

**State of Nebraska (State Purchasing Bureau)
REQUEST FOR INFORMATION**

RETURN TO:
State Purchasing Bureau
301 Centennial Mall South, 1st Fl
Lincoln, Nebraska 68508
OR
P.O. Box 94847
Lincoln, Nebraska 68509-4847
Phone: 402-471-2401
Fax: 402-471-2089

SOLICITATION NUMBER	RELEASE DATE
RFI DBH28	August 3, 2011
OPENING DATE AND TIME	PROCUREMENT CONTACT
September 08, 2011 2:00 p.m. Central Time	Ruth Gray

This form is part of the specification package and must be signed and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska, Administrative Services, Materiel Division, State Purchasing Bureau, is issuing this Request for Information RFI DBH28 for the purpose of gathering information for the procurement of a centralized Behavioral Health Information System. Information provided will assist the State of Nebraska, Department of Health and Human Services, in developing a future Request for Proposal.

Written questions are due no later than August 15, 2011, and should be submitted via e-mail to matpurch.dasmat@nebraska.gov. Written questions may also be sent by facsimile to (402) 471-2089.

Bidder should submit one (1) original and five (5) copies of the entire RFI response. RFI responses must be submitted by the RFI due date and time.

RFI RESPONSE MUST MEET THE FOLLOWING REQUIREMENTS TO BE CONSIDERED VALID. RFI RESPONSE WILL BE REJECTED IF NOT IN COMPLIANCE WITH THESE REQUIREMENTS.

1. Sealed RFI responses must be received in State Purchasing by the date and time of RFI opening indicated above. No late information will be accepted. No electronic, e-mail, fax, voice, or telephone information will be accepted.
2. RFI response must meet all specifications of the RFI.
3. This form "REQUEST FOR INFORMATION" MUST be manually signed, in ink, and returned by the information opening date and time along with bidder's response and any other requirements as specified in the RFI.
4. It is understood by the parties that in the State of Nebraska's opinion, any limitation on the contractor's liability is unconstitutional under the Nebraska State Constitution, Article XIII, Section 3, and that any limitation of liability shall not be binding on the State of Nebraska despite inclusion of such language in documents supplied with the contractor's bid or in the final contract.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____ DATE: _____

TYPED NAME & TITLE OF SIGNER: _____

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I. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Administrative Services (AS), Materiel Division, Purchasing Bureau (hereafter known as State Purchasing Bureau), is issuing this Request for Information, RFI DBH28 for the purpose of gathering information for the procurement of a centralized Behavioral Health Information System. Information provided will assist the State of Nebraska, Department of Health and Human Services, in developing a future Request for Proposal.

Any reference to the "State" in this document refers to the State of Nebraska.

Any reference to the "Department" in this document refers to the Department of Health and Human Services.

Any reference to the "Division" in this document refers to the Division of Behavioral Health.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT: <http://www.das.state.ne.us/materiel/purchasing/rfp.htm>

A. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

	ACTIVITY	DATE/TIME
1	Release Request for Information	August 03, 2011
2	Last day to submit written questions	August 15, 2011
3	State responds to written questions through Request for Information "Addendum" and/or "Amendment" to be posted to the internet at: http://www.das.state.ne.us/materiel/purchasing/rfp.htm	August 22, 2011
4	RFI opening Location: Nebraska State Office Building State Purchasing Bureau 301 Centennial Mall South, Mall Level Lincoln, NE 68508	September 08, 2011 2:00 PM Central Time
5	Conduct oral interviews/presentations and/or demonstrations (if required)	September 21-23, 2011

II. RFI RESPONSE PROCEDURES

A. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the State Purchasing Bureau. The point of contact for the procurement is as follows:

Name: Ruth Gray
Agency: State Purchasing Bureau
Address: 301 Centennial Mall South, Mall Level
Lincoln, NE 68508

OR

Address: P.O. Box 94847
Lincoln, NE 68509
Telephone: 402-471-2401
Facsimile: 402-471-2089
E-Mail: matpurch.dasmat@nebraska.gov

B. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

C. COMMUNICATION WITH STATE STAFF

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State is restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

1. written communication with the person(s) designated as the point(s) of contact for this Request for Information;
2. contacts made pursuant to any pre-existing contracts or obligations; and
3. state-requested presentations, key personnel interviews, clarification sessions or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor's response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

D. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a bidder regarding the meaning or interpretation of any Request for Information provision must be submitted in writing to the State Purchasing Bureau and clearly marked "RFI Number DBH28; Information System Questions". It is preferred that questions be sent via e-mail to matpurch.dasmat@nebraska.gov. Questions may also be sent by facsimile to 402-471-2089, but must include a cover sheet clearly indicating that the

transmission is to the attention of Ruth Gray, showing the total number of pages transmitted, and clearly marked "RFI Number DBH28; Information System Questions".

Written answers will be provided through an addendum to be posted on the Internet at <http://www.das.state.ne.us/materiel/purchasing/rfp.htm> on or before the date shown in the Schedule of Events.

E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

For the purpose of this RFI, the State reserves the right to conduct oral interviews/presentations and/or demonstrations, if required, at the sole invitation of the State. Only vendor responses with systems already constructed or developed in other states or private/public domain will qualify to participate in the oral interview/presentation and/or demonstration process. **Vendors are to include, with its RFI response, a list of references to include contact name, address, phone and email address that have systems already constructed or developed in other states or private/public domain.** The RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP. There will not be a contract as a result of the RFI and the State is not liable for any costs incurred by vendors in replying to this RFI.

Any Department of Behavioral Health Enterprise Information System RFP issued will be open to qualified vendors whether or not those vendors choose to submit a response to this RFI. The RFI is not a pre-qualification process.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State.

F. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original, clearly identified as such, and five (5) copies of the entire RFI response should be submitted. The copy marked "original" shall take precedence over any other copies, should there be a discrepancy. RFI responses must be submitted by the RFI due date and time.

A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials. RFI responses must reference the Request for Information number and be sent to the specified address. Container(s) utilized for original documents should be clearly marked "ORIGINAL DOCUMENTS". Please note that the address label should appear as specified on the face of each container. Rejected late responses will be returned to the bidder unopened, if requested, at bidder's expense. If a recipient phone number is required for delivery purposes, 402-471-6500 should be used. The Request for Information number must be included in all correspondence.

G. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may

not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

H. REQUEST FOR INFORMATION OPENING

The sealed responses will be publicly opened and the responding entities announced on the date, time and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening.

I. LATE REQUEST FOR INFORMATION RESPONSES

RFI responses received after the time and date of the RFI opening will be considered late responses. Rejected late responses will be returned to the bidder unopened, if requested, at bidder's expense. The State is not responsible for responses that are late or lost due to mail service inadequacies, traffic or any other reason(s).

III. PROJECT DESCRIPTION AND SCOPE OF WORK

The purpose of this document is to solicit ideas from vendors regarding the services and functionality that may be included in a new centralized, enterprise wide behavioral health information system. The Department of Health and Human Services Division of Behavioral Health intends to issue a Request for Proposal (RFP) in 2012. The Department is seeking input from the vendor community on best practices and state-of-the-art solutions. The Department is seeking vendor community insight and information prior to finalizing functional and technical requirements that may be included in a Request for Proposal (RFP).

1. THE OBJECTIVES OF THIS RFI ARE TO

- a.** Identify new technology, best practices and business initiative to be considered in the planning process;
- b.** Collect information to facilitate construction of the RFP requirements;
- c.** Collect information to aid the Department in understanding the vendor perspective on design, development and operation of a Behavioral Health data system and;
- d.** Insure that the Department technology investment insures flexibility and functionality that will support the new federal Health Care reform initiatives.

A. PURPOSE AND BACKGROUND

The goal of the Division is to provide a method for accomplishing the development of a management information system as required under the Nebraska Behavioral Health Services Act {Section 71-806(1)(e) and 71-810(7)}.

The vision of the Division's data strategy is an integrated system that will eliminate unneeded or duplicative data elements and consolidate information technology platforms and software within the Division to better meet the analytical and data needs of the Division and its stakeholders.

The Division of Behavioral Health needs a centralized information system that must securely transmit and retrieve data on behalf of the Division's contracted providers, Nebraska's six Behavioral Health Regions, and other Department information systems.

The Division of Behavioral Health seeks a fully integrated data system that supports planning, organizing, staffing, directing, coordinating, reporting, and purchasing of services/contracts among the Division's many stakeholders.

Currently reports and data generated from behavioral health regions and providers are submitted via paper, spreadsheets, electronic databases from a variety of Off the Shelf software products. The Division personnel must manually organize, transfer, and enter information in various repositories to support required federal and state reporting and Division functions.

The Division does not have a file exchange format and encounters substantial obstacles in directly collecting, organizing and accessing data from Behavioral Health Regions and providers around the state other than through the current contracted data system vendor. Providers, regions and other stakeholders do not have ready access to their own data entered into the data contractor's system nor the ability to access ad hoc reports.

