Tompkins County

Division for Community Health Electronic Medical Records and Project Management System

REQUEST FOR PROPOSALS

RFP Release:

Friday, February 20, 2014

RFP Response Deadline:

Monday, March 24, 2014

RFP #2014004

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1. SUBMISSION INSTRUCTIONS

Respondents shall submit their proposal response per the instructions below and those defined in Section 8 of the Tompkins County Division for Community Health Electronic Medical Records and Project Management System Request for Proposal (RFP #2014004). Respondents who do not follow these guidelines may have their proposals rejected as incomplete or non-responsive. Tompkins County reserves the right to waive any informalities and to negotiate with any respondent.

- Respondents shall read all documents contained in this specification package. Failure to do so does not excuse respondent from abiding by all instructions, terms or conditions.
- Responses shall be submitted to the location and in the format indicated in the specifications no later than the date and time indicated.
- Respondents must submit their questions regarding any portion of the specifications in writing to the email address provided in the specifications by the date provided. Answers will be provided no later than five (5) days prior to the Proposal due date.
- The County reserves the right to amend the specifications prior to the due date by written "Addenda". It is the respondent's responsibility to ascertain whether any addenda have been issued prior to submitting their proposal.
- Respondents shall submit their proposal in a sealed package or envelope with the name of their company and the title of the Request for Proposal.
- Respondents must provide one original printed copy, with original signatures, of their proposal response. Electronic files may be requested as well.
- Respondents shall submit **all** forms that require signatures with their proposal response.
- All responses submitted become the property of the County and are subject to Public Information Policy.
- This invitation to respond does not commit the County to award a contract, nor shall the County be responsible for any cost or expense that may be incurred by the respondent in preparing and submitting their response or any cost incurred prior to the execution of a contract.
- The County reserves the right to cancel the contract without cause with a minimum of thirty (30) days written notice. Termination or cancellation of the contract will not relieve the respondent of any obligations or liabilities resulting from any acts committed by the respondent prior to the termination of the contract. The respondent may cancel the contract with one hundred-twenty (120) days written notice.

2. TERMS & CONDITIONS

Method of Award:

The County reserves the right to award the contract to the respondent who submits the proposal that proves to be in the best interest of the County. The County has the sole discretion and reserves the right to cancel this request, reject any/all responses, to waive any/all informalities and/or irregularities if it is deemed to be in the best interest of the County to do so.

Contract Extension:

The County agrees, under the General Municipal Laws of New York State (Section 103, sub-division 3) to allow all authorized users who wish to utilize any contract awarded as a result of this solicitation to do so. However, it is understood that the extension of such contract is at the discretion of the respondent and the respondent is only bound to the contract between itself and the County.

Term of Contract:

The term of contract shall be specified within the detailed specifications.

Contract Award:

The contract award, if any, will be made to the best ability of both parties within the time frame specified in Section 3.3 of the Tompkins County Division for Community Health Electronic Medical Records and Project Management System Request for Proposal (RFP #2014004). The contract shall be awarded to the respondent who submits the proposal that proves to be in the best interest of the County.

Non-Appropriation Clause:

In accordance with New York State General Municipal Law, the County will not be liable for any purchases or contracts for goods or services for which funding is not available. As a result, the respondent agrees to hold the County harmless for any contracts let for which funding either does not currently exist, or for which funding has been removed prior to the authorization to proceed. Should it become necessary for the County to cancel a project after the order to proceed has been issued, the County will only be liable for, and the respondent agrees, to only assess those financial damages that it can prove to have incurred as a result of the contract cancellation.

Training:

If required, training shall take place during regular business hours. Training shall be provided until all County personnel involved in the contract are adequately trained.

Workforce Diversity and Inclusion:

Tompkins County government is committed to creating a diverse and fully inclusive workplace that strengthens our organization and enhances our ability to adapt to change by developing and maintaining:

A. An organization-wide understanding and acceptance of the purpose and reasons for diversity;
B. Recruitment and retention policies that assure a diverse workforce;
C. A workplace environment that is welcoming and supportive of all;
D. Awareness, understanding and education regarding diversity issues;
E. Zero tolerance for expressions of discrimination, bias, harassment, or negative stereotyping toward any person or group;
F. A workforce ethic that embraces diversity and makes in the norm for all interactions, including delivery of services to the public.

Respondents are encouraged to include an outline of their diversity policy in their proposal response.

Contract Re-Assignment:

The respondent shall not re-assign any portion of the contract that results from this solicitation without the express written consent of the County.

Corporate Compliance:
FEDERAL FUNDING COMPLIANCE: The Respondent agrees to comply with all Federal, State, and local laws and regulations governing the provision of goods and services under this Contract. To the extent that federal funds are provided to the Respondent under this contract, the Respondent agrees that it will comply with all applicable federal laws and regulations, including but not limited to those laws and regulations under which the Federal funds were authorized.

Further, Respondent agrees to comply with the County's Compliance Plan regarding Federal and State fraud and abuse laws; the Compliance Plan can be reviewed at http://tompkinscountyny.gov/tccp, or a copy can be obtained from Tompkins County Administration, 125 East Court Street, Ithaca, NY 14850.

Respondents that are providers of healthcare services certify that the Respondent, and all employees, directors, officers, and subcontractors of the Respondent, are not "excluded individuals or entities" under Federal and/or New York State statues, rules and regulations, to determine if any of them are on or have been added to the exclusion list.

The Respondent shall promptly notify the County if any employee, director, officer of subcontractor is on or has been added to the exclusion list. The County reserves the right to immediately cancel this contract, at no penalty to the County, if any employee, director, officer or subcontractor is on or has been added to the exclusion list.

By submitting a response to a Request for Proposals, you are attesting to the fact that you and/or the provider, which you represent, have not been sanctioned nor excluded by any of the aforementioned entities.

Iranian Energy Sector Divestment:
By submitting a response to this solicitation, the respondent hereby represents that said respondent is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment", in that said respondent has not:

a. Provided goods or services of $20 Million or more in the energy sector of Iran including, but not limited to, the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or

b. Acted as a financial institution and extended $20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector of Iran.

Any respondent who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

Except as otherwise specifically provided herein, every respondent submitting a response to this solicitation must certify and affirm the following under penalties of perjury:

(1) "By submission of this response to solicitation, each respondent and each person signing on behalf of any respondent certifies, and in the case of a joint response, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each respondent is not on the list created pursuant to NYS Finance Law Section 165-a (3)(b)."

Except as otherwise specifically provided herein, any response to this solicitation that is submitted without having complied with subdivision (1) above, shall not be considered for award. In any case where the respondent cannot make the certifications as set forth in detail the reasons therefore. The County reserves the right, in accordance with General Municipal Law Section 103-g to award the

contract to any respondent who cannot make the certification on a case-by-case basis under the following circumstances:

(1) The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the respondent has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging any new investments in Iran; or

(2) The County of Tompkins has made a determination that the goods and services are necessary for the County to perform its functions and that, absent such an exemption, the County of Tompkins would be unable to obtain the goods or services for which the Bid is offered. Such determination shall be made by the County in writing and shall be a public document.

Living Wage

Tompkins County must consider the wage levels and benefits, particularly health care, provided by contractors when awarding bids or negotiating contracts, and to encourage the payment of livable wages whenever practical and reasonable.

If contractor certifies on Attachment F that its employees directly providing services outlined in this contract are NOT paid a living wage, the department contract representative may have a conversation with contractor to understand the cost implications of achieving the living wage threshold, whether there are structural barriers impacting the ability to pay the living wage, plans to improve wages over time, generous fringe benefits, or other considerations that should be applied when addressing the question of whether it is practical or reasonable to meet the living wage threshold including the cost required to bring the contract to the living wage threshold.

3. INTRODUCTION

Tompkins County is seeking to purchase and implement a comprehensive and integrated Tompkins County Health Department (TCHD) Division for Community Health Electronic Medical Records (EMR) and Practice Management (PM) System (Community Health EMR/PM System) that covers a broad range of federal, New York State and local government requirements. The system will serve to manage the TCHD Division for Community Health (Community Health) clinical and billing data, information and records. In effect, the new Community Health Electronic Medical Records/Practice Management System will ensure that information can be integrated, managed, and securely shared within TCHD and in compliance with New York State Department of Health (NYSDOH) operations and also provide opportunities to improve operational and organizational efficiencies. The Community Health Electronic Medical Records System will build upon the County's current operations and information technology platform, and vastly improve the reliability, functionality, and business processes related to the project requirements. Improvements will be realized not only for the Tompkins County Health Department, but also for clients, organizations and other existing services, projects and software applications that rely on accurate and accessible Community Health clinical and billing information. Tompkins County has a project start date goal of 06/02/14.

Submissions will only be accepted for Community Health Electronic Medical Records and Practice Management systems that primarily focus on Government entities. The proposed software must be currently available and in use. A project goal is to have software that has been developed by the same firm, with the possible exception of a distinct application that can demonstrate reliable interfaces. Below is a list outlining the application areas covered in this RFP:

- Records
- Billing
- Fiscal Integration
- Support Services
- Support and Nursing Intake Process
- Article 28 Diagnostic & Treatment Center (D&TC) Clinic services
- Article 36 Licensed Home Care Services Agency (LHCSA) office and home based services
- Nursing and Support Staff Single Point of Entry (SPOE)
- Interface with NYSDOH Immunization and Lead screening data systems
- ICD10 Implementation Date of October 1/2014

The new Community Health EMR/PM System will replace numerous paper-based and word processing procedures as well as data stored in spreadsheet formats that the Tompkins County Health Department's staff have created over the years, and the billing software system, Cerner/Beyond Now, that has been in use since 2003 *(Please refer to the **Appendix** for additional detail)*. A project goal is to replace the disparate documentation processes with a single system which can be supported and distributed on Community Health's Microsoft Windows based network and to accomplish a paperless work environment. The system must provide the ability to easily integrate with Microsoft Office Suite, the County hosted LaserFiche Rio solution (Electronic Document Management System platform), allow for connectivity to external relational databases, and include the potential for future integration with external agencies. Due to the flexibility and the current standardization of a Windows-based server environment, the County's strong preference is for proposal options based on a Tompkins County hosted solution. All Tompkins County hosted solutions must be based on the *Windows 2008 Server* operating system and *MS SQL 2008 Server* database (or newer) platform and must be supportable within a virtual server (VMware V5) and a NetApp Storage Area Network (SAN) environment. However, consideration will be made for other platforms and cloud-based solutions provided the end user/client access are browser or windows-based and the other requirements in the RFP are met. Systems designed with a browser-based interface are preferred due to flexibility and simplification of future PC support requirements.

It is important that the Community Health EMR/PM System utilizes state of the art technologies and continues to advance as new technologies, database platforms and operating systems emerge.

Tompkins County will require that all software license, support and maintenance contract language is not based on end of life cycle or software versioning terminology which would require a "reinvestment or re-purchase" of software licenses based on consultant's future software development, enhancements or migration strategies.

3.1 Project Background

Tompkins County Information Technology Services (ITS) and Tompkins County Health Department (TCHD) formed a team of ITS staff and TCHD division representatives to conduct a Planning and Discovery Review. The goals of this review were:

- To document the organizational and program/service structure of the TCHD Division for Community Health and identify other associate programs or stake-holders.
- To define the scope of services, preliminary project schedule, Information Technology roles, and anticipated solutions.
- To document and provide a collective understanding of the current information flows and needs within and between divisions of the department.
- To document specific technology-based requirements which will assist ITS and TCHD in the review of software improvements or alternatives, system functionality and vendor capabilities.
- Offer recommendations that would benefit the Division employees, clients, and associate programs.

In addition, TCHD began participation in the ongoing NYSDOH Immunization Billing Project in 2012. As a result of these initiatives, staff:

- Closely examined the immunization work processes, systems and records utilized within the Community Health Services (CHS) program;
- Implemented a standardized rate and fee structure;
- Implemented a standardized intake and billing process;
- Improved forms and documents used in immunization billing; and
- Identified next steps to improve quality and effective processes, specifically a need for an updated and integrated software system.

Appendix B provides an overview of the department, identified records management issues and findings, and specific recommendations based on the findings that will lead the department towards improving existing information process flows and records management requirements.

