



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
 CONTRACTS AND PROCUREMENT ADMINISTRATION
 609 H STREET, NE 4TH FLOOR, WASHINGTON, DC 20002
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July 11, 2012

**iCAMS
REQUEST FOR PROPOSAL (RFP) AMENDMENT NUMBER TWO (2)**

Solicitation Number: RM-12-RFP-093-BY3-IT-iCAMS-TH

To All Prospective Bidders:

Solicitation **RM-12-RFP-093-BY3-IT-iCAMS-TH** is hereby amended as follows:

Question No.	RFP Section	Question
One		How many separate locations will move from Anasazi to iCAMS and what is the number of named end users by location?
DMH RESPONSE: There are three current locations using Anasazi under the Mental Health Services Division (MHSD): this includes workforce located at 35K Street, 821 Howard Road, and DMH Access Help line. End users equal approximately 800 with about 30 administration/front desk/other, the remainder are clinical in nature.		

Question No.	RFP Section	Question
Two		How many separate locations of PIPS are planned and what is the number of named end users by location?
DMH RESPONSE: This shall not be determined until a vendor is selected based on applications currently in use by the Individual providers. It is estimated that the vast majority of the providers shall be FIPs (Fully Integrated Providers).		

Question No.	RFP Section	Question
Three		Please provide an estimated project start date
DMH RESPONSE: DMH estimate the initialization of the project mid/late November 2012.		



Question No.	RFP Section	Question
Four		Is the Panacea Rx system going to be replaced as part of this project?

DMH RESPONSE: Please refer to Section C.1 project Phasing.

Question No.	RFP Section	Question
Five		What is the expectation for who will be doing the ongoing application maintenance (managing the maintenance of files, dictionaries, new user set-up, creation of new reports and other configuration item) for iCAMS?

DMH RESPONSE: Each “Provider” shall have a local system administrator who shall be charged with overall maintenance for iCAMS within that agency, including new or removed user access and role designation. Dictionaries and any other functionality DMH sees as “standardized” shall be managed “centrally” by DMH. As far as new release testing, it falls to the contractor to be responsible for testing and regressing any new functionality on test sites prior to DMH acceptance of said functionality for release to live sites. With software as a service, installation of new functionality should be overarching and shall allow DMH to “turn on” new release functionality based upon the Providers service delivery area and desire to utilize what is newly offered.

DMH shall “centrally” standardize reports as well as allowing all providers to “ad hoc” report. Please review and respond to C.8.16 Reporting and Analytics.

Question No.	RFP Section	Question
Six		Please describe any system activities that will be done as part of a “central Office”.

DMH RESPONSE: DMH shall “centrally” standardize how and what data is essential to be captured, including standardized naming conventions and forms for service delivery to be equal among all Provides and shall maintain and control that “centrally”. DMH shall work with the Contractor, Providers and iCAMS Administrators to assure continuity of the system. DMH shall “centrally” standardize reports to ensure audit-ability and to prevent fraud, waste and abuse.

Question No.	RFP Section	Question
Seven		Will ST. Elizabeth be connecting to the eCura replacement product?

DMH RESPONSE: iCAMS shall support communication for consumer continuity of care and notification/events capability with in the public mental health system of care.



Question No.	RFP Section	Question
Eight		2.3.2 – Please describe the proposed features and functionality envisioned by DMH in the proposed extension of the Worx system to provide ambulatory pharmacy services to MHSD consumers.
<p>DMH RESPONSE: Please review and respond to section(s) C.8.9 for expected functionality for medication/pharmacy services and C.8.20 CPOE (Computerized Physician Order Entry).</p>		

Question No.	RFP Section	Question
Nine		Are the accounts receivable for each Fully Integrated Provider separate or combined?
<p>DMH RESPONSE: Separate, each entity shall be responsible for their own accounts receivable, managing insurance payments, etc. DMH shall have the ability to view fiscal activity as it relates to MHRS provision as well as being able to run fiscal reporting overall as deemed necessary not limited to running reports cyclically and ad hoc.</p>		

Question No.	RFP Section	Question
Ten		Will upgrades to iCAMS be implemented to each Fully Integrated Provider separately or at the same time?
<p>DMH RESPONSE: DMH envisions that all product upgrades and or new feature releases shall occur system wide simultaneously and as agreed upon by the iCAMS Management Team. Individual providers may or may not utilize all functionality (see question six in Amendment 2) DMH.</p>		

Question No.	RFP Section	Question
Eleven		C.10.0 Item 4 first states the vendor will train 100 staff and later states 200 end-users. Please provide a breakdown of total staff to be trained first broken out by Central, FIP, PIP and then broken down by training need (Superuser, Front Desk, Clinical, Scheduling , Biller, etc)
<p>DMH RESPONSE: The initial 100 users shall be considered “Super Users” or “System Experts”; end user training shall follow the train the trainer model for DMH and the entire partner community. There shall be at least one or more Super User/System Expert in each agency. The number of end users could be as high as 2,500 or more depending upon staffing level fluctuations and agency status with DMH. The combinations of front desk, administration, billing and financial are yet to be known. DMH is working with the provider community to confirm these numbers and to verify individual provider staffing levels and needs to assure iCAMS shall be fully functioning and supportive for and of each agency.</p>		



Question No.	RFP Section	Question
Twelve		In some cases it lists a 365 day implementation, in others it indicates 14-18 months. Please describe a timeline for implementation to go-live for each Phase 1-4
DMH RESPONSE: Please review Section C.1 Introduction and goals in the RFP for the phasing descriptions.		

Question No.	RFP Section	Question
Thirteen		At the bidders conference, Samuel Feinberg indicated that his office could supply additional information regarding the Certified Small Business requirement and also supply a list of such business's, please forward this information.
<p>DMH RESPONSE: Please follow link to the DC Department of Small & Local Business Development http://dslbd.dc.gov or see attached Division of Business Opportunities and Access to Capital Request Form search for Certified Business Enterprise (CBE) Firms.</p> <p>Certified Business Enterprise Firms:</p> <p>Marlon Boykin MJS Communications LLC 1343 1st Street, NW Washington, DC 20001 888-829-1658 ext. 2</p> <p>James McCall Telecom Division United General Contractors Inc. 1232 4th Street, NE Washington, DC 20002 202-526-2101</p>		

Question No.	RFP Section	Question
Fourteen		When will the list of attendees at the Pre-proposal conference be posted for this procurement? It would be very useful for those CBE's interested in partnering with other firms.
DMH RESPONSE: There shall not be a list of attendees from the Pre-proposal Conference, please refer to the answer to question thirteen and follow link to search for Certified Business Enterprises.		



Question No.	RFP Section	Question
Fifteen		Will there be notes published from the conference, and if so how do I go about obtaining a copy?
<p>DMH RESPONSE: This Amendment serves the purpose of providing written answers to all questions that have been submitted to the Department of Mental Health. There shall not be any notes published resulting from the Pre-proposal Conference.</p>		

Question No.	RFP Section	Question
Sixteen		Who will be managing the maintenance of the iCAMS for the Fully Integrated Providers for things such as dictionaries, user access, new release testing and installation? Will it be the individual FIP's or centrally managed by DMH?
<p>DMH RESPONSE: Each "Provider" shall have a local system administrator who shall be charged with overall maintenance for iCAMS within that agency, including new or removed user access and role designation. Dictionaries and any other functionality DMH sees as "standardized" shall be managed "centrally" by DMH. As far as new release testing, it falls to the contractor to be responsible for testing and regressing any new functionality on test sites prior to DMH acceptance of said functionality for release to live sites. With software as a service, installation of new functionality should be overarching and shall allow DMH to "turn on" new release functionality based upon the Providers service delivery area and desire to utilize what is newly offered. DMH shall "centrally" standardize how and what data is captured, including standardized naming conventions and forms for service delivery to be equal among all Providers and shall maintain and control that "centrally". DMH shall work with the Contractor, Providers and iCAMS Administrators to assure continuity of the system.</p>		

Question No.	RFP Section	Question
Seventeen		Is the accounts receivable of each Fully Integrated Provider a separate A/R or is it combined?
<p>DMH RESPONSE: The accounts receivable for each Fully Integrated Provider is separate, each entity shall be responsible for their own accounts receivable, managing insurance payments, etc. DMH shall have the ability to view fiscal activity as it relates to MHRs provision as well as being able to run fiscal reporting overall as deemed necessary not limited to running reports cyclically and ad hoc.</p>		



Question No.	RFP Section	Question
Eighteen		What level of control will the Fully Integrated Provider's have over iCAMS in regards to system changes, changes to screens, adding or changing reports, etc?
<p>DMH RESPONSE: Providers shall not be able to change the "system" or "screens", the contractor's offering should include ad hoc reporting as a standard feature which would not modify "standing reports" as defined by DMH, but DMH shall allow each provider to query their data as needed. As well, if a particular Provider is accredited by more than one body (Joint Commission, CARF, COA, etc.) DMH shall add the necessary fields for data capture for reporting to those entities in support of that accreditation.</p>		

Question No.	RFP Section	Question
Nineteen		In one place of the rap it indicates a 365 day project and in another 14-18 months. Please provide a timeline for the implementation for each of the 4 phases.
<p>DMH RESPONSE: Please review Section C.1 Introduction and goals in the RFP for the phasing descriptions.</p>		

Question No.	RFP Section	Question
Twenty		How many total named users are expected to use the application?
<p>DMH RESPONSE: It is roughly estimated that there shall be 2,000 – 2,500 end users with varying designations (i.e. clinical, billing, administrative, other).</p>		

Question No.	RFP Section	Question
Twenty-One		In addition to completing Appendix N, should the technical proposal also include narrative, or will just Appendix N suffice as a response? If a narrative is expected, is there an outline with specific content or questions we should respond to?
<p>DMH RESPONSE: Please refer to section L.2, Proposal Form, Organization and Content of the Solicitation and Amendment One, Question Six.</p>		



Question No.	RFP Section	Question
Twenty-Two		In the RFP, there are two deadlines for questions. Under Section L.2, last paragraph, it says questions may be submitted in advance of the Pre-Proposal Conference on June 21st. Under Section L.5., paragraph 1 states that questions "relative to this solicitation" may be submitted no later than July 12th. Could you please clarify what "relative to this solicitation" means? Are only certain types of questions permitted?
DMH RESPONSE: The deadline for submitting questions is July 12, 2012.		

Question No.	RFP Section	Question
Twenty-Three		The URL links in Sections D, E, I.2, J.1, J.4, J.7, J.8, and J.9 are not working correctly. The links are either not opening or the page cannot be found. Could you please send us these attachments in an email?
DMH RESPONSE: Please refer to Amendment One, Question Three.		

Question No.	RFP Section	Question
Twenty-Four		Section K.1, the URL opens to Solicitation Attachments on the OCP website. Which attachment do we need to download for this section?
DMH RESPONSE: Please refer to Amendment One, Questions One and Three.		

Question No.	RFP Section	Question
Twenty-Five		Can you please clarify Section M.5. Preferences? What type preference does this section refer to?
DMH RESPONSE: Section M.5 refers to DSLBD preference points; please refer to DC Department of Small & Local Business Development, http://dslbd.dc.gov .		



Question No.	RFP Section	Question
Twenty-Six		Will we be able to get a copy of our scorecard at the end of the evaluation process?
<p>DMH RESPONSE: The RFP process does not allow for distribution of the scorecards in order to protect the integrity of the process.</p>		

Question No.	RFP Section	Question
Twenty-Seven		Please provide the number of providers within District of Columbia Department of Mental Health. A provider is defined as Physicians, Nurse Practitioners, Physician Assistants, Audiologists, Optometrists, Physical Therapists, Music Therapists, Speech Therapists, Massage Therapists, Chiropractors, Anesthesiologists, Psychologists, Dentists, Hygienists, Licensed Social Workers, Midwife, Nutritionists, Dietitians, Counselors, Mental Health Practitioners, Neurophysiologists, and Podiatrists employed by or under contract with Customer to provide services within the medical field.
<p>DMH RESPONSE: At the time of final contractor selection, as part of the due diligence process, it shall be required that all DMH service providers (Agencies) to supply specific staffing (clinical, billing, administrative and others) identification and information for appropriate inclusion in support of configuration, implementation and training. It is a general estimation that that there will be 2,000- 2,500 end users.</p>		

Question No.	RFP Section	Question
Twenty-Eight		How many locations are included in the District of Columbia DMH?
<p>DMH RESPONSE: The Department of Mental Health provides emergency care and ongoing mental health services and supports to District residents in need of the public mental health system. Services are offered at community clinics and in designated public schools. Emergency psychiatric treatment is available for individuals experiencing a psychiatric crisis at an emergency care clinic and in the home, school or community if needed. DMH also evaluates and treats individuals referred through the criminal justice system.</p> <p>Select from the following links for more information about DMH services and supports.</p> <ul style="list-style-type: none"> • <u>Access Helpline</u> • <u>Adult Services</u> • <u>Children, Youth & Family Services</u> • <u>Consumers & Families</u> • <u>Emergency Psychiatric Services</u> • <u>Homeless Services</u> • <u>Saint Elizabeths Hospital</u> 		



- School Mental Health Program

The Department of Mental Health (DMH) ensures DC residents receive high quality mental health services through a certification program for mental health service providers. DMH certifies that a community-based mental health service provider is qualified to deliver Mental Health Rehabilitation Services (MHRS) that are reimbursable through Medicaid and meet federal guidelines. Only certified providers may participate in the MHRS system.

An individual seeking mental health services through the Department of Mental Health can choose from a list of 27 certified community based providers who provide diagnostic/assessment, medication, counseling, and community support.

use link for access: <http://www.dmh.dc.gov/dmh/cwp/view,a,3,q,516001.asp>

Question No.	RFP Section	Question
Twenty-Nine		How many databases is the DMH requiring?
DMH RESPONSE: iCAMS shall be one data base.		

Question No.	RFP Section	Question
Thirty	H.9.4	Our team does not anticipate needing to hire additional personnel to support this project. In light of this, how are we to address H.9 51% District Residents New Hires requirement and subsequent reporting?
DMH RESPONSE: If your company is awarded a Contract and you hire additional personnel under this project, 51% of the newly hired employees are required to be District residents.		

Question No.	RFP Section	Question
Thirty-One	L	Please provide clarification to the page count restrictions in Section L.2. Are we correct in assuming that the required responses to Section C.10.0, Section F.5.2, Appendix N., and other required documentation fall outside the 10 page Maximum listed in L.2 Proposal Form, Organization and Content?
DMH RESPONSE: Please refer to Amendment One, Question Six.		



Question No.	RFP Section	Question
Thirty-Two		Are these the only compliance documents needed for the RFP? A. EEO Information and Mayor Order 85-85; B. Tax Certification/Affidavit; C. First Source Employment Agreement; D. Bidder/Offeror Certifications; and E. Cost/Price Data Package.
DMH RESPONSE: Please prefer Amendment One, Question One.		

Question No.	RFP Section	Question
Thirty-Three		Should we fill out the First Source Employment Agreement and attach it to the RFP?
DMH RESPONSE: The First Source Employment Agreement shall be completed and submitted with Proposal.		

Question No.	RFP Section	Question
Thirty-Four		Can you please clarify this statement found on page 118 of the RFP: "Authorization workflows shall automatically use the clinical criteria"? What functionality is DMH looking for?
DMH RESPONSE: iCAMS shall be able to recognize authorization and set workflow based on plan structure for the provision of care, as well as determination of appropriately credentialed staff to provide that specific service. Treatment shall be based on level of care criteria/clinical criteria as determined by the rules set forth by DMH. An example of the functionality for workflow would be: "if John Doe is set at Level A, for Community Support Services – 10 visits per month only and one monthly medication somatic or compliance visit with a "doctor" then those "permissions" shall be set forth under the insurance/authorization specifications. Individuals shall be only able to be scheduled for and to receive "authorized" care (unless in an urgent care situation or, i.e. diagnostic update or other circumstances) outside the "rules" set forth in the level of care criteria or authorization(s) for service. Workflow shall allow the clinician and others to assure that that individual has been scheduled for and received the care as scheduled and is adhering to the individual treatment plan and goals under MHRS. This shall also assure that the service is billable and appropriate.		

Question No.	RFP Section	Question
Thirty-Five		How many prescribers will be using the software to submit electronic prescriptions?
DMH RESPONSE: It is roughly estimated that there will be 2,000 – 2,500 end users with varying designations (i.e. clinical, billing, administrative, other).		



36. Section C.8.10, Question One is deleted in its entirety and replaced with the following:

The System has automated billing and accounts receivable functions; including, but not limited to; real time access to batch claim reporting for claim denial(s) and or errors as well as consumer ledger access, with third party download capability to web enabled general ledger packages utilized by DMH agency providers within the system of care.

37. Section 9.10, Question Twelve is deleted in its entirety and replaced with the following:

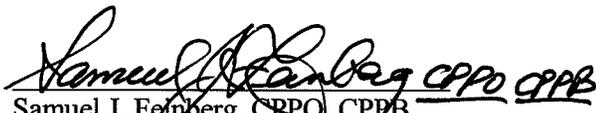
Please provide a comprehensive listing (not less than four existing customers in varied stages or phasing of the offered product or products). These should be customers that have received satisfactory service, product, work and performance of the same or similar nature. Please provide a direct contact name, phone number, email and a physical address location.

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSAL REMAIN UNCHANGED.

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipts of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Administration (DMH/CPA), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be received by the DMH/CPA no later than the date and time for closing.

Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number RM-12-RFP-093-BY3-IT-iCAMS-TH may be cause for rejection of any proposal submitted in response to the subject RFP.

Signed:


Samuel J. Feinberg, CRPO, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-12-RFP-093-BY3-IT-iCAMS-TH**

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror