The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 4

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1985877
Procurement Type: Request for Information
Vendor ID: VS0000041267
Legal Name: BAMBOO HEALTH INC
Alias/DBA:
Total Bid: $0.00
Response Date: 07/10/2026
Response Time: 15:59
Responded By User ID: bamboohealth
First Name: Josh
Last Name: Reed-Lepak
Email: portals@bamboohealth.com
Phone: 8608191330

SO Doc Code: CRFI
SO Dept: 0511
SO Doc ID: BMS2600000001
Published Date: 7/9/26
Close Date: 7/14/26
Close Time: 13:30
Status: Closed
Solicitation Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER
Total of Header Attachments: 4
Total of All Attachments: 4

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder:	1985877
Solicitation Description:	RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS
Proc Type:	Request for Information

Solicitation Closes	Solicitation Response	Version
2026-07-14 13:30	SR 0511 ESR07082600000000139	1

VENDOR

VS0000041267
BAMBOO HEALTH INC

Solicitation Number: CRFI 0511 BMS2600000001

Total Bid: 0 **Response Date:** 2026-07-10 **Response Time:** 15:59:55

Comments:

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X **FEIN#** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Tracking System for Substance Use Disorder Providers				0.00

Comm Code	Manufacturer	Specification	Model #
93151507			

Commodity Line Comments: Pricing is not to be submitted per the proposal instructions.

Extended Description:

Tracking System for Substance Use Disorder Providers
PRICING IS NOT TO BE INCLUDED IN THIS SOLICITATION

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, **WV** 25305-0130

State of West Virginia
Centralized Request for Information
Info Technology

Proc Folder: 1985877 **Doc Description:** RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS **Proc Type:** Request for Information			**Reason for Modification:**
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2026-06-10	2026-07-14 13:30	CRFI 0511 BMS2600000001	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STE
CHARLESTON *WV* 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : Bamboo Health, Inc.

Address:

Street: 9901 Linn Station Suite 500

City: Louisville

State: Kentucky **Country:** United States **Zip: 40233**

Principal Contact : Ketra Dawson

Vendor Contact Phone: 1-833-213-7398 **Extension:**

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Ketra Dawson **FEIN# 46-3708737** **DATE 7/8/2026**

All offers subject to all terms and conditions contained in this solicitation

!ADDITIONAL INFORMATION

REQUEST FOR INFORMATION:

THE WEST VIRGINIA PURCHASING DIVISION IS ISSUING THIS REQUEST FOR INFORMATION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES, BUREAU FOR MEDICAL SERVICES (BMS), FOR THE PURPOSE OF GATHERING INFORMATION TO DEVELOP SPECIFICATIONS FOR A TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS. INFORMATION PROVIDED WILL ASSIST THE WEST VIRGINIA DEPARTMENT OF HEALTH IN DEVELOPING SPECIFICATIONS AND WILL ASSIST IN THE PROCUREMENT PROCESS.

***QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE SCHEDULE OF EVENTS.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
	Tracking System for Substance Use Disorder Providers				

Comm Code	Manufacturer	Specification	Model#
93151507			

Extended Description:

Tracking System for Substance Use Disorder Providers
PRICING IS NOT TO BE INCLUDED IN THIS SOLICITATION

!SCHEDULE OF EVENTS

Event	Event Date
QUESTION DEADLINE	2026-06-23

Request for Information
West Virginia Department of Human Services
CRFI BMS2600000001

TABLE OF CONTENTS

SECTION 1: GENERAL INFORMATION

1.1. Introduction:

The West Virginia Purchasing Division ("Purchasing Division") is issuing this Request for Information (RFI), on behalf of Department of Human Services ("Agency"), to all vendors that have a desire to provide information about tracking performance outcome measures for substance use disorder in-patient providers. This RFI is intended to provide the Agency with information necessary to plan and develop specifications for a future procurement.

1.2. Schedule of Events:

RFI Released To Public	06/10/2026
Vendor's Written Questions Submission Deadline	06/23/2026
Addendum Issued	TBD
RFI Opening Date	07/14/2026

SECTION 2: INSTRUCTIONS TO VENDORS SUBMITTING INFORMATION

2.1. REVIEW DOCUMENTS THOROUGHLY: This form contains a request for information that may lead to a future procurement. Please read these instructions and all documents attached in their entirety.

2.2. NOT A CONTRACT DOCUMENT: Vendors must understand that this RFI is for information gathering purposes only, and a response to this RFI does not generate a contractual obligation on the part of the State to purchase any commodity or service.

2.3. VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this RFI to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response

will be published in an RFI addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this RFI are preliminary in nature and are nonbinding. Submitted emails should have the RFI number in the subject line.

Submit Questions to: Crystal Hustead

Email: crystal.g.hustead@wv.gov

Submission Deadline: June 23, 2026 at 10:00 AM ET

2.4. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the RFI and any correspondence relating thereto are public documents. As public documents, they will be disclosed to the public following the RFI opening as required by the competitive bidding laws of West Virginia Code§§ 5A-3-1 et seq., and the Freedom of Information Act West Virginia Code§§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any document to the State constitutes your explicit consent to the subsequent public disclosure of the document. The Purchasing Division will disclose any document labeled "confidential," "proprietary,""trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

SECTION 3: INFORMATION BEING SOUGHT

3.1. General Information Being Sought

3.1.1. A description of a tracking system that will collect performance outcome measures for substance use disorder providers.

3.2. Specific Questions

3.2.1. What performance outcome measures does your system currently track for substance use disorder providers?

3.2.2. Can your system address these specific outcome measures:
Follow-up as measured by a claim for SUD services within seven days of discharge
Follow-up as measured by a claim for SUD services within six months of discharge
Number of individuals who have verified abstinence from non-prescribed substances

Number of individuals on medication-assisted treatment
Social determinants of health (SDOH) tracking/assessment post-discharge
Readmission to substance use services within 30 Days without outpatient follow-up
Number of individuals connected to stable, supported housing (a homeless shelter does not constitute stable housing)
Number of individuals connected to primary care; one primary care visit within three months of discharge
Number of individuals connected to employment, education, training programs, or other activities indicative of long-term recovery and independence.
Number of individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits.
Number of individuals who received new arrests, law enforcement interactions, or CPS investigations.
Number of individuals with a discharge transition plan.

3.2.3. This product will be implemented at provider level. How have providers discussed using your product, and how is it user friendly?

3.2.4. What security measures are in place to protect the confidentiality of the data?

3.3. Documents Being Sought

3.3.1. Training materials on how to use the system.

SECTION 4: VENDOR RESPONSE

4.1. Incurring Cost: Neither the State nor any of its employees or officers shall be held liable for any expenses incurred by any Vendor responding to this RFI, including but not limited to preparation, delivery, samples, or travel.