3.2 Project Methodology

Appendix C provides additional details for each completed or anticipated future project phase as envisioned by the Project Team. The Project Methodology is presented within three main sections. They include:

A) Project Scope and Phases: *Pre-Contract Period*
B) Project Scope and Phases: *Contract Period*
C) Project Scope and Phases: *Post-Contract Period*

The subtasks and products defined in Section A have been completed, or are likely to be finalized prior to completing a contract with a chosen consultant. It must be stated that the *Pre-Contract Period* includes a greater amount of detail than both the *Contract Period* and the *Post-Contract Period* section descriptions. Until a contract is awarded, it is difficult to formalize the Subtasks and Products of project phases in Sections B and C. However, every effort has been made to describe an anticipated plan of work in general terms for these Sections. The phases of Section B and C are only provided to outline the project approach developed by the Project Team. Consultants are not required to follow this specific project methodology within their RFP responses. Once a consultant has been selected additional project methodology details will be developed during the anticipated Project Management Plan Phase (*1B*).

3.3 Key Events and Dates

EVENT	DATE	TIME
Required Deadlines:		E.S.T.
Project RFP Release Date	02/20/14	12:00 pm
Closing Date for Pre-Submittal Inquiries	03/07/14	4:30 pm
County Response to Inquiries	No later than 03/14/14	4:30 pm
Submittal of Proposal	03/24/14	12:00 pm
Time Estimates/Goals:		
Proposal Evaluation	Week of 3/24/14	
Interviews (to be determined)	Week of 3/31/14	
Contract Negotiation	04/07/14 through 04/25/14	
Legislative Approval and Contract Award	5/20/14	
Project Start Date (to be determined)	06/02/14	

3.4 Contact Information

All questions concerning the content and RFP response requirements must be received in writing no later than 4:30 p.m. EST, March 7, 2014. Questions and/or requests may be submitted via e-mail, fax, or mailed. Answers, or additional information resulting from pre-submittal inquiries, will be provided in a written, consolidated response no later than 4:30 p.m. EST, March 14, 2014 and posted at:

www.tompkinscountyny.gov/purchase/current-rfps

Greg Potter, Director
Tompkins County Information Technology Services Department
128 East Buffalo Street, Ithaca, NY 14850
(607) 274-5417
(607) 274-5420 fax
gpotter@tompkins-co.org

3.5 Method of Award

An evaluation process will be implemented to allow for a fair review of all acceptable proposals. An evaluation team will be defined to include members of the Community Health Project Team, and possibly other county personnel and/or elected officials. The evaluation team will serve to recommend an award of contract to the Tompkins County Health and Human Services Committee and Tompkins County Legislature which shall be based on the best interests of Tompkins County.

Mandatory Requirements

All proposals received by the deadline will be evaluated. Each proposal shall be reviewed for completeness and conformance to the mandatory technical and administrative submittal requirements of the RFP. The evaluation team has the option of requesting vendors to submit missing information or provide clarification of those sections or requirements deemed incomplete. Tompkins County reserves the right to reject any and all proposals or parts thereof. If a proposal does not meet the mandatory requirements, the proposal may be disqualified and a project cost evaluation may not be performed.

Cost Data

After a proposal has satisfactorily met all the mandatory technical and administrative requirements of the RFP, the select members of the evaluation team will review the cost data supplied by the consultant. The evaluation team reserves the right to request that the consultant provide additional cost data to meet the qualifications of this RFP.

Consultant Interviews

Selected consultant(s) will be asked to provide a formal presentation and discussion of the proposed solution and other relevant information. The location of this presentation will be at a Tompkins County facility. A demonstration of existing or prototype software will be requested as a component of the presentation. The consultant(s) should be prepared to explain, and if possible, demonstrate how system changes would be implemented to meet any unique requirements of the Tompkins County Community Health project identified within the RFP. A request may also be made for the consultant(s) to provide remote access to an interactive prototype of the proposed solution or software application during the interview and pre-contract phase for evaluation purposes.

Interviews are proposed to occur during the time period indicated in Section 3.3 - Key Events and Dates. The exact date and time of each interview will be coordinated between the consultant(s) and Tompkins County project leader. The County will provide a defined interview format that must be followed by all consultant(s). If the consultant(s) is not available to participate in an on-site interview within a designated time frame, the County reserves the right to eliminate the consultant(s) from further consideration. Tompkins County shall not be liable for any costs incurred by any consultant(s) associated with the interview process.

Evaluation Criteria

The County will evaluate all complete RFP responses based on, but not limited to**,** the following criteria categories. The preliminary evaluation criteria are outlined in this section and may be subject to change. The final consultant selection will also be based on conditions that best represent the interests of Tompkins County government and taxpayers, and provides a solution that optimizes project requirements including cost of acquisition, integration, operation, and future maintenance.

Quality of Response

- Level of adherence and completeness of the proposal to the format specified
- Overall quality of response
- Preliminary timeframes provided for the completion of this project
- Demonstration of a clear understanding of the project's goals and objectives
- The quality and depth of the consultant's plan, including a defined level of County staff roles and participation during the project development and implementation

Cost

- Review and comparison of cost responses associated with consultant provided required services and software, and preliminary hardware and technology estimates
- Review and comparison of ongoing annual costs based on the terms of the submitted software license, maintenance and support agreements

Software/Application

- Proposed application that meets or exceeds the functional requirements identified in the RFP
- Ease of implementation, integration, and adaptability and use of proposed solution

Level of Experience and Company Status

- Demonstrated ability, within the past three years, to have successfully completed the installation of at least three similar projects comparable to that being requested by Tompkins County
- Experience and technical expertise of the consultant staff assigned to implement the Tompkins County Community Health project
- Ability to demonstrate a commitment to the public sector Public Health marketplace and future technologies
- Demonstrated financial status of consultant(s)

System Flexibility/Interface

- Ability of proposed system to interface with existing Tompkins County applications and data, including our EDMS (LaserFiche RIO)
- Ability of proposed solution to meet the operational needs of multiple divisions of a public health departments within a NYS County government agency
- Ability of proposed system to scale and grow in conjunction with additional Tompkins County Public Health services and partnering agencies
- Knowledge and ability of Tompkins County IT staff to provide support for hardware, software, and operating system platforms of the application
- Ability of Tompkins County IT staff to provide application configuration and integration to meet the future needs of end users
- Ease of integration with existing Tompkins County data network and operating systems and centralized backup system
- Ability of proposed system and consultant to provide modifications necessary to meet future Federal and New York State Public Health requirements

Customer References

- Tompkins County considers references from existing customers based on implementation experience, software functionality and maintenance, and technical support to be an important aspect of a final award decision. Customer references will be contacted by Tompkins County and may include site visits by Tompkins County to customer reference locations.

Optional Future Project Components

- Response to items identified in Section 7 of the RFP

Contract Negotiations

The successful consultant will be required to sign a Tompkins County Contract. Specific work assignments, final project scope and schedules, and the definition of project deliverables may be further specified during contract negotiations based on information submitted within the RFP response, or presented during the interview process. Tompkins County reserves the right to extract or incorporate certain language from any proposed consultant agreement, or incorporate such language into a Tompkins County Contract as mutually agreeable to both parties. Tompkins County reserves the right to enter into contract negotiations with an unlimited number of preferred consultant(s) resulting from the outcome of the RFP evaluation process.

4. TOMPKINS COUNTY ORGANIZATIONAL OVERVIEW

The implementation of this project will require coordination between a few Tompkins County Departments but primarily deals with the Tompkins County Health Department. This section provides an overview of the project team, and general functions and tasks related to the programs of that must be integrated components of the Community Health EMR/PM system. Also described is the role and level of interaction that each will contribute to the project's implementation, future development and maintenance.

4.1 Project Team

The Project Team will be comprised of public employees from various departments and programs of Community Health with anticipated roles as defined below. The two individuals defined with "program management" roles will serve as the primary contacts and be involved in all phases of the project. Additional Project Team members will be involved as dictated by tasks and project briefings defined by Tompkins County. Although additional representatives of impacted divisions or agencies are not identified in the Project Team, their recommendations will be collected, reviewed and incorporated during the course of future project phases. Coordination of the Project Team during the course of this project will be the responsibility of Tompkins County.

Tompkins County Health Department

TITLE	PROJECT ROLE
Director of Patient Services	**Program Management** – In depth analysis of all processes and requirements to ensure proposed EMR/PM system meets or exceeds current requirements and oversight of project including fiscal oversight
Clinic Supervisor	In depth analysis of all processes and requirements for D&TC and LHCSA services to ensure proposed EMR/PM system meets or exceeds current requirements
Administrative, Fiscal and Support Coordinator	In depth analysis of all processes and requirements necessary for all aspects of billing, records, reporting, ease of data extraction and general support to ensure proposed EMR/PM system meets or exceeds current requirements
Case Management Team Leaders	In depth analysis of all processes and requirements related to Case Management of D&TC & LHCSA services to ensure proposed EMR/PM system meets or exceeds current requirements
Maternal-Child Community Health Nurse	In depth analysis of all processes and requirements related to maternal-child program intake and office visits to ensure proposed EMR system meets or exceeds current requirements
Public Health Administrator	Coordination, review and approval of TCHD contracts
Administrative Coordinator	Coordination and integration with TCHD financial tracking and documentation systems.

Tompkins County Information Technology Services (ITS) Department

TITLE	PROJECT ROLE
Director of ITS	**Program Management** – Project methodology and oversight
Deputy Director of ITS	Network, hardware, and backup analysis and implementation. Software/application analysis, documentation and implementation
Systems Analyst	Software/application implementation, configuration, report and output development and long term support

County Administration

TITLE	PROJECT ROLE
Contracts Administrator	Management of all contract development and negotiations

Records Management

TITLE	PROJECT ROLE
Deputy County Clerk	Oversight of all records management requirements related to project, evaluation of NYS retention requirements and review of possible integration with Laserfiche RIO EDMS

Legislative Committees

TITLE	PROJECT ROLE
Health and Human Services Budget, Capital and Personnel	Oversight of primary County Departments directly involved in project. All project funding, contract approval, expenditures and policy items related to the Community Health EMR/PM project must first be reviewed by these Committees.
Tompkins County Legislature	Final approval of Capital funding request, award of contract and policy changes.

4.2 Tompkins County Health Department Overview of Services

Tompkins County Health Department is a government, full-service local public health department serving the Tompkins County community. The Division for Community Health Services (Community Health) operates an Article 28 Diagnostic & Treatment Center (D&TC) and an Article 36 Licensed Home Care Services Agency (LHCSA). Community Health accepts Medicare, Medicaid, private insurance, Medicaid Managed Care, as well as offering a sliding fee for the uninsured. Services are provided in client homes, offsite clinics and in house. Clinical and support staff are responsible for the processing and management of client and department information and records. This information is used by administration and required by the State for planning, evaluation, and fiscal purposes as well as Medicaid and Medicare compliance (See **Attachment H** for Requirements and Specifications Checklist.)

Immunizations, PPD Testing

Routine and seasonal childhood and adult immunizations are provided.

Rabies Post Exposure Vaccinations

Rabies shots are given to individuals identified by Environmental Health staff following exposure to known rabid or potentially rabid animals. The first shots are given at local emergency department. Registered Professional Nurses on staff at the Health Department administer the remaining shots in the series by appointment.

MOMS and Maternal Child Health

Through the LHCSA Registered Professional Nurses provide home visits to prenatal and postpartal women and their children for health assessments, education, breastfeeding support, childhood growth and development, parenting, immunizations, injury prevention, nutrition and chronic disease prevention. RN's provide these same maternal support services and Child Birth Education classes to pregnant women who meet income eligibility requirements within the Medicaid Obstetrical Maternal Services (MOMS) program. RN's assist MOMS clients with the Medicaid Managed Care insurance presumptive eligibility application and due to the shortage of obstetrical practitioners in Tompkins County nurses work diligently to obtain access to and transportation to out-of-town providers.

Tuberculosis Case Management

Community Health provides diagnostic, prophylactic, therapeutic, and follow-up services for the care of tuberculosis (TB) patients and their contacts. All Tompkins County (TC) residents are eligible. TCHD works closely with medical providers involved in the care of those individuals infected with TB. TCHD also investigates case notifications received via the New York State Health Department and the associated agencies of the Federal Government of the United States of America.

Communicable Disease Surveillance
Registered Professional Nurses investigate all reportable diseases to identify contacts, to educate individuals regarding disease transmission and prevention, and to offer preventive treatment if appropriate.

HIV Anonymous Counseling and Testing

Lead Poisoning Prevention Program
Community Health nursing staff promote NYS screening requirement for all 1 and 2 year olds and provide case management for elevated lead levels $\geq$ 10 mcg/dL in children.

Clerical
Clinical staff in each service or program division must keep accurate clinical records in the form of information releases, various assessments, treatment plans, visit notes, medication records, and lab/screening reports.

Support staff assist clinical staff with scheduling appointments, walk-ins, client and billing information, and office supplies. Staff is responsible for maintaining the clinical record, correspondences, collateral information, and record retention requirements. Additionally staff use clinical records to certify payment and reimbursements by Medicaid, Medicare and private insurance. Other records relevant to billing duties (i.e., prior authorization tracking tool, etc.) are maintained by support staff. Parts of this information are used for budgeting, reporting and planning.

4.3 Information Technology Services Department
Information Technology Services (ITS) is a central service bureau that provides County Departments with staff and computer and netwrok resources necessary to meet their individual missions with computing, telecommunications, and Geographic Information Systems. ITS has directly participated in all existing Business Process Analysis documentation in conjunction with the Tompkins County Health Department. All proposed system installations must be approved and coordinated by ITS. ITS also mandates a long-term technical role in the future support and maintenance of the associated Community Health EMR/PM system, database standards, hardware, and networking components.

4.4 County Administration
County Administration is responsible under the County Charter for ensuring that all Departments adhere to the policies of the Legislature. This is done through direct supervision of 24 Departments including Assessment, Human Rights, Mental Health, Office for the Aging, Planning, Public Health, Public Works, Personnel, Probation, Social Services, Youth Bureau, and more. Other County Departments report directly to the Legislature (Finance, County Attorney, Clerk of the Board); are accountable to the voters (County Clerk, District Attorney, Sheriff); or accountable to the political parties (Board of Elections). The Administrator maintains direct communication with these Departments and is responsible for ensuring that they, too, implement the policies of the Legislature. The Department of County Administration also carries out functions related to the devleopment of the annual budget, public information, policy oversight, risk management and contract management.

4.5 County Records Management
The County Clerks Office is responsible for the management of the County Records Managment program. Service include the centralized archival and storage of long term paper infromation as well as coordination of enterprise electronic document management practices, policies and systems based on NYS retention requirements. Tompkins County has implemented Laserfiche RIO as an enterprise level Electronic Document Management System (EDMS), which provides storage for all static, digital, county-wide records . The program has resulted in the development of a digital centralized records system for all county records traditionaly stored as paper files. The EDMS is designed to allow departments to manage newly created digital records in a common EDMS and assign a retention code from the NYS CO-2 schedule. It is a goal of the County to limit the use of paper for long term records storage requirements at the Records Center and other departmental locations. The County would also be able to designate the correct office to be the holder of the official record. The ITS Director, Records

Officer and Deputy County Clerk are managing the implementation of the Laserfiche EDMS with departments. The review of records management issues in compliance with the NYS CO-2 schedule as related to the new Community Health EMR/PM system is an important aspect of this project.

5. CURRENT TECHNICAL ENVIRONMENT

Tompkins County currently has a variety of Community Health EMR/PM information management systems and software applications as outlined in **Appendix A**. All of these applications are operating within a Windows Domain environment. Any proposed Community Health EMR/PM system must be capable of running in a Windows Domain environment. The Tompkins County Wide Area Network (WAN) is designed to provide high-speed connectivity (Gigabit Ethernet) between 11 distinct facilities and 26 departments. All County Departments are established on this network. Tompkins County supports all current hosted applications and services based on the *Windows 2008 Server* operating system and *MS SQL 2008 Server* database platforms(or newer) within a virtual server (VMware V5) and a NetApp Storage Area Network (SAN) environment. This environment includes two data centers with the ability for backup and Disaster Recovery services. In addition, remote access via a County hosted VPN (or other agreed upon remote access solution) is available for any selected vendor and/or participating consultant.

6. PROJECT REQUIREMENTS AND SPECIFICATIONS

The following Section provides categories of project requirements for which Consultants must provide a written response and included in any proposed Community Health EMR/PM system. Failure to address any submittal requirements in the RFP response, as described in Section 8 Proposal Content and Requirements, for each sub-section listed below, or to complete the Attachment H – Requirements and Specifications Checklist, may lead to an automatic disqualification of the consultant during the review process.

6.1 Clinicians

The clinical nursing staff of the Tompkins County Health Department are responsible for providing comprehensive, timely, quality client assessments, care plans, nursing care, vaccinations, screening, communicable disease investigations, patient and group health education and referrals to appropriate programs. Within each specialized program provided to clients by TCHD, the professional staff provide assessment, planning, implementation and evaluation of care including: assessment and evaluation, teaching and consultation, client advocacy and coordination and management of care and services. The proposed system must provide state of the art electronic medical record capabilities. It must be user friendly to the clinicians and administration. It must be able to provide value added clinical documentation processes including the possibility of evidenced based plans and protocols. It must be able to produce individual, programmatic and department level outcome based data to be used to demonstrate program efficacy and efficiency.

The proposed system must provide digital documentation of any documented phone contact, office or home visit, or care coordination when a client or responsible party contacts the program and also have the ability to schedule an appointment for the initial admission and subsequent visits and document client no shows. The proposed system must also provide digital tools for various comprehensive initial assessments.

The proposed system should also have the ability to function in a team setting providing staff with the ability to corroborate on particular clients without compromising HIPAA regulations. Each client is assigned to a primary nurse case manager. Other recommendations may include referrals to community agencies including coordination with TCHD services in WIC, Environmental Health, Children with Special Care Needs and the Department of Social Services. The proposed system must allow client information to be easily shared and accessible to those who have permission to view the data. Software needs to track who is accessing the record and be able to produce documentation of who is accessing the recordand when per HIPAA Security Regulations.

6.2 Billing and Records

Support staff uses and maintains the clinical records created by clinicians to certify payment and reimbursements by Medicaid, Medicare, private insurance and self pay individuals, in addition to maintaining other records relevant to billing duties.

The proposed system must interface billing and clinical modules to accommodate billing requirements that are dictated by types of services. Clinicians must be able to use any proposed system to document progress notes, treatment plans, clinic encounter visits and any other information relevant to client care and billing, including doctor, clinician, and client electronic signatures in accordance with State and other requirements. The proposed system should also have the capability to restrict billing if all required information is not included in the chart. For example, NYS Medicaid compliance requires agencies mail and receive all phyisican orders for signature prior to billing.

Any proposed system must have the ability to perform routine billing functions. It must include a robust billing system that has the capability of easily interfacing with EPACES, private insurance company systems, and also generate invoices for self-pay based on a sliding scale. Configuration of the proposed Community Health EMR/PM system must have the ability to be modified in response to various changes in fees, State and Federal billing requirements, and private insurance billing requirements without the need for customized code development.

With the assistance of a Compliance Officer, staff keep the clinical records in order and are responsible for maintaining the record, correspondences, collateral information, and record retention requirements. The proposed system must provide alerts or ticklers for documentation deadlines that must be met by clinicians for billing and compliance purposes.

6.3 General Support

General support staff are responsible for assisting the clinical staff with scheduling appointments, client and billing information, and office supplies.

The proposed system must provide a scheduling module that is user-friendly and that provides easy access to client demographic, authorizations for release of information, clinician/doctor and billing information. It should also have the abilty to alert staff to any clients who have a history of being volatile/violent, or who may have a history of fainting. The proposed system would verify vaccine supply during scheduling of a clinic visit.

6.4 Fiscal and Administrative Office

The fiscal and administrative staff of Tompkins County Health Department typically request information from all divisions. This information is used by them and required by the State for planning, evaluation, and fiscal purposes as well as compliance. The proposed system must provide a comprehensive report library that is maintained when Federal and State reporting requirements change. A reporting tool must be included that allows ad hoc querying and report development.

The proposed system must provide functionality and flexibility to meet HIPAA, Corporate Compliance, and NYS Office of Medicaid Inspector General, Federal and State guidelines, etc.

6.5 Interface/Export to Financials System(s)

Tompkins County currently uses Sungard (Pentamation) Financial System and a locally developed Access database to manage and track all Public Health departmental fiscal transactions. The proposed Community Health EMR/PM system, at a minimum, must have the ability to produce standardized extract files to provide fiscal staff the ability to extract data from the proposed system that may be uploaded to Sungard Financial System or local Access database. Examples of these extract requirements may include “revenue by payer” and “activity hours for NYS supported aid”.

6.6 Interface with County Electronic Document Management System

Tompkins County has implemented an Electronic Document Management System from LaserFiche. The proposed Community Health EMR/PM system must have the ability to provide document management and/or interface with the current LaserFiche system for current and historic documents. It should have the ability to interface with the LaserFiche system to access scanned client charts. This is essential to eliminate the current paper storage of Community Health records and improve the accessibility of records for better client care and to allow Tompkins County to address the long-term records retention needs and archival of client records.

6.7 Re-evaluation of Current Business Processes

The proposed Community Health EMR/PM system must be able to capture and transfer information from first client contact including collateral client information, to the point of entry through the clients closing summary. The system must also be capable of capturing and sharing client information necessary for billing processes that meet HIPAA regulations and have scheduling functionality. Tompkins County understands that modifications of current business processes and practices will be necessary for any successful Community Health EMR project, provided efficiencies are gained. However, a preferred system solution must be made prior to this level of effort. Consultant should be able to manage an implementation based on process review as well as system functionality.

6.8 Data Migration

It is recognized that additional coordination between Tompkins County IT staff and responding consultants will be necessary in order to provide an accurate estimate for any data migration services. Based on the current uncertainties associated with the abilities, costs, and benefits of this service a

final determination of the extent of data migration cannot be provided at this time. Tompkins County will require additional assistance to define the appropriate requirements and specifications for any possible future data migration efforts. At a minimum, the project team recognizes that the migration of client demographics, clinical notes and billing information from the existing Cerner/Beyond Now system may be necessary for any EMRS implementation.

In 2003 Tompkins County Health Department purchased the Cerner/Beyond Now system for the primary purpose of managing client documentation and billing information. Since this time, additional Cerner/Beyond Now software features implemented have been limited to functionality associated with standard software patches and upgrades. Cerner/Beyond Now uses a SQL database. The database currently has approximately 10,000 client records referenced within three distinct program service areas including Certified Home Health Agency, Maternal Child, and Medicaid Obstetrical Maternal Services (MOMS).

Tompkins County reserves the right to negotiate an appropriate level of data migration with the selected consultant. Data migration services may be a project component resulting from the RFP responses and contract negotiations, or based on definitions of a future project phase. See the Optional Future Project Components Section 7 of the RFP.

Identify any experience with migration of data from Cerner/Beyond Now systems to your proposed solution.

Please provide an hourly rate for data migration services and estimated time to achieve minimal requirements. Additional questions to further define data migration specification and requirements are encouraged and can be submitted during the Pre-submittal Inquiry period defined in Section 3.3.

6.9 Integrates with County IT Environment

The preferred platform for the proposed Community Health EMR/PM system is a Windows 2008 server domain environment. The database platform preference is SQL 2008. However, the County is willing to review all options.

6.10 Custom Reporting Tools

The proposed Community Health EMR/PM system must have a menu driven report interface that will allow access to needed reports based on the users' security level. The proposed system must provide the County with software based report writing capability to configure ad hoc querying and data extractions from the Community Health EMR/PM databases. ITS primarily relies on the use of *Crystal Reports* for other County hosted software solutions for this purpose. This requirement must include the ability to write queries, reports, and data extracts across the various program service areas. The Query tools must allow data to be extracted into databases and spreadsheets including *MS Access, MS SQL Server and MS Excel*. This will allow the County to manipulate and analyze the data outside of the production databases, if necessary. Our goal is to provide our programs with tools to analyze their data, contribute to strategic planning and provide data exports for use within other County hosted systems.

6.11 Data Dictionary

The consultant must provide Tompkins County with the Data Dictionary for the proposed Community Health EMR/PM system.

6.12 Implementation Plan

Tompkins County requires the Consultant to oversee and coordinate the implementation of all services provided in this RFP. The County will assign a staff member to coordinate the County's activity and be the central point of contact with the Consultant. The selected consultant is responsible for installation and configuration of all software, integration of the proposed systems, technical training and end-user training. For our project to be successful it is important that the Consultant provide time for integration of all the components in the RFP. The Consultant is responsible for testing all software and assuring that the Community Health EMR/PM modules are functioning without error and meet all our requirements outlined in this RFP, including all NYS and Federal mandates. It is the sole discretion of

the County to decide that the systems are fully operational and meet our requirements. Consultant shall provide a detailed methodology for implementing the proposed solution. Methodology shall include, approach to project management, estimated timeframe, overview of phases and milestones, assumptions, and defined responsibilities.

6.13 Training Plan

A training plan must be designed to meet needs for training of both IT technical staff and employees at our Health Department. Consultant must provide a detailed plan for project team training, end-user training and technology personnel. This training plan must include an overview of proposed training, and options for on-site or off-site training services. In addition, the County is also interested in the provision of training for future staff and “refresher courses” for existing staff related to the use of the software solution.

7. OPTIONAL FUTURE PROJECT COMPONENTS

The Project Team has identified a number of additional components that would greatly benefit the future success of the Community Health EMR/PM project. However, due to financial restrictions and the need to provide as much focus to the scope of an already complex project, these items are ***NOT*** included as required components in the existing project specifications of this RFP. They have been listed for the purpose of alerting the consultant that the Project Team will be considering these items during the consultant selection process, contract negotiations and implementation of the system solution. The potential impacts of these items on the design of the project must be considered by the consultant and addressed in the RFP response. Each of these items will likely be reviewed as separate options or projects for possible future implementation. Include the estimated costs of these optional components or projects, broken down by major application area. These costs will only be used as estimates and implementation of any OPTIONAL project component will be based on further definition and negotiation.

- Data Conversion

  Tompkins County is considering the minimal data conversion of client demographics, clinical notes and billing information from the existing Cerner system. However, Tompkins County reserves the right to negotiate the migration of any additional data from existing County databases with the selected consultant. Please provide information and recommendations related to additional data migration strategies that may be relevant and based on Consultant's experience with similar migration projects. Please refer to Section 6.8.

- Back-file Conversion of Client Chart Paper Records

  After the implementation of the Community Health EMR/PM project the County may plan to complete a scanning project of all existing paper records. These paper-based records primarily include client charts. Please provide a recommended solution on how to best reference or incorporate these digital images within the proposed Community Health EMR/PM system – either within a LaserFiche RIO integration or an existing EDMS "module" within the provided solution. Also, provide examples and strategies used by previous similar projects which have incorporated scanned documents in a back-file conversion process.

- Interface with local Hospital (Cayuga Medical Center) EMR System

  Tompkins County has in interest in pursuing systems connectivity/interface with Cayuga Medical Center EMR System for access to client records and laboratory reports associated with maternal child service summaries, communicable diseases including Tuberculosis, Lead Poisoning Prevention and other related public health services.

- Improved Mobile Technology

  Community Health provides over 800 annual field visits to clients each year involving the use of 10 deployed laptops serving as the mobile device. The current laptops have been in use for over three years. Tompkins County is interested in exploring the use of tablets or other mobile solutions which would improve and simplify the current field/clinic experience.

- Automated Phone Dialing System

  Community Health would like to review options to integrate with or implement an automated phone appointment reminder system.

- E-Prescribing

  The proposed Community Health EMR/PM system may have the need to integrate a module with the ability to generate prescriptions electronically with auto fill abilities that meet New York State requirements.

- Other Project Components Recommended by Consultant

  Consultants are free to suggest any optional modules, interfaces or recommendations that would assist or prove to be of value in the implementation or long term use and functionality of the proposed Community Health EMR/PM System.

8. PROPOSAL CONTENT AND REQUIREMENTS

To be considered a qualified consultant for the Tompkins County Community Health EMR/PM system project, consultants must:

1) Adhere to the proposal content and format as described in this Section;
2) Adequately respond to issues raised in this RFP;
3) Submit two (2) original **unbound** paper versions and one (1) complete digital version in an Adobe PDF format of your proposal to:

   Tompkins County Finance Department
   Attn: Lisa Hall, Purchasing Division
   125 East Court Street
   Ithaca, NY 14850

All proposals must be received by 12:00 p.m. (EST) on Monday, March 24, 2014.

The Purchasing Division will not accept digital files delivered as electronic mail attachments, or faxed versions of responses to the RFP.

Tompkins County reserves the right to reject any or all proposals and to negotiate with any consultant submitting a response to this RFP.

RFP Response Outline and Content

To facilitate the County's review and selection process consultants are requested to incorporate numbered sections in each response version. The following is the RFP response outline and content requirements to be followed by all consultants.

Report Cover

Cover Letter

Must be signed by an officer of your company who has the authority to perform negotiations with Tompkins County in the event you become a candidate finalist, or you are selected as the finalist.

Table of Contents

This section must reflect the contents of the numbered sections.

1. Executive Overview

This is a comprehensive overview focused on the needs and proposed solution specific to the Tompkins County Community Health EMR/PM project. This section will likely be read carefully and distributed to a greater number of individuals than those which comprise the Project Team, including elected officials - many of whom may have insufficient time to read the full proposal.

2. Project Implementation Plan

Include a work plan that delineates and defines the various project phases, components, and anticipated deliverables. This response Section should also include a description of the consultant's proposed approach to project management and a preliminary schedule. Appendix C of this RFP provides additional details for each completed task or future project phases as anticipated by the Project Team. The phases of Section B and C of this Appendix are only provided to outline a *DRAFT* project approach developed by the Project Team. *Consultants are not required to follow this specific project methodology within their RFP responses*. Once a consultant has been selected additional project methodology details will be developed during contract negotiations and a project 'start-up' phase.

3. Hardware/Operating System/Database Platforms

Introduce your proposed system platform and software. At a minimum, this section should discuss the following items:

- The computing hardware platform(s) including specifications

- The operating system and database software and versions
- Provide an overview of the proposed system integration into the Tompkins County network, if relevant
- Provide a network diagram to illustrate your proposed system configuration of database and software connectivity requirements for any proposed public facing mobile or client access requirements to be located in the County's DMZ, if relevant

The consultant is **not** responsible for supplying servers and peripheral hardware to operate the Community Health EMR/PM system if the solution will be hosted by Tompkins County. However, specifications must be provided for servers and other related hardware necessary to implement the complete system as proposed. Tompkins County will acquire all hardware, server operating system(s), database software, and manage data/system backup requirements.

All Tompkins County hosted solutions must be based on the *Windows 2008 Server* operating system and *MS SQL 2008 Server* database (or newer) platform and must be supportable within a virtual server (VMware V5) and a NetApp Storage Area Network (SAN) environment. These systems are mentioned in the event the consultant has any concerns with this possible future deployment approach.

Specify the number of servers required and describe the function of each. For each server provide us with the following information.

- Type of Servers
- Number of Processors (e.g. single, dual, quad)
- Processor Speed
- Disk Storage Space
- Memory
- Any other Pertinent Information

4. Response to Requirements

A response indicating the ability and the approach of consultants to meet the requirements listed in Section 6, Project Requirements and Specifications must be included. It is recommended that a response is provided for all of the items within each sub-section. The consultant **must** also complete the Requirements and Specifications Checklist in Attachment H of this RFP. **In addition, all responses must identify and provide a description of any proposed custom application development if necessary to meet the needs of the RFP requirements.**

5. Future Expansion Capabilities

The project scope will initially be implemented exclusively for the implementation of a Community Health EMR/PM system. However, depending on the outcome of this project, a long-term strategy may eventually incorporate additional modules, services or features provided by the Consultant(s). Provide information defining expansion capabilities and options of the proposed Community Health EMR/PM system and additional consultant services to accommodate this objective as outlined in Section 7 of this RFP.

6. Consultant Profile

A complete consultant profile must be submitted presenting topics relevant to the selection process. This profile is not limited to, but must include:

- General company profile information.
- Location of corporate office plus the number and location of support offices. Indicate support locations that are particularly relevant to the project.
- Identification of individuals to be assigned to project including job title, statement of qualifications and proposed role in the implementation of the Tompkins County Community Health EMR/PM system. Also, provide an estimate of percentage of time each individual is expected to contribute to the total project as a whole.
- Consultant shall submit two (2) copies of the company's financial status in a separate sealed

envelope. This information will only be distributed to the Project Team and be excluded as a component of public record of this project. Provide the most current audited financial statements for privately held companies or the most current 10K report for publicly traded companies. This information must be delivered in a separate envelope titled:

Consultant Name & Contact Name
Proposal Date
CONFIDENTIAL
Tompkins County Community Health EMR/PM System
Company Financial Status Information
Section Six of RFP Response

7. Consultant References/Similar Projects

A list of current references must be included with contact information. The list should include at least three references of relevant Public Health projects similar in scope to the Tompkins County project, preferably located within the State of New York.

For each reference please include the following information:

- Organization
- Primary Contact Name and Contact Information
- Project Description
- System Solution Description
- Installation Start/End Dates
- Current Project Status
- Current Level of Consultant Support

8. Software License and Annual Maintenance and Support Agreement

Include a copy of your standard Software License Agreement.

Include a copy of your standard Annual Maintenance and Support Agreement(s).

The Annual Maintenance and Support Agreement(s) for the Community Health EMR/PM system and all modules or custom development provided must minimally include the following:

- Phone support: Monday-Friday, 9 am - 5 pm (EST)
- All new release upgrades
- Program fixes
- Remote support of EMR system to review/resolve problems
- Indicate in your proposal whether your Annual Maintenance Fee covers State and Federal mandated changes.

Tompkins County will require that all software license, support and maintenance contract language is not based on end of life cycle or software versioning terminology which would require a “reinvestment or re-purchase” of software licenses based on consultant’s future software development, enhancements or migration strategies.

9. Proposed Sub-Contractual Work

Include in this Section any work proposed to be sub-contracted during the course of the project. Please include general information describing the sub-contractor, their capabilities, and level of involvement in the project.

10. Addendum

Include in this Section any additional information, or options, that may not have been specified or addressed in other parts of this RFP which you would like to present outside of the prescribed format and requirements.

11. Community Health EMR/PM System Project Pricing

Consultant shall submit two (2) original **unbound** paper versions and one (1) complete digital version in an Adobe PDF format of the project pricing requirements in a separate envelope as described in this section. Do not incorporate as part of any bound RFP response.

The envelope should be marked:

Consultant Name & Contact Name
Proposal Date
Tompkins County Community Health EMR/PM System
Section Eleven - Project Pricing

Consultants must include a complete inventory and expenses for software and all support services based on the RFP requirements and specifications. Pricing for your proposed system solution must be provided under the following categories:

- Project Management
- Software License(s) (Model of licensing structure)
- Software Installation
- Software Configuration to meet RFP Requirements
- Data Migration
- Training
- Travel Expenses
- Annual Support and Maintenance Agreement costs for subsequent 5 year period
- Any other charges that would be billed to a Tompkins County to implement the EMR/PM System
- Optional Future Project Components estimates associated with Section 7

Tompkins County may award a contract, based on initial offers received without discussion of such offers. A Consultant's initial offer should, therefore, be based on the most favorable terms available. Tompkins County may, however, have discussion with those Consultants that it deems in its discretion to fall within a competitive range. It may also request revised pricing offers from such Consultants, and make an award and/or conduct negotiations thereafter.

12. Required County Documents

Include a completed set of all required Tompkins County administrative documents provided or referenced in the **Section 10 RFP Submission Attachments**:

Attachment A: Anti-Discrimination
Attachment B: Non-Collusive Certificate
Attachment C: Insurance Certificate
Attachment D: Insurance Binder
Attachment E: Vendor Responsibility Form
Attachment F: Living Wage Form
Attachment G: W-9 Taxpayer Identification and Certification
Attachment H: Bid/Proposal Sign-Off Sheet

9. RFP APPENDICES

Appendix A: Overview of Existing Applications
Appendix B: Departmental Overview
Appendix C: Project Methodology
Appendix D: Home Health Care Plan of Treatment/485
Appendix E: Initial Contact Sheet for MOMS

Overview of Existing Applications

The Project Team has developed a list of existing primary records and information management systems utilized by Community Health Programs. They are defined within the four current formats described below that include Client Charts; Cerner Software Application; Word Processing and Database Templates; and External Financial, Billing and Other Systems.

Client Charts

Currently, all client records are maintained in either a paper file system or in an electronic format within the Cerner/Beyond Now system which serves as the primary source of information. Clients enrolled in the MOMS or Maternal Child programs (including Lead) as well as clients receiving Rabies Post-Exposure Treatment have both paper and electronic elements to their medical record. Clients receiving immunization, flu and PPD skin testing only have paper records. Client charts are physically organized by the service program. Clients may have multiple records if they receive multiple types of services. An overview these client record sets include:

Assessments	Treatment Plans
Medical Visit Notes	Medication Listing
Health Screening/Lab Reports	Hospital Records
Other Assessments	Correspondence
Release of Information	Financial/Other
HIPPA Forms	

Tompkins County Records Retention plan requires records are retained for a minimum of 6 years or for 3 years past the client's eighteenth (18th) birthday. Communicable disease and STD records are required to be kept even longer.

Cerner/Beyond Now System

In 1997 Tompkins County Health Department Division for Community Health moved from a paper record to a laptop electronic medical record through the purchase of the Delta system (DOS based) for the primary purpose of managing client billing information and clinical documentation for clients in the certified home health agency; work around and customization of the clinical documentation system were done to meet the needs of serving maternal health clients and public health clinics. In 2003 the Division purchased and implemented the Beyond Now Windows based system. Separate MS Excel and Access programs are used to document and track clinical and communicable disease services. Subsequently, Cerner purchased Beyond Now. Additional Cerner/Beyond Now software features implemented have been limited to CHHA federal and state requirements and client profile functionality. The Cerner/Beyond Now system, as currently deployed, has a limited ability to integrate or centralize additional client information related to client program and service records. It is also used to export data that can be used to generate statistical reports.

Word Processing and Database Templates

Over the course of time Community Health has produced numerous template-based documents (Microsoft Word) stored on a centralized Novell file server to manage individual client information. Clinicians, complete, print and sign these various documents to be filed in the paper based client charts. A number of spreadsheets and simple databases (Microsoft Excel and Access) have been

developed and used by some staff to further document and store client information and programs details and to generate reports as required.

External Financial, Billing and Other Systems

The staff also uses several financial and billing systems including; EPACES (Medicaid-web based), clearing house vendors including Emdeon and Transact Rx and individual insurance company web portal applications. Additionally staff is required to access the New York State Department of Health, Health Commerce System to access applications for CD surveillance (CDESS), Lead Web for Lead Case Management Services, TBTT for TB Target Testing and NYSIIS for the Immunization Registry.

Departmental Overview

The goal of Community Health Services, a program of the Tompkins County Public Health Department is to promote and assist the community with regard to health issues. This is accomplished by working with local agencies, committees, and boards, as well as with department programs to establish and provide services that promote individual and community health.

The department is organized by specific program areas or function, which include:

- Support and Billing Staff
- Immunization Clinic
- Rabies Post Exposure Treatment
- MOMS and Maternal Child Health
- Communicable Disease Surveillance
- Tuberculosis Case Management
- Anonymous HIV Counseling and Testing
- Lead Poisoning Prevention Program

In 2013 Community Health staff:

- Provided 434 immunizations to 272 clients
- Provided 971 Flu shots
- Placed 532 PPD skin tests
- Treated 91 clients for Rabies Post Exposure
- Provided DOT and/or Case Management services to 3 Active TB clients and 42 LTBI clients
- Provided Lead Poisoning Prevention services to 7 children
- Tested and Counseled 84 individuals for HIV
- Made 1452 home/office visits(including CBE classes) to 516 clients in MOMS/Maternal Child Health

Seventeen staff members of the TCHD need daily access to some part of the information contained in the individual case records. Included in this count are 1-Community Health Nurse Supervisor, 2-Team Leaders and 6-Community Health Nurses who require daily access to individual case records daily to review, modify or create new records. The administrative management and use of these records is also an important aspect of the Community Health activities. Additionally 1-Director of Patient Service, and 4-Clerical/Billing staff will also need access to the system for activity reporting and monitoring, scheduling and management of billing processes. In the Health Promotion Program, 1 Director, 1 Planner/Evaluator and 1 Community Nurse will need to track activity time for state aid and grant reporting.

Identified Information and Record Systems Issues

The following provides a summary of items identified by staff within the various divisions that they would like to see improved. They are organized below based on the current system categories.

Client Charts - Paper

- Client's charts are not always available in a timely fashion which may be critical to client care

- Access to client records is limited to clinicians, doctors, nurses, billing staff and front desk staff simply because there is one paper client chart that needs to be accessed by many groups simultaneously.
- Many individuals collect, create, and receive client information that makes up the paper client chart increasing the likelihood of incomplete files, misplaced files and unrecoverable documents
- A great deal of dedicated secured, file cabinet storage space is necessary which continues to increase
- Time extensive work is required to ensure complete and accurate files
- Potential for treatment and documentation errors related to illegibility or misfiling
- Previous circumstances have led to misfiled records
- Difficult retrieval of data for purposes of treatment, research, and statistical reporting
- Decreased productivity resulting from the inability to access records from a number of different locations
- Possibility of client chart fragmentation (incomplete charts)
- A single copy of Client Charts does not provide option for records recovery in the event of lost or destroyed information

Limits of the Cerner/Beyond Now Software Application as Currently

- Cerner requires more information than is required for immunization billing, making it cumbersome to use for some service areas
- Cerner requires the input of physician medical orders instead of use of standing orders not allowing it to be used for immunization billing

Word Processing and Database Templates

- Client information created from a template format and stored within individual word processing documents lacks any type of indexing system resulting in retrieval difficulties
- Use of blank templates requires continual re-entry of basic client information that has been previously entered into other template based documents and systems
- Management of digital documents occurs on an individual staff basis without ability to enforce system controls and standardization
- Information contained on personal desktops is not backed up by the county nightly back up and therefore is not retrievable if lost
- Information created in Microsoft Office products is not secure and lacks audit and security controls required by HIPAA

External Financial and Billing Systems

- Inability to improve efficiencies for the generation of a large volume of bills due to incompatible digital format and transfer requirements of some specific billing data with external systems
- The County has not been successful in the transfer of electronic billing information with private insurance companies

Security

- Security of client-based digital records stored on the file server should be evaluated to ensure HIPPA compliance

- No automated, centralized or tickler system in place to document Authorization for Release of Information details

Compliance

- Training and enforcement of staff to ensure that progress notes are written and coded to meet Medicaid billing standards
- Efficiently producing statistical documentation regarding programs, funding, and clients

Non-existing Centralized Database

- There is no standard database or software application used to produce, store or retrieve client information and records
- Redundant data entry and duplication of some records
- Lack of continued availability of a single standardized, systematic and complete client charts

Project Methodology

A. Project Phases: Pre-Contract Period

Project Planning - Finalize the details of the overall project work plan and schedule; review of resources; define final project goals and objectives; finalize project participants and roles; determine appropriate evaluation methods for the project; and outline a risk management plan.

Subtasks:

Develop plan of work – Prepare a preliminary schedule and work plan that delineates and defines the various project phases and components.

Identify funding needs - Investigate and provide an estimate of general project costs, future operational resources and budgetary needs, and potential funding sources.

Finalize goals and objectives - For the purpose of directing the outcome of the project, goals and objectives will be developed in this phase and finalized prior to implementation of this project.

Document Workflow Processes, Integration Requirements, Impacts - During this task of the project an examination process will be finalized including the detailed review of the current environment of Community Health records and processes. This examination will result in a document that provides a current picture of the process, inputs, resources, and restraints and provides a final recommendation and project definition to be incorporated into the Community Health EHR/PM prior to implementation.

Risk Management - Risks related to the implementation and future support will also be identified and addressed prior to execution of any contract, or purchase of software, including HIPAA risk analysis. The risk management approach will include a continuous assessment of what could go wrong, determining what risks are important to address, and implementing risk mitigation strategies that are reasonable. Risk management is a continuous process that occurs throughout the project's life cycle. Community Health management staff will be responsible to coordinate, identify, monitor, assess and mitigate the risks as the project progresses.

Define project team and staff resource needs - The implementation of a new Community Health EMR/PM system will affect the majority of division employees, clients and Tompkins County Health Department divisions such as Administration, Environmental Health, WIC and the Children with Special Care Needs. The success of this project will include a level of satisfaction as determined by meeting the needs of the system's end users and administrators. The purpose of the Project Team will be to manage and guide the project's implementation, and provide recommendations on the future maintenance and progression of the system.

Products/Outcome:

- Revised work plan and schedule
- Final project goals and objectives
- Revised work flow and systems/data format requirements document
- Project Team member roles, responsibilities, and anticipated time allocation
- Project methodology and alternatives review
- Final Risk Management Plan

- Completion of Capital Project funding request
- Final project funding and approval by the committee(s), and County Legislature

Request for Proposals (RFP) Process - Develop the RFP process and related documents for the Community Health EMR/PM system with assistance from the Project Team, and the County's Division of Purchasing and Contracts Administrator. A County based RFP process will likely be used to solicit a consultant for the implementation of the project.

Subtasks:

Define content and draft RFP – An outline for the RFP will be prepared through the incorporation of Tompkins County requirements and content assembled during the Project Planning Phase.

Research Community Health EMR/PM Consultants – A list of qualified consultants will be generated from the NYS Office of General Services listings, the Tompkins County Purchasing Department, Internet searches, and other local knowledge and experience.

Final RFP and consultant selection – Completion and distribution of the final RFP with document approval by Tompkins County Project Team staff members. Project Team members will coordinate efforts and schedules to conduct interviews and provide recommendation for the selection of consultant.

Contract negotiation – The Project Manager and representatives from County Administration will work directly with the Contracts Coordinator to negotiate a final contract with the selected consultant(s) resulting from the RFP process.

Products/Outcome:

- Draft versions of the RFP
- Potential consultant list
- Final RFP
- Final contract approval

B. Project Phases: Contract Period

Project Management Plan - A project management plan, as a required component to any contract for the Community Health EMR/PM system, will provide for a structured and effective implementation process. Documentation related to involvement of County IT employees will also be included. The project management plans will take into consideration additional management and schedule requirements, as well as Consultant based experience with the implementation of similar systems.

Subtasks:

Revised project phases – A review of identified project phases and tasks will be completed with the consultant to further refine project activities.

Final project schedule – A final project schedule will be developed by the Project Manager and Consultant to establish start and end dates for each phase, determine delivery dates for all products, identify proposed meeting dates, and ensure coordination between County Departments and consultant as necessary.

Project responsibilities – A review of the Project Team roles and division of responsibilities between the County and Consultant will be conducted to provide further clarification as required.

Progress/communications reports – A communications format for delivery of project status information will be developed to meet the reporting needs for the Project Team.

Products/Outcomes:

- Revised work plan and schedule
- Finalized delivery dates for all products by phase
- Finalized Project Team member roles and responsibilities based on contract requirements
- Communications reports

Preliminary/Final Systems Design - The Consultant will provide a preliminary design for review. The Consultant and Project Team will modify system designs as needed, and a final system design will be determined once approved by the Project Team.

Collection of Data and Work Flow Details - The Consultant will complete necessary reviews of all documentation and identify all additional information and data necessary for the project's implementation.

Hardware/Network Modifications - A review of current hardware, operating system, and network components will be completed by ITS and coordinated with the Consultant. The Consultant will provide final specifications and other additional IT configuration requirements based upon the final system design and contract scope. ITS will complete the order, installation, and integration of all necessary modifications, if relevant.

Data Migration/Development - Consultant will work closely with the Project Team to migrate required data from the current Cerner/Beyond Now database, I relevant.

Offline System Testing - Consultants will complete a thorough review of the application and system with direct participation from the Project Team. Any questions or concerns about the ability of the final system design and application will be addressed and corrected. Once the Project Team approves the final system, a date and strategy for the cut-over to the on-line system will be devised.

Documentation - The Consultant will provide a narrative and diagrammatic description of the system required for effective use by Division employees and system end users. The documentation will provide details of program code, systems design, and applications development methodology for use in the future maintenance and modifications of the application.

Training - End users and any IT staff from Tompkins County with responsibilities of system maintenance will be trained by the Consultant. A training program will be tailored to meet the needs of each group. The Consultant and Project Team will define specific training periods.

System Deployment - Once the Consultant and Project Team have agreed upon a date for deployment, the Consultant will develop a schedule of events leading to system deployment. The schedule will include hardware and network testing, administrative and lands record program considerations, and a defined time period for the consultant to respond to any post-deployment questions or issues.

Acceptance Testing Plan - After the new Community Health EMR/PM system is installed, the Project Team will have a review opportunity prior to end-user

availability. The Consultant will develop a test plan for system functionality and report the results to the Project Team. The Project Team test results will be evaluated and any “bugs” that may be found at this phase will be corrected. This testing will pertain only to functionality requirements of the system. When all items in the test plan have been successfully tested, the system will be made available online.

System Evaluation - Once the system is deployed, a time-frame will be defined as an evaluation period. The consultant will devise a communications strategy for all levels of end users to identify any specific system concerns or ideas for improvement.

Final System Changes - The Consultant will be required to address and correct all system design and data format problems discovered after a period of consistent use of the applications.

Maintenance Agreement - To define the terms and conditions for which the Consultant will provide future maintenance, support, and additional tasks beyond any established warranty period of the contract. A written draft agreement will be required as a condition of the contract that can then be modified after project implementation, but prior to end of warranty period.

C. Project Phases: Post-Contract Period

Final Implementation Report to County Committees - Project Team will report to the Tompkins County Board of Health after the final implementation of system. The reports will include final costs, overall project evaluation, and future maintenance issues.

Adjustments to Impacted County Departments - Shortly after system implementation, the Project Team will need to acknowledge necessary organizational adjustments and attempt to predict any implications to job tasks. In order to achieve the maximum potential from this new system, it must be recognized that employees will be directly affected and past methods of completing job tasks may need to be adjusted.

Identification of Future Additions to the System - Evaluate the Community Health EMR/PM system, work processes and functionality to identify and describe additional application components or modifications that system users may find beneficial.

Department of Health and Human Services
Health Care Financing Administration

Form Approved
OMB No. 0938-0357

HOME HEALTH CERTIFICATION AND PLAN OF TREATMENT

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
[redacted]	[redacted]	From: 2/12/2014 To: 5/12/2014	0[redacted]	[redacted]

6. Patient's Name and Address
[redacted]

7. Provider Name, Address and Telephone Number
TOMPKINS COUNTY HEALTH DEPT.
55 Brown Road
Ithaca, NY 14850
(607)274-6604 Fax: (607) 274-6620

8. Date of Birth 6/19/1983

9. Sex [ ] M [X] F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
2/12/2014: Prenatal Plus/Iron 27-1 MG: 1 Tablet 1 Time a Day Oral PRENATAL VITAMIN PRENATAL VITAMIN (N)

11. ICD-9-CM	Principle Diagnosis	Date
V23.2	PREG W HX OF ABORTION(O)	2/12/2014
12. ICD-9-CM	Surgical Procedure	Date
13. ICD-9-CM	Other Pertinent Diagnoses	Date
654.23	PREV C-DELIVERY-ANTEPART(O)	2/12/2014

14. DME and Supplies
N/A

15. Safety Measures:
Standard Precautions

16. Nutritional Req. Regular Diet

17. Allergies: *No Known Allergies

18. A. Functional Limitations
1 [ ] Amputation
2 [ ] Bowel/Bladder (Incontinence)
3 [ ] Contracture
4 [ ] Hearing
5 [ ] Paralysis
6 [ ] Endurance
7 [ ] Ambulation
8 [ ] Speech
9 [ ] Legally Blind
A [ ] Dyspnea With Minimal Exertion
B [ ] Other (Specify)

18. B. Activities Permitted
1 [ ] Complete Bedrest
2 [ ] Bedrest BRP
3 [ ] Up As Tolerated
4 [ ] Transfer Bed/Chair
5 [ ] Excercises Prescribed
6 [ ] Partial Weight Bearing
7 [ ] Independent At Home
8 [ ] Crutches
9 [ ] Cane
A [ ] Wheelchair
B [ ] Walker
C [X] No Restrictions
D [ ] Other (Specify)

19. Mental Status:
1 [X] Oriented
2 [ ] Comatose
3 [ ] Forgetful
4 [ ] Depressed
5 [ ] Disoriented
6 [ ] Lethargic
7 [ ] Agitated
8 [ ] Other

20. Prognosis:
1 [ ] Poor
2 [ ] Guarded
3 [ ] Fair
4 [X] Good
5 [ ] Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
SN 1-4X90DX90D:
Assess client's condition including; wt., BP, FHR, fetal movement, urine chemstrip, Nutritional, GI status. Psychosocial issues, Physiological changes, s/s pre-eclampsia, s/s toxemia, s/s preterm labor;
Teach use of prenatal vitamin and assess its use.;
Assess adequate preparation for newborn;
Standard routine antepartal teaching;
Standard routine anticiptory guidance;
Notify MD of abnormal findings or concerns.;
HIV pre-test counseling PRN;
HIV post-test counseling PRN;
Refer to nutritionist PRN concerns;
Notify MD if skilled nursing visit frequency is not followed i.e. patient refuses HV, has an MD appt, or other reason

22. Goals/Rehabilitation Potential/Discharge Plans
Goals: Birth of healthy term infant (SN); Early recognition of problems (SN); Self/family will manage with limited agency support (SN)

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
Sibley, Lori . SN 02/12/2014

25. Date HHA Received Signed POT:

24. Physician's Name and Address
[redacted]
Ithaca, NY 14850
[redacted]

26. I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

27. Attending Physician's Signature and Date Signed

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Form HCFA-485 (C4) (02-94) (Print Aligned)

PHYSICIAN

MOMS Appt.	____/____/____	____:_____
Appt. Confirm. Call	____/____/____	Staff Int.____
Rescheduled	____/____/____	____:_____
Appt. Confirm. Call	____/____/____	Staff Int.____
Rescheduled	____/____/____	____:_____
Appt. Confirm. Call	____/____/____	Staff Int.____

Initial Contact
MEDICAID OBSTETRIC MATERNAL SERVICES (MOMS)

MRN#_____

Contacted: ____/_____/_____ Referred by _____

Confidential? YES NO

Do you have health insurance? Y N What?_____ **Medicaid#**_____
We do not take Fidelis at this time. Only Cayuga Women's Health takes Fidelis.
Look up Medicaid # while client is on phone.

Do you live in Tompkins County? Y N

Do you plan on delivering at Cayuga Medical Center ? Y N

Last name _____ First name_____ MI ____

DOB ____/____/_____ Social Security #_____

Doctor? _____ LMP? ____/____/____ EDC? ____/____/____

Address_____ Mailing _____ Email_____

Phone _____Work _____Cell_____Mess./Name_____
Is it ok to call these numbers and say we are from the MOMS Program? Yes No

Bring to Appt: **If on Medicaid (Yes)**

-Medicaid Card / Total Care Card

-Picture ID (drivers license, passport, Visa, school ID)

-Address Verification (lease, utility bill, 2 pieces of RECENT mail, bank statement, signed and dated letter from person who they are staying with) Has to have pregnant woman's name on it.

Bring to Appt: **If not on Medicaid**

-Picture ID (drivers license, passport, Visa, school ID)

-Birth Certificate (Original)

-Social Security Card

-Address Verification (lease, utility bill, 2 pieces of **RECENT** mail, bank statement, signed and dated letter from person who they are staying with) ***Has to have pregnant woman's name on it.***

-Income (last 4 weeks) for pregnant woman and husband or FOB if in household.

-**No Income** (Bank statements if living off savings, statement from person supporting them w/ amount of money and the proof of bank statement)

Bring to Appointment"Continued": If not on Medicaid

-Daycare Cost (receipt, contract or statement from daycare provider)

-Child Support (award letter or letter from the person paying the support)

-Old Medicaid Card If they have one.

-**Insurance card** If they have primary insurance and verification of cost (pay stubs)

If they want to apply for Medicaid for children in house hold they will have to bring birth certificates and social security cards

Do they need "back" medical coverage for bills related to the pregnancy (3 months back)?
Y N (Need to bring income and address verification for those months)

Narrative_____

_____

_____

_____

_____

Completed by: _____
Initials

Department of Health and Human Services
Health Care Financing Administration

Form Approved
OMB No. 0938-0357

ADDENDUM TO: [X] PLAN OF TREATMENT [ ] MEDICAL UPDATE

1. Patient's HI Claim No.	2. SOC Date	3. Certification Period	4. Medical Record No.	5. Provider No.
[redacted]	[redacted]	From: 2/12/2014 To: 5/12/2014	000000[redacted]	[redacted]

6. Patient's Name	7. Provider Name
[redacted]	TOMPKINS COUNTY HEALTH DEPT.

8. Item No.

Summary. 02/12/2014 2/12 IOV with client completed. Pregnancy verification sent to Medicaid for infant card, she has Total Care Medicaid and will be seeing
[redacted] for care on [redacted] Client oriented and enrolled in MOMS. Client arrived late in her pregnancy to this area with her [redacted] ar old, she has family in
this area and lives with [redacted] Wic appt made [redacted] plan on SNv during the pregnancy. LSibleyRN

9. Signature of Physician

10. Date

11. Optional Name/Signature of Nurse/Therapist

12. Date

10. RFP SUBMISSION ATTACHMENTS

Attachment A: Anti-Discrimination
Attachment B: Non-Collusive Certificate
Attachment C: Insurance Certificate
Attachment D: Insurance Binder
Attachment E: Vendor Responsibility Form
Attachment F: Living Wage Form
Attachment G: W-9 Taxpayer Identification and Certification
Attachment H: Bid/Proposal Sign-Off Sheet

ANTI-DISCRIMINATION CLAUSE

During the performance of this contract, (the contractor) hereby agrees as follows:

(a) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color or national origin, and will take affirmative action to insure that they are afforded equal employment opportunities without discrimination because of race, color, creed, ethnicity, Vietnam-era veteran status, disabled veteran, marital status, disability, national origin, or status as an ex-offender. Such action shall be taken with reference, but not be limited, to: recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff or termination, rates of pay or other forms of compensation, and selection for training or retraining, including apprenticeship and on-the-job training.

(b) The contractor will send to each labor union or representative of workers with which he has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner for Human Rights, advising such labor union or representative of the contractor's agreement under clauses (a) through (f) hereinafter called "non-discrimination clauses". If the contractor was directed to do so by the contracting agency as part of the bid or negotiation of this contract, the contractor shall request such labor union or representative to furnish him with as written statement that such labor union or representative either will affirmatively cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses or that it consents and agrees that recruitment, employment and the terms and conditions of employment under this contract shall be in accordance with the purposes and provisions of these non-discrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnish such a statement, the contractor shall promptly notify the State Commission for Human Rights of such failure or refusal.

(c) The contractor will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commission for Human Rights setting forth the substance of the provisions of clauses (a) and (b) and such provisions of the State's and local Tompkins County Laws against discrimination as the State Commission for Human Rights shall determine.

(d) The contractor will state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color or national origin.

(e) The contractor will comply with the provisions of Sections 291-299 of the Executive Law and the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commission for Human Rights under these non-discrimination clauses and such sections of the Executive Law, and will permit access to his books, records and accounts by the State Commission for Human Rights, the Attorney General and the Industrial Commissioner for purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.

(f) This contract may be forthwith cancelled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commission for Human Rights that the Contractor may be declared ineligible for future contracts made by or on behalf of the State or a public authority or agency of the State, until he satisfies the State Commission for Human Rights that he has established and is carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commission for Human Rights after conciliation efforts by the Commission have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commission, notice thereof has been given to the Contractor and opportunity has been afforded him to be heard publicly before three members of the Commission. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law. The Contractor will include the provisions of clauses (a) through (f) in every subcontract or purchase order in such a manner that such provisions be performed within the State of New York. The Contractor will take such action in enforcing such provisions of such subcontract or purchase order as the contracting agency may direct, including sanctions or remedies for non-compliance. If the Contractor becomes involved in or is threatened with litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Contractor shall promptly so notify the Attorney General, requesting him to intervene and protect the interests of the State of New York.

GENERAL CONDITIONS ACCEPTED BY:

Firm: _____

By: _____

Date: _____

Title: _____

COUNTY OF TOMPKINS
GENERAL CONDITIONS
NON-COLLUSION CERTIFICATE

NON-COLLUSIVE CERTIFICATION:

(a) By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid/proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his/her/their knowledge and belief:

1. The prices in this bid/proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;

2. Unless otherwise required by law, the prices that have been quoted in this package have not been knowingly disclosed by the bidder/proposer prior to opening, directly or indirectly, to any other bidder/proposer or to any competitor; and

3. No attempt has been made or will be made by the bidder/proposer to induce any other person, partnership, or corporation to submit or not to submit a bid/proposal for the purpose of restricting competition.

_____
Name of Bidder/Proposer

_____
Signature and Title of Signer

_____
Date

NOTE:
A bid/proposal shall not be considered for award nor shall any award be made where (a) 1, 2 and 3 above have not been complied with; provided, however, that if in any case the bidder/proposer cannot make the foregoing certification, the bidder/proposer shall so state and shall furnish with the bid/proposal a signed statement that sets forth in detail the reason(s) therefore. Where (a) 1, 2, and 3 above have not been complied with, the bid/proposal shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder/proposer (a) has published price lists, rates or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid/proposed, does not constitute, without more, a disclosure within the meaning of subparagraph (a) 1.

TYPE 1

TOMPKINS COUNTY INSURANCE AND INDEMNIFICATION

The Successful Bidder Shall Maintain and Agree to the Following:

(Vendor) hereinafter referred to as Contractor, shall indemnify, hold harmless and defend Tompkins County and its officers, employees, agents and elected officials from and against any and all claims and actions brought against Tompkins County and its officers, employees, agents and elected officials for injury or death to any person or persons or damage to property arising out of the performance of this contract by the Contractor, its employees, subcontractors or agents except all actions and claims arising out of the negligence of Tompkins County. The Contractor shall maintain the following minimum limits of insurance or as required by law, whichever is greater.

A.) **Workers' Compensation and New York Disability** - Statutory Coverage Employer's Liability - Unlimited.

B.) **Commercial General Liability** including, contractual, independent contractors, products/completed operations - Occurrence Form required.

*	Each Occurrence	$1,000,000
*	General Aggregate	2,000,000
*	Products/Completed Operations Aggregate	2,000,000
*	Personal and Advertising Injury	1,000,000
*	Fire Damage Legal	50,000
*	Medical Expense	5,000

- **General Aggregate** shall apply separately to the project prescribed in the contract

* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

C.)	**Business Auto Coverage**	Liability for Owned, Hired and Non-Owned Autos	$1,000,000 CSL or 500,000 Per Person BI 1,000,000 Per Accident BI 250,000 PD Split Limits

* Tompkins County and its officers, employees, agents and elected officials are to be included as **Additional Insureds**

All insurance shall be written with insurance carriers licensed by the State of New York Insurance Department and have a Best's rating of A XI or better. Proof of insurance shall be provided on the Tompkins County Certificate of Insurance (copy attached) including the Contract Number. The accord Certificate of Insurance or insurance company certificate may be used for proof of Workers' Compensation and Disability. All Certificates shall contain a sixty (60) day notice of cancellation, non-renewal or material change to Tompkins County. All Certificates must be signed by a licensed agent or authorized representative of the insurance company. Broker signature is not acceptable. Certificates of Insurance shall be submitted with the RFP/bid.

TOMPKINS COUNTY
CERTIFICATE OF INSURANCE

BIDS CANNOT BE ACCEPTED NOR CAN WORK COMMENCE UNTIL THIS CERTIFICATE IS RECEIVED AND ACCEPTED BY COUNTY ADMINISTRATION

INSURED		*INSURANCE CARRIER:*			A.M. BEST RATING:
NAME		A			
ADDRESS					
CITY,ST ZIP		B			
PRODUCER		C			
NAME					
ADDRESS		D			
CITY, ST ZIP					
PHONE:					

This certifies that the policies listed below have been issued and are in force at this time.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS (IN $1,000)	
	GENERAL LIABILITY				EACH OCCURRENCE	$
	OCCURRENCE FORM				GENERAL AGGREGATE	$
					PRODUCTS-COMP/OP AGG.	$
					PERSONAL & ADV INJURY	$
	OTHER	(Certified Copy of policy must be submitted if other)			FIRE DAMAGE (ANY 1 FIRE)	$
	AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT	$
	OWNED AUTOS				BODILY INJURY (per person)	$
	HIRED AUTOS				BODILY INJURY (per accident)	$
	NON-OWNED AUTOS				PROPERTY DAMAGE	$
	EXCESS LIABILITY					
	UMBRELLA FORM				EACH OCCURRENCE	$
	OTHER THAN UMBRELLA					
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				COVERAGE A COVERAGE B EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE - EACH EMPLOYEE	
	NYS DISABILITY					STATUTORY
	PROFESSIONAL LIABILITY OR ERRORS/OMISSIONS					$
	OWNERS CONTRACTORS PROTECTIVE LIABILITY					
	OTHER					

Insurance Carriers providing liability coverages acknowledge that the above referenced contract constitutes an "Insured Contract" as defined in their policy. As required by said contract, the County of Tompkins and its officers, employees, agents and elected officials are included as Additional Insureds under each respective policy. Insurance Carriers warrant that no policy will be non-renewed, canceled, or materially changed without thirty (30) days advance notice to County Administration.

Certificate Holder:
TOMPKINS COUNTY ADMINISTRATION
125 EAST COURT STREET
ITHACA, N.Y. 14850

Phone (607) 274-5548 Fax (607) 274-5558
jkippola@tompkins-co.org

AUTHORIZED REPRESENTATIVE

Signature _____

Name _____

Title _____ Date _____

INSURANCE BINDER

The undersigned agrees to Tompkins County's hold harmless/indemnification language. The undersigned also affirms that the insurance requirements have been discussed with the undersigned's insurance agent, that the cost of required insurance has been considered in the submitted bid price, and that a completed insurance certificate (or certification letter of coverage) has been submitted with the package. Project-specific insurance is acceptable. A certification letter of coverage is a letter from the undersigned's insurance agent stating that if awarded the contract, undersigned will be covered with sufficient insurance to meet the contract requirements.

_____

Authorized Signature

Tompkins County
Vendor Responsibility Form

The Office of the State Comptroller requires that governmental agencies award contracts only to vendors that have been certified as "responsible." Vendor responsibility means that a vendor has the integrity to justify the award of public dollars and the capacity to fully perform the requirements of the contract. It is the contracting agency's responsibility, under Section 163 (9) of the State Finance Law (SFL), to evaluate and make a determination of the responsibility of a prospective contractor. A responsibility determination, wherein the contracting agency determines that it has reasonable assurances that a vendor is responsible, is an important part of the procurement process, promoting fairness in contracting and protecting a contracting agency and the County against failed contracts.

The following factors are to be considered in making a responsibility determination:

1. Legal Authority to do business in New York State
2. Integrity
3. Capacity – both organizational and financial
4. Previous performance

Please complete the following questions. This form **must** be returned with your bid submission in order for your bid to be ruled responsive.

Within the past five (5) years has your firm, any affiliate, any predecessor or company or entity, owner, director, officer, partner or proprietor been the subject of:

ANSWER ALL QUESTIONS

A. An indictment, judgment, conviction, or a grant of immunity, including pending actions, for any business related conduct constituting a crime under governmental law? YES _____ NO _____

B. A government suspension or debarment, rejection of any bid or disapproval of any proposed sub-contract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement? YES _____ NO _____

C. Any governmental determination of a violation of any public works law or regulation, or labor law or regulation, or any OSHA violation deemed "serious or willful?" YES _____ NO _____

D. A consent order with NYS Department of Environmental Conservation, or a governmental enforcement determination involving a construction-related violation of federal, state, or local environmental laws? YES _____ NO _____

E. A finding of non-responsibility by a governmental agency or Authority for any reason. YES _____ NO _____

If yes to any of the above, please provide details regarding the finding.

ENTITY MAKING FINDING: _____

YEAR OF FINDING: _____

BASIS OF FINDING: _____

_____

_____

(Attach additional sheets if necessary)

Offerer Certification:

I certify that all information provided to Tompkins County with respect to State Finance Law §139-k is complete, true and accurate.

Name: _____ Title: _____

Company Name: _____

Company Address: _____

Signature: _____

Contractor's Representation—Livable Wage Policy

Livable Wage Policy: By policy, Tompkins County must "consider the wage levels and benefits, particularly health care, provided by contractors when awarding bids or negotiating contracts, and to encourage the payment of livable wages whenever practical and reasonable."

Paying the living wage rate to all employees directly involved in providing the contracted County service is not mandatory. However, the attainment of a broadly-applied living wage is a County goal and is therefore an important consideration applied by the County when reviewing contract proposals.

The Current Living Wage: The Living Wage in Tompkins County is computed by the Alternatives Federal Credit Union and is currently $12.62 per hour if the employer contributes at least half the cost of an employee's health insurance/benefit cost and $13.94 per hour if the employer does not make such a contribution. The rate will be adjusted again in May 2015.

Requirement of All Contractors: As a part of its proposal or contract representations, a prospective service contractor must advise the County whether it will pay the AFCU livable wage rate to all Covered Employees directly involved in the provision of the contracted service, including employees of any subcontractor engaged to assist in providing the service.

Additionally, contractors are asked to estimate the number of employees who will be directly involved in the provision of the contracted service.

Covered Employees include all full- and part-time employees, other than those Excluded Employees described below, who are directly involved in the provision of the contracted service, including employees of sub-contractors engaged to assist in providing the service.

Excluded Employees are:

- Employees under the age of 18
- Seasonal or temporary employees (90 days or less)
- Employees in a probationary status (90 days or less)
- Those employed in a sheltered or supported work environment
- Employees participating in a limited-duration (90 day) job training program
- Employees participating in an academic work-study or academic internship program
- Volunteers
- Employees participating in mandated welfare-to-work programs
- Employees paid pursuant to a collective bargaining agreement

Contractor's Living Wage Representation

Approximately how many Covered Employees, including employees of any subcontractor involved in providing the service, will be involved in the provision of the contracted service?_____

Will all Covered Employees, including employees of any subcontractors directly involved in the provision of County services, be paid at least the living wage?

☐ Yes ☐ No

Contractor Name:_____

If you answered "Yes" to the Living Wage Representation and are awarded the County contract, you will be expected to maintain all employees directly involved in the provision of services under this contract at or above the living wage as of the time of execution of the contract for the duration of the contract.

If you answered "No," your response will be among the considerations applied by the County in making its contract award. As a part of contract negotiations, the County may request additional information from you regarding the basis of this response.

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 7[2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at *www.irs.gov* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Attachment H
Tompkins County Community Health Electronic Medical Record/PM System

Requirements & Specifications Checklist – RFP #2014004

Ref #	Requirement Description	Have It	Will Have It	Won't Have It	Note #
	The following items and features apply to all applications in the proposals				
1.	Community Health EMR/PM System is primarily geared to government entities				
2.	Capacity to address unique needs of a Local Public Health Department				
3.	Completely *Browser*-based (preferred)				
4.	Completely *Windows*-based (required)				
5.	Runs on *Windows 2008* Servers (preferred)				
6.	System runs on *MS Windows* workstations				
7.	Uses Relational Databases (MS SQL Server preferred)				
8.	Ad Hoc reporting module (or use of Crystal Reports)				
9.	Ability for HL7 interface with local hospital system (considering for future projects)				
10.	System capability for a single point of entry for all services (one chart per client regardless of number of services/program areas client is associated with)				
11.	Ability for off-site remote access for data entry and information retrieval (detachable database for use in areas where WIFI and internet access is limited or unavailable.)				
12.	Ability to support digital signatures for workflow approval				
13.	Ability to capture digital signatures with use of electronic signature pad and attach to client record (considering for future projects)				
13a.	System meets all NYS and Federal requirements related to Electronic Signature requirements regarding all documentation requirements by clinicians and billing staff				

14.	Ability to store digital images and/or documents and attach to client record				
15.	Provides integration with digital image documents				
16.	Ability to extract data in PC databases for all of the following: *Microsoft Access, SQL Server, and Excel*				
17.	Comprehensive Data Dictionary provided to County				
18.	Online documentation and HELP facility				
19.	Provide a test system or the ability to operate in a training mode in all applications that will not affect live data				
20.	Ability to maintain user-defined lists of codes and descriptions rather than hardcode entries in programs				
21.	All modules have drill down capabilities in data fields				
22.	Ability to add user-defined fields to system, screens and reports				
22a.	Ability to designate fields as mandatory response required				
23.	Has capacity to input and change user-defined business rules				
24.	Ability to back up individual database or entire system				
25.	Multi-level, individual staff member-based security system				
25a.	System tracking and audit trail that is compliant with HIPAA and other federal and state regulations related to privacy and security of records, including but not limited to: date/time record was created, accessed, edited along with user id and provide a report on such information				
25b.	System will be HIPAA compliant in regards to encryption of information				
25c.	Support secure data encryption and exchange				
25d.	Provide security to remote access				
25e.	System will lock workstation after a period of inactivity				
25f.	Has unique security codes for each system user				
25g.	Ability to accommodate multiple levels of role-based user access that allows/restricts access based on role				

25h.	Providers for different levels of security – Read only, add/update, delete, etc.				
25i.	Manage, track and report user access to data				
25j.	Can limit users access to records based on user function, patient record type or encounter type (example only CD designated staff will have access to patient CD information, regardless of patient receiving services in other areas)				
25k.	System will require passwords to be changed at set intervals				
25l.	System will “lock out” a user who attempted to log in too many times with incorrect password.				
25m.	System will allow agency to establish password protocols				
26.	Billing and clinical information directly interface. For instance – client demographic information only needs to be entered once, not separately in each module				
27.	Ability to notify clinicians of actions to be taken as part of workflow requirement				
28.	Ability to designate workflow requirements based on user role				
29.	Ability to archive “old” data (discharged records)				
30.	User friendly drop down menus for staff				
31.	Ability to view a print image prior to printing or sending to a device, or to export to Microsoft Office or PDF document				
32.	Easy access to be able to look up clients with name changes; ability to query client that will reveal client has used other names previously				
33.	System has ability to check for duplicates – clients, social security numbers, etc. with records merge capabilities				
34.	Ability to accommodate ICD 9 and ICD 10 coding, and update easily				
35.	Ability to manage all payer specific procedure codes (APG, CPT, HCPCs) and update easily				

36.	Physician Information Registry – including name, office address, phone number, fax number, email, NPI number and license number				
37.	Ability to have effective dates on all lists (charges, diagnosis codes, etc.)				
38.	Ability to interface to an automated phone appointment reminder dialing system (considering for future projects)				
39.	Clinician/Employee Management Tool – Ability to record and track training, education, skills, licensing, required immunizations and other information for each staff				
40.	Ability to enter, manage and track employee time based on activity codes				
41.	Disaster Recovery in accordance with industry standards				
42.	Local administrator maintains data masters, creates/updates user accounts, permissions and levels of access				
43.	Ability to interface with county email system – GroupWise				
44.	System is compliant with the security and privacy regulations under HIPAA				
45.	System is compliant with the security and privacy regulations under NYS HIV and Confidentiality laws				
46.	Release of Information/Authorization to Disclose Management Tool				
46a.	Tracking system for Release of Information/Authorization to Disclose reflecting expiration of agreement				
46b.	Accounting of Disclosure report in compliance with HIPAA regulations and standards				
46c.	Ability to query information contained on Release of Information				
46d.	Ability to scan Release of Information/Authorization to Disclose forms and attach to relevant client record as necessary				
47.	Ability to track the method (i.e. copy-paste, direct entry, import) for any update to a record be documented and tracked				

48.	Ability to track and maintain original documents/forms, etc and modifications be tracked as amendments or addenda				
49.	Enable a smooth patient registration				
50.	Capability to register a large number of clients at once (i.e. large scale flu clinic or Emergency Preparedness Point of Dispensing Event)				
51.	Matching of client records to prevent duplicate records				
52.	Seamlessly coordinate services to ensure customer satisfaction and to optimize use of resources				
53.	Schedule multiple appointments at one time (ex – ability to schedule an entire series of a vaccine at once)				
54.	Ability to verify insurance during scheduling				
55.	User-friendly ability to schedule clients				
56.	Maintains history of no-shows, cancellations, missed visits per client/clinician				
57.	Ability to create, send and maintain appointment reminder documents to clients				
58.	Ability to record and indicate the method used to confirm patient identity				
59.	Ability to copy/scan into medical record copies of insurance card and photo identification				
60.	Ability to capture information on Initial Contact sheet for MOMS **(See Appendix E)**				
61.	Notice of Privacy Practices Acknowledgement of Receipt				
62.	Demographic and Family Information				
63.	Medical History/Screening				
64.	Medical Order Management Tool – Capability of creating orders to be printed and mailed to physicians for signature in accordance with NYS law, see attached sample **(See Appendix D)**				
64a.	Alert for deadlines associated with plan of cares				
64b.	Inclusion of Plan of Care Template				
64c.	Ability to review Plan of Care document and approve/notify staff when ready to send to physician for signature				

64d.	Ability to create interim orders				
64e.	Alert user of expired orders				
64f.	Track unsent/unsigned orders and ability to prevent billing from processing until received from physician				
64g.	Orders include- medications, diet, safety, mental orientation, allergies, durable medical equipment and supplies, diagnosis codes, patient problem list including goals and interventions associated to problem, visit order strings for home visit and a patient summary (free text field)				
65.	For Clients admitted to MOMS/LHSCA Services ability to create an episode of care record - Start of Care through Discharge; and the ability require orders				
66.	For Clients that receive clinic services ability to use "standing orders", and not need to create an episode of care				
67.	Ability to display age including down to days for clients less than 1 month old				
68.	Ability to enter gestational age				
69.	Growth chart for child development and pregnancy development				
70.	Record and track assessments				
71.	Capability to automatically check for and warn of duplicate orders				
72.	Ability to track type of visit				
73.	Ability to track source of referral or referring physician				
74.	Ability to track incomplete vs. complete documentation, warn of incomplete documentation and prevent billing from processing until complete				
75.	Use of agency created templates for documentation				
76.	Ability to manage and track referrals to other organizations				
77.	Ability to assign an acuity level for patients per NYS law				
78.	Managing prospective client data: Tracks client data from pre-intake through intake and scheduling and automatically transfers this data upon client admission				

79.	Unique client number, other than social security number				
80.	Ability to track and report on missed visits based on visit order string for home visits				
81.	Ability to track and report on missed appointments for clinic services				
82.	Ability to record and track referral source, admission reason, d/c reason and for clients not admitted to care the reason.				
83.	We have a large foreign born population, need ability to not enter Social security numbers for clients that do not have one				
84.	Alerts to staff for client/employee safety issues - ability to flag client as a fainter, allergy, etc				
85.	Quick access to client phone numbers				
86.	Ability to record preferred contact method of client and whether or not we can identify ourselves				
87.	Ability with correct access level to merge duplicate patient records				
88.	Record lab results and/or x-rays and scans				
89.	Track and Manage missing results				
90.	Medications - ability to record frequency, sliding scale, comments, dose, route, name of drug, etc				
91.	Medications - compare for contraindications with medications and/or allergies				
92.	Medications - compare for medication to medication interactions including OTC and supplements				
93.	Creation of family accounts and ability to link client accounts to the family account				
94.	Allow for multiple encounter records				
95.	Track Last Menstrual Period and Estimated Due Date				
96.	Record surgeries and hospitalizations				
97.	Data validation - diagnosis and procedures compared to client's age/gender				
98.	Scan and attach documents to chart				
99.	Patient outreach registry - example CBE (Child Birth Education) classes				

100.	Child Birth Education Classes - ability to determine who is eligible based on due dates, record and bill for attendance and report on statistics				
101.	Support creation and use of documentation templates, profiles or forms, including visit note templates, and memo templates to record communications that occur outside of visit				
102.	Document pregnancy verification and print out for client records				
103.	Document and track client risk factors				
104.	Create a commonly used diagnosis list				
105.	Prompts user for unfinished documentation and prevents billing or interface to other systems until documentation is complete				
106.	Ability to record home/office visit information including agency service, length of contact time, travel time, documentation time				
107.	Ability to record clinic encounter visit and attach multiple procedures to encounter visit				
108.	Ability to record patient summaries at admission, recertification and discharge				
109.	Track and report immunizations provided by lot number				
110.	Ability to record, track and manage PPD skin tests				
111.	In the event a Positive PPD is noted, alert appropriate staff for follow up				
112.	QA/QI for immunizations - ability to alert if the situation is not standard and override if necessary - example warn if trying to give varicella vaccine but client has documented history of disease				
113.	Ability to incorporate screening protocols into system				
114.	Upload immunizations to NYSIIS and ability to receive client information back from NYSIIS				
115.	Alert user to immunizations due per current AAPC guidelines				

116.	Flag if incorrect choice is made during clinic encounter visit (For example - vaccine standard is SC and user chooses IM)				
117.	Age/Weight correlates to vaccine				
118.	Tracks VFC (Vaccine for Children) Program eligibility				
119.	System prevents VFC vaccines from being used on NON-VFC clients by warning				
120.	Ability to document adverse reactions in client from immunization				
121.	Ability to manage vaccine supply inventory and link to scheduling				
122.	Ability to manage vaccine supply inventory and link to NYSIIS				
123.	Lead - ability to document, follow up and other case management activities on children with elevated blood lead levels				
124.	Interfaces with NYS DOH Health Commerce System Leadweb application (if NYS DOH HCS future ability allows for this)				
125.	System utilizes a standard accounts receivable system				
126.	Ability to record and track invoices and costs associated from outside vendors for some subcontracts or as required by NYS (rabies/CD/STD)				
127.	Ability to access insurance information and determine proper billing codes including administration codes for vaccines				
128.	Ability to scan proof of income forms for sliding fee clients				
129.	Ability to store multiple coverage plans (Medicare, Medicaid, BCBS, etc)				
130.	Ability to electronically verify insurance coverage and benefit eligibility				
131.	Ability to record, track and manage authorizations received from insurance carriers and ability to warn when additional authorization is needed either due to date or number of services authorized				
132.	Ability to maintain multiple sliding fee scales				

133.	Ability to approve fee reductions based on financial hardship which may include beginning and ending parameters				
134.	Ability to manage a billing sequence for clients with multiple insurance coverage				
135.	Ability to generate monthly invoicing for copays, self pays, etc				
136.	Ability to manage agency fee guidelines				
137.	Ability to manage all codes required for billing Ability to batch process clients to check Medicaid numbers through ePACES				
138.	Ability to record all details necessary to Medicaid and Medicare billing requirements for all services				
139.	Ability to accept credit/debit card payments (with future projects)				
140.	Ability to create electronic billing files for Medicare, Medicaid and Commercial insurances according to current 5010 guidelines				
141.	Ability to generate paper billing forms for HCFA1500 and UB-04 forms and to print either on blank sheet of paper or onto original red form				
142.	Ability to track services not covered by client's insurance				
143.	Manage outstanding balances due from insurance companies, clients, etc				
144.	Ability to create invoice to 3rd parties - example - Business or Fire Company pays for Flu shot for members				
145.	Ability to generate client payment receipts				
146.	Ability to post payments				
147.	Automated process for claim denials, ability to incorporate denial information into billing secondary, etc insurance				
148.	Ability to track overpayments/refunds issued				
149.	Ability to process voids and adjustment claims				
150.	Interface with clearinghouse to prevent duplicate data entry				
151.	Document and report on waived fees				
152.	Track and manage bad debt and write offs				

153.	Ability to set up contract specific information in reimbursors file				
154.	Ability to add invoices for medical records and/or interest payments				
155.	Cash and revenue reports				
156.	Weekly deposit form based on all payments receipted				
157.	Ability to utilize EFT and ERA for billing purposes and have ERA automatically post into patient's account				
158.	Ability to mark some services as "Do Not Bill to Insurance" if patient chooses to pay out of pocket in full (new HIPAA requirement)				
159.	Ability to print/export medical records				
160.	Ability to generate various types of reports important to fiscal, planning, budgeting, program management and quality assurance issues as well as ad hoc reporting that are meaningful (e.g. contract reports, statistical reports)				
161.	Unduplicated patient census count for all services and/or by service				
162.	Per Calendar Year the ability to record New and Old Clients for statistical reporting purposes				
163.	For PPD skin tests - ability to record reason for test for statistical reporting purposes and results				
164.	Track where clients are in course of pregnancy and alert when predefined visit interval is due - example visit due at 28th week				
165.	Ability to enter and track employee activity time and report on such time for statistical reports				
166.	Patients by Acuity level for emergency planning				
167.	Statistical reporting including admissions, discharges, length of stay, age, sex, etc				
168.	Ability to search by diagnosis, problems, demographic characters as needed for NYS reporting				
169.	Ability to generate various types of reports important to fiscal, planning and quality assurance issues as well as ad hoc reporting that are meaningful				

170.	Reporting to notify user of physician orders due (deadline is to be reviewed and resent to physician every 60-90 days)				
171.	Ability to print a listing of client's immunization records				
172.	Ability to print a listing of immunizations due for a client				
173.	Ability to print a master listing of medications for a client				
174.	Ability to track and report employee activity hours by service code for state aid reports.				
175.	Ability to report service code/state aid codes by employee, by program, by month, quarter and year				

BID/PROPOSAL SIGN□OFF SHEET

BID/PROPOSAL TITLE:

Please check off and sign for items below and submit this required sheet with your bid/proposal response; the bid/proposal may be rejected if the required documents are not included with the response.

		DONE	INITIALS
1.	Bid/Proposal completed		
2.	Non-Collusive certificate completed		
3.	Anti-Discrimination clause completed		
4.	Proof of insurance coverage in amounts required by specification signed by insurance agent enclosed		
5.	Addenda (if issued) received		
	List Addendum # and dates		
6.	Insurance Binder completed		
7.	Agree to all of the Terms and Conditions defined in Section 2 of the RFP#2014004		
8.	Vendor Responsibility Form completed		
9.	Living Wage Form		
10.	W-9 Taxpayer Identification and Certification		
11.	Appendix ___ Requirements and Specifications Checklist - COMPLETED		

By signing below the respondent is certifying that:

1. All information provided herein is true and correct to the best of their knowledge.
2. The respondent has read and understands the specifications in their entirety and that the response is made in accordance therewith, and;
3. The respondent possesses the capabilities, resources, and personnel necessary to provide efficient and successful service to the County, and;
4. The respondent will be held responsible for any and all discrepancies, errors, etc. in the discounts or rebates which are discovered during the contract term or up to and including three (3) fiscal years following the County's annual audit.

_____
Name/Title of Authorized Person Submitting Bid

_____
Firm or Corporation Making Bid

_____
Address

_____ _____
Telephone Fax

_____
(Remit to address (if different than above))

_____
Signature of Authorized Person Submitting Bid