1. DETAILS FOR BUSINESS REQUIREMENTS FOR A CUSTOM-BUILT CDS INCLUDE

- a. Provide a platform to interface with other system partners by which a broader picture of behavioral health delivery system is obtained
- b. Provide access to data at provider, Region and State levels to more efficiently and effectively plan and deliver a public behavioral health system at all levels
- c. The ability to make data-driven decision making
- d. Improved ability to monitor state and federal fiscal and clinical performance data
- e. Identify trends and outcomes that will improve the service delivery system and prevention efforts thereby impacting mental illness and substance abuse
- f. Improve State and Federal funding accountability—linking expenditures to outcomes
- g. Inform evidence-based treatment practices by using fidelity and outcome data

2. THE DIVISION HAS

Worked internally and externally—with many individuals in Nebraska’s six behavioral health regions and other key stakeholders—to understand information gathering and reporting issues and to identify stakeholder interests, roles, and responsibilities;

- a. By identifying business requirements.
- b. By increasing its understanding of existing technology investments around the state—Central Data Systems (CDS), Electronic Medical Record (EMR) systems.

B. CURRENT BUSINESS PRACTICES AND CURRENT ENVIRONMENT

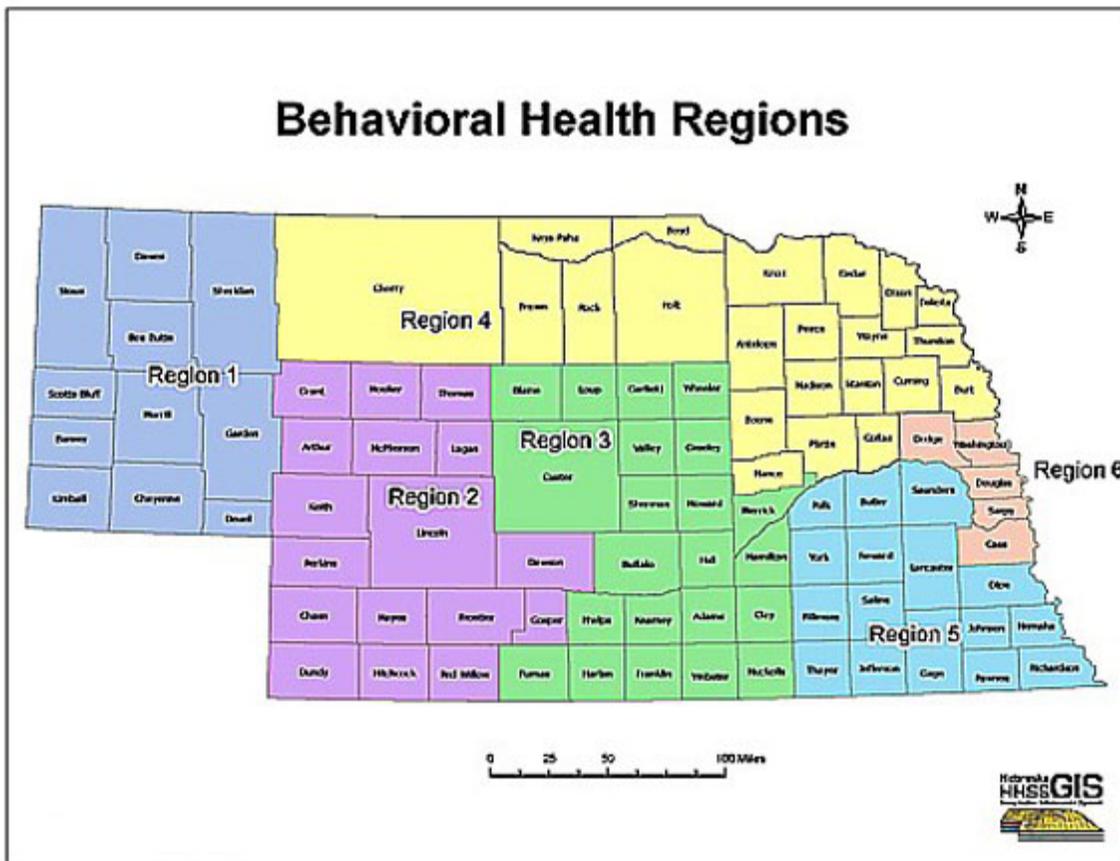
The organizational structure of the Department of Health and Human Services includes a Chief Executive Officer who is appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature.

The Department has six divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans’ Homes.

The directors of the divisions are also appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature. The division directors report to the CEO. A Chief Operating Officer, in charge of Operations that support the Department, also reports to the CEO.

The Division of Behavioral Health includes a central office in Lincoln and the three Regional Centers in Lincoln, Norfolk and Hastings, and has approximately 993 employees.

The division provides funding, oversight and technical assistance to the six Regional Behavioral Health Authorities (regions). The Regions contract with local programs to provide inpatient, outpatient, emergency and other community mental health and substance abuse services. Gambling services are contracted directly from the Division of Behavioral Health to the provider.



There is an increased focus on behavioral health consumer involvement in planning, service development and delivery. The division’s Office of Consumer Affairs facilitated creation of a Consumer Specialist position in each Region to provide peer support to other consumers.