4.2. Proposal Format: Vendors should provide responses in the format listed below:

4.2.1. Title Page: State the RFI subject, number, Vendor's name, business address, telephone number, fax number, name of contact person, email address, and Vendor signature and date.

4.2.2. Table of Contents: Clearly identify the material by section and page number.

4.2.3. Response Reference: Vendor's response should clearly reference how the information provided applies to the RFI request. For example, listing the RFI number and restating the RFI request as a header in the proposal would be considered a clear reference.

Request for Information
West Virginia Department of Human Services
CRFI BMS2600000001

4.2.4. Responses: All responses must be submitted to the Purchasing Division **prior** to the date and time stipulated in the RFI as the opening date. All submissions must be in accordance with the provisions listed in Section 2: Instructions to Vendors Submitting Information.

By signing below, I certify that I have reviewed this Request for Information in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this information for review and consideration;

Bamboo Health, Inc.
(Company)

Ketra Dawson, Market Development Director
(Representative Name, Title)

919-491-9820
(Contact Phone/Fax Number)

July 14, 2026
(Date)

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Tracking System for Substance Use Disorder Providers

West Virginia Department of Human Services

July 14, 2026

Bamboo Health

Table of Contents

TITLE PAGE

TITLE PAGE

RFI Subject: Tracking System for Substance Use Disorder Providers

RFI Number: CRFI BMS2600000001

Vendor Name: Bamboo Health

Business Address: 9901 Linn Station Rd, Suite 500, Louisville, KY 40223

Telephone Number: 1-833-213-7398

Fax Number: Not Applicable

Contact Person: Ketra Dawson, Market Development Director

Email Address: kdawson@bamboohealth.com

Vendor Signature: 

Date: July 14, 2026

3. NO 1 GENERAL INFORMATION BEING SOUGHT

3.1.1 A description of a tracking system that will collect performance outcome measures for substance use disorder providers.

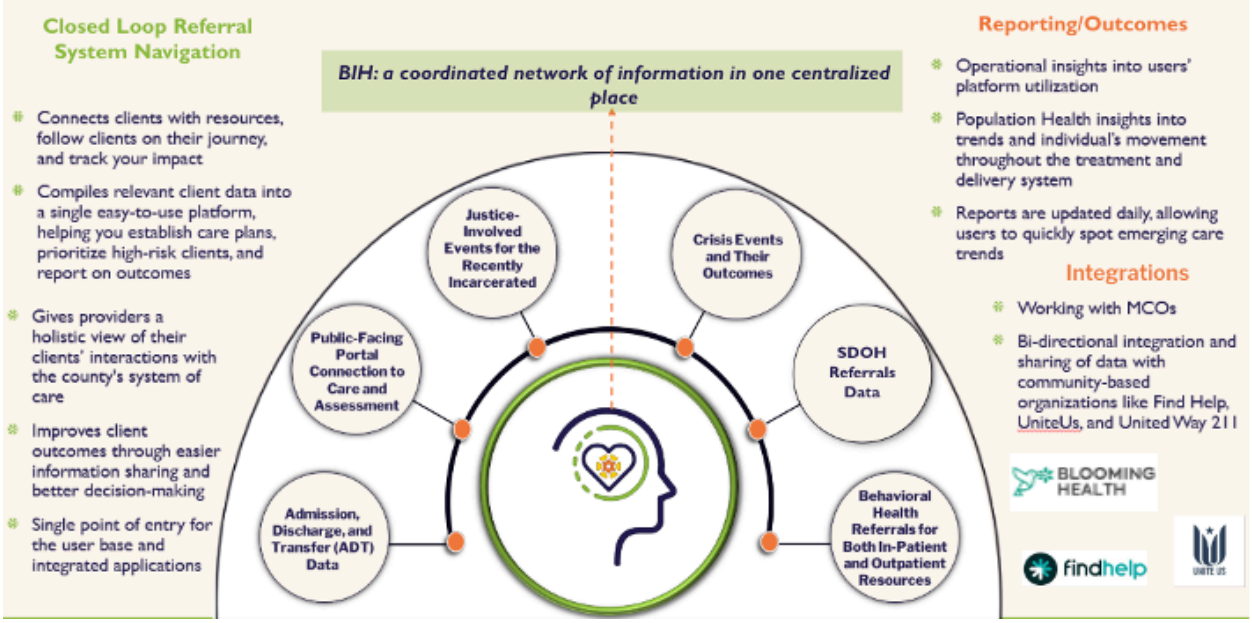


Figure 1: The Bamboo Intelligence Hub Environment

Bamboo Health proposes the Bamboo Intelligence Hub (BIH) as a centralized, web-based tracking system purpose-built to collect, consolidate, and report on performance outcome measures for substance use disorder (SUD) providers across the continuum of care. Rather than functioning as a single-purpose reporting tool, BIH serves as a longitudinal data hub that aggregates information from multiple real-time data sources — including hospital and post-acute admission, discharge, and transfer (ADT) events, SUD treatment referrals, crisis encounters, justice-involved events, and social determinants of health (SDOH) referrals — into a single, individual-level record. This consolidated approach allows the West Virginia Department of Human Services, Bureau for Medical Services (BMS), and its network of SUD providers to track outcomes not just at the point of discharge, but throughout an individual's ongoing recovery journey, regardless of which provider or system last interacted with that person.

At the foundation of the system is BIH's Longitudinal Patient Record, which consolidates an individual's behavioral health history, including prior inpatient SUD treatment episodes, crisis events, referrals, and care transitions, into a single, continuously updated profile. Because this record is populated through real-time integrations rather than manual entry alone, it gives providers and state administrators a current, accurate picture of where an individual is in their treatment and recovery process at any given time. This is particularly relevant to outcome measures that depend on tracking events that occur after an individual leaves a provider's direct care, such as follow-up visits, readmissions, or new legal involvement, since BIH continues to surface these events in the individual's record even after discharge.

