client must re-register and provide all historical information to each care provider. Clients need the ability to update registration information and. Clients have a right to have input into the treatment planning process and expect treatment plans to carry over from one point of care to the next within the organization. Treatment goals and medications need to be recognized, monitored, and adjusted by each provider of care to meet the client's changing status and needs. Medications should be monitored for efficacy and adjusted when necessary, with established treatment goals in mind. Clients should receive the same standard of care at each treatment facility throughout the organization.

Goals for the electronic health record include capture of the core of essential information about a client that does not change, and make it available to all users at each point of service. Related goals include all of the following essentials: minimize the time spent documenting client information; eliminate redundancies created when clients receive separate but overlapping evaluations at each point of service; improve the timeliness of information communication among care providers and provide the information required to assist the clinician in making the best care decisions for the client at each point of service.

The electronic health record must be available at the point of service and be unobtrusive in the clinician-client encounter. It must present an interface that offers intuitive, interactive objects recognizable to the clinical user regardless of computer literacy. It must accommodate all levels of care providers in the mental health child, adult, and geriatric care settings. It must provide for single entry of the data elements needed at each point in the system.

To be successful the clinical record must be part of a fully integrated system that incorporates care management and authorization; billing, finance, and claims; client eligibility and registration; resource scheduling; quality management and utilization review; and administrative reporting. The complete clinical record will facilitate access to contracts and clinician management information, prescription medication management, diagnostic testing information, and data analysis and research systems. In the future, the clinical record may incorporate links to inpatient records and other community mental health record systems.

An ideal system will provide a means for clients to review and update their own registration information, have input into certain clinical record information, and utilize such tools as on-line symptom self monitoring, satisfaction surveys, and clinician check-in. Client generated information should be incorporated into the clinical record, scheduling and treatment planning.

The Clinical module must provide for view, add, edit, and delete functions for new and existing records according to authorized security clearance. This module should permit assignment of permissions for view, add, edit, and delete at the field level, based on location, individual, group, and role definitions. The Clinical module is used by all of the following:

- Licensed and unlicensed clinical staff
- Pharmacy
- Quality Management

The Clinical module informs billing and claims and is informed by registration, eligibility and entity management.

Clinical record functionality is mandated by mental health and substance abuse treatment standards and regulations; regulated by County, State and Federal governing agencies; necessary for generation of mental health and substance abuse revenues; directly related to provision of comprehensive, quality patient care.

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
General Attributes	Support XML and HL7 interfaces	RR	☑
INITIAL ASSESSMENT AND PROGRESS NOTES			
Date/time of encounter	Default to now, permit change	RR	☑
	Date and Time are separate fields	RR	☑
	Date and time mandatory	RR	☑
Place of encounter	Place of presentation provides list, defaults to user location	RR	☑
	Permits entry of other	RR	☑
Type of encounter	Type of encounter provides limited list	RR	☑
	(ie Face/face, phone, paper form, tape)	RR	☑
	Permits entry of other	RR	☑
Primary Care Provider (PCP)	PCP function permits documentation of consultation notes or selection of not contacted	RR	☑
Chief complaint	Problems link to treatment plan	RR	☑
Presenting problem	Maintain history of all encounters, allow easy access for review of previous assessments and who assessed	RR	☑
History of presenting problem	Allow updates, record and show date, time author of updates.	RR	☑
Medication allergies	Medication Allergies link to decision support and alerts	RR	☑
	Updateable list	RR	☑
	Maintains record of date/time/user on all listings	RR	☑
Current medications	Medications information links to progress notes	RR	☑
psychotropic, other medications	Incorporate client self assessment of symptoms and treatment side effects	RR	☑
Compliance, Efficacy, Side effects	Track and graph changes	RR	☑
Medication and treatment history	Ability to continue with and add to historical information, separately from current assessment, without duplication	RR	☑
Hospitalization history	Historical information is updateable	RR	☑
Medical history	Maintains history, displays date and author for each entry	RR	☑
Family history		RR	☑
PSYCHIATRIC ASSESSMENT AND PROGRESS NOTES			
Pre-built assessment forms	Easy access from main screens	RR	☑
	Based upon currently acceptable psychiatric and substance abuse assessment tools[Examples of acceptable MH forms: Mini-mental State Exam, Brief Psychiatric Rating Scale, Psychiatric Symptom Assessment Scale, Abnormal Involuntary Movement Scale]	RR	☑
	[Examples of acceptable SA forms: ASI, ASILite, GPRA]	RR	☑
Customizable forms	End user customizable assessment forms permit individual clinician input to design	RR	☑
	Maintain/show history	RR	☑
	Permit building on previous assessments	RR	☑
	Selection boxes provide gradations for selected items customizable by end users	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	[e.g. Hallucinatory behavior-mild = subtle glances or movements suggestive of hallucinated experiences. (Wyatt, 1994)]	RR	☑
Client progress and rating scales	Rating scales available at each assessment point Scales relate to treatment plan goals. Monitoring scales fill into treatment plan	RR	☑
Treatment efficacy notes	Decision support builds on treatment efficacy, side effects and progress monitoring information	RR	☑
Side effects monitoring scales	Permit/facilitate client self assessment of symptoms and side effects	RR	☑
	Provide for client input of medication efficacy and side effects monitoring	RR	☑
	Incorporate client assessment into progress notes	RR	☑
Link to diagnostic studies information	Information feeds decision support with end user development of decision support criteria	RR	☑
DIAGNOSIS			
DSM4 updateable format	Diagnosis tables are updateable	RR	☑
	Decision support offers best diagnosis information based on assessment	RR	☑
	Maintain/show diagnosis history	RR	☑
Diagnosis selection offers Axis appropriate Diagnoses	Decision support offers alerts for excluded or inappropriate diagnoses for each Axis	RR	☑
Incorporation of HIPAA Transaction and Code Sets requirements by deadlines	Diagnostic codes electronically update with most recent publications	RR	☑
	Access to manage diagnostic codes in-house	RR	☑
TREATMENT PLANS			
Provide baseline information	Provide pre-defined treatment plans based upon diagnosis and assessment information	RR	☑
Customizable goals and	Permit end user customization of treatment plan rules	RR	☑
	Incorporate protocols and algorithms	RR	1*
Assessment and progress monitoring	Incorporate into outcomes measures and reporting	RR	1*
	Track progress rating against baseline	RR	☑
	Provide time lines for goals and objectives	RR	☑
	Link to progress notes	RR	☑
Client input and signature	Permit/facilitate client input into goals and timeline	RR	☑
	Authenticate client identification, print for signature	RR	
TREATMENT/ENCOUNTER INFORMATION			
Current procedure codes	Selection lists linked to decision support	RR	1*
	Code tables updateable in-house	RR	☑
	Codes link to provider management	RR	☑
	Compliant with HIPAA code sets	RR	☑
All disposition information incorporated	Provides user alerts re medication allergies or interactions	RR	☑
	Treatment information links to authorizations	RR	☑
	Treatment information fills treatment plans	RR	☑
	Treatment selection is linked to clinician management system	RR	☑
	Treatment information is linked to insurance and eligibility information	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Treatment efficacy notes	Maintain/show treatment history and permit entry of treatment efficacy notes and updates	RR	☑
	Decision support offers best practice information based on assessment and facilitates clinician override with justification	RR	1*
Documentation and tracking of treatments done on-site	Medications administered and lab tests done in the clinic	RR	☑
	Orders produce work lists, labels, and logs and permit documentation in batch format	RR	☑
Clinical alerts	Alert clinician when diagnostic studies are netered into record	RR	☑
Disposition fills scheduling	Link to resource scheduling	RR	1*
Treatment selection linked to insurance coverage	Alerts clinician if no insurance for proposed date span	RR	1*
	Alerts clinician when selected codes or provider are not included in client eligibility	RR	☑
	Facilitates entry of the type, number and dates of service authorized	RR	☑
MEDICATION AND PRESCRIPTION MANAGEMENT			
Incorporate prescription management program	Provide for physician ordering, script writing, and documentation of nursing notes regarding administration of medications on site.Incorporate decision support functions for medication ordering and monitoring; provide links to both client specific information and expert knowledge systems including links to pertinent literature search engines.	RR	1*
Record prescriber orders	Provide for electronic signature	RR	1*
System should maintain client profiles to enable:		RR	☑
Alerts	Alert to drug/drug interactions	RR	☑
	Alert to Allergies	RR	☑
Reminders	Reminds prescriber to order required laboratory studies	RR	☑
	e.g. white blood cell count for a clozopine patient or liver functions prior to starting Risperdal	RR	☑
	Print lab order forms	RR	☑
The system should provide for templates able to be customized by users for:			
Medication management algorithms development	Provide best practices suggestions	RR	☑
	Track efficacy of medications	RR	☑
	Track side effects information	RR	☑
	Suggest dose or medication changes	RR	☑
	Facilitate override and provide for documentation of justification	RR	☑
Link to user defined formularies (incl. Medi-Cal, MediCare Part D, SFMHP)	Provide formulary information alerts	RR	☑
	Provide easy printing of labels from orders	RR	☑
	Provide drop down lists of medications commmonly ordered by prescriber to permit entry with minimal typing	RR	☑
	Complete commonly used prescribing instructions automatically	RR	☑
Titrated Doses	Provide mechanism for titrating dosage orders to increase or decrease over time	RR	☑

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Prescription Information	Enter prescribing info: medication name, dose, frequency, dispensing orders automatically from tretment plan notes or previous prescription to Prescription	RR	☑
Refill orders	Require edit or acceptance of dates, number refills, dosing information	RR	☑
	Prompt for chart review at refill order	RR	☑
	Prompt for notes when prescriptions changed or edited	RR	☑
Print prescriptions in customizable format	Link to prescription fax to pharmacies	RR	☑
	Print Rx for signature and provision to client at visit	RR	☑
	Automatic entry of clinic address, Prescriber name and prescribing information on prescription	RR	☑
	Require user validation of orders prior to printing or faxing	RR	☑
	Prevent changes to validated orders	RR	☑
Prescriber rules validation	Provide flexibility to accommodate prescribing requirements by user defined prescriber rules, i.e.co-signature, protocol identification	RR	☑
	Provide for Pharmacist alerts to prescribers within 24 hours when medication or dose changes made	RR	☑
Medication administration documentation	Provide medication administration lists based on clinic schedules and prescriber orders	RR	☑
	Facilitate batch documentation of medications administered, provide for assessment notes	RR	☑
	Provide for electronic signature of doses administered	RR	☑
	Provide for prescriber co-signature of phone, verbal, and protocol orders	RR	☑
	Provide billing for medications provided at visits	RR	☑
Medication groups	Flexible medication group scheduling	RR	☑
	Group attendance sign off in batch format	RR	☑
	Permit billing of medication groups	RR	☑
Pharmacy Narcotic Log	Log all doses	RR	☑
	Decrement doses available	RR	☑
	close prescription when all ordered doses used	RR	☑
	Provide new orders report	RR	☑
	Provide daily dosing log	RR	☑
	Permit pharmacist to close orders as needed	RR	☑
Expert knowledge based decision support	On screen links to literature searches and expert consultation regarding current medication alerts and precautions	RR	☑
	New medications notices with literature summary	RR	☑
	Decision support to be customizable at clinic level (e.g. a wizard for producing the if...then rules useful by clinical end users)	RR	1*
	Decision support based on protocols and expert best practices	RR	1*
Office Based Opiate Addiction Treatment (OBOT)	Provide funcitonality to evaluate, prescribe and document opiate addiction treatment with current functionality	RR	1*

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
Access to expert knowledge banks and literature search	Decision support offers suggestions, permits clinician override, and facilitates documentation of justification for override	RR	1*
Knowledge based decision support	Ability to generate communication with identified experts in a field from within the client record.	RR	1*
from clinical protocols	All protocols and guidelines are attributed to author	RR	☑
	Ability to send alerts and reminders to other clinicians/providers with client information	RR	☑
User alerts and reminders	for medication interactions, allergies, and clinical management protocols	RR	☑
	All alerts and reminders are customizable at the clinic or program level	RR	☑
Provider specific alerts and reminders	Provider alerts display at every logon and generate administrative report if time sensitive or urgent	RR	☑
Client specific alerts and reminders	Client specific alerts/reminders display for every level of user and for each clinician opening client record	RR	☑
	Client specific alerts/reminders trigger or generate reports available at point of care	RR	☑
Clinical Reports	Client treatment summary and "face sheet" with core data sets	RR	☑
Ability to print:	Medication history and current medications lists	RR	☑
			☑
Printed Medication Consent and Instructions	Provide single button printing of medication consent forms for client signature at time of visit	RR	☑
	Record client signature, electronic signature or data entry	RR	☑
	Provide pre-defined medication instructions to be given to client at time prescription written.	RR	☑
	Pre-printed instructions from desgnated knowledge source	RR	☑
	Permit edit and customization of pre-defined instructions	RR	☑
	Include drug and food interaction information	RR	☑
Evidence Based Practice and CSI	Provide templates for documentation required to support billing for use of identified EBP to include core components of fidelity tools (See Part IV appendix 401.1)	RR	☑
Performance Measures	Support tracking and capture of client outcomes data that responds to performance measurement requirements of the MHSA of 2004 (See Part IV appendix 401.3)	RR	☑
Cal OMS	Support tracking and capture of client outcomes data that responds to CalOMS requirements. (See Part IV appendix 401.2)	RR	☑
Specific Protocol Examples			
	The Texas Medication Algorithm Project (TMAP) provides treatment guidelines and incorporates rules based clinical decision support for medication management.	RR	1*

Requirement	Attributes Items marked as 2 indicated by Check as included	Required (RR) Preferred (PP) (See rating legend)	2,1 (-2)
	TMAP reference: TXMHMR, The University of Texas at Austin College of Pharmacy, The University of Texas Southwestern Medical Center - Dallas, The University of Texas Health Science Center - San Antonio, parent and family representatives, and representatives from various mental health advocacy groups, i.e., NAMI-Texas, DMDA, Texas MH Consumers, and the Mental Health Association of Texas.	RR	1*
Office Based Opiate Addiction Treatment (OBOT)	Provide funcitonality to evaluate, prescribe and document opiate addiction treatment with current functionality	RR	☑

☑ Marked as 2 by Netsmart

*See Appendix A- 2 for disposition of items marked 1, development needed

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JA NETSM-1

DATE (MM/DD/YYYY): 07/31/08

PRODUCER
Loveman, Kornreich & Steers
?975 Westchester Avenue
urchase NY 10577
Phone: 914-686-3888 Fax: 914-686-3983

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Netsmart Technologies, Inc. &
Netsmart New York, Inc.
Netsmart Ohio, Inc.
Netsmart Public Health, Inc.
3500 Sunrise Highway, Ste D122
Great River NY 11739

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Chubb & Son	146
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR X Aggregate Per Loc GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC	0694-19-15	11/11/07	11/11/08	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurence)	$ 1,000,000
						MED EXP (Any one person)	$ 10,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$ 2,000,000
A	X	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	7128-43-13	11/11/07	11/11/08	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
A	X	EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION $10,000	7908-27-81	11/11/07	11/11/08	EACH OCCURRENCE	$ 5,000,000
						AGGREGATE	$ 5,000,000
							$
							$
							$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	7164-61-60	11/11/07	11/11/08	X WC STATU-TORY LIMITS / OTH-ER	
						E.L. EACH ACCIDENT	$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A		OTHER Errors & Omissions	0694-19-15	11/11/07	11/11/08	Limit	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City and County of San Francisco, it's officers, employees and agents are additional insureds under the General and Automobile Liabilities and such policies are primary insurance to any other insurance available to the additional insureds, with respect to any claims arising out of the Software and Applications Service Agreement with Netsmart New York, Inc.

CERTIFICATE HOLDER

SANFRA1

City & County of San Francisco
Dept of Public Health
101 Grove Street, Room 307
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Loveman, Kornreich + Steers, Inc.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Liability Insurance

Endorsement

Policy Period	11/1/2007 – 11/1/2008
Effective Date	08/01/08
Policy Number	6941915
Insured	Netsmart Technologies, Inc.
Name of Company	Federal Insurance Company
Date Issued	7/31/2008

This Endorsement applies to the following forms:

General Liability

Under Conditions, the following condition is added:

Conditions

Other Insurance – Primary Additional Insured

If you agree, in a written contract, agreement or permit, to provide primary insurance for the person or organization shown in the Schedule below, this Other Insurance – Primary Additional Insured condition applies.

If other valid and collectible insurance is available to the **insured** for loss we would otherwise cover under this insurance, our obligations are limited as follows.

Primary Insurance

This insurance is primary. We will not seek contributions from any other insurance available to the person or organization with whom you agree to include in Who Is An Insured, except when the Excess Insurance provision applies.

Excess Insurance

This insurance is excess over any other insurance, whether primary, excess, contingent or on any other basis:

A. that is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar insurance for **your work**;

Conditions

Other Insurance – Primary Additional Insured (continued)

B. that is insurance that applies to **property damage** to premises rented to you or temporarily occupied by you with permission of the owner;

C. if the loss arises out of aircraft, **autos** or watercraft (to the extent not subject to the Aircraft, Autos Or Watercraft exclusion);

D. that is insurance:

1. provided to you by any person or organization working under contract or agreement for you; or

2. under which you are included as an insured; or

E. that is insurance under any Property section of this policy.

When this insurance is excess, we will have no duty to defend the **insured** against any **suit** if any other insurer has a duty to defend such **insured** against such **suit.** If no other insurer defends, we will undertake to do so, but we will be entitled to the **insured**'s rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of loss, if any, that exceeds the sum of the total:

- amount that all other insurance would pay for loss in the absence of this insurance; and
- of all deductible and self-insured amounts under all other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not negotiated specifically to apply in excess of the Limits Of Insurance shown in the Declarations of this insurance.

Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this method each insurer contributes equal amounts until it has paid its applicable limits of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limits of insurance to the total applicable limits of insurance of all insurers.

Schedule:
The City and County of San Francisco, its officers, employees and agents
Contract #:
Contract Name: Software and Applications Service Agreement
Effective Date: 08/01/08

All other terms and conditions remain unchanged.

Brenda Steers

Authorized Representative

POLICY NUMBER:
71284313

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 08/01/08	Countersigned By:
Named Insured: Netsmart Technologies Inc.	Brenda Steers (Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s) : The City and County of San Francisco, its officers, employees and agents are named as Additional Insured, but only insofar as the operations under Software and Applications Service Agreement between The City and County of San Francisco and Netsmart New York, Inc. are concerned. The policy is primary insurance to any other insurance available to the Additional Insured, with respect to any claims arising out of Contractor's activities under this Agreement.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.