The Regional Centers care for persons committed by mental health boards or the courts. Lincoln Regional Center provides general psychiatric services, intensive residential treatment, a sex offender community residential program, and secure intermediate and transitional residential services. Norfolk Regional Center provides inpatient mental health and sex offender services. Hastings Regional Center provides residential substance abuse treatment for young men paroled from the Youth Rehabilitation and Treatment Center in Kearney, Nebraska.

Additional details can be found at the Department’s Public Web Site, Division of Behavioral Health section: [http://www.dhhs.ne.gov/Behavioral Health/](http://www.dhhs.ne.gov/Behavioral_Health/)

C. THE FOLLOWING IS AN ASSESSMENT OF THE DIVISIONS CURRENT BUSINESS AND ORGANIZATION

1. CURRENT DATA COLLECTION AND REPORTING

The Divisions reporting responsibilities stem from its role as the State Behavioral Health Authority (NRRS 71-806). This authority is for mental health, substance abuse and compulsive gambling (NRRS71-804 (1)). As the State authority, there is a responsibility for transparency in reporting and managing processes designed to provide prevention and treatment services to the consumers of behavioral health services in Nebraska.

The Division is responsible for reporting related to the Gamblers Assistance Program (GAP), a program that, along with an advisory council, service providers, and consumers, helps to reduce problem gambling for all Nebraskans.

The Division provides reliable, accurate, authoritative and current data to a variety of funding sources and constituents that require information for Federal Government Block Grant reporting, State General Funds, local county tax match, cash funds and various DBH program responsibilities.

Currently the DHHS lacks an integrated department data system. There is the ability to share data extracts across divisions but the process is not efficient.

The state hospital system utilizes AVATAR. An extract is made available to DBH.

2. DATA COLLECTION PROCESSES AMONG DBH, THE REGIONS AND THE PROVIDERS

The data required by the Division to manage the oversight, funding and program responsibilities is collected monthly from the six Regions as well as from a variety of additional systems, stakeholders and GAP providers.

Magellan is an Administrative Service Organization (ASO) for the Division and the Department's Division of Medicaid and Long Term Care. Currently, the Regions and contracted providers utilize the Magellan corporate data system to register consumers and obtain authorization for payment. All patient demographic data is manually entered into the Magellan system by the providers who then contact Magellan by phone to receive an authorization for a number of intensive services. Providers also enter information into the system for services that are less intensive. These are referred to as registered services, and among others include gambling addiction services. This entry process also provides the TEDS data (Treatment Episode Dataset) which is integral to DBH for the federal reporting described in the "Reports" section of this document.

A monthly billing process is facilitated by Magellan for the Regions and providers to obtain payment for their services and expenses. After the final billing date of each month, providers access the Magellan Turn-Around Document (TAD) report in Magellan and enter their encounter/service data. Upon completion, they print the TAD document which reflects the services provided and units of service during the billing period. The providers then manually transfer the data in the TADs document to a spreadsheet and send it along with the TAD and supporting documentation to the Regions for approval.

The documentation supplied by providers is carefully checked by the Regions against the TAD and discrepancies are followed up. After required corrections are made, the Region manually combines the separate provider spreadsheets into a single spreadsheet and provides it in both electronic and paper formats, along with the required supporting, signed documentation to the State.

The final billing documents must be accurately produced and delivered to the State within twelve (12) days after the last billing unit was produced. This turn-around time is required to comply with DHHS policy to provide payment to the providers within twenty-five (25) days.

In addition to entering registration and authorization data into the Magellan system, Regions and providers utilize 15 or more clinical, care management and practice

management systems for tracking information. See table for a list of systems used by the Behavioral Health Regions and Providers.

Table 1. Clinical, Practice Management and Care Management Software used in Nebraska Behavioral Health Regions and Providers	
Region	Clinical Software Used
I	The Region uses Medical Manager for practice management and has contracted for future use of NextGen both practice management and EMR and has plans for exchanging clinical data through "eBHIN," (Electronic Behavioral Health Information Network) that is currently in development.
II	Region II Tracking System an integrated clinical and practice management system created and hosted by the Region.
III	Anazazi is used by South Central Behavioral Health Services. Mid-Plains Center has developed an integrated application for demographics, orders and billing. Both have integrated practice management systems. Goodwill utilizes a system called Credible.
IV	The Professional Partners Program in this Region utilizes the clinical portion of LWSI (Lavendar & Wyatt Systems, Inc). Among the 13 – 15 providers, the major entities BHS (Behavioral Health Services) Heartland Counseling Services and the Liberty Center all as well as the Region, use the system for a combination of scheduling as well as fiscal purposes (payroll, human resources). Catholic Charities uses Seaquest's Tier, an integrated practice management and clinical system.
V	Most providers currently use EMR and the Region and providers have contracted for future use of NextGen both practice management and EMR and have plans for exchanging clinical data through "eBHIN," (Electronic Behavioral Health Information Network) that is currently in development.
VI	The providers use a variety of clinical, care management and practice management systems: Maplewood, Service Point, Caminar; Clinician Desktop (CDT); Sequest's Tier.
Regional Centers	Regional Centers utilize Avatar and although they use a limited number of elements, including treatment plans, psychological assessments, psychological social work history and history and physical, they plan to utilize more modules in the future.
Lasting Hope Recovery Center	The 64-bed adult psychiatric center uses the Siemens Soarian system for clinical information and Midas for Care Management.

The Division does not have a claims system and Magellan is not able to provide fiscal data in a format configurable for the multiple reporting requirements of the Division and its constituents, both paper based and digital file-based systems must be used to provide the billing data and the data needed for reporting. The dependency on manual entry of the same data multiple times, increases the chance of errors.

3. MONTHLY AND ANNUAL SERVICE AND FINANCIAL (FISCAL) REPORTS

Fiscal reporting consists of providing information to State Finance and SAMHSA. Data for fiscal reporting is derived largely from the paper billing reports sent monthly by the Regions. Data entry from paper source documents is required. For the federal reporting, all information must be broken down by: patient/service/cost or fee service/Region/location/provider/contractor/subcontractor/strategy that the service addresses and further must identify if the service is Medicaid eligible/what is the limit on the expenditure. This is complicated by the fact that a single Region could involve

up to 20 subcontractors. Adding to the complexity is the fact that payment provided for these services is not necessarily fee-per-unit based. Payment is frequently made on a cost reimbursement basis.

D. SYSTEM OVERVIEW

1. REPORTS

a. NATIONAL OUTCOME MEASURES (NOMS)

NOMs include a set of 10 measurable outcomes for three areas: mental health services, substance abuse treatment, and substance abuse prevention. SAMHSA uses this data to set performance targets for State and Federally funded initiatives and programs. NOMs are reported by the Division and other states through a system called TEDS/SOMMS (the Treatment Episode Data Set/State Outcomes Measurement and Management System), which integrates and coordinates SAMHSA's data collection reporting requirements to comply with the Government Performance and Results Act (GPRA).

b. NEBRASKA UNIFORM REPORTING SYSTEM (URS)

URS reporting is the major source of mental health data for SAMHSA. In addition to individuals whose services are funded by DBH, the URS reporting must also include those funded by Medicaid and matched by DBH. State Behavioral Health agencies submit the reporting yearly in the Community Mental Health Services Block Grant Implementation Report. Information entered by the Division and other states into the 21 URS Tables is used to promote accountability for the expenditure of Community Mental Health Block Grant funds by showing performance on issues of Access, Appropriateness, Outcomes, and System Management.

The Mental Health Uniform Reporting System is being augmented by new federal requirement of individual client level data similar to the TEDS/SOMMS reporting in Substance Abuse beginning in Federal Fiscal Years 2012-13.

c. ANNUAL BLOCK GRANT APPLICATIONS

The Community Mental Health Services Block Grant (CMHS) is the single Federal contribution dedicated to improving mental health service systems across the country. Through the Community Mental Health Services Block Grant, a joint Federal-State partnership, CMHS supports existing public services and encourages the development of creative and cost-effective systems of community-based care for people with serious mental disorders.

In order to apply for block grant funding, the Division must be aware of program strengths and weaknesses, and unmet needs in order to propose feasible goals. In addition, incremental progress must be measured and reported.

d. ANNUAL SUBSTANCE ABUSE PREVENTION AND TREATMENT GRANT APPLICATIONS

The Substance Abuse and Mental Health Services Administration (SAMHSA) Annual Substance Abuse Prevention and Treatment Grant Applications are dedicated to improving substance abuse service systems across the country.

In order to apply for grant funding, the Division must be aware of program strengths and weaknesses, and unmet needs in order to propose feasible goals. In addition, incremental progress must be measured and reported.

In 2011, DBH is opting to complete a combined application for the MH and SA Block Grants per federal instructions.

e. AD HOC REPORTS

Ad hoc reports are required periodically by the Division and/or the regions and/or providers and often the legislature depending upon requirements for non-standard information.

f. DATA TRACKING REQUIREMENTS

The Division has a number of reporting and data tracking responsibilities internally termed "Stand Alones." These Stand Alone databases and related reporting requirements include:

g. SYNAR DATA COLLECTION REPORTING

Tobacco retailer compliance reporting in terms of the sale of tobacco products to minors is federally required as a part of the Substance Abuse Block Grant. The Division is responsible for compiling a list of the State's tobacco retailers with the retailers being randomly selected for undergoing compliance checks to ascertain adherence to laws by the local law enforcement officers and the Nebraska State Patrol regarding selling tobacco to youths. The peace officers utilize paper reports with results of each monitoring episode sent to the Division.

Paper reports received by the division are then entered into a spreadsheet and converted into a standard CSV (Comma-Separated Value) file. Division staff loads this into a federal web site, and also enters other data into the site manually. Annual reporting is required.

h. TRACKING OF INDIVIDUALS IN DBH EMERGENCY SYSTEM TO COMPLY WITH LB1083 REPORTING AND DIVISION NETWORK PLANNING

Not all emergency services are entered into the Magellan data system. Those that are not must be tracked by the Division. To prevent the placement of an individual in Emergency Protective Custody (EPC) for example, a crisis response team may go into the home at the request of law enforcement officials. Each Region has an Emergency Coordinator who oversees the process and provides aggregate numbers to DBH each Wednesday, and Division staff consolidates the reports.

i. LEVEL OF CARE/DISCHARGE TRACKING

Based on a legislative request, the Division tracks individuals who are waiting to leave Regional Centers, the level of care they are attempting to enter, how long they have been waiting, how long it takes them to receive community services and whether a follow-up appointment has been made. The Regional centers forward a weekly status report in Microsoft Excel format to central Division staff, at which time it is transferred to required reports. The process is extremely manual and time-intensive.

j. MANAGEMENT OF WEEKLY CAPACITY AND WAIT LIST

This reporting process is required by the Substance Abuse Block Grant and addresses the need for individuals to be admitted for substance abuse treatment and mental health services. The Regional Centers' waitlists are also managed in conjunction with the overall Behavioral Health Emergency System.

k. ADDICTION SEVERITY INDEX/CHILD AND ADOLESCENCE SECURITY INDEX (ASI/CASI) TRAINING AND CERTIFICATION

The Division is responsible for maintaining a database of individuals who have received Addiction Severity Index/Child and Adolescence Security Index (ASI/CASI) training and certification in conjunction with the Criminal Justice System and the standardized assessment model. This assessment assists judges in deciding the outcome of cases, especially substance abuse. For the Division of Behavioral Health and Medicaid funded services, the assessment must be performed by an individual trained through the model.

l. ASSERTIVE COMMUNITY TREATMENT (ACT) OUTCOMES AND FIDELITY MEASUREMENT

ACT provides comprehensive, evidence-based practice and locally based treatment to people with serious and persistent mental illnesses. Patients receive multidisciplinary, round-the-clock staffing of a multi-disciplinary team, but within their own home. An ACT team is comprised of a number of professionals including a licensed psychiatrist, a registered nurse with psychiatric experience who can provide nursing intervention if needed, a licensed mental health practitioner such as a psychologist or therapist, a mental health worker trained in rehabilitation and recovery principles, a substance abuse specialist, a vocational specialist, a peer support worker and administrative support staff. Outcome reports are provided twice yearly directly from the provider to the Division through the ACT data base. Client data is also entered into the Magellan data base as all recipients of ACT services are required to go through the Magellan authorization and continued stay review.

m. PROFESSIONAL PARTNERS PROGRAM (PPP)

Management and oversight of data collection, data entry and reporting for the Professional Partners Program. Managed by the Regions, which are the actual providers of this service, PPP provides a "wraparound" or coordinated care approach for children with serious emotional/behavioral problems. With the goal of improving the lives of the children and their families, the PPP helps prevent unnecessary out-of-home placements, reduces juvenile crime, increases school performance and attendance, and prevents children from becoming State wards for the sole reason of receiving access to services.

The youth involved is registered in the Magellan system and DBH requires collection of further data that is clinical in nature. The State provides a case rate with flexibility for purchases. A monthly billing report is provided on paper to the State for case rate utilization as well as expenses and an extern enters the data into a database. An additional database is also maintained in the Regions and is provided to DBH on a quarterly basis and produces a yearly report as well. There are some overlapping data between the two databases. In addition, the Regions are required to use a Wraparound Fidelity (WFI) Index tool to assess the quality of individualized care planning and management for the youths and their families.

n. CRIMINAL JUSTICE REPORTING

Within the Uniform Reporting System (URS) tables for the Federal Mental Health Block Grant reporting, a Criminal Justice NOM is being reported through an agreement with the Nebraska Crime Commission and the Department of Correctional Services. Analysis is contracted to be performed by the University of Nebraska Medical Center.

o. MANAGEMENT OF HOUSING AND RELATED COSTS

For individuals with serious mental illness who qualify for Division of Behavioral Health housing related assistance program, the Division will provide subsidies for housing-related expenses. Each Region has a Housing Coordinator who completes sheets with basic demographics as well as information regarding the behavioral health services utilized and reasons for discharge from the program. The information is required for the Uniform Reporting System (URS) tables and for other quality improvement purposes at the state and regional level.

p. GAMBLERS ASSISTANCE PROGRAM (GAP) DATA MANAGEMENT AND REPORTING

Outside the realm of the Behavioral Health Regions and funded fully by State Lottery and Health Care Cash dollars, the requirements around GAP reporting involve expenditures and reporting annually on the program component to the State Committee and Legislature. DHHS determines the data requirements and the Division contracts directly with GAP providers for workforce training, evaluation services, a helpline, treatment, prevention, and education services. Treatment providers enter consumer information into a specific area of the Magellan system. The Division previously contracted with the Public Policy Center to accept extracts and perform data analysis of treatment services, of helpline data and to review and provide summary of GAP programming to be reviewed by the GAP and State Committee before submission of an Annual Report to the Governor and Legislature.

q. MANAGEMENT OF THE HANDGUN REGISTRY

In compliance with the Brady Law, which prohibits individuals with specific diagnoses from purchasing handguns, individuals who have had a Mental Health Board of Commitment are placed on a registry that is provided to the State Patrol (SP). Clerks of the Commitment Boards complete a paper report containing commitment and identifying information regarding individuals subject to commitments. Division staff enters the data into a database within the office.

Each month Division staff transfer identifying information to the State Patrol. The State Patrol places the person's identifying information into the National Instant Criminal Background Check database. In addition to the Mental Health Board clerks' reporting, an admission to the Regional Centers of persons committed is reported to the State Patrol through an automated process.

It is anticipated that this reporting will be automated in the near future as a part of the Nebraska State Patrol's efforts to be compliant with the federal NICS database.

r. MANAGEMENT OF DATA COLLECTED PER FEDERAL REQUIREMENT AS A RESULT OF PREVENTION SERVICES

The Division contracts with the regions to provide prevention services through coalitions such as agencies or boards. The data are input into NPIRS (Nebraska Prevention Information Reporting System) a system built through Region VI and now supported by a third-party vendor. The system treats prevention as “events” with a beginning and end date, when in fact, prevention services are often structured differently, and the provider must be entered as a person, when in fact it could be an entity, volunteer or a coalition. Work is needed to better capture prevention data.

Additionally the system is not set up to meet the needs of fiscal reporting even though the required data spent on the six prevention strategies is vital to fiscal reporting. Data can be extracted from the system for block grant reports, but although providers wish to use the system for aggregate reporting, they are unable to do so. Additional data needs to be captured as it relates to the Region’s role in prevention coordination. The current system is not considered reliable and as a result, Division staff monitors the data closely for completeness.

s. HEALTH INFORMATION EXCHANGE

In addition, the Division is preparing to take advantage of the efficiencies and improved safety and quality of care possible through Health Information Exchange (HIE). The Division would need to function as the key provider of demographic data for patients receiving behavioral health services through the State of Nebraska. Through the connection of a centralized enterprise Behavioral Health Information System to HIE, possibilities exist for utilizing the exchange engine for eligibility determination, and its use by providers for access of clinical data would serve to enhance coordination of care.

E. SCOPE OF WORK

The Department is interested in the following system architectures and business requirements:

1. OVERALL REPORTING REQUIREMENTS

- a.** Ability to accept input from multiple sources including electronic and manual
- b.** Ability to provide reporting data in its most granular format to facilitate the highest degree of reporting flexibility
- c.** Ability to produce required reports, ad-hoc reports, and reports that meet both current and emerging HITECH ARRA provisions and Meaningful Use requirements
- d.** Ability to consolidate data from multiple sources and to present dynamic or consolidated views
- e.** Analysis and trending capabilities
- f.** Ability to frame queries by non-technical users
- g.** Interactive features with drill downs, filters, measures and flexible output formats
- h.** Visual Analysis (graphs, charts)
- i.** Ability to provide Information Dashboards
- j.** Performance Measurement Data

2. DATA FLOW REQUIREMENTS

- a. Data elements must be standardized to ensure data integrity
- b. Data must be available at all levels, from individual to aggregate
- c. Ability to accept data from multiple systems and sources.
- d. Enable manual entry of data that cannot be formatted for electronic submission.
- e. Generate alerts for missing information
- f. Consistent with standards and vocabulary that are aligned with Public Health Information network (PHIN) standards to facilitate connectivity with HIE
- g. Data flow and integrity requirements consistent with the requirements, both current and emerging, of the HITECH provisions of ARRA and related Meaningful Use requirements

3. OVERALL SYSTEM ARCHITECTURE REQUIREMENTS

- a. Web-based access to data and reporting
- b. Utilization of SOA (Service Oriented Architecture) to facilitate retrieval and data mapping related from the various systems that provide data for required reporting and analysis
- c. Architecture that facilitates consistency with requirements, both current and emerging, of the HITECH provisions of ARRA and related Meaningful Use requirements

4. DEMONSTRATION OF THE SYSTEM CAPABILITY TO DO THE FOLLOWING

- a. Ad-hoc query and analysis tool that allows users to drill down, filter, aggregate, and add calculations
- b. Interactive dashboards
- c. Ability to monitor business activity and generate alerts
- d. Ability to view reports and dashboards on mobile devices
- e. Report scheduling capabilities
- f. Ability to create data snapshots at a point in time for offline use
- g. Web-Based User Interface Requirements
- h. Customizable to meet users' individual and ever-changing needs
- i. Web-based and must support Internet Explorer 6 and 7 (at a minimum)
- j. Simple, intuitive design, requiring no technical training (to use)
- k. Ability to capture data, via text field entry (e.g. instead of court clerks submitting commitments data via paper, they'll be able to enter that data in to the CDS interface)
- l. Ability to add DHHS branding/logo
- m. Common report selection navigation tools
- n. Role-based secure sign-on through the use of active directory users and groups

5. REPORTING REQUIREMENTS

- a. Intuitive report wizard to guide users through report creation
- b. Ability to include data from multiple sources through data feeds or direct data entry
- c. Ability to add links to other reports or web pages
- d. Flexible report design layout capabilities
- e. Microsoft Office integration
- f. Flexible report output options which must include Excel, PDF, and HTML
- g. Exception reporting

- h. Information and report archival capability
- i. Flexible reporting capabilities that allow for offline data analysis
- j. Financial/Fiscal reporting and analysis capabilities
- k. Web based query and reporting
- l. Ability for data to automatically refresh when a report is opened
- m. Development of defined DBH reports

6. INTEGRATION REQUIREMENTS

- a. Must efficiently access data from multiple sources including SQL Server 2005/08, DB2, MS Excel, and MS Access, HL7
- b. Ability to expand data access to additional systems that are consistent with current data standards
- c. Must have the ability to import/integrate data from the applications and data sources listed in Table 1 and Data Tracking Requirements to the extent that these sources allow. In cases where data cannot be electronically imported, manual entry into the system would be facilitated by the CDS

7. DATA REQUIREMENTS

- a. Standardized, individualized, defined data elements.
- b. Ability to accept feeds from multiple sources that provide standard data formats.
- c. Flexible output options including CSV, XML, Excel
- d. Enable manual entry of any activity, statistic, or event that is currently not captured or available from an existing system
- e. Alerts regarding missing information; business rules
- f. Ability to segregate data by individual and report on that data

8. ARCHITECTURE AND SCALABILITY REQUIREMENTS

- a. Ability to support 200+ users
- b. Ability to share, compare and contrast data with other DHHS managed applications including CHARTS, N-Focus and MMIS in order to coordinate care and avoid duplication of services
- c. Decision-making tools to meet the needs of all levels of users from clerical and clinical to managers and administrators
- d. Highly efficient, scalable, and flexible architecture to support current and future needs

9. REPORT SCHEDULING AND DISTRIBUTION REQUIREMENTS

- a. System must have report scheduling capabilities
- b. Reporting scheduler must include capabilities to distribute reports to specific networked printers, online via SharePoint, email, or fax
- c. Ability to specify events to trigger report distribution
- d. Ability to distribute reports to mobile devices
- e. Real-time alerts when specified business conditions are met or are not met

10. ARRA AND MEANINGFUL USE REQUIREMENTS

- a. System standards must be consistent with the HITECH provisions of ARRA and related Meaningful Use requirements
- b. Must comply with minimum Certification Commission for Health Information Technology (CCHIT) federal criteria and standards, so it will qualify for ARRA incentives if DBH seeks EHR Alternative Certification for the CDS

11. SECURITY REQUIREMENTS

- a. System must reside behind the DHHS firewall
- b. User and group based security to control access to system and reports
- c. Provide security at the system, application, database and field level
- d. System users must be provisioned in the State's Active Directory to provide authorization at a role-based level
- e. Consistent with all HIPAA and other statutory, regulatory and policy requirements as defined and adopted by DHHS/DBH
- f. Ability to maintain an audit trail and activity review as it relates to Protected Health Information (PHI)

12. AVAILABILITY REQUIREMENTS

- a. System will be available, online 24x7

13. TECHNOLOGY REQUIREMENTS

- a. The solution will make use of SOA (Service Oriented Architecture)
- b. The solution will support established standards for Behavioral Health Information Exchange
- c. The solution will enable standard data formats that supports interoperability among healthcare applications

14. SUPPORT AND MAINTENANCE

- a. Any defects in the system will be addressed by the system provider
- b. The solution requires a plan for support, maintenance and upgrades
- c. Technical assistance in the identification and diagnosis of problems with the system will be available

F. SUPPORT PERSONNEL

- a. Indicate the number and skill level of personnel the vendor purposes to support solution

Form A

Vendor Contact Sheet

Request for Information Number DBH28

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	