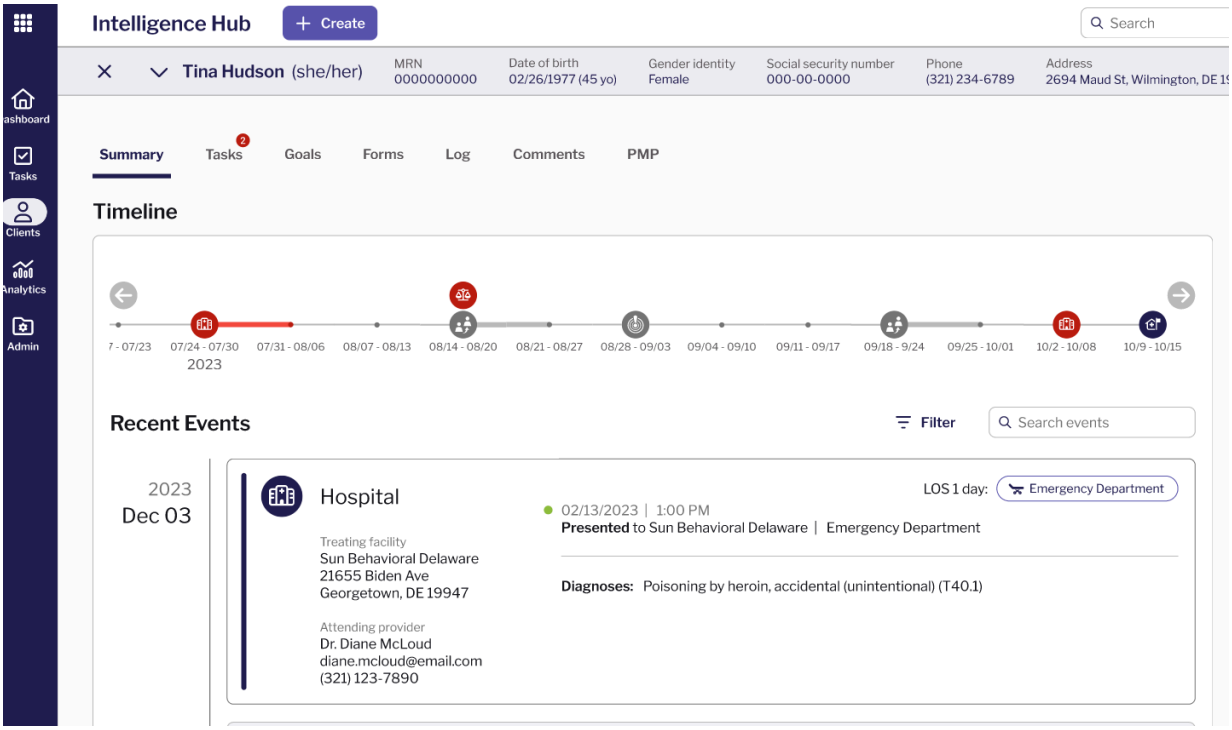


Figure 2: The Bamboo Intelligence Hub Individual's Profile Screen

Layered on top of the longitudinal record is BIH's in-app reporting functionality, which is designed to operate on two levels: operational reporting, which gives providers insight into their own platform usage and workflow performance, and delivery system and productivity reporting, which gives state-level administrators visibility into population-level trends and outcomes across the provider network. This two-tiered structure allows BMS to monitor SUD performance outcome measures at a statewide level while still giving individual provider organizations the data they need to manage their own caseloads and identify gaps in follow-up care. Reports can be configured to reflect the specific metrics that matter most to the state's SUD quality goals, and because the underlying data is captured automatically through system integrations rather than retrospective chart review, the resulting measures are more timely and less burdensome for provider staff to produce.

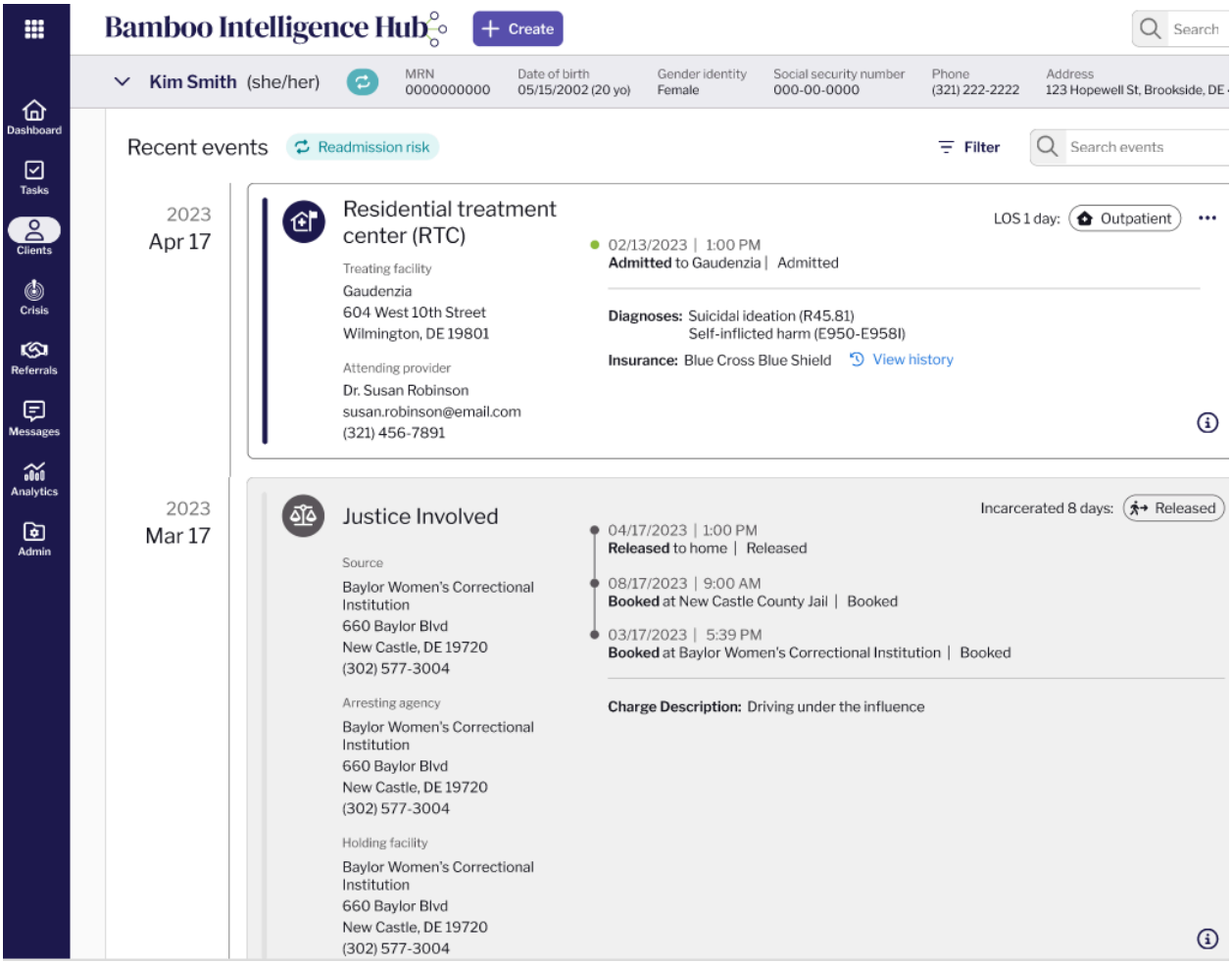


Figure 3: The Bamboo Intelligence Hub Summary View

The system is also designed to track many of the specific outcome categories identified in the state's request. ADT data feeds, sourced from Bamboo's integrations with over 1,700 hospitals and 5,400 post-acute facilities nationwide, allow the system to detect when an individual returns to inpatient or emergency care following an SUD discharge, which supports tracking of readmission within 30 days and follow-up claims within seven days or six months of discharge when paired with claims data matching. The Justice Involved module surfaces new bookings and releases in an individual's timeline, supporting measures related to new arrests or law enforcement interactions following treatment. SDOH referral integrations allow the system to capture whether an individual was connected to services such as housing or other community-based supports following discharge, and the Forms and Assessments functionality allows providers to upload and track structured assessment tools that can document medication-assisted treatment status, abstinence verification, or other clinical outcomes over time. Because all of this information lives within the same individual-level record, BMS would have the ability to view an individual's full trajectory after SUD treatment, rather than relying on each provider or system to separately report on outcomes in isolation.

Bamboo Health's approach to longitudinal outcome tracking is already producing measurable results in states with comparable behavioral health and SUD challenges. In Delaware, this model

has supported more than 200,000 behavioral health referrals, driven a 98% improvement in referral response times, and helped reduce inpatient readmissions to 25% for Bamboo-navigated clients compared to 43% for non-Bamboo clients. These outcomes reflect the kind of statewide, data-driven impact BMS can expect as BIH is configured to track SUD provider performance in West Virginia. For a full account of this partnership, please see the *Delaware White Paper.pdf* included with our response.

Finally, because BIH is built as a configurable platform rather than a fixed reporting tool, additional outcome measures and data sources can be incorporated during implementation as the state's specific reporting needs are further defined. Bamboo Health would work directly with BMS during the discovery and configuration phases of implementation to align the system's data sources, fields, and reporting structure with the exact performance outcome measures the state intends to track for its SUD provider network, ensuring the resulting tracking system is tailored to West Virginia's program rather than a generic, one-size-fits-all reporting product.

3.2 SPECIFIC QUESTIONS

3.2.1 What performance outcome measures does your system currently track for substance use disorder providers?

Bamboo Intelligence Hub currently tracks a range of performance outcome measures for substance use disorder providers through its in-app reporting functionality, which operates at two distinct levels: operational reporting, which reflects how providers and end users are engaging with the system itself, and delivery system and productivity reporting, which reflects population-level outcomes and movement of individuals through the behavioral health system of care. Together, these reporting levels give both individual SUD provider organizations and state-level administrators visibility into how effectively the network is identifying, engaging, and following up with individuals in need of substance use treatment.

At the operational level, BIH currently tracks measures such as the number of user logins, the number and type of forms and assessments completed within the platform, and the volume of notifications sent to and read by end users. While these measures are more reflective of system utilization than clinical outcomes, they serve an important secondary function for SUD performance monitoring: they allow BMS and provider administrators to identify whether staff are actively using the platform's documentation and assessment tools as intended, which is often a precondition for accurate downstream outcome reporting. If utilization in a particular provider organization is low, that is a signal worth investigating before drawing conclusions from any outcome data tied to that provider.

At the delivery system and productivity level, which is more directly tied to clinical and population health outcomes, BIH currently tracks measures including the number of individuals who present to the emergency department within a defined period, the number of individuals admitted to inpatient care (including the rate at which ED visits convert to inpatient admissions), and the number of individuals with documented behavioral health and substance use disorder events across the network. These measures are generated from Bamboo's live ADT data integrations, which pull real-time admission, discharge, and transfer data from over 1,700

hospitals and 5,400 post-acute facilities nationwide, meaning the underlying data reflects actual care events rather than retrospective or self-reported information.

In addition to these core utilization and event-based measures, BIH currently tracks data fill rates from connected data sources, which gives administrators a sense of how complete the incoming data is for a given provider or facility, and the number of ADT notifications successfully delivered to community providers, which reflects how well the system is closing the loop between an acute care event and notifying the provider responsible for follow-up care. For SUD providers specifically, this means BIH can currently surface when an individual with a known substance use history has a new ED visit or inpatient admission, and whether any relevant community-based SUD providers on the Bamboo network were notified of that event in time to act on it.

Beyond the core reporting metrics, BIH's data source integrations currently allow the system to track several specific event types relevant to SUD outcomes: referrals placed and their disposition status through the OpenBeds module, including whether a referral to SUD treatment was accepted, declined, or resulted in a no-show; crisis events and their resolution through the Crisis module, including whether a crisis event related to substance use resulted in a dispatch, a referral, or another disposition; and justice-involved events such as bookings and releases, which are currently live and surfaced automatically within an individual's longitudinal record without requiring additional configuration.

It's worth noting that the specific set of outcome measures listed in West Virginia's RFI — such as claims-based follow-up rates, abstinence verification, MAT enrollment, and benefits engagement — extend beyond what BIH currently tracks out-of-the-box, and would require the additional data integrations described in our response to the prior question. The measures described above represent what the system is actively and natively tracking today across our existing client base, prior to any state-specific configuration. We see this RFI process as an opportunity to scope which of West Virginia's specific measures can be added to this baseline reporting set, and we would welcome that discussion as part of any future procurement.

3.2.2 Can your system address these specific outcome measures:

- Follow-up as measured by a claim for SUD services within seven days of discharge
- Follow-up as measured by a claim for SUD services within six months of discharge
- Number of individuals who have verified abstinence from non-prescribed substances
- Number of individuals on medication-assisted treatment
- Social determinants of health (SDOH) tracking/assessment post-discharge Readmission to substance use services within 30 Days without outpatient follow-up
- Number of individuals connected to stable, supported housing (a homeless shelter does not constitute stable housing)
- Number of individuals connected to primary care; one primary care visit within three months of discharge
- Number of individuals connected to employment, education, training programs, or other activities indicative of long-term recovery and independence.
- Number of individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits.
- Number of individuals who received new arrests, law enforcement interactions, or CPS investigations.
- Number of individuals with a discharge transition plan.

Bamboo Health's BIH platform is designed as a flexible, integration-driven data hub, and the platform's ability to address each of the outcome measures below depends on the specific data sources available for an individual in West Virginia's network. Below, we address each measure individually, noting which capabilities BIH currently supports natively, which would require

additional data integration or configuration during implementation, and which would depend on data sources outside of Bamboo's current ingestion scope (such as Medicaid claims data).

Follow-up as measured by a claim for SUD services within seven days of discharge, and within six months of discharge: BIH's longitudinal record and ADT integrations allow the system to detect discharge events from inpatient SUD treatment in real time. To measure follow-up specifically through a claims-based methodology, BIH would need to be configured to ingest Medicaid claims data from BMS or its fiscal agent, which the system is capable of supporting through its existing data integration framework (similar to how SDOH and EHR data are ingested today). Once configured, BIH could match claims for outpatient SUD services against the discharge date in an individual's longitudinal record to populate this measure at both the seven-day and six-month intervals. This would be a build-out specific to West Virginia's implementation rather than an out-of-the-box capability, and we would work with BMS during discovery to determine the most efficient method for claims data exchange.

