

**Contract Provider Transition Project  
MHSA IT Guidelines Questions and Responses  
February 2010**

| <b>Category</b>    | <b>Question/Issue</b>   | <b>Response</b>   |
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| Contract Agreement | Can a contractor change its approach to a project once a contract is signed?  | Contracts and CIOB will include contract language to address changes in the project approach.   |
| Contract Agreement | Due to merger or acquisition with another legal entity, a contractor 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 contractor? Will monies paid need to be returned to the MHSA fund? Will a new contract agreement need to be signed for the surviving contractor for the unused MHSA IT funds? | Contracts and CIOB will include contract language to address mergers or acquisitions.   |
| Contract Agreement | During the invoice dispute period, will interest incurred on the invoice be included in the payment amount?   | No, the invoice amount will not change.   |
| Contract Agreement | For disputed invoices, will the undisputed portion be paid during the dispute review period?  | No, there is no partial payment for a disputed invoice or an undisputed invoice.  |
| Contract Agreement | How soon after contract execution will start-up funds be distributed?   | There is a start-up fund request form in the Agreement. This form must be submitted to CIOB following contract execution and acts as an invoice to trigger the start-up request distribution. CIOB reviews and approves the request and forwards to Accounts Payable. The normal 30-day payment cycle is initiated when the start-up fund request is received and approved by CIOB. |
| Contract Agreement | If a project is not completed, what happens to the remaining funds?   | Contracts and CIOB will include contract language to address financial viability, contract termination.<br><br>Contracts and CIOB will also include contract language to address failure to perform or failure to deliver.  |
| Contract Agreement | If a contractor has not signed with their vendor, then the budget and schedule might change. How do we address this?  | DMH recognizes that allocation and budgets may change prior to contract execution. At the point of contract execution, DMH may request an updated budget and schedule to be included in   |

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|                    |  | the Funding Agreement if the exhibits need to be revised.  |
| Contract Agreement | If a contractor is not able to meet its financial viability and is terminated, will the contractor need to return all MHSA IT funds to DMH or will they revert to the contractor reserve fund? Will there be contract language to address this situation especially if the contractor has partially implemented an approved MHSA application? If the contractor 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 contractor services/revenues?) | Contracts and CIOB will likely include contract language to address financial viability and contract termination.  |
| Contract Agreement | Is there any depreciation clause for purchased items?  | No, there is no clause in the Funding Agreement.   |
| Contract Agreement | Since the State has funded DMH, could contractors access a portion of their allocation, say 20%, prior to approval of the Board Letter in order to move ahead?   | The issue is one of Board approval, which has to be approved before any funding can be released using either methodology.  |
| 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 contractor to discuss corrective options. The overall goal is to help the contractor succeed in the completion of each project. It is the responsibility of the contractor to ensure projects are managed and monitored to meet estimated timelines and budgets.</p> |
| Contract Agreement | What happens if we change our allocation formula after a project has been approved? For example, initially our project benefits only DMH clients, and later we add non-DMH clients.  | You are required to immediately notify DMH of this change via the Form of Change Notice process and apply an allocation formula to all future project expenses and invoicing.  |

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| Contract Agreement | What will the turnaround time be between receipt of our proposal and actual contract execution?   | Once your proposal is approved, we are estimating several weeks to execute a contract. Both your contractor and DMH Contracts will be involved in the process. We will monitor the process to ensure timely and efficient processing of the Funding Agreement.  |
| Contract Agreement | What would be the turnaround time between the receipt of our invoice for software/hardware by DMH and the actual date of payment to us?   | Per the Auditor-Controller, invoices must be received and if approved, payment should be made within thirty (30) days.  |
| Contract Agreement | Will all subcontractors be required to meet the insurance requirements stated in the Agreement? If so, the cost may be prohibitive to subcontractors that may only perform a minor portion of the project such as computer installation, software installation or database support. | All subcontractors that provide contracted services are required to meet the insurance requirements. Hardware and software vendors providing a product are not considered subcontractors.   |
| Contract Agreement | Will the County require a County label on all equipment purchased with MHSA funds?  | Yes. This is included in the Funding Agreement. We will also require an annual inventory listing of all equipment purchased with MHSA funds.  |
| 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 contractors 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</p> |

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|          |  | <p>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 records, pharmacy, laboratory and other services provides the prescriber with all information necessary to develop and transmit an effective, error-free order.</p> |
| General  | DMH is cutting approximately \$15 million from the contractors CGF dollars. This results in potential staff reductions at a time when DMH is asking the contractors 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 contractors.   |
| General  | DMH may not need 48 items but if the contractors are not able to provide services, how will DMH address the allocation of funds to assist the contractors?                                     | DMH requested additional items to support CIOB initiatives including IBHIS and other projects to meet the State and Federal mandates and the State MHSA 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 vendors. The only additional reference may be the State's RFI based on the set of functional requirements for Electronic Health Record Systems.</p> <p>The State has posted the RFI responses from vendors. We do not know if they plan to "certify" vendors. The link to the RFI is:</p> <p><a href="http://www.dmh.ca.gov/Prop_63/MHSA/Technology/docs/EHR_Project/CA_BH-EHR_RFI_v10_091708.pdf">http://www.dmh.ca.gov/Prop_63/MHSA/Technology/docs/EHR_Project/CA_BH-EHR_RFI_v10_091708.pdf</a></p>   |

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|          |   | <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><a href="http://dmh.lacounty.gov/hipaa/EDI_News.htm">http://dmh.lacounty.gov/hipaa/EDI_News.htm</a></p>  |
| General  | Does the State or County DMH recommend that the contractor wait for something further in the way of criteria before going forward and engaging an EHR-S solution? (other than the timing of MHSA project approvals of course, and possibly the CCHIT Behavioral criteria) | <p>Each contractor should evaluate their business needs and be prepared to submit their project proposal request(s).</p> <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><a href="http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09_Enclosure_3.pdf">http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09_Enclosure_3.pdf</a></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 contractors would share the MHSA allocation of funds?  | The funds were to be allocated to the NGA legal entities represented by the CPTT workgroup (approximately 117 contractors). Community Outreach Service (COS) only contractors are not included in the NGA group.  |
| General  | If one of the main goals of the State MHSA IT Plan is to have   | The information from the contractor EDI transactions will be sent   |

**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.**

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|          | 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? | 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 contractor 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.  |
| General  | When would the funds actually be distributed to the contractors?   | Any request for project funding after April 2010 could qualify for the funds.   |
| General  | Is the State Request for Information (RFI) timeline impacting the EHRS (IBHIS) process?  | No, State RFI documents are were reviewed to ensure that the IBHIS RFP was 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 contractor should evaluate their business needs and be prepared to submit their project proposal request(s).</p> <p>Over half of the contractor 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 contractors 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 contractors 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  | A new timeline for EDI readiness for IBHIS has not been published. The revised RFP was released on November 18,   |

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|          | on our implementing an EDI/EHR process until funds have been approved, 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.  | 2009. 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 contractors from the CSS funds. Would CSS funds be available for Contract Providers or only DMH County contractors?  | CSS One-Time funds were not designated for technology projects.<br><br>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.  |
| 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 released additional funding for IT projects, however, the allocation methodology and plans will not be submitted until later in 2010. 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 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."<br><br>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.<br><br>The State released guidelines on Electronic Signatures in December 2008. DMH will likely revise these guidelines prior to distributing to the Contractors.   |
| 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.  |

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| General         | What will the process be if the State MHA allocation exceeds the baseline \$345 million? Will we need to submit new project requests?  | The MHA 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 in 2010 as other projects are requested.   |
| General         | Where are the definitions for each category such as practice management, clinical data management?   | See response above.  |
| General         | Will stakeholder input from System Leadership Team (SLT) be used in the MHA 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 MHA 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 09/10.   |
| 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. |

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| 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 contractors?                       | EDI requirements will be defined with the selected DMH EHRS vendor and communicated to the contractors 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 requirements. |
| IBHIS           | Is the County doing any telemedicine projects?  | The MHSa IT Plan does request funds for a pilot telemedicine project.   |
| 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 contractor?                        | 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 contractor for their own system.         |
| IBHIS           | What is the County deadline for EDI with IBHIS?   | The EDI timeline will be updated once the IBHIS timeline is released.   |
| IBHIS           | What is the purpose of the 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 has released the vendor responses to assist any County or contractor in their own vendor selection process.   |
| IBHIS           | What will be needed for the contractor to do EDI?   | Each contractor 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.   |

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| 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 18, 2010. The IBHIS timeline is posted on the CPTP website at:<br><br><a href="http://dmh.lacounty.gov/hipaa/EDI_Calendar_Timelines.htm">http://dmh.lacounty.gov/hipaa/EDI_Calendar_Timelines.htm</a>   |
| IBHIS           | Why not pick several EDI options for the contractors and have all of the contractors use one of these EDI options?   | Each contractor needs to understand their business needs in order to select the best option for their contractor. DMH is not able to know all of the business needs for the contractors. 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           | Will the attendees at the IBHIS RFP Bidder's Conference be made available?   | No. The winning vendor will be announced following contract negotiations.   |
| 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 contractors could use instead of each contractor spending their own funds?  | There will likely need to be more discussion regarding this question and the feasibility of determining standard requirements for all contractors.  |
| IBHIS           | Will there be an opportunity to share/leverage some of the products/services DMH LA is planning to invest in with their MHSa funds? For example, if the County licenses or develops electronic Treatment libraries for their EHRS, can these be shared also with contractor? I understand that if the County purchases these, then the sharing might be in the form of a | These items will likely be reviewed with DMH.   |

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|                          | <p>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 contractor has a different EHRs, there may be value in sharing these materials in a format that can be modified.</p> <p>The pharmacy management tool the County licenses could possibly be negotiated to include a price break for contact contractors.</p> |  |
| 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 contractor 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 | 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 contractor Executive Director need to sign.  |
| Project Proposal Process | Can a contractor request less than the allocated funding?   | Yes.   |

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| Project Proposal Process | 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 change request and may, if the changes are very substantial, require a contract amendment and a change to the Project Proposal.   |
| Project Proposal Process | Can contractors 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 contractor 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 actual invoice expenditures.  |
| 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?  | The Auditor Controller coordinates the Contract Compliance audit and the Fiscal Monitoring audit with the contractor. These audits are usually conducted over a three-year period to coincide with the Legal Entity agreement term.<br><br>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. |
| 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.   |

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| Project Proposal Process | Can you tell me how the MHA Technology guidelines define one-time and ongoing expenses? It is my understanding that the MHA budget requests should include one-time and ongoing expenses, but cannot cover annual ASP fees. Can you clarify what is included in each category? | <p>One-time expenses are the costs to select, develop and implement a solution. Ongoing costs are required to maintain the product or solution (recurring costs).</p> <p>Both one-time and ongoing fees for an ASP are covered.</p>  |
| Project Proposal Process | CCHIT standards for behavioral health care have yet to be developed. Therefore, contractor 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, contractor using MHA 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 MHA reimbursement will not be granted for contractors that develop a custom EHR-S, either in-house or by a development firm?   | The State MHA 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 Provider (ASP) is strongly preferred over custom software development for new systems". This does not preclude a contractor request to develop a custom EHR-S as long as the contractor meets the timeline for full EDI capability with IBHIS as defined in the MHA Guidelines. |
| Project Proposal Process | Define terms: operational recovery planning and; business continuity planning.   | <p>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.</p> <p>The definitions provided below are informal, based on CIOB's understanding of these terms and as such, Contract Agencies</p>   |

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|                          |  | <p>should use these informal definitions for reference when developing their project plans:</p> <ol style="list-style-type: none"> <li>1) Operational Recovery Planning refers to protocols and procedures to restore computer systems to normal functional capacity following a disruption in operations.</li> <li>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.</li> <li>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.</li> </ol> |
| Project Proposal Process | DMH has been pretty clear that a contractor cannot incur costs prior to a signed agreement and be reimbursed under its MHTA 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 MHTA expense is directly tied to the execution of a signed agreement and 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 contractor need to prove payment has already been spent via an invoice, or can the contractor receive money based on the proposal we submit? It is a question of whether or not the contractor 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         | Do the start-up costs need to be broken out by budget category?  | Yes, the start-up costs are entered on Exhibit 4 - Budget Summary.   |

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| Process                  |  |  |
| 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.   |
| Project Proposal Process | Do we need to identify Client & Family Empowerment projects and do we still need to submit them as separate project proposals?   | Contractors need to submit the Client & Family Empowerment projects as separate project proposals.   |
| 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 contractor that does not have a methodology. It is not required for the project proposal. Contract contractors 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 09/10?   | Exhibit 4 will be modified to show “Year 1”, “Year 2”, etc. instead. The contractor 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.  |

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| <b>Category</b>          | <b>Question/Issue</b>   | <b>Response</b>   |
|--------------------------|---|---|
| Project Proposal Process | For small contractors, they need some kind of consortium to get up to EHR/EDI, otherwise funding allocation is not enough.  | There is nothing in MHA to prohibit the formation of a consortium if the contractors 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 MHA IT funds?  | You must identify only the costs that are covered by MHA IT funds for each invoice. You can highlight those portions of the supporting documentation with written clarification.  |
| Project Proposal Process | Going forward, once the MHA 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 contractor should have a detailed project budget to support the figures shown on Exhibit 4, if requested by CIOB. |
| Project Proposal Process | How do you calculate the Risk Assessment?   | Risk Assessment is calculated based on the risk involved in the overall project not just the MHA portion of the project.  |
| Project Proposal Process | How does an contractor 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.<br><br>All MHA 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 contractor that was financially viable at time of project proposal application becomes financially “un-viable” during the  | The Contracts Division determines if a contractor is financially viable based on pre-defined criteria. The CIOB Review Committee will likely work with contracts during the project   |

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| Category                 | Question/Issue   | Response  |
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|                          | 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?  | proposal review process to determine if there are any issues affecting a contractor's financial status or legal entity agreement. If the contractor's financial status changes during the life of the project, DMH will likely review on a case-by case basis. If a contractor 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 contractors 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.  |
| 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 contractors?  | 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 contractors. If a project is cancelled, the contractor should receive "sufficient" notice that this is occurring (i.e. 1 quarter advance notice so that contractor can try to get other funds to cover costs of remaining project)  | 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.<br><br>With regard to the question of DMH cancelling a contractor |

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|                          |   | <p>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 contractor 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 contractor 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 Proposal Process | I am wondering if the DMH grant will pay for the ongoing monthly maintenance, and if so, for how long? How do I work this into the budget proposal?   | <p>For the purposes of this funding allocation plan, contractors may include the ongoing costs for the ASP.</p> <p>At some point, the funding allocation may run out and the ongoing costs for the ASP will likely need to be covered through other contractor funds.</p>   |
| Project Proposal Process | If a contractor's plan is to engage a clearinghouse to comply with the County requirement for EDI transactions, and then migrate to an EHRS 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 contractor. 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 contractor be held to that number?   | No, not until a contract is negotiated.   |
| Project Proposal Process | If a project is MHSA funded for only a portion of a larger, longer term project, how do we present a schedule?  | The project schedule in Appendix C includes the tasks and milestones for the MHSA portion of the project. The overall project description of the larger project should be included in Exhibit 3. Any activities completed or planned for the larger   |

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|                          |   | project should be described in your proposal to put the MHSA IT portion in perspective.   |
| Project Proposal Process | If a contractor has already begun implementation of the project and the request is only for ongoing funds, should we even submit a proposal now or wait until funding is approved?                                      | DMH will prepare a sample project proposal for ongoing costs. There is review time required for each proposal, so it may be prudent to submit the proposal prior to the project implementation to ensure that ongoing costs will be covered.  |
| Project Proposal Process | If a contractor has two proposals, are there restrictions on their getting start-up funds for each proposal?  | Each project is eligible for start-up funds up to 20% of the total project MHSA budget. There is no limitation on a proposal can be submitted as long as the funds are requested and used prior to June 2018.   |
| Project Proposal Process | If a contractor 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 contractor may not have a signed agreement due to financial viability or is given a waiver. A Project Proposal will only be evaluated through Level I review until financial viability is met.   |
| Project Proposal Process | If project proposal is repeatedly denied despite conversations between DMH and the contractor, 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 contractor 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, contractor should be contacted and allowed an opportunity to provide additional clarification or information.  | CIOB Review Committee will likely contact the contractor 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 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 Exhibits, and the MHSA funds will be assigned to the project. Once the contract is signed DMH will likely require a contract change notice or amendment if the scope of work or the budget amounts change significantly. |
| Project Proposal         | If we decide to use a Clearinghouse for EDI now can we do an EHR project later as another MHSA IT Project?  | As long as your contractor has MHSA IT funds available and the project meets the MHSA guidelines for approval.  |

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| Process                  |   |  |
| Project Proposal Process | If we have a project that is only to add electronic signature pads, do we have to submit an Operational Recovery Plan (ORP) for the signature pads only or are you expecting to see a complete ORP? | Since the scope of the proposed project is only signature pads, submit an ORP for the pads only. We will explain this limitation to the Review Committee and provide you with guidance, as needed.               |
| 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?  | Full EHRS includes EDI and infrastructure. All components in the EHR section..   |
| 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 it permissible to use some of the language used in the sample exhibits for the Technological Needs Project Proposal description if it applies to our contractor?                                 | Yes if it applies to your contractor.  |
| 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 MHSA IT funds are exhausted, ongoing project costs will likely need to be covered by the contractor from other sources.   |

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| Project Proposal Process | Is the project schedule required for each project proposal?   | Yes. Each project proposal requires a detailed and summary project schedule (Appendix C and Appendix C-1).  |
| Project Proposal Process | Is the requirement to complete budget line items only for items that contractors are requesting reimbursement? (I.e. if contractor is not requesting reimbursement for staff, these rows may be left blank) | The Exhibit 4 line items will be used to tie back to the approved invoices. If there were no MHPA funds used for personnel then there would be no project costs entered for the line item under personnel and no invoicing permitted using MHPA funds for any personnel costs.<br><br>List only those budget line items for which MHPA 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 contractor.   |
| Project Proposal Process | Is there going to be a separate contract required?  | Yes. The contract is the Technology Needs Funding Agreement (TNFA).   |
| Project Proposal Process | On the Exhibit 4 – Budget Summary, what costs should be included in the Non MHPA Funding (B)?   | Include any project costs that are attributable to non-DMH clients and other project costs that exceed the amount for which MHPA funds will be requested.   |
| 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   |

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|                          |   | 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 contractors 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 Proposal Process | Regarding the Exhibit, I only see check boxes and places for 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? | The detailed project budget exhibit will be included in the project 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 contractor should develop the summary data from their detail budget data.   |
| Project Proposal Process | Smaller contractors 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                  | The current MHSA funding reserve is approximately   | For the last year, there were two new contractors. We will likely  |

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| Proposal Process         | \$1,000,000 to be used for new contractor. Should the reserve be increased for new contractors? With the Prevention and Early Intervention (PEI) programs, the number of new contractor may be higher than in prior years. | 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 Process | 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.   |
| Project Proposal Process | We are planning to spread the MHSA IT funds over the course of five (5) years. How would we reflect that on Exhibit 4 – Budget Summary?  | You can show the additional years by adding new columns to the form. There is no restriction on the number of years as long as there are MHSA IT funds to cover the period.   |
| Project Proposal Process | What additional Justification is required for Personnel in the Cost Justification section?   | It is recommended to include a description of each directly employed staff member who will work on the project, including title and role on the project, gross salary and benefits, length of time on the project and percentage of overall working hours that will be spent on project work.<br><br>The same information should be included under Contract Services for contract project personnel, replacing salary with hourly rate and budgeted hours, as applicable. |
| Project Proposal Process | What criteria are you looking for to determine a Non-DMH client?   | A non-DMH client does not have a DMH ID and does not receive direct services claimed through DMH.   |
| 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                  | What does this mean? (I.e. What if an contractor does not  | Contract contractor may submit a project proposal for EDI   |

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| Proposal Process         | 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) | without implementing a full EHR-S. A contractor may also submit a project proposal for a full EHR-S, however, the approach must include EDI if the contractor is not currently EDI capable. Regardless, of the approach, the contractor 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 contractor. |
| Project Proposal Process | What is the average approval time on a project?  | As far as an average time to approve a project, it is dependent on a contractor's turnaround time after feedback from a Level One (1) or Level Two (2) review. It generally takes a few weeks for a Level One (1) review and three to four weeks on a Level Two (2) review.  |
| Project Proposal Process | What is the deadline to submit the MHA IT Project Proposals?   | There is no deadline. Proposals can be submitted anytime as long as your contractor has MHA 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 order of events for project proposals versus the funding agreement?  | Contractors must have an approved project proposal prior to executing the new Funding Agreement (TNFA). Even though a contractor may have an approved project proposal, there will be no reimbursement for work performed prior to a fully executed TNFA agreement   |
| Project Proposal Process | What is the percentage of start-up costs that can be requested?  | A 20% start-up distribution may be requested. The start-up distribution is by approved project and must be used prior to invoicing in arrears.   |

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|                          |   | Start-up cost is not guaranteed as this must be approved by DMH, the CEO and the Board of Supervisors.   |
| Project Proposal Process | What is the role of the District Chief in the invoice process?  | The District Chief will not approve the invoices. CIOB will 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 should we use as the project end date for ongoing costs?   | The project end date will be the last date of funding for the project.   |
| 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 project proposal contain?   | Contracts and CIOB will prepare a sample contract and sample project specific to the MHSA Technology projects. Each technology project will require a signed contract and approved project proposal.   |
| Project Proposal Process | When completing estimated cost of the project, is this referring to MHSA project or total project costs for contractor? 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 contractor only, or do you mean "configured" to the contractors' needs? | <p>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.</p> <p>The COTS reference to "Off-the Shelf" rating of 1, indicates that the contractor intends to use the software as designed with no modifications. Modification implies application changes to system functionality to support the unique contractor business</p> |

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|                          |   | 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 MHA costs need to be captured. At year-end, any outstanding MHA IT invoices that have not been approved and paid will likely need to be included on the Year-End Cost Report in order to reconcile all MHA IT costs for the fiscal year. Unpaid approved invoices will likely be accrued in the new fiscal year.             |
| Project Proposal Process | While contractors that are collaborating on one project are required to submit a separate invoice for its portion of the project, is it up to the contractors to indicate how they want to "split" the project costs? | Each contractor 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 contractors to determine which costs they are splitting and this must be determined prior to submitting the project proposal. The costs each contractor 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 consists of the CIOB CIO, Assistant CIO and Technology Manager plus other members as needed.  |
| 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.  |

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| 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 contractors 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 Proposal Process | Will the contractor be notified by the CIOB Review Committee by a certain time frame after contractor submits its proposal (i.e. 2 weeks versus 6 months)?                              | As far as an average time to approve a project, it is dependent on a contractor's turnaround time after feedback from a Level One (1) or Level Two (2) review. It generally takes a few weeks for a Level One (1) review and three to four weeks on a Level Two (2) review. |
| Project Proposal Process | Will the contractor be responsible for backups or will the vendor?  | The contractor is responsible for their data. The contractor must ensure that the vendor provides adequate backup and security controls to meet HIPAA and other standards.  |
| Project Proposal Process | Will the format of the Project Proposal exhibits continue to change and evolve?   | They may change slightly over time. If we receive additional guidance from the Review committee or the State, then we may need to make additional changes.  |
| Project Proposal Process | Will the MHSA funds allow a "start-up" distribution for small contractors to get them started rather than a quarterly invoice after the fact?   | Yes.  |
| 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 is not feasible.  |

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| 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 contractors.  |
| Project Reviews and Audits | Can the audits or/and project reviews be coordinated within the County?  | The Auditor Controller coordinates the Contract Compliance audit and the Fiscal Monitoring audit with the contractor. These audits are usually conducted over a three-year period to coincide with the Legal Entity agreement term.<br><br>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. |
| Project Reviews and Audits | How can the project audit be helpful to the contractor rather than punitive?   | DMH should act as advisor to help contractors 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.<br><br>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 contractors 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.   |

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| Audits               |  | For the new MHA 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 contractor. Some contractors that are already EDI or have selected an approach, have spent their own funds to become automated. These contractors will likely still receive MHA funds for other initiatives or enhancements to their existing EHR/EDI projects.     |
| Retroactive Expenses | Can a contractor sign a contract with a Vendor that calls for payment after receipt of a contract from DMH and get reimbursed from the MHA allocation for expenses incurred after the execution of the DMH contract when the services were delivered before 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 MHA funds.  |
| Retroactive Expenses | Can a contractor sign a contract with a Vendor that calls for payment after receipt of a contract from DMH and get reimbursed from its MHA 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 MHA funds.  |
| Retroactive Expenses | Can a contractor 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 a contractor's MHA IT allocation?           | There is no reimbursement if the expenses or services occurred prior to having an approved project proposal, fully executed agreement and approved MHA funds.  |
| Retroactive Expenses | Can contractors 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 MHA funds.  |
| Retroactive Expenses | Can the funding cover maintenance on an existing hosted EHR or EDI system?   | The reference in the MHA guidelines regarding supplantation reads as follows, "MHA 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 |

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|                      |   | Needs Assessment.” If the EHRS or EDI system was not operational prior to this date, ongoing maintenance costs will likely be covered.   |
| Retroactive Expenses | Can the MHA funds be used to reimburse for costs incurred during Short Doyle II project implementation?   | There is no retroactive reimbursement for expenses using the MHA IT funds. Most EDI contractors will need to be ready for Short Doyle II in the first quarter of 2010 prior to the execution of any MHA IT funding agreements.   |
| 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 contractor’s approved MHA 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 MHA 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 MHA funds.  |
| Retroactive Expenses | For those contractors who have already invested in a product or are in the process of acquiring one, will those contractors be refunded some of their investment?   | There is no reimbursement if the expenses or services occurred prior to having an approved project proposal, fully executed agreement and approved MHA funds.  |
| Retroactive Expenses | If a contractor has already started their EHRS or EDI project, can they still request MHA 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. The MHA IT funds cannot be used retroactively for work already performed.   |
| Retroactive Expenses | If a contractor signs a contract for software or hardware prior to having an executed contract agreement for MHA IT funds for an approved MHA project, can the contractor submit an invoice for these costs after the contract agreement is executed? | No. There are no retroactive costs allowed for MHA IT funds. There are three items required for reimbursement: 1 – Approved Project Proposal package, 2 – Fully Executed Contract Agreement and 3 – BOS acceptance of MHA 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 (see Supplantation response below.).  |

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| Retroactive Expenses | If a contractor 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 a contractor is in the middle of the EDI implementation process, should they stop?  | Each contractor 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 Expenses | What determines the date when an expense is incurred? Is it the invoice date or the actual date that the expense was incurred?                                 | It is the date that the expense was incurred not the date of the invoice. This is a key concept that affects the determination of retroactive billing and payment.   |
| Retroactive Expenses | What direction would you give contractors 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.   |

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|                   |   | 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 contractors 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.   |
| Use of MHSA Funds | Can MHSA funding be used for Decision support: providing reports that a contractor 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 contractors  | 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. |

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|                   | 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 contractor 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?   |   |
| 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 contractor 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.<br><br>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, 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. | LAC-DMH will likely support requests for automation of eligibility verification.  |
| 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  | LAC-DMH will likely support requests for forms translation.   |

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|                   | 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.   |  |
| 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 contractor 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.  |
| 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.  |

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| 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.<br><br>As part of the Client and Family Empowerment projects, new equipment specifically acquired for an approved client access project would be covered.<br><br>A general lab for multipurpose use not specific to a MHSA approved project would not be covered. |
| Use of MHSA Funds | Can we assume that computer labs and/or 3 <sup>rd</sup> 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 contractors/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 <sup>rd</sup> party computer labs for GO Live and ongoing EHRS Skills training,  | Leases for physical space are not considered under the MHSA technology plan. They are not even considered under the   |

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|                  | is an applicable expense in the budget of an EHR project for reimbursement?  | <p>Capital Facilities plan.</p> <p>MHA IT funds cannot be used to upgrade basic computer skills.</p> <p>The funds can be used to train staff on use of new software such as an EHR.</p>  |
| Use of MHA Funds | <p>Can we use the funds for networking and desktop hardware/software purchases?</p> <p>If so, what category should it go in? (The guide states the "other" category is for hardware, etc.)</p> | The MHA Guidelines state the expenditures must be specific to the proposed MHA project and cannot be for general technology upgrade needs, such as a general increase in desktop computers or other hardware upgrades.   |
| Use of MHA Funds | If a contractor hires a project manager for their EHR 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 MHA IT project.   |
| Use of MHA 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 MHA Funds | Is paying an attorney to set up or review the contract with a vendor an allowable cost under the MHA IT funds?   | This would likely be an allowable cost under the contract services category if it were related specifically to your MHA IT project.  |
| Use of MHA Funds | Our contractor has a cost reimbursement contract with LA-DMH. Do you know if we can expense the costs of our EHR purchase?   | <p>The MHA Technology funds can be used to defray some of the costs of an EHR if these costs are not retroactive. We do not expect that the MHA funds will cover the full cost depending on your vendor and implementation costs.</p> <p>The MHA 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 MHA IT costs.</p> |
| Use of MHA Funds | Should we include expenses like servers, facilities in the Budget Summary?   | If the costs were part of the implementation costs for EDI or EHR, then they would be covered in the budget summary  |

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|                      |   | 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 contractor has budgeted MHSa funds to cover ongoing expenses.  |
| Use of MHSa IT Funds | Can we include costs for Business Continuity Insurance in the proposal?               | Yes, to the extent the costs are related specifically to the project and related system(s) or applications. Appropriateness of the expense will be evaluated by the Review Committee. |

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