

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

12/11/2008

Category	Question/Issue	Response
Contract Agreement	Can an agency change its approach to a project once a contract is signed?	Contracts and CIOB will likely include contract language to address changes in the project approach.
Contract Agreement	Due to merger or acquisition with another legal entity, a contract agency funded through MHSA no longer exists. Will the MHSA funds rollover to the surviving legal entity? Will applications, hardware etc. purchased with the MHSA funds be returned to DMH or acquired by the surviving agency? Will monies paid need to be returned to the MHSA fund? Will a new contract agreement need to be signed for the surviving agency for the unused MHSA IT funds?	Contracts and CIOB will likely include contract language to address mergers or acquisitions.
Contract Agreement	If a project is not completed, what happens to the remaining funds?	Contracts and CIOB will likely include contract language to address financial viability, contract termination. Contracts and CIOB will likely also include contract language to address failure to perform or failure to deliver.
Contract Agreement	If an agency is not able to meet its financial viability and is terminated, will the agency need to return all MHSA IT funds to DMH or will they revert to the contract agency reserve fund? Will there be contract language to address this situation especially if the agency has partially implemented an approved MHSA application? If the contract agency wants to continue the application implementation even without MHSA funds and/or a DMH contract, will this be allowed (DMH may only represent a portion of the agency services/revenues?)	Contracts and CIOB will likely include contract language to address financial viability and contract termination.
Contract Agreement	There is a requirement to have an executed legal agreement but some contract agreements will not be executed until December 31, 2008 or later. Will this delay project approval?	No. We will work with contracts to determine if any agency may not have a signed agreement due to financial viability or other delays.
Contract Agreement	What contracting approach will be used, when will a sample be available to review?	Contracts and CIOB are reviewing two formats – the Consulting Services Agreement and a Grant Funding Agreement. We are waiting input from DMH County Counsel. A sample agreement will likely be distributed following a decision.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Contract Agreement	What happens if performance criteria are not met (punitive versus supportive)?	<p>Contracts and CIOB will likely include contract language to address performance criteria.</p> <p>Contracts and CIOB will likely also include contract language to address failure to perform or failure to deliver.</p> <p>If there is a risk of project failure CIOB will work with the agency to discuss corrective options. The overall goal is to help the agency succeed in the completion of each project. It is the responsibility of the contract agency to ensure projects are managed and monitored to meet estimated timelines and budgets.</p>
General	Can you please provide a simple definition for each of these items on the Technology Assessment Report?: Full Electronic Health Record System (EHRS) with Interoperability Components, Practice Management, Clinical Data Management, Computerized Provider Order Entry (CPOE).	<p>State definitions as shown on the Request for Information (RFI) documents.</p> <p>Full EHRS – Includes infrastructure, health record capture, decision support, reporting, data transfer and CPOE components that are interoperable with external systems such as those used by contracted providers using industry standards.</p> <p>Practice Management – includes registration, eligibility, accounts receivable, accounts payable, billing, documentation, and reporting. These requirements address the complex financial and administrative needs of physician practices.</p> <p>Clinical Data Management – includes clinical documentation such as assessment, treatment notes and other clinical measures, such as data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.</p> <p>Computerized Provider Order Entry (CPOE) – includes internal and external laboratory, pharmacy and/or radiology ordering and history display. The requirements address optimizing physician ordering of medications, laboratory tests with interactive decision support system. Integration with other hospital information technology systems including electronic patient</p>

**Contract Provider Transition Project
MHTA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
		records, pharmacy, laboratory and other services provides the prescriber with all information necessary to develop and transmit an effective, error-free order.
General	DMH is cutting approximately \$15 million from the providers CGF dollars. This results in potential staff reductions at a time when DMH is asking the providers to step-up to EDI and EMR.	The move to EDI and EHR is a national initiative to support both the State and Federal guidelines for electronic health records for all persons. The move to EDI and EHR is not a DMH decision imposed on the Contract Providers. This should be viewed as a strategic business decision for all providers.
General	DMH may not need 48 items but if the providers are not able to provide services, how will DMH address the allocation of funds to assist the providers?	DMH requested additional items to support CIOB initiatives including IBHIS and other projects to meet the State and Federal mandates and the State MHTA IT Guidelines.
General	Do you know what is going to happen to the Medi-Cal claim department since this is a major player in claims processing?	There has been talk about re-writing the claim system.
General	Does the State or County DMH plan to issue a list of 'certified' vendors?	<p>The County does not certify products. The only additional reference may be the State's effort to draft an RFI based on the set of functional requirements that has been developed.</p> <p>The State is planning to evaluate vendors based on the requirements and the RFI responses. We do not know if they plan to "certify" vendors. The link to the RFI is:</p> <p>http://www.dmh.ca.gov/Prop_63/MHTA/Technology/docs/EHR_Project/CA_BH-EHR_RFI_v10_091708.pdf</p> <p>CIOB does maintain a list of vendors that have achieved EDI Certification for the Integrated System. The list is on the CPTP Website. The link is:</p> <p>http://dmh.lacounty.info/hipaa/EDI_News.htm</p>
General	Does the State or County DMH recommend that the contract agencies wait for something further in the way of criteria before going forward and engaging an EHR-S solution? (other than the timing of MHTA project approvals of course, and	Each agency should evaluate their business needs and be prepared to submit their project proposal request(s) later this year.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHTA Workgroup meetings, email questions and open forums based on interpretation of the State MHTA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHTA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
	possibly the CCHIT Behavioral criteria)	<p>The MHSA Guidelines do identify certain standards that apply to the EHR-S and PHR in Appendix B of Enclosure 3. The MHSA Guidelines Enclosure 3 is located at:</p> <p>http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09_Enclosure_3.pdf</p>
General	Has DMH considered the use of Open Source software for IBHIS?	Open Source is mainly an operating system. There is no Open Source system that can handle the DMH function and business needs.
General	How did you determine the figure for the Contract Provider EDI transition?	Based on the total allocation from the 70/30 split of Information Technology (IT) projects and capital facility projects, we determined how much would be needed for the IBHIS project both for DMH as a provider and for DMH as an administrator. We then determined the probable amount needed for consumer access and the remainder was what was allocated to the Contract Provider EDI transition initiative.
General	How many contract agencies would share the MHSA allocation of funds?	The funds were to be allocated to the NGA legal entities represented by the CPTT workgroup (approximately 125 agencies). Community Outreach Service (COS) only providers are not included in the NGA group.
General	If one of the main goals of the State MHSA IT Plan is to have a Personal Health Record (PHR) for all consumers, how is that going to be possible with EDI since some of the Contract Providers may not have the budget for EHR to provide data to a PHR?	The information from the contract agency EDI transactions will be sent to DMH and captured in the new IBHIS data warehouse as it is today with the IS. The Data Warehouse may be used to feed a Personal Health Record (PHR). Since EDI is required, the PHR data will likely be captured even if the contract agency does not implement an EHR.
General	If the current projected State DMH budget shortfall impacts the baseline numbers for the total MHSA IT funds, which of the four categories will be impacted (reduced)?	The numbers presented are being used for planning purposes. The IBHIS numbers for DMH as provider and administrator are based on industry guidelines and should not change significantly. The MHSA language protects the allocated Capital Facilities and IT funds from other uses by the State.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
General	If the LA County Board of Supervisors approves the funding in January 2009, when would the funds actually be distributed to the providers?	Any request for project funding after January 2009 could qualify for the funds. The funds may be available in March 2009.
General	Is the State Request for Information (RFI) timeline impacting the EHRS (IBHIS) process?	No, State RFI documents are reviewed to ensure that the IBHIS RFP is complete. In addition, adherence to CCHIT guidelines and other standards are part of the IBHIS RFP process.
General	Should we wait on our project until IBHIS provides more information on the EDI requirements?	<p>Each agency should evaluate their business needs and be prepared to submit their project proposal request(s).</p> <p>Almost half of the contract agencies are in some phase of the EDI process for billing in the Integrated System. The experience and benefits gained from early use of EDI may benefit these agencies as they get ready for IBHIS.</p> <p>In addition, depending on the vendor selected, the level of support and availability may change as more agencies begin to get ready for EDI.</p>
General	Since the Jan. '09 deadline for EDI readiness is no longer accurate, is there a new date? Would it be a mistake to wait on our implementing an EDI/EHR process until funds have been approved in Jan/Feb of '09, or is this too risky based on new deadlines? I would like to take advantage of the available money, but it seems at this time that fully benefiting from the funds may not be possible.	A new timeline for EDI readiness for IBHIS has not been published. The RFP was released on September 17, 2008. When IBHIS publishes the new timeline, it will be distributed to the CPTT Workgroup.
General	The presentation at CIMH Conference by State DMH representatives regarding one-time CSS funds for technology, training, etc. raised hopes that perhaps there might be some additional money that could go to contract providers from the CSS funds. Would CSS funds be available for Contract Providers or only DMH County providers?	<p>CSS One-Time funds were not designated for technology projects.</p> <p>There has been talk of an 80/20 split of CSS ongoing funds but it is not clear how the 20% of CSS funds are allocated. The State needs to provide more input on this issue.</p>