Number of individuals who have verified abstinence from non-prescribed substances: BIH's Forms and Assessments functionality allows providers to upload and track structured clinical tools within an individual's profile, and could be configured to capture toxicology results or clinician-verified abstinence documentation as a tracked data point. This measure would depend on providers entering or uploading this information into the platform, as BIH does not natively receive toxicology results from an external lab system; however, an integration with a laboratory information system could be explored during implementation if the state has a centralized source for this data.

Number of individuals on medication-assisted treatment (MAT): This measure can be tracked through the Forms and Assessments module and through provider-entered data fields in an individual's profile. If West Virginia has a centralized data source for MAT prescribing or dispensing (such as the state's Prescription Drug Monitoring Program), BIH has demonstrated experience integrating with PDMP data sources in other states and could explore a similar integration here to populate this measure with greater automation and accuracy than manual entry alone.

Social determinants of health (SDOH) tracking/assessment post-discharge: This is a core, supported capability enabled through BIH's integration with SDOH referral partners. BIH captures referrals to community-based organizations and incorporates referral status into the individual's longitudinal record, including the referring organization, reason for referral, and outcome status. By integrating with SDOH coordination platforms, BIH enables the state to track post-discharge SDOH assessments and referrals without directly providing SDOH services. BIH's open, interoperable architecture allows Bamboo Health to bring in a specialized social care coordination partner where West Virginia's existing referral network needs deeper reach, extending this functionality to align with the state's existing community-based referral networks and non-medical drivers of health.

Readmission to substance use services within 30 days without outpatient follow-up: This measure is well-suited to BIH's core design. The Pings/ADT integration would identify readmission events, and if outpatient follow-up referrals are also tracked through OpenBeds or

claims data, BIH could combine these data points to flag cases of readmission without a documented outpatient touchpoint in between, supporting both individual-level alerts and population-level reporting on this measure.

Number of individuals connected to stable, supported housing: This measure would be supported through the SDOH referral integration, if housing referral and placement outcome data (distinguishing supported housing from emergency shelter placement) is available from the state's SDOH referral network or community-based housing partners. BIH's referral tracking is built to capture referral status and outcome, so if the connected SDOH system distinguishes housing placement types, BIH can reflect that distinction in its reporting. Where West Virginia's existing housing referral network doesn't yet capture this level of detail, Bamboo Health can bring in a specialized social care coordination partner to extend the network's reach into supported housing placement tracking. So, this measure is achievable either through the state's current referral network or through this method of extended partner integration.

Number of individuals connected to primary care, including one primary care visit within three months of discharge: Similar to the SUD follow-up measures above, this would require either a claims-based data feed showing primary care visits, or an ADT/EHR integration capturing primary care encounters. BIH's existing ADT integration network primarily focuses on acute and post-acute facilities; extending this to ambulatory primary care visit data would be a configuration item to address during implementation, dependent on data availability from the state or its providers.

Number of individuals connected to employment, education, training programs, or other activities indicative of long-term recovery and independence: This measure can be tracked through the SDOH referral integration, provided employment and education/training programs are included in the connected community-based referral network. BIH's referral and resource directory supports a broad range of social service categories, including employment and education resources relevant to individuals in recovery. BIH's open, interoperable architecture allows Bamboo Health to bring in specialized social care coordination partners where these services aren't available through West Virginia's existing referral network, extending access to workforce development and education resources so the state can support and track this measure.

Number of individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits: This measure would require a data integration with the state's eligibility or benefits system(s), which falls outside Bamboo's current data ingestion scope but is achievable through the same type of secure data exchange used for other third-party integrations. We would need to better understand the state's benefits data infrastructure to scope this integration appropriately during implementation.

Number of individuals who received new arrests, law enforcement interactions, or CPS investigations: BIH's Justice Involved module is a currently supported, live capability that surfaces booking and release events from jail and court systems within an individual's longitudinal record, directly supporting the arrest and law enforcement interaction portion of this measure. CPS investigation data is not currently part of Bamboo's standard integration library, and would require a new data-sharing arrangement with West Virginia's child welfare system to

incorporate; we would welcome the opportunity to scope this further with BMS and the relevant state agency.

Number of individuals with a discharge transition plan: This is supported through BIH's Forms and Assessments functionality, where providers can document and upload discharge transition plans as part of an individual's profile, allowing this measure to be tracked as a binary presence/absence data point, or with more clinical detail if the state desires structured fields for transition plan components.

In summary, several of these measures — SDOH tracking, readmission detection, justice-involved events, and discharge transition plan documentation — are supported by Bamboo's current, live integrations and require minimal additional configuration. Others, particularly those dependent on Medicaid claims data, benefits enrollment systems, or CPS data, would require new data-sharing integrations to be scoped and built in partnership with BMS during the discovery and implementation phases. We view this as a standard part of tailoring BIH to a state's specific reporting needs, and would prioritize discussing data availability and access for these measures early in any implementation planning process with West Virginia.

3.2.3 This product will be implemented at provider level. How have providers discussed using your product, and how is it user friendly?

Bamboo Health developed Bamboo Intelligence Hub using human-centered design techniques, including targeted user discovery interviews with the clinicians, care coordinators, administrators, and direct care staff who would actually be using the platform day-to-day. This included more than 200 stakeholder interviews conducted with frontline clinicians, crisis responders, emergency department staff, justice partners, and community organizations as part of the platform's deployment in Delaware, where Bamboo Health's technology powers the state's DTRN360 network in partnership with the Division of Substance Abuse and Mental Health. This process was informed by Bamboo's broader experience supporting these same user types across more than two decades of work in behavioral health, criminal justice, and healthcare technology, which gave us a strong starting point for understanding the workflow pressures and time constraints SUD providers operate under.

When care information is scattered across systems that don't talk to each other, the risk isn't just wasted staff time; it's a missed warning sign, a duplicated prescription, or a follow-up that never happens because no one knew it was needed. For individuals moving between crisis services, hospitals, and treatment providers, that gap can be the difference between timely intervention and a preventable crisis. In practice, providers have consistently validated that BIH brings together all the information a care coordinator needs in one place; improving efficiency and enabling better care delivery for the individuals they serve. Because BIH surfaces an individual's full longitudinal history, including prior inpatient events, referrals, and crisis contacts, in a single profile, providers have discussed the platform as reducing the time spent piecing together an individual's care history before being able to act on it. This is particularly relevant for SUD providers managing caseloads where individuals may have touched multiple parts of the care system, such as an emergency department visit, a crisis contact, and a prior treatment referral, before ever reaching a given provider's caseload. Providers have also discussed the platform's notification functionality as directly supporting their outreach workflows, since real-time alerts

about events such as an individual's admission, discharge, or no-show for a referral allow care coordinators to act promptly rather than discovering these events after the fact through manual chart review or delayed reporting.

Providers have also described the in-platform forms and assessments functionality as a meaningful improvement to their documentation workflow, since commonly used clinical tools, such as the PHQ-9, GAD-7, AUDIT, or PRAPARE, can be uploaded and tracked within the same individual profile rather than maintained in separate paper or siloed electronic records. For SUD providers specifically, this consolidation supports more consistent tracking of an individual's progress over time, since assessment history is visible alongside the individual's broader care events rather than requiring a separate retrieval process.

From a user-friendliness standpoint, BIH was deliberately built to minimize the learning curve and ongoing cognitive burden on providers, recognizing that SUD provider staff are often balancing direct care responsibilities with documentation and care coordination tasks. The platform's interface is organized to allow users to access critical behavioral health data and take action, such as initiating a referral or documenting a crisis contact, without needing to navigate to a separate system or re-enter information already captured elsewhere. This design intent directly addresses staff burnout, a concern Bamboo takes seriously given how prevalent it is across the behavioral health workforce; by reducing duplicate data entry and consolidating information into a single, intuitive view, the platform is intended to give providers more time for direct engagement with individuals in their care rather than administrative overhead.

Bamboo also supports user-friendliness through ongoing training and enablement rather than treating onboarding as a one-time event. New users receive comprehensive training through webinars, video tutorials, and a train-the-trainer program, supplemented by training materials that are kept current and made available through Bamboo's online training portal. Interactive, scenario-based training modules are used to build user competency in a practical, applied way rather than relying solely on static documentation, and custom training sessions are provided alongside major system updates or new feature rollouts so that providers are not left to independently figure out new functionality. This combination of intuitive design and sustained training support is intended to ensure that user-friendliness is not just a feature of initial onboarding, but a characteristic of the platform throughout the life of the implementation as the system evolves and as new provider staff join the network over time.

Finally, because the platform is informed by an active user base of providers across the country, Bamboo continues to evaluate system performance and incorporate provider feedback into the platform's bi-weekly release cycle. This means provider input on usability is not a one-time design exercise; it is an ongoing input into how the platform evolves, ensuring that user-friendliness keeps pace with the actual workflow needs of SUD providers using the system in West Virginia and elsewhere.

3.2.4 What security measures are in place to protect the confidentiality of the data?

Protecting the confidentiality of individual health information is a foundational requirement for any system handling substance use disorder data, and all of Bamboo’s products, including BIH,

are built and operated to meet the heightened standards this data demands. Our security approach spans regulatory compliance, technical infrastructure safeguards, and ongoing operational practices, each of which is described below.

At the regulatory and compliance level, BIH fully complies with the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and applicable state and federal laws governing the confidentiality of substance use disorder treatment records. The distinction matters specifically for this RFI: 42 CFR Part 2 imposes confidentiality protections on SUD treatment data that are, in several respects, more stringent than HIPAA alone, including more restrictive rules around consent for disclosure. Bamboo's platform is designed with this elevated standard in mind, including consent management functionality within the referral workflow that allows providers to indicate whether consent was obtained and attach relevant consent documentation directly within the referral record, supporting compliant information sharing between providers. Beyond HIPAA and 42 CFR Part 2, we follow the security and privacy standards established under the Health Information Technology for Economic and Clinical Health (HITECH) Act, and we build our security model around the NIST 800-53 framework, which provides a comprehensive, recognized set of controls for protecting information systems handling sensitive data.

From a technical infrastructure standpoint, the platform leverages Amazon Web Services (AWS) for hosting and identity management, following AWS best practices for network isolation, encryption of data both in transit and at rest, and redundant backups. The system uses Amazon Aurora RDS with multi-Availability Zone replication, which provides real-time data redundancy and disaster recovery capability, along with automated failover mechanisms designed to maintain uninterrupted service availability even in the event of an infrastructure disruption. For identity and access management, Bamboo uses AWS Cognito to support Single Sign-On integration, allowing the platform to connect to an agency's or provider network's existing active directory using OpenID Connect (OIDC) or SAML 2.0 protocols. This approach to access control means that authentication can be centrally managed and revoked through the state's or provider's own identity infrastructure, reducing the risk of orphaned accounts or inconsistent password practices across a large provider network, and supporting compliance with access control requirements under HIPAA's Security Rule.

Operationally, Bamboo maintains a structured vulnerability management process that prioritizes remediation based on severity: critical vulnerabilities are resolved within seven days and deployed to production within ten days absent unintended functionality issues, high-severity vulnerabilities are addressed within thirty days, and medium and low-severity vulnerabilities are resolved on a quarterly basis. This tiered approach ensures that the most significant risks to data confidentiality are addressed with urgency, while still maintaining a disciplined, predictable process for lower-priority issues. In addition to Bamboo's internal security practices, we leverage both internal and third-party security assessments to independently evaluate risks to our systems and data, providing an outside check on our controls rather than relying solely on internal review.

We also maintain proactive monitoring of system health and security, including automated alerts for unusual activity, system slowdowns, or potential security threats, allowing our team to

identify and respond to anomalies before they escalate into incidents affecting data confidentiality. Should an incident occur, Bamboo follows defined incident management protocols, including root cause analysis investigations to understand how an issue occurred and prevent recurrence, with post-incident reports made available to affected customers when applicable. This combination of proactive detection and structured response is intended to minimize both the likelihood and the impact of any event that could affect the confidentiality of data within the system.

Finally, confidentiality protection extends to our personnel practices: all Bamboo staff are trained on HIPAA-related policies and procedures as a condition of working with sensitive health information, helping to maintain the integrity and confidentiality of data not just at the technical level, but in how our own team handles and discusses information in the course of supporting the platform. Taken together, these compliance, technical, and operational measures are designed to give West Virginia and its SUD provider network confidence that individual-level data within the system is protected to the standard this sensitive information requires.

3.3 DOCUMENTS BEING SOUGHT

3.3.1 Training materials on how to use the system.

Bamboo Health provides a comprehensive, multi-format training program designed to prepare end users at all levels, from frontline SUD provider staff to administrators, to use BIH effectively from day one and on an ongoing basis as the platform evolves. Rather than relying on a single static manual, our training approach combines several complementary formats and delivery methods to accommodate different learning styles, staff schedules, and levels of platform familiarity.

Initial onboarding for new implementations is supported through a structured training plan tailored to the specific needs of the implementing state or county, developed collaboratively during the implementation process described in Section C of our proposal. As part of this plan, Bamboo's Training Team develops a full suite of materials specific to the configured system, including detailed approach documentation for developing, reviewing, and testing training content before go-live, ensuring that materials reflect the actual configuration and workflows the state's providers will be using rather than a generic, one-size-fits-all guide. This tailored material set is reviewed and signed off on by the state prior to delivery, giving BMS the opportunity to confirm that training content accurately reflects the system as configured for West Virginia's SUD provider network.

Once a training approach is finalized, Bamboo delivers training through several formats. Webinars allow groups of users, such as an entire provider organization's care coordination staff, to be trained together in a live, interactive session where questions can be addressed in real time. Video tutorials provide on-demand, self-paced training that staff can revisit as needed, which is particularly useful for new hires joining a provider organization after the initial go-live training has already occurred. Quick reference guides offer condensed, easily accessible documentation that staff can consult during their daily workflow without needing to search through a longer

manual. In addition, Bamboo offers a "train-the-trainer" program, which equips designated staff within a provider organization or state agency to train their own colleagues going forward, supporting long-term sustainability of training knowledge within the network even as individual platform users change over time.

Beyond these initial materials, Bamboo's training program includes interactive, scenario-based training modules that allow users to practice platform workflows, such as documenting a crisis contact, placing a referral, or completing a forms and assessment entry, in a realistic, applied context rather than through passive instruction alone. This approach is intended to build genuine user competency and confidence before staff are relying on the system in live, time-sensitive situations with individuals in need of care.

All training materials, including recordings of virtual training sessions, electronic source documents, and computer-based learning modules, are provided to the implementing state and made available through Bamboo's online training portal, where they remain accessible to system users for ongoing reference and onboarding of new staff. Training content is also updated regularly to reflect platform changes, and custom training sessions are provided alongside major system updates or new feature rollouts, ensuring that provider staff are not left to independently learn new functionality as the system evolves under Bamboo's bi-weekly release cycle.

As a representative example of our approach to client onboarding, please see the attached *Training Materials.pdf*, developed for the State of Delaware, one of our existing Bamboo Health clients. These materials illustrate the training we provide to referring and receiving organizations on core functionality of our Bamboo Intelligence Hub® platform, including logins, user profiles, roles and permissions, and basic navigation, with a focus on the OpenBeds® module.

WHITE PAPER

Lessons From Delaware: Best Practices for Coordinating Behavioral Healthcare

Creating Wins in Enhanced Service Delivery

Bamboo Health | Behavioral Health Business

Creating Wins in Enhanced Service Delivery

Without proper technology integration, patient care in behavioral health becomes fragmented and uncoordinated. Ad hoc and traditional provider networks often face an uphill battle in determining how to best provide care.

One state moving quickly to remedy these issues is Delaware.

Like most states, Delaware faced significant challenges with referral management across both state agencies and behavioral health community providers. Providers often relied on resources they were familiar with, unaware of the broader network of behavioral health and community services available across the state. When connecting clients to organizations and services, the process was slow, requiring multiple phone calls or faxes waiting for a referral to be accepted.

This lack of insight into available resources and referral status created serious gaps in continuity of care. In a state with the nation's second-highest overdose rate, those gaps carried especially high stakes.

To work through the problem, Delaware's Division of Substance Abuse and Mental Health (DSAMH) partnered with health technology company Bamboo Health to ensure patient care is more accessible and coordinated.

In this white paper, you will learn:

- Best practices for developing and implementing a behavioral health strategy
- Technology's role in improving behavioral health outcomes
- How to get user buy-in when integrating new technology
- Tips for funding a technology platform and integration project

When Delaware Met Bamboo

Inside the game-changing partnership

Although Delaware is small in population size, its mix of urban, suburban and rural communities presents a diverse set of behavioral health challenges. The state also sits at a geographic junction drawing a highly transitory population influenced by neighboring states and major metropolitan areas.

This combination of scale, diversity and mobility makes Delaware an important testing ground for implementing whole-person healthcare models that other states can learn from. In 2018, the state launched the Delaware Treatment and Referral Network (DTRN) and partnered with Bamboo Health to deploy multiple behavioral health solutions to improve access to care and improve outcomes.

"Delaware struggled with limited technology adoption in behavioral health," says Lisa Johnson, Principal of HEALTHe Insights, a leading healthcare consulting firm that worked with the state to design the strategy. "Providers relied on personal networks and paper-based systems. Our focus was to build the foundation for a statewide model that expanded visibility and improved coordination."

Leveraging Bamboo's OpenBeds® solution — which provides real-time patient matching for available treatment resources — DSAMH and Bamboo Health first collaborated on an electronic referral tool rebranded as DTRN eReferral. This system replaced phone and fax processes, provided transparency into referral status and streamlined communication between organizations. By automating what had previously been a slow and uncertain process, the tool significantly improved the timelines of access to care and established the foundation for broader coordination.

Grappling with Delaware's overdose death rate

Delaware's drug overdose mortality rate is annually one of the nation's worst.

In 2023, the last year with public information from the National Centers for Disease Control and Prevention (CDC), Delaware had the third highest drug overdose mortality rate in the country, including Washington, D.C., at 53 overdose deaths per 100,000 people, and trailed only West Virginia among states.

From 2016-2023, the only states in the top 10 for drug overdose mortality rates in every year were West Virginia, Delaware and Kentucky. Since COVID, Delaware's annual average drug overdose mortality rate is one of the highest in the nation at 54.1.

BHB analysis of annual CDC data

Building on the success of this project, the state expanded the vision beyond referrals. Additional functionality was developed to support real-time information sharing and coordinated management of shared clients across the system of care. This progression from a referral solution to a comprehensive coordination platform gave providers visibility into the full care journey and revealed new opportunities for collaboration.

The result is DTRN360, powered by the Bamboo Intelligence Hub™, an integrated care coordination platform for behavioral health. DTRN360 makes it easier for providers to connect individuals with resources, follow patients on their journey and support better outcomes. By giving behavioral health providers a holistic view of their patients' interactions within Delaware's system of care, the platform strengthens decision-making, streamlines coordination and enables care teams to adjust services according to each individual's needs.

DTRN360 started by tracking current DSAMH clients to identify where they were on their care journey. DSAMH utilized existing client rosters to establish for whom they would receive "pings," or real-time patient alerts. This allowed clinicians to have more information on each person served, including outside provider visits, medication and hospital encounters.

"The absence of visibility into partner activities made coordination difficult," Johnson says. "By automating referral processes and adopting shared tools that enabled transparency across organizations, Delaware began building the infrastructure for true care coordination rather than relying on fragmented, paper-based systems."

"Delaware struggled with limited technology adoption in behavioral health. Providers relied on personal networks and paper-based systems. Our focus was to build the foundation for a statewide model that expanded visibility and improved coordination."

Lisa Johnson
Principal of HEALTHe Insights

How DSAMH and Bamboo Health Combat Behavioral Health Challenges

Though the behavioral health industry is rapidly maturing, the sector still faces a number of growing pains.

The challenge is so critical that in 2022, Medicare Payment Advisory Commission (MedPAC) directed multiple government agencies, including the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), to develop joint guidance on how states can promote behavioral health information technology adoption and interoperability.

DTRN360 is a statewide care coordination network designed to help with the transition of care for behavioral health (mental health and substance use disorder). Bamboo Health, the leader in Real-Time Care Intelligence™, connects the dots between physical and behavioral health services during pivotal moments of care, such as emergency department arrivals, pharmacy dispensations, justice-involved events and transitions in care.

The partnership between DSAMH and Bamboo Health has delivered a host of benefits.. **Four major ones are:**

- **Reduced financial constraints.** Limited funding and the absence of financial incentives make long-term investments in health information technology (HIT) challenging.
- **Reduced technical challenges.** Many providers lack experience with electronic health records (EHRs) and have limited access to technical training.
- **Enhanced HIT functionality.** Existing HIT solutions often do not meet the specific needs of behavioral health settings.
- **Reduced workforce constraints.** Providers' increasing workloads can make it difficult to track large caseloads and maintain timely follow-up.

The DTRN360/Bamboo Intelligence Hub

Inside the numbers

Delaware and many other states face significant gaps in existing systems, causing delays in referrals, lack of follow-up visits and care fragmentation. These pitfalls make it hard for providers to communicate and get patients the care they need.

DSAMH's work with Bamboo started with an electronic referral platform. At the time, many Delaware behavioral health providers lacked electronic health records. For some, this was their first exposure to an integrated technology system beyond basic billing software. The absence of a prior infrastructure meant adoption required not only training but also a fundamental shift from paper-based workflows to digital coordination.

"Providers were a little bit fearful and slow to start because technology wasn't something that they worked on in the environment," says Michelle Singletary-Twyman, Division Director of Operations at DSAMH, and executive sponsor for DTRN360/Bamboo Intelligence Hub.

"Once they caught on, the need to fill that gap was apparent, and that adoption just ticked up quickly. We're already approaching 250,000 referrals," she says. "You give someone a little taste of what it could be, and we realized at that point that they started to ask for more support or different help."

For clinicians, implementing the tool was transformative. Prior to implementation, clinicians often struggled to understand the patient's journey. The provider had to piece together information that was often sent by fax or individual clinician written notes and could take a day to receive.

Demonstrated Outcomes

200,000+
behavioral health referrals since 2018

70%
perentage that Delaware closes the loop on referrals

98%
improvement in referral response time for one psych hospital in Delaware

80%
of follow-up referral appointments kept

180+
referring and receiving entities in the state participate in the DTRN referral platform

Bamboo assisted in addressing this issue by enabling real-time information sharing and electronic referrals for clinical referrals and interoperability with referrals for social determinants of health.

"We will go from a paper-pencil faxing system to information at your fingertips," Singletary-Twyman says. "Those were the big challenges that I saw: making sure that the next provider has the information about what's going on with a client so that they are getting a true picture."

"Delaware has done some fantastic things with the training, the deployment and the implementation of the referral network among their behavioral health providers," says Brad Bauer, SVP, Business Development, at Bamboo Health. "They're breaking down silos, providing the actual care and the tools that are needed to bridge those gaps."

The DSAMH/Bamboo partnership is committed to solving challenges together. One example is around care teams. Knowing who else is treating an individual is critical for coordination, yet this information is often fragmented across different organizations and systems.

"Delaware has done some fantastic things with the training, the deployment and the implementation of the referral network among their behavioral health providers. They're breaking down silos, providing the actual care and the tools that are needed to bridge those gaps."

Brad Bauer
SVP, Business Development
Bamboo Health

DSAMH and Bamboo are collaborating to design functionality within DTRN360 that will identify, track and display care team members directly in the client record. This will allow providers to engage with other providers who are involved in a client's care and engage those partners in real time.

This type of ongoing innovation illustrates the depth of the partnership. The platform is not static, but continually shaped by shared priorities to advance care coordination and improve client outcomes.

"Securing ongoing Medicaid participation will be important because it covers such a large share of DTRN clients," Singletary-Twyman says. "At the same time, the initiative depends on piecing together multiple funding streams so that no single population or program is left behind."

Learning from Delaware: 7 Best Practices

Implementing a new system isn't as easy as just flipping a switch. It takes time, along with stakeholder involvement. Here are seven best practices the state of Delaware has gleaned in its work — ones that other states, counties and providers should adopt when implementing a new care coordination system.

1. Push past the status quo

Care providers are often risk-averse. Considering the stakes, that makes complete sense. But in behavioral health, waiting for change to occur is not an option. States and local governments must be willing to move forward even when the path is uncharted; they can do that with good partnerships, thoughtfulness and inclusive planning.

"This has never really been done before, so a partner cannot be so risk-averse that we're paralyzed by the standards and the restrictions that go along with the standards," Singletary-Twyman says.

7 Best Practices from Delaware

1. Push past the status quo
2. Create an ambassador program
3. Deliver on-the-ground resources
4. Build a data-sharing environment
5. Build a data-protecting environment
6. Choose your partners carefully
7. Involve IT early

2. Create an ambassador program

States and counties entering these partnerships may have challenges with how to bring all stakeholders together. Providers are excited, even though many still have not embedded the technology into their daily workflows.

Bringing clinicians and other end users into the implementation process early is critical, helping leadership support their workforce and pinpoint gaps in knowledge. One of the ways to do both is to mobilize early adopters as part of an ambassador program. That is what DSAMH did. The results followed.

"I think it has taken the early adopters to the next level," Singletary-Twyman says. "They've given us feedback since they began the process that has generated new questions for us."

The Funding Question

Implementing a new care coordination system requires significant and sustained investment. DSAMH has used a variety of funding sources to enable the project, including block grants and State Opioid Response funding, rather than state appropriations, according to Singletary-Twyamn.

This approach has allowed the initiative to move forward. It also highlights the importance of aligning multiple funding streams to ensure long-term stability.

Future funding sources include Medicaid, Advanced Planning Documents (APDs) and targeted federal programs such as Behavioral Health Technology Grants (BHIT). Medicaid represents one of the largest groups served through DTRN, but is not the only population supported. Because of that, states must continually identify new sources of funding.

3. Deliver on-the-ground resources

Implementing a new system requires more than technology. It requires an investment in dedicated resources to ensure success. It's essential to have a trusted lead who understands both the strategy and the day-to-day realities of provider adoption to anticipate barriers, adapt workflows and provide technical assistance or the ongoing support of the program.

"The process can be very difficult," Johnson says. "People sometimes think they will get the tool and it will roll itself out, or they'll lean very hard on the vendor. In reality, organizations need experienced leadership to bridge strategy, operations and technology. That's the only way initiatives like this succeed.

4. Build a data-sharing environment

In order for information to be shared, stakeholders must have similar sharing abilities. That's not always the case.

"This landscape can be a bit fragmented, meaning some stakeholders have EHