

**ADDENDUM # 1 Request for Proposals  
Electronic Health Records  
Questions & Answers**

**October 14, 2020**

**Issued by: Santa Barbara County, Department of Behavioral Wellness (BWell)**

Addendum Descriptor: This addendum is issued as supplemental information to the RFP for clarification, correction, and/or additional information that will be of use to applicants. Applicants are responsible for ensuring that their proposals reflect any and all information included. The Department of Behavioral Wellness recommends that applicants frequently consult RFP360 (the online system BWell is using to issue and score RFPs), as well as the Department website (<http://countyofsb.org/behavioral-wellness/bids.sbc>), to determine if they have downloaded all addendums to the RFP.

Responses to Questions/Clarifications from Bidders' Conference and Messages via RFP360:

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**1) Can you please clarify the following info so we can formulate a budgetary quote?**

- **How many inpatient (IP) facilities**
- **How many outpatient (OP) facilities**
- **How many IP beds**
- **How many OP providers/concurrent users/prescribers**
- **How many total users/cc users**

At this time, we are only looking at inpatient cost proposals for the Psychiatric Health Facility (PHF); please only provide a budget for IP. As part of the evaluation of the RFP response, we want to understand the full capability of the vendor/solution, which includes inpatient and outpatient. To help bidders understand our system as a whole, we are also answering your question regarding outpatient facilities for informational purposes only.

Inpatient:

One facility, the PHF

16 beds

70 unique staff

40 concurrent users

10 prescribers

Outpatient:

12 outpatient clinics

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**2) Can we get a count of providers? Can we get a total count of users?**

Please see Question 1.

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**3) How many users will be assigning or updating client diagnoses?**

Please see Question 1.

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**4) How many concurrent users should we include in our scope and proposal? If you currently operate on named users, a ratio of 3:1 is our recommended conversion rate.**

Please see Question 1.

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**5) How many named prescribers should be included in the project scope?**

Please see Question 1.

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**6) Should proposals be based solely on inpatient, or is the County and BWell open to considering a holistic offering that includes a clinical EHR for all levels of care, a billing engine, and a managed care system within one fully integrated application?**

This proposal should be based solely on inpatient. Regarding outpatient, we simply want to know whether or not the EHR has outpatient capabilities (please see Question 1).

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**7) Can you provide details on services offered within your inpatient facilities?**

The Department of Behavioral Wellness operates the Santa Barbara County Psychiatric Health Facility (PHF), a 16-bed facility that provides 24-hour inpatient care to individuals requiring psychiatric hospitalization. It is a Lanterman-Petris-Short-designated facility and the only Acute Psychiatric Inpatient Hospital that accepts Medi-Cal within Santa Barbara County. The PHF is licensed both as a Psychiatric Health Facility by the California Department of Health Care Services and as an Acute Hospital by the Centers for Medicare and Medicaid Services (CMS). The PHF is one of only two such free-standing psychiatric hospitals in the State of California, also known as "Super-PHF," distinguished from other Psychiatric Health Facilities by their ability to receive Medicare reimbursement.

Services at the inpatient facility include interdisciplinary care (psychiatry, social work, and recreational therapy). For more information, please go to <http://www.countyofsb.org/behavioral-wellness/phfboard.sbc>.

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**8) Line 144 within the functional requirements states, "Provides tools to document and track all client referrals in and out of the clinic, department, or program". What are the requirements in how to send or receive referrals?**

The EHR must be capable of tracking patient discharges, referrals, and follow-up. In your proposal, please describe the EHR's interoperability with other systems which would allow us to see if appointments were kept, and track referral data for the purposes of state and federal funding and required reporting.

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- 9) Exhibit C: Cost Proposal asks you to provide a description for value-added services. We would like to include supplementary materials or exhibits that extend beyond a short text description. Is there a place in RFP360 to do this?**

Yes. In RFP360, we have enabled multiple attachments. For each question that requires a file attachment, you will be able to attach more than one document. Please attach your supplementary documents in the most relevant location (e.g. attach a completed Exhibit C: Cost Proposal and your supplementary materials regarding value-added services within the same question).

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- 10) Are you limiting participation in the RFP process and potential contract award to only organizations that have worked in California for 3 years? Is there a specific County policy or a California state requirement that is driving the 3-year requirement? We feel that it will restrict new vendors from providing innovation in the market.**

Yes; in order to be eligible according to the RFP Bidder Minimum Qualifications, the Bidder must be “regularly and continuously engaged in the business of providing a fully functional behavioral health client record management, electronic health record, billing, claiming and managed care system software, and maintenance and support for at least the past three (3) years to a California County.” Part of our reasoning is that we are not looking to beta-test new software, but rather use a product that is proven in this space. California has some unique claims and billing requirements; we are looking for a product that has been through the cost reimbursement cycle and has already been challenged against those requirements.

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- 11) It is our understanding that the County and BWell are seeking to procure the most cost-effective services for community members by contracting with providers, contractors, suppliers, or vendors for selected services to create a system of care that supports the Department’s mission and guiding principles. In order to ensure this can be accomplished, wouldn’t you need to evaluate all applicable vendors, and not just the ones currently conducting business with other California counties?**

Please see Question 10.

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- 12) What flexibility are you able to offer with respect to the Short Doyle/Medi-Cal billing experience requirement? We are live with clients that have Medicaid funding sources in over 20 states, and will be going live with our first California client on January 1, 2021. The EHR System will be able to fully support and administer the coordination of priority billing of all payor plans, including Medi-Cal Short Doyle, in addition to regulatory reporting, cost reporting, and financial reconciliation.**

Please see Question 10.

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- 13) Can you please confirm the length of the initial contract term? It appears to be approximately 2.5 years based on when the contract is completed.**

The term of the contract will commence upon execution by the Chair of the Santa Barbara County Board of Supervisors; the target contract start date is January 1, 2021. The contract shall expire on June 30, 2023 unless otherwise terminated or extended pursuant to the contract.

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- 14) Do you have a desired implementation timeframe from contract signing to go-live such as 9 months or 12 months?**

Our desired implementation timeframe is 6 to 9 months.

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**15) Do you have a desired go-live date for the new EHR system?**

Our desired go-live date is on or before July 1, 2021.

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**16) Does BWell provide any primary care services, and should this functional module be included within the proposed project scope? If so, how many primary care providers do you have?**

BWell does not provide primary care services.

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**17) Do you have a Medication Assisted Treatment (MAT) Program? Do you offer Suboxone or Methadone? If so, what dispensing system do you use?**

Yes, we have a MAT program. We offer both suboxone and methadone. We utilize tablets and sublingual films. Aegis Treatment Centers currently administers courtesy dosing for methadone at the PHF. Suboxone is also used at the PHF.

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**18) Do you need to do 270/271 eligibility checks with any other entity outside of Medi-Cal?**

Yes, Medicare as well. Private insurance is not necessary, due to the very low volume of private insurance clients that we serve in the PHF.

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**19) Are there other 837/835 formats to be included in the project scope in addition to Medi-Cal and Medicare? If yes, please identify the number required and the additional payers.**

No.

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**20) Do you currently or anticipate needing connectivity to a Health Information Exchange? If so, who?**

We are not currently a member of any Health Information Exchange, but we would like Bidders to enumerate their ability to connect to a Health Information Exchange.

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**21) How many Health Information Exchange (HIE) interfaces should be included in the project scope? Please provide the names of the HIEs/systems. Please describe the functionality required.**

Please see Question 20.

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**22) Is there a need / desire for a disconnected solution (free of Wi-Fi or cellular connection)? If yes, how many named users should be included in our proposal?**

This may not be necessary within the PHF, but we are interested in the solution. This should be included as a value-added service in the proposal with per named user pricing.

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**23) Should secure direct messaging be included in the proposed scope for the sharing of PHI external to the BWell? If so, how many named users will need access to this functionality?**

This should be included as a value-added service in the proposal with 10 named users.

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**24) Do you currently work with a pharmacy software that you would like to integrate with the new EHR? If no, are you expecting vendors to provide proposals inclusive of this functionality?**

We expect Bidders to provide proposals inclusive of pharmacy software.

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**25) How many interfaces for lab vendors should be included in the project scope? Please provide the names of the lab vendors.**

Our current lab vendors are Pacific Diagnostic and the Department of Public Health.

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**26) Our system is telehealth agnostic and can interface with the vendor of your choice. What vendor do you use now or envision using in the future?**

The most likely vendors we would use for telehealth are Zoom and Microsoft Teams.

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**27) Should a client portal be included in the project scope? How many clients do you estimate would utilize the portal annually?**

Yes, a client portal should be included in the project scope. We estimate approximately 300 clients will use the portal annually.

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**28) Does the County and BWell prefer a purchased licenses model or a Software as a Service (SaaS / license lease)?**

The preference is SaaS, but a cost/benefit proposal for a purchased license model would be beneficial to see for comparison.