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
General	The State MHSA released additional funds in August 2008. When will we know what our additional allocation will be and when will the funds be available?	The State MHSA has just released additional funding for IT projects, however, the allocation methodology and plans will not be submitted until we receive approval from the State on the current IT Plan. We are anticipating additional funding will likely be released to the contract agencies sometime next year. However, the 10-year timeline will expire as of June 30, 2018 for both the current MHSA IT funding allocation and any future MHSA IT funding allocation.
General	We are having an EPSDT audit next month and the state auditors indicated that in the future, "we can review charts electronically. What we will need is documentation that the County has okayed any electronic system you put in place, including okaying the system is dealing with electronic signatures." Would DMH provide the documentation that the State would require once we are online? Please advise.	CIOB issued a statement regarding the use of electronic signatures. The document is posted on the CPTP Website at: .
General	What impact will the time of year have on the Board and other approval processes?	This will occur during the fall/winter holidays and may delay the process if appropriate people are not available.
General	What period does the 10-year fund allocation cover?	DMH Information Notice No: 08-07 – Mental Health Service Act (MHSA) Reversion Policy was reviewed as it pertains to the MHSA IT funds. Based on this policy, the 10-year timeframe began on July 1, 2008 with the release of all funds and will run through June 30, 2018.
General	What will the process be if the State MHSA allocation exceeds the baseline \$345 million? Will we need to submit new project requests?	The MHSA Plan process allows additional plans to be submitted as new projects are defined. The County has completed a Phase I Plan. A Phase II plan will likely be submitted next year as other projects are requested.
General	Where are the definitions for each category such as practice management, clinical data management?	See response above.

**Contract Provider Transition Project
MHPA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
General	Will stakeholder input from System Leadership Team (SLT) be used in the MHPA planning process?	The SLT has input to the process but does not actually make funding recommendations.
IBHIS	Are there additional improvements/efficiencies to the revenue reimbursement process that can be made during this transition to IBHIS? We need the reimbursement checks to tie to the EDI claims submitted.	Need to review IBHIS requirements for revenue reimbursement.
IBHIS	DMH is referred to as both a provider and administrator. However, Contract Providers provide about 90% of mental health services. If the total cost amount is due to IBHIS funding, it may be understandable, but if it is just because of "DMH as a Provider" then why is there so little money for Contract Providers.	It is due to costs for IBHIS, not because DMH is a provider and an administrator.
IBHIS	How many DMH staff are currently allocated to IBHIS? How will the 48 additional positions be used – support, administrative, other?	Currently, \$12.5 million of reallocated unused MHPA Program Funds are being used to prepare the RFP and current IBHIS staff. Of the \$12.5 million \$4.5 million is being used for staffing and \$8 million for the initial contract through FY 08/09.
IBHIS	How were the funding amounts for DMH determined? How will they be spent?	These amounts are projected calculations. The funding allocation is based on the Integrated Behavioral Health Information System (IBHIS) cost and IBHIS related expenses. The allocation will likely be spent for the 48 staffing items needed to support IBHIS through fiscal year (FY) 12-13. If the bids are lower than expected for IBHIS, more funds would be available for the Contract Providers.
IBHIS	How will demographics information be collected by DMH?	All information will likely be exchanged through IBHIS and it may need to be done using HL7. In addition, we plan to have a secure web accessible portal to search for clients served by DMH.
IBHIS	How will new requirements for EDI be made available to the agencies?	EDI requirements will be defined with the selected DMH EHRS vendor and communicated to the contract agencies via the CPTP website. There will most likely be new DMH Companion Guides developed for the new EDI transactions. A testing and certification process may also be required depending on the EDI

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHPA Workgroup meetings, email questions and open forums based on interpretation of the State MHPA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHPA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
		requirements.
IBHIS	Is the County doing any telemedicine projects?	The MHSA IT Plan does request funds for a pilot telemedicine project. There are no further details.
IBHIS	Is the money for the redesign of the Data Warehouse included in the IBHIS totals?	No. The Data Warehouse is a separate initiative in the MHSA IT Plan.
IBHIS	Now that the IBHIS RFP is posted, how will this impact the contract agencies?	The IBHIS RFP is open to the public and defines the requirements for the County's Electronic Health Record (EHR). The RFP can be used to review requirements with other vendors or trigger ideas for requirements that might be included in the request from an individual agency for their own system.
IBHIS	What is the County deadline of January 2009 for EDI?	The EDI timeline will be updated once the IBHIS timeline is released. The January 2009 deadline to begin EDI Certification will be revised.
IBHIS	What is the purpose of the recently release State RFI for a Behavioral Health Electronic Health Record System?	The State will likely use the vendor responses to identify which vendor products meet the State MHSA IT Guidelines. The State will likely release the results to assist any County or contract agency in their own vendor selection process.
IBHIS	What will be needed for the contract agency to do EDI?	Each agency needs to look at their business needs. Once the IBHIS RFP is released, you will be provided with more EDI requirements; however, most of the EDI requirements will likely follow existing industry standards such as X12N, HL7.
IBHIS	What will happen to the current Integrated System (IS) staff?	Most of the staff will likely move over to the financial side.
IBHIS	When are the responses due for the IBHIS RFP?	The responses are due on February 26, 2009. The IBHIS timeline is posted on the CPTP website at: http://dmh.lacounty.info/hipaa/EDI_Calendar_Timelines.htm
IBHIS	Why not pick several EDI options for the providers and have all of the providers use one of these EDI options?	Each agency needs to understand their business needs in order to select the best option for their agency. DMH is not able to

**Contract Provider Transition Project
MHPA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
		know all of the business needs for the agencies. DMH has defined their business needs in order to prepare an RFP to select a vendor that will meet their needs. The Contract Providers can certainly use the DMH RFP as a guideline to develop an EHR/EDI approach.
IBHIS	Why not use the \$12.5 million available for the 48 items that have not yet been filled toward funding the Contract Provider needs?	The funds for the 48 items are for the 07/08 fiscal year and it is allocated for IBHIS implementation. Without these items, DMH could not even get IBHIS started.
IBHIS	Will the attendees at the IBHIS RFP Bidder's Conference be made available?	The information may be posted on the IBHIS website but there is no date given.
IBHIS	Will the DMH IBHIS contract be written as a not to exceed (NTE) bid?	The IBHIS RFP will be a fixed price proposal.
IBHIS	Will the mandate to convert to an EHR override the need to complete the forms or can they be incorporated into the record? Is this something that IBHIS is going to address?	This issue is under review.
IBHIS	Will there be a means to collaborate with DMH on certain projects such as the Pharmacy Benefit service, EDI testing tools, Standard Treatment Libraries? Would it be possible to purchase something that all providers could use instead of each provider spending their own funds?	There will likely need to be more discussion regarding this question and the feasibility of determining standard requirements for all agencies.
IBHIS	<p>Will there be an opportunity to share/leverage some of the products/services DMH LA is planning to invest in with their MHPA funds? For example, if the County licenses or develops electronic Treatment libraries for their EHRs, can these be shared also with contract agencies? I understand that if the County purchases these, then the sharing might be in the form of a price break with the supplier and if the County develops their own, then hopefully, they would be shared and maintained at no cost.</p> <p>Another example would be training materials developed by the County for their EHRs. Even if the agency has a different EHRs, there may be value in sharing these materials in a</p>	These items will likely be reviewed with DMH.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHPA Workgroup meetings, email questions and open forums based on interpretation of the State MHPA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHPA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
	format that can be modified. The pharmacy management tool the County licenses could possibly be negotiated to include a price break for contact providers.	
IBHIS	Would it be possible to participate in the evaluation and selection process for IBHIS?	County process is driven by County Counsel for the evaluation process. The selection of the IBHIS vendor is a County and DMH responsibility.
IBHIS	Would the Contract Provider funds be guaranteed even if there were cost overruns for IBHIS?	It is difficult to answer this but it will be problematic if the Request for Proposal (RFP) bid amount is larger than we have estimated. However, if the bid amount for IBHIS is less than we have anticipated or if there is more money coming from the State, then DMH will likely provide additional funds to the Contract Providers as long as the funds are used according to the State MHSA IT Guidelines.
Project Proposal Process	ACHSA recommends that steps 10 and 11 occur concurrently so that the process can be expedited	These steps refer to the distribution of the approved project proposal package to the District Chief and DMH Contracts and Administration Division (CDAD). There is no inference that these steps could not or would not occur concurrently.
Project Proposal Process	Are start-up costs applicable to each project?	Yes. For each approved project, a different start-up cost may be requested.
Project Proposal Process	Are the exhibits and the proposal package to be faxed and emailed?	We need a signed version of the project proposal. You can send a signed PDF version in place of a fax copy. Both the preparer and the agency Executive Director need to sign.
Project Proposal Process	Can a provider request less than the allocated funding?	Yes.
Project Proposal	Can allocated project funds be moved to a different project initiative?	Yes for the budget planning process. However, once the project contract is signed, any changes will likely require a formal

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Process		change request and may, if the changes are very substantial, require a contract amendment and a change to the Statement of Work (SOW).
Project Proposal Process	Can providers include expansion of a system in the request?	Yes, if it represents an expansion of capability and adding new functionality per the MHSA Guidelines.
Project Proposal Process	Can start-up costs be less than 20%?	Yes. The 20% is proposed as a maximum amount.
Project Proposal Process	Can the agency include the total project budget for project tracking purposes and indicate which portion of the project will be funded by MHSA funds?	As long as the MHSA portion of the project budget is clearly identified on the plan and the actual invoice expenditures. The same information applies to the project plan in that an agency may want to show the entire project plan indicating those activities or project phases covered by the MHSA funds.
Project Proposal Process	Can we bill directly?	No, you will need to bill based on an invoice process after the project request is approved, a new agreement executed and funds are available from the State MHSA allocation.
Project Proposal Process	Can we coordinate the various audits and reviews to avoid multiple audits throughout the year?	<p>The Auditor Controller coordinates the Contract Compliance audit and the Fiscal Monitoring audit with the contract agency. These audits are usually conducted over a three-year period to coincide with the Legal Entity agreement term.</p> <p>There is also a State Cost Report Audit, State EPSDT Program Audit, State MHSA Audit and Federal CMS audit. State and Federal audits cannot be coordinated with the Auditor Controller audits so these audits may occur during the County audits.</p>
Project Proposal Process	Can we have more specifics on the project review process and the information to determine “as needed”?	We will likely add more information in the next version of the project proposal.
Project	Can you tell me how the MHSA Technology guidelines define	One-time expenses are the costs to select, develop and

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Proposal Process	one-time and ongoing expenses? It is my understanding that the MHSA budget requests should include one-time and ongoing expenses, but cannot cover annual ASP fees. Can you clarify what is included in each category?	implement a solution. Ongoing costs are required to maintain the product or solution (recurring costs). Both one-time and ongoing fees for an ASP are covered.
Project Proposal Process	CCHIT standards for behavioral health care have yet to be developed. Therefore, contract agencies should not be held accountable to criteria/standards that have not been defined.	To the extent that CCHIT standards for behavioral health certification are defined at a future point in time, contract agencies using MHSA funds to support EHR projects must ensure vendor commitment to meet these standards.
Project Proposal Process	Define "appropriate monitoring."	What constitutes appropriate monitoring may vary depending upon project risks, costs, duration, etc. Use of the word "appropriate" was meant to communicate flexibility and use of reasonable judgment. DMH will likely determine the need for monitoring when projects are complex and/or implementation is considered a project risk.
Project Proposal Process	Define "Integrated Information System Infrastructure." Does this mean MHSA reimbursement will not be granted for agencies that develop a custom EHR-S, either in-house or by a development firm?	The State MHSA Guidelines describe the Integrated Information System Infrastructure. In the project proposal review criteria, item 8, states, "buying Commercial-Off-the-Shelf (COTS) software or contracting with an Application Service Provide (ASP) is strongly preferred over custom software development for new systems". This does not preclude an agency request to develop a custom EHR-S as long as the agency meets the timeline for full EDI capability with IBHIS as defined in the MHSA Guidelines.
Project Proposal Process	Define terms: operational recovery planning; business continuity planning and emergency response planning.	State DMH did not include a definition of these terms in the Capital Facilities and Technological Needs Guidelines and although CIOB inquired, we were unable to obtain definitions for these terms from State DMH. The definitions provided below are informal, based on CIOB's understanding of these terms and as such, Contract Agencies should use these informal definitions for reference when developing their project plans: 1) Operational Recovery Planning refers to protocols and

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
		<p>procedures to restore computer systems to normal functional capacity following a disruption in operations.</p> <p>2) Business Continuity planning refers to protocols and procedures to maintain business operations in the event of computer system failure, using manual or other alternative processes until computer operations are restored.</p> <p>3) Emergency Response planning is a broad plan for addressing a natural or other disaster situation that includes among other things, Operational Recovery Planning and Emergency Response Planning.</p>
Project Proposal Process	DMH has been pretty clear that an agency cannot incur costs prior to a signed agreement and be reimbursed under its MHSA allocation. Is this condition tied to a specific date or to the date of approval of a contract by the Board of Supervisors? Will reimbursements cover expenses incurred during FY 2008-09 or is reimbursement limited to expenses incurred after the approval of the contract by the Board of Supervisors?	<p>The reimbursement of any approved MHSA expense is directly tied to the execution of a signed agreement and Statement of Work for an approved project with DMH. Any expenses incurred prior to a signed agreement are not reimbursable.</p> <p>Payments for products or services delivered prior to a fully executed agreement would not be reimbursable.</p>
Project Proposal Process	Do contract agencies need to prove payment has already been spent via an invoice, or can the contract agency receive money based on the proposal we submit? It is a question of whether or not the agency needs to pay monies upfront and be reimbursed later (how long will this take) or if we can obtain the monies ahead of time.	<p>If start-up costs are included in project budgets, start-up funds will likely be distributed to contractors following full execution of the contract agreement. Any approved project costs incurred after full execution of the contract agreement will be submitted via invoice to CIOB for the purpose of tracking contractor expenditures against approved start-up funds.</p> <p>Once the start-up costs are depleted, the invoice process will be in arrears based on actual costs incurred. An invoice will need to include copies of receipts for purchases and other expenditures.</p>
Project Proposal Process	Do the start-up costs need to be broken out by budget category?	No, the start-up costs can be entered at the bottom of Exhibit 4 as a total amount.
Project Proposal Process	Do the start-up costs need to be invoiced in total before any invoicing in arrears is submitted?	Yes. All start-up allocations will likely be applied to the approved invoices until the start-up amount is used up and then will pay invoice in arrears.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Project Proposal Process	Do we need to track the employee work hours for the IT project?	Yes, you will need this information for the invoice and any State or County audits.
Project Proposal Process	Do we need to use the Recommended Project Management Methodology for the project proposal?	The Project Management Methodology is recommended for any agency that does not have a methodology. It is not required for the project proposal. Contract agencies may use those portions that will assist with the planning and execution of any project.
Project Proposal Process	Exhibit 4 – Budget Summary – Form shows years across the top. What if we do not use funds in year 08/09?	Exhibit 4 will be modified to show “Year 1”, “Year 2”, etc. instead. The contract agency will fill in the actual year based on their project proposal.
Project Proposal Process	Exhibit 6 – Quarterly Status Report – Does the Total Project Budget Information section include funds other than MHSA funds?	No. The Exhibit will be modified to show only MHSA funds.
Project Proposal Process	For EHRS or EDI projects that benefit both mental health and non-mental health programs, how should this be factored into the Technology Assessment Report due in April? Re: State Guidelines, Enclosure 1, page 5, paragraph 2.	Estimated benefits and project costs must be allocated to each program.
Project Proposal Process	For project invoicing, do we need supporting documentation?	Yes, this will likely be defined in the contract.
Project Proposal Process	For small providers, they need some kind of consortium to get up to EHR/EDI, otherwise funding allocation is not enough.	There is nothing in MHSA to prohibit the formation of a consortium if the providers want to proceed in this manner. Each funding allocation will be done at the Legal Entity level so each legal entity would need to submit their portion of the consortium dollars on their individual project requests.
Project Proposal Process	For supporting documentation on the invoice, how do we identify only those costs that are covered by MHSA IT funds?	You must identify only the costs that are covered by MHSA IT funds for each invoice. You can highlight those portions of the supporting documentation with written clarification.

Contract Provider Transition Project MHSA IT Guidelines Questions and Responses

Category	Question/Issue	Response
Project Proposal Process	Going forward, once the MHSA IT funds are completely distributed, additional funds could come from either CSS or PEI funds at a 20% level. What would these funds be used for as related to the IT initiatives?	These funds would also be used for projects based on the State guidelines for IT initiatives.
Project Proposal Process	How detailed does the Project Budget Summary Form – Exhibit 4, need to be?	The Project Budget Summary Form is a summary of budget items. We do not need an itemized list of all hardware or software that you plan to purchase. These details will be required when the invoice is submitted. Each agency should have a detailed project budget to support the figures shown on Exhibit 4, if requested by CIOB.
Project Proposal Process	How does an agency account for time spent on preparing status reports, invoices and project reviews (overhead?), how to account for indirect costs, what staff rates to use, percentage of staff time allocated to multiple projects, how are these items accounted for in the cost report.	Exhibit 4 – Budget Summary may include overhead costs, indirect costs, personnel costs including salary and benefits. All MHSA project costs will be reported as eligible direct costs on the Cost Report.
Project Proposal Process	How is “financially viable” defined? What happens when a contract agency that was financially viable at time of project proposal application becomes financially “un-viable” during the life of the project? Does this mean that if a legal entity is not financially viable that it is forever excluded from applying for MHSA Technology funds?	The Contracts Division determines if a contract agency is financially viable based on pre-defined criteria. The CIOB Review Committee will likely work with contracts during the project proposal review process to determine if there are any issues affecting an agency’s financial status or legal entity agreement. If the agency’s financial status changes during the life of the project, DMH will likely review on a case-by case basis. If an agency is not financially viable but is working to resolve the situation, they would not be excluded from applying for MHSA technology funds.
Project Proposal Process	How is “satisfactory” defined? There are different gradations to realizing expected project benefits. What is the threshold for “realized” benefits? Can subsequent project proposals be approved while the initial project is incomplete and in its early stages? DMH should expect that the EHR-S umbrella project will have multiple sub-projects, which may require contract providers to submit project requests in tandem to moving forward with an existing project.	The State MHSA guidelines contain measures to determine project performance. We will likely follow their guidelines. Each project proposal will be evaluated using the same criteria described in the project proposal document.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Project Proposal Process	How is a project defined?	A project is an endeavor undertaken to create or deliver a business product according to a specified business case. Within the MHSA IT Guidelines, a combination of project options may be combined to form a single project.
Project Proposal Process	How should project requests for a consortium project budget request be handled with multiple contract providers?	Each legal entity submits a project request budget with the budget amount portion for only their legal entity.
Project Proposal Process	How will CIOB Review Committee determine if a project review is “needed”? The criteria should be shared with contract providers. If a project is cancelled, the contract agency should receive “sufficient” notice that this is occurring (i.e. 1 quarter advance notice so that contract agency can try to get other funds to cover costs of remaining project)	<p>The structure and frequency of project reviews has not been determined. It is our expectation that project reviews will likely be at the discretion of the Project Manager based upon review and assessment of information provided in required Quarterly Status Reports. In general, the Project Manager will likely be expected to initiate follow-up with a Contract Agency when he/she has concern(s) about project performance compared to the project plan. Follow-up, in such instances, may include a site visit.</p> <p>With regard to the question of DMH cancelling a Contract Agency project, it is our expectation that such an event would be an extraordinary event. Multiple opportunities for corrective action should be available as the Project Manager will likely be intensively involved with each Contract Agency when it is apparent that a project is 'at risk' of failure. Some clear examples of situations in which cancellation of a project by DMH is reasonable include project inconsistencies with an approved project plan and termination of the Legal Entity Agreement. Specific evaluation guidelines and contract language have not been developed. DMH will likely be developing these materials over the course of the next few months.</p>
Project Proposal Process	How would the funding requests and plans for each provider be evaluated and prioritized? What criteria would be used by DMH?	The review criteria for both the funding requests and the project proposals are outlined in the documents.
Project	I am wondering if the DMH grant will pay for the ongoing	For the purposes of this funding allocation plan, contractors may

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Proposal Process	monthly maintenance, and if so, for how long? How do I work this into the budget proposal?	include the ongoing costs for the ASP. At some point, the funding allocation may run out and the ongoing costs for the ASP will likely need to be covered through other agency funds.
Project Proposal Process	If a contract provider's plan is to engage a clearinghouse to comply with the County requirement for EDI transactions, and then migrate to an EHR when they have the funding in place what should they check EDI on the Technology Assessment Report? Is a clearinghouse implementation a viable project?	A clearinghouse is a viable option for EDI if it meets the business needs of the contract agency. The project type would indicate use of funds for EDI.
Project Proposal Process	If a lower number is requested for the budget for a project initiative, will the agency be held to that number?	No, not until a contract and Statement of Work are negotiated.
Project Proposal Process	If an agency is currently not financially viable but is working with DMH to correct or comply, will their proposal be approved?	CIOB will likely work with contracts to determine if any agency may not have a signed agreement due to financial viability or is given a waiver.
Project Proposal Process	If project proposal is repeatedly denied despite conversations between DMH and the contract agency, there should be a formal appeals process. Please outline the appeals process step by step.	There is no need to develop an appeals process. The State MHSA Technological Guidelines and the review criteria in the document (Section 2) will likely be used as the basis for evaluating the project. If a contract agency is unable to meet either of these criteria, then the project request will likely be denied.
Project Proposal Process	If the CIOB Review Committee is considering "denying" a project, contract agency should be contacted and allowed an opportunity to provide additional clarification or information.	CIOB Review Committee will likely contact the agency and review any questions or request more information on the project proposal.
Project Proposal Process	If we decide later to transition funds to other projects that still meet the program requirements will that be a problem? Either before we submit the project plans in the Sept-Dec timeframe or even after approval is received early next year.	Prior to actually signing a contract for the MHSA funds, you will be able to move funds. However, the new MHSA contract will contain a project budget as part of the Statement of Work, and the MHSA funds will be assigned to the project. Once the contract is signed DMH will likely require a contract amendment if the scope of work or the budget amounts change significantly.

**Contract Provider Transition Project
MHA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Project Proposal Process	If we decide to use a Clearinghouse for EDI now can we do an EHR project later as another MHA IT Project?	As long as your agency has MHA IT funds available and the project meets the MHA guidelines for approval.
Project Proposal Process	If you request start-up funds are you permitted to invoice prior to using the start-up funds?	No. All start-up allocations are to be applied to the approved invoices until the start-up amount is used up and then will invoice in arrears.
Project Proposal Process	Is backup capability relevant for any EHRS investment, ASP or self-hosted and tied more to the application / data rather than the hardware?	Section 4.2 does refer to backup processing for any system including hardware and software.
Project Proposal Process	Is full EHRS inclusive of everything else?	It includes EDI and infrastructure.
Project Proposal Process	Is it acceptable to ask for \$12,500, for equipment instead of \$10,000, knowing that other line items may change from year-to-year?	The budget summary needs to reflect reasonable project cost estimates since all actual costs will likely be tracked against the budget. Changes in budgeted line items will likely need to be submitted to CIOB.
Project Proposal Process	Is the EDI timeline in the sample a realistic date?	No, it is only sample information.
Project Proposal Process	Is the ongoing cost applicable to the entire project duration?	Once the MHA IT funds are exhausted, ongoing project costs will likely need to be covered by the contract agency from other sources.
Project Proposal Process	Is the project schedule required for each project proposal?	Yes. Each project proposal requires a project schedule.
Project	Is the requirement to complete budget line items only for items	The Exhibit 4 line items will likely be used to tie back to the

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHA Workgroup meetings, email questions and open forums based on interpretation of the State MHA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Proposal Process	that contract providers are requesting reimbursement? (I.e. if contract agency is not requesting reimbursement for staff, these rows may be left blank)	approved invoices. If there were no MHSA funds used for personnel then there would be no project costs entered for the line item under personnel and no invoicing permitted using MHSA funds for any personnel costs. List only those budget line items for which MHSA dollars are requested.
Project Proposal Process	Is there a requirement to use EDI with the Integrated System as stated in the budget planning criteria?	No, the important requirement is to be EDI ready when the transition to the IBHIS occurs. Whether to transition to EDI before the IBHIS is a business decision for each agency.
Project Proposal Process	Is there going to be a separate contract required?	Yes.
Project Proposal Process	On the Status Report Risk Management section, risks are anticipated events rather than actual events. Should the risk section include both types of events?	The Risk Management section should include only anticipated events. (Revised from actual meeting discussion). An actual event should be listed as an "Issue" and identified on the Status section of the report. The approach to resolving the issue (action plan) should also be included in the Status section.
Project Proposal Process	Once the State has approved the Technology Plan and funding, how soon can the funds be distributed?	CIOB plans to have the Board Letter ready to submit at the time funds are approved. Individual contracts would be negotiated after State funding approval. CIOB may pursue asking for delegated authority to accept additional funds based on the Technology Plan and an increased State allocation. In addition, CIOB will likely ask for delegated authority to approve change requests up the 20% of the project requested amount so long as the providers total allocation amount is not exceeded.
Project Proposal Process	Please specify a time frame for when the contract process will be prepared and executed.	It is too early to give a specific answer to this question. DMH will likely take every measure possible to make the process efficient.
Project	Regarding the Exhibit, I only see check boxes and places for	The detailed project budget exhibit will be included in the project

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSa IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Proposal Process	us to insert projected budget amounts. Should I also include some kind of summary for each category to provide more detail, or is that in a later process?	proposal.
Project Proposal Process	Should I create three different proposals for three different modules of EHR since I am not requesting funds for a complete EHRS?	Multiple project proposal categories can be checked if they all relate to a single project. For example, you may be doing a clinical management project that requires new infrastructure and includes a custom EDI interface. You would check all three boxes on the form under a single project, which is the implementation of a clinical management system.
Project Proposal Process	Should the budget request be detailed?	For a project request, the budget summary form (Exhibit 4) must be completed. This document only needs to contain line item summary data. Each legal entity should develop the summary data from their detail budget data.
Project Proposal Process	Smaller agencies will probably end up with an ASP model. Are they able to ask for money for EDI?	The guidelines allow funding for EHRS, which includes EDI. The mechanism to provide EDI can be an ASP.
Project Proposal Process	Suggest replacing "Total Project Budget" with "Total MHSa Project Budget" to avoid confusion.	Comment shows "MHSa Funding Only" on the status report.
Project Proposal Process	The current MHSa funding reserve is \$300,000 to be used for new contract agencies. Should the reserve be increased for new contract providers? With the Prevention and Early Intervention (PEI) programs, the number of new contract agencies may be higher than in prior years.	For the last year, there were two new contract agencies. We will likely discuss an increase in the reserve when new MHSa IT funds become available.
Project Proposal Process	There should be no additional audit requirements in the technology contract. Item # 7 should be sufficient.	The requirements for a project review have not been defined. These are new requirements that are not part of the current legal entity agreement and therefore, will likely be included in the new technology contract.
Project Proposal	To get clarification on the questions on the form, can a supplemental form be included in the package?	We do not want to put something out that may conflict with the State MHSa Guidelines.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Process		
Project Proposal Process	What criteria will CIOB review in the DMH Quarterly Status Report to determine if project is at risk of failure?	The key criteria for determining if a project is at risk are project schedule, project status, project budget and project management. The DMH Quarterly Status Report includes both planned and actual results for the project to monitor trends.
Project Proposal Process	What does this mean? (I.e. What if an agency does not have EDI capability and it plans to submit a full EHR-S project proposal including EDI but then EDI is delayed until IBHIS is implemented)	Contract agency may submit a project proposal for EDI without implementing a full EHR-S. An agency may also submit a project proposal for a full EHR-S, however, the approach must include EDI if the agency is not currently EDI capable. Regardless, of the approach, the agency must be EDI capable when IBHIS is implemented.
Project Proposal Process	What is defined for performance criteria?	Performance criteria includes standard criteria such as submitting status reports, invoices, and EDI readiness for IBHIS. The performance criteria will likely be an attachment to the contract agreement. Project specific tangible benefits will likely be included in performance criteria submitted by the agency.
Project Proposal Process	What is the deadline to submit the MHSA IT Project Proposals?	There is no deadline. Proposals can be submitted anytime as long as your agency has MHSA IT funds available. Each project proposal will be evaluated as it is received.
Project Proposal Process	What is the impact on current rates and the cost report?	This is a separate contract and not part of a services contract. All costs will be shown as eligible direct costs on the cost report.
Project Proposal Process	What is the percentage of start-up costs that can be requested?	A 20% start-up distribution was proposed instead of the prior 15% start-up distribution. The start-up distribution is by approved project and must be used prior to invoicing in arrears. Start-up cost is not guaranteed as this must be approved by DMH, the CEO and the Board of Supervisors.
Project	What is the role of the District Chief in the invoice process?	The District Chief will not approve the invoices. CIOB will

**Contract Provider Transition Project
MHSa IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Proposal Process		approve invoices; however, the District Chief needs to be informed of projects and will likely be given a copy of the approved invoice.
Project Proposal Process	What maximum contract amount (MCA) will be used to determine the funding allocation?	After some discussion, it was decided by the group that the MCA should be for fiscal year 07-08 as shown in the spreadsheets.
Project Proposal Process	What things do the vendors need to be aware of to support the MHSa IT Project Proposals?	Vendors need to be current on the Federal HIPAA Implementation Guides, the State Companion guides and the County DMH Companion Guides as well as emerging standards in the Behavioral Health area. Vendors should also be familiar with the MHSa Technological Guidelines for IT.
Project Proposal Process	What will the SOW contain?	Contracts and CIOB will prepare a sample contract and SOW later this year specific to the MHSa Technology projects. Each technology project will require a signed contract and SOW. We will likely provide both documents to the agencies. The SOW will likely describe the specific project.
Project Proposal Process	When completing estimated cost of the project, is this referring to MHSa project or total project costs for contract agency? There is no such thing as a COTS "Off the Shelf." Please define "modified." Do you mean custom application modifications that will be unique to the agency only, or do you mean "configured" to the agencies' needs?	For the Risk Assessment, this refers only to the MHSa portion of the costs not the total project cost. The total project costs may be reviewed as part of the overall project review process. The COTS reference to "Off-the Shelf" rating of 1, indicates that the contract agency intends to use the software as designed with no modifications. Modification implies application changes to system functionality to support the unique agency business operations. Each COTS implementation requires some system and application configuration, table modifications, data conversion etc. In this case, the actual application, however, is not modified and the rating would be a "1".
Project Proposal Process	Where will the project costs be captured:	The costs will be shown as eligible direct costs on the Cost Report since all MHSa costs need to be captured. At year-end, any outstanding MHSa IT invoices that have not been approved and paid will likely need to be included on the Year-End Cost

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSa Workgroup meetings, email questions and open forums based on interpretation of the State MHSa IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSa IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
		Report in order to reconcile all MHSA IT costs for the fiscal year. Unpaid approved invoices will likely be accrued in the new fiscal year.
Project Proposal Process	While legal entities that are collaborating on one project are required to submit a separate invoice for its portion of the project, is it up to the legal entities to indicate how they want to "split" the project costs?	Each legal entity submits a budget summary for their portion of the project costs. The invoices also must tie back to the budget summary for the project proposal. It is up to the agencies to determine which costs they are splitting and this must be determined prior to submitting the project proposal. The costs each agency is expecting to incur should be reflected in each project budget.
Project Proposal Process	Who needs to sign the Quarterly Status Report?	Include the name of executive who has authority for the project. For IBHIS, we have put Dr. Southard as our executive person.
Project Proposal Process	Who should be considered in the Risk Assessment review?	Anyone who will participate on the project should be considered in the Risk Assessment include in-house staff, consultants, etc.
Project Proposal Process	Who will review the project proposals from CIOB?	The review committee has not been determined.
Project Proposal Process	Why does the project proposal go to the District Chief?	The District Chiefs must be informed of the project. District Chiefs may also get the quarterly status reports.
Project Proposal Process	Will any unused funds go back into the pool?	It was suggested that any unused funds be returned to the pool dollars.
Project Proposal Process	Will providers be held to the numbers they submit in the funding request?	The budget planning exhibit is for planning purposes only. The individual project requests will outline the requests for funding and a more detailed budget.
Project	Will the contract agency be notified by the CIOB Review	It is too early to give a specific answer to this question. DMH will

Contract Provider Transition Project MHSA IT Guidelines Questions and Responses

Category	Question/Issue	Response
Proposal Process	Committee by a certain time frame after contract agency submits its proposal (i.e. 2 weeks versus 6 months)?	likely take every measure possible to make the process efficient.
Project Proposal Process	Will the contract agency be responsible for backups or will the vendor?	The contract agency is responsible for their data. The agency must ensure that the vendor provides adequate backup and security controls to meet HIPAA and other standards.
Project Proposal Process	Will the MHSA funds allow a “start-up” distribution for small providers to get them started rather than a quarterly invoice after the fact?	Yes.
Project Proposal Process	Will there be training sessions on preparation of the Project Proposal particularly for the smaller agencies? These agencies may need assistance on project planning, budget preparation, scheduling and project management.	CIOB will conduct several workshops to assist the contract agencies in the project proposal preparation. These workshops will likely begin in October 2008.
Project Proposal Process	Will we be required to prepare a quarterly budget based on the questions raised on the MHSA IT Conference Call (August 12, 2008) regarding quarterly budgeting versus annual budgeting.	Project budget will likely be submitted as an annual budget based on the fiscal year.
Project Proposal Process	Would DMH entertain a cost sharing approach for use of the MHSA funds? The provider would contribute a portion for EDI and DMH would perhaps match those funds with MHSA funds.	This approach could be discussed with the providers.
Project Proposal Process	Would the funds be distributed in one lump sum or would some of the funds be deferred to later years?	The MHSA IT funds can be used over multiple years. The funds will be distributed based on approved invoices. We do not anticipate that the funds will cover all of the costs for EHR or EDI implementation for all agencies.
Project Reviews and Audits	Can the audits or/and project reviews be coordinated within the County?	<p>The Auditor Controller coordinates the Contract Compliance audit and the Fiscal Monitoring audit with the contract agency. These audits are usually conducted over a three-year period to coincide with the Legal Entity agreement term.</p> <p>There is also a State Cost Report Audit, State EPSDT Program Audit, State MHSA Audit and Federal CMS audit. State and</p>

Contract Provider Transition Project MHSA IT Guidelines Questions and Responses

Category	Question/Issue	Response
		Federal audits cannot be coordinated with the Auditor Controller audits so these audits may occur during the County audits.
Project Reviews and Audits	How can the project audit be helpful to the contract agency rather than punitive?	DMH should act as advisor to help agencies that are confronting obstacles to project completion.
Project Reviews and Audits	How do we know if the projects are complete?	We will likely rely on quarterly status reports and project reviews. The project proposal should indicate endpoints that clearly delineate completion of the "project" phase.
Project Reviews and Audits	There is still a lot of confusion about whether or not e-signatures for audits will be acceptable and the future of electronic audits. It might be helpful to have someone from the State present their thoughts about this topic, and hear from the providers about their concerns, etc. What e-audit process can we expect and when? What is the expected audit process now? Can we proceed using the CA state e-signature regulation draft presented at CIMH?	Pending clarification from the State.
Project Reviews and Audits	What are the potential outcomes of each type of audit?	For current audits, the performance criteria and outcomes should already be defined. For the new MHSA project review process, the performance criteria and outcomes will likely be included in the new contract agreement.
Retroactive Expenses	Based on the fact that no retroactive projects are covered, should a provider wait to begin projects until sometime in 2009?	This would need to be a business decision for each agency. Some agencies that are already EDI or have selected an approach, have spent their own funds to become automated. These agencies will likely still receive MHSA funds for other initiatives or enhancements to their existing EHR/EDI projects.
Retroactive Expenses	Can an agency sign a contract with a Vendor that calls for payment after receipt of a contract from DMH and get reimbursed from the MHSA allocation for expenses incurred after the execution of the DMH contract when the <u>services</u>	There is no reimbursement if the expenses or services occurred prior to having an approved project proposal, fully executed agreement and approved MHSA funds.

**Contract Provider Transition Project
MHPA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
	were delivered before the execution of the DMH contract?	
Retroactive Expenses	Can an agency sign a contract with a Vendor that calls for payment after receipt of a contract from DMH and get reimbursed from its MHPA IT allocation for expenses incurred <u>after</u> the execution of the DMH contract?	There is no reimbursement if the expenses or services occurred prior to having an approved project proposal, fully executed agreement and approved MHPA funds.
Retroactive Expenses	Can an agency sign a contract with a Vendor that specifically calls for payment <u>after</u> (i.e. contingent upon) receipt of a contract from DMH and have expenses incurred under the terms of such a contract qualify for reimbursement from an agency's MHPA IT allocation?	There is no reimbursement if the expenses or services occurred prior to having an approved project proposal, fully executed agreement and approved MHPA funds.
Retroactive Expenses	Can Contract Providers write off costs on the cost report for amounts that they have already spent on the EDI transition?	This would need to be discussed with your financial liaison from DMH. These expenses would not be covered by MHPA funds.
Retroactive Expenses	Can the funding cover maintenance on an existing hosted EHR or EDI system?	The reference in the MHPA guidelines regarding supplantation reads as follows, "MHPA funds cannot be used to maintain a system/function already operational on November 2, 2004, but can be used to fully fund systems for mental health services that increase functionality consistent with the County's Technological Needs Assessment." If the EHR or EDI system was not operational prior to this date, ongoing maintenance costs will likely be covered.
Retroactive Expenses	Can we submit progress payments for work that has not yet begun, even if the EHR-S contract was signed prior to the agency's approved MHPA project?	As long as work associated with the payment had not commenced prior to the approval date and it is not supplantation. Expenditures that are incurred prior to Board of Supervisor (BOS) approval to receive MHPA Technology funds, an approved project proposal and an executed agreement are not reimbursable.
Retroactive Expenses	Can work initiated prior to funding be invoiced?	There is no reimbursement if the expenses or services occurred prior to having an approved project proposal, fully executed agreement and approved MHPA funds.
Retroactive	For those agencies who have already invested in a product or	There is no reimbursement if the expenses or services occurred

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHPA Workgroup meetings, email questions and open forums based on interpretation of the State MHPA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHPA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Expenses	are in the process of acquiring one, will those agencies be refunded some of their investment?	prior to having an approved project proposal, fully executed agreement and approved MHSA funds.
Retroactive Expenses	If a contract agency has already started their EHRS or EDI project, can they still request MHSA IT funds for the remaining portions of the project?	Yes. You will need to identify specific phases of the overall project that can be implemented after the contract agreement is fully executed and the MHSA IT funds are accepted by the BOS. The MHSA IT funds cannot be used retroactively for work already performed.
Retroactive Expenses	If a contract agency signs a contract for software or hardware prior to having an executed contract agreement for MHSA IT funds for an approved MHSA project, can the agency submit an invoice for these costs after the contract agreement is executed?	No. There are no retroactive costs allowed for MHSA IT funds. There are three items required for reimbursement: 1 – Approved Project Proposal package, 2 – Fully Executed Contract Agreement and 3 – BOS acceptance of MHSA IT funds.
Retroactive Expenses	If a provider is currently doing EDI, and check the EDI box, will they be able to request funds for EDI?	The funds must be used to enhance existing functionality. The funds do not cover maintenance of existing functionality.
Retroactive Expenses	If an agency is already doing EDI, can the funds be used for EDI?	The reference in the guidelines regarding supplantation reads as follows, “MHSA funds cannot be used to maintain a system/function already operational on November 2, 2004, but can be used to fully fund systems for mental health services that increase functionality consistent with the County’s Technological Needs Assessment.” If the EHRS or EDI system was not operational prior to this date, then funds can be used for EDI.
Retroactive Expenses	If an agency is in the middle of the EDI implementation process, should they stop?	Each agency should assess their business needs and the advantages of EDI to decide.
Retroactive Expenses	Need clarification on the funding for an existing system such as ongoing maintenance or an Application Service Provider (ASP) solution to cover ongoing costs.	The funding does not cover replacing an existing system, but adding new functionality to an existing system would likely be acceptable. As an example, there will be new EDI transactions as required by the new DMH EHR.
Retroactive	What determines the date when an expense is incurred? Is it	It is the date that the expense was incurred not the date of the

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Expenses	the invoice date or the actual date that the expense was incurred?	invoice. This is a key concept that affects the determination of retroactive billing and payment.
Retroactive Expenses	What direction would you give providers that are close to committing to an EDI vendor and approach? Should we wait?	That will be your personal business decision and the County cannot help in that regards. However, there are benefits to going to EDI sooner rather than waiting. In addition, the move to EDI and EHR is not a DMH directive but is driven by both State and Federal mandates.
Use of MHSA Funds	Are enhancements to existing systems not a replacement of existing systems reimbursable?	Enhancements to existing systems would be reimbursable if they meet the State MHSA Guidelines and are approved by CIOB in the project proposal.
Use of MHSA Funds	Can a lease be considered under the MHSA Technology plan?	Leases for physical space are not considered under the MHSA technology plan. They are not even considered under the Capital Facilities plan. Leases for hardware and software could be included in the IT project proposal. These expenses would be shown on the budget summary form.
Use of MHSA Funds	Can Contract Providers utilize some of the allocation for other related expenses?	As long as these meet the State MHSA IT guidelines.
Use of MHSA Funds	Can MHSA funding be used for Community Based Clinician remote EHRS access: costs for laptops, wireless cards, forms migration, set-up/configuration, testing, consulting, training, project management, training, support, ongoing wireless access fees? The ability to complete client treatment plans, Initial Assessments, and Progress Notes while the clinician is with the client allows for more direct participation of the client in their service delivery, real-time and more accurate charting, and also potentially reduces double data recording. If the clinicians must return to the office to 'chart' as they do now, they will either document on paper while with the client and then transcribe into the system later (increasing costs) or do the charting from memory at the end of the day or week when in the office.	LAC-DMH will likely support requests for software and hardware to support community based clinician remote EHRS access.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Use of MHSA Funds	Can MHSA funding be used for Decision support: providing reports that an agency would otherwise not be able to have developed, quality assurance reports, outcome reports, internal management and decision support reports.	The Decision Support category is identified under the Data Warehousing Projects in the Other Technology Needs Projects category.
Use of MHSA Funds	Can MHSA funding be used for EHRS High Quality Training project: a simple training project has been funded, however, the lack of sufficient funding for high quality training presents a significant risk to the success of the overall project, thus a High Quality Training project is recommended if funding is available. Costs for professional training materials development, database scenario development for drop-in lab, drop-in lab staffing, online knowledge base, web-based/self-paced ongoing training curriculum, etc. Training tied directly to the EHRS project should be no problem. The contract providers are given a deadline to implement, but have insufficient funds for all aspects of a quality implementation. It is not a 'choice'; it is a trade-off that is made. e.g. if the agency already purchased an EHRS, but could not afford this level of training support, is it acceptable to propose this as a project for MHSA reimbursement?	LAC-DMH does not consider this as a separate initiative for MHSA funding purposes but one that should be included in an existing EHRS or other MHSA initiative.
Use of MHSA Funds	Can MHSA funding be used for EHRS Training Lab: a simple training project has been funded, however, the lack of sufficient funding for a permanent training lab presents a significant risk to the ongoing success of the EHRS, thus a permanent EHRS Training Lab project is recommended if funding is available, costs for PC's, networking. If the agency already purchased an EHRS, but could not afford this level of training support, is it acceptable to propose this as a project for MHSA reimbursement?	LAC-DMH does not consider this as a separate initiative for MHSA funding purposes but one that should be included in an existing EHRS or other MHSA initiative. The lab could not be used for basic computer skills training under the MHSA IT Guidelines.
Use of MHSA Funds	Can MHSA funding be used for Eligibility verification automation: costs for 270/271 development work, EHRS integration/set-up, testing, consulting, project management,	LAC-DMH will likely support requests for automation of eligibility verification.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
	training, increased EHRS maintenance fees. Automated eligibility verification will improve client access to services when eligibility kicks in, reduce eligibility errors (again increasing access to services), reduce labor costs to do this manually client by client as it is usually done now and enable these dollars to be used for service delivery.	
Use of MHSA Funds	Can MHSA funding be used for E-Signatures: cost for signature pads, EHRS integration, testing, consulting, training, project management.	LAC-DMH will likely support requests for software and hardware to support e-signatures.
Use of MHSA Funds	Can MHSA funding be used for Forms Translations: costs for translations, EHRS integration/set-up, testing, consulting, project management, training, and any translation engine license fees? Providing forms to clients in their preferred language and giving them a translated document to take home to review with other family members will increase family participation & understanding in client services. Ultimately, we would like the vendors to provide in-line translations of data entered on the forms, but so far, no one has solved this programming challenge.	LAC-DMH will likely support requests for forms translation.
Use of MHSA Funds	Can MHSA funding be used for Reports Development: costs for report design, programming, testing, training, and ongoing change management/support?	LAC-DMH does not consider this as a separate initiative for MHSA funding purposes but one that should be included in an existing EHRS or other MHSA initiative.
Use of MHSA Funds	Can MHSA funding be used for Third party Testing: the lack of sufficient funding for 3rd party unit and integrated testing, including script development, presents a significant risk to the project and ongoing success of the EHRS, thus a 3rd party Testing project is recommended if funding is available, costs for script development, consulting, testing, fix requests, regression testing, training/hand-off, and ongoing change management and regression testing. If the agency already purchased an EHRS, but could not afford this level of testing, is it acceptable to propose this as a project for MHSA reimbursement to improve the overall quality of the system prior to implementation?	LAC-DMH does not consider this as a separate initiative for MHSA funding purposes but one that should be included in an existing EHRS or other MHSA initiative.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
Use of MHSA Funds	Can MHSA funding be used for Treatment Planning libraries: costs for licensing of third party libraries, set-up and configuration, testing, consulting, project management, training, and ongoing annual license fees?	LAC-DMH will likely support requests for Treatment Planning Libraries that are consistent with MHSA treatment models.
Use of MHSA Funds	Can space for computer labs should be included in MHSA funding or not?	The training lab could only be used for a specific project initiative not for general training. It would appear to be difficult to qualify such a project since it can easily be used for any computer-based training, whether or not it was MHSA related.
Use of MHSA Funds	Can staffing costs be included for the project request?	Yes, to the extent the staff is assigned and working on the approved MHSA IT project.
Use of MHSA Funds	Can the funds be used for staff training?	The funds can be used for training if the training supports the State IT initiatives.
Use of MHSA Funds	Can the funds be used to improve the basic computer skills of the staff?	No, the funds can only be used for training specific to a project initiative such as an Electronic Health Record System (EHRS).
Use of MHSA Funds	Can the funds be used to setup a training lab for an EHRS project?	The training lab could only be used for a specific project initiative not for general training. It would appear to be difficult to qualify such a project since it can easily be used for any computer-based training, whether or not it was MHSA related.
Use of MHSA Funds	Can the MHSA funds be used for hardware and software upgrades, operational costs, and ongoing costs? The State needs to define what the MHSA funds can and cannot be used for to clarify.	If the software and hardware upgrades were required to support a specific MHSA IT approved project, the costs would be reimbursable.
Use of MHSA Funds	Can we allocate for a lab for clients to access health resources on-line and to complete our electronic clinical assessments?	The MHSA IT funds do not cover any type of space costs. As part of the Client and Family Empowerment projects, new equipment specifically acquired for an approved client access project would be covered. A general lab for multipurpose use not specific to a MHSA

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
		approved project would not be covered.
Use of MHSA Funds	Can we assume that computer labs and/or 3 rd party training classes for initial and ongoing PC Skills training, is an applicable project for reimbursement? Since an initial step toward implementing a full EHRS is to assure the providers/users have basic PC skills and the turnover in our industry is significant, this will be a necessary project with real costs. Is this an applicable project, which can be listed in the "Other" category on the Technology Assessment Report?	No, the funds can only be used for training specific to a project initiative such as an Electronic Health Record System (EHRS). The funds cannot be used for general computer skills training per the State MHSA IT guidelines.
Use of MHSA Funds	Can we assume that computer labs and/or leasing of 3 rd party computer labs for GO Live and ongoing EHRS Skills training, is an applicable expense in the budget of an EHRS project for reimbursement?	Leases for physical space are not considered under the MHSA technology plan. They are not even considered under the Capital Facilities plan. MHSA IT funds cannot be used to upgrade basic computer skills. The funds can be used to train staff on use of new software such as an EHRS.
Use of MHSA Funds	Can we use the funds for networking and desktop hardware/software purchases? If so, what category should it go in? (The guide states the "other" category is for hardware, etc.)	The MHSA Guidelines state the expenditures must be specific to the proposed MHSA project and cannot be for general technology upgrade needs, such as a general increase in desktop computers or other hardware upgrades.
Use of MHSA Funds	If an agency hires a project manager for their EHRS implementation, can those costs be covered with these funds? Could this be considered ongoing costs?	Yes, to the extent the project manager is assigned and working on the approved MHSA IT project.
Use of MHSA Funds	If the EHR requires new computers can these costs be rolled into the project?	These would be valid costs as part of the EHR implementation.
Use of MHSA Funds	Our agency has a cost reimbursement contract with LA-DMH. Do you know if we can expense the costs of our EHRS	The MHSA Technology funds can be used to defray some of the costs of an EHRS if these costs are not retroactive. We do not expect that the MHSA funds will cover the full cost depending on your vendor and implementation costs.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.

**Contract Provider Transition Project
MHSA IT Guidelines Questions and Responses**

Category	Question/Issue	Response
	purchase?	The MHSA IT costs will be reported as eligible direct costs on the Cost Report. Cost Report training for FY 08/09 will likely include information on how to report eligible direct costs for the MHSA IT costs.
Use of MHSA Funds	Should we include expenses like servers, facilities in the Budget Summary?	If the costs are part of the implementation costs for EDI or EHRS, then they would be covered in the budget summary totals. You do not need to detail these items for Exhibit 4.
Use of MHSA Funds	Would the ongoing or annual fee for an Application Service Provider (ASP) be covered?	Yes if the contract agency has budgeted MHSA funds to cover ongoing expenses.

Note: Responses contained in this document are not binding but are summarized from the CPTT Workgroup meetings, MHSA Workgroup meetings, email questions and open forums based on interpretation of the State MHSA IT Guidelines. We reserve the right to amend any response based on feedback from DMH, other County departments, the Board of Supervisors and the State MHSA IT Plan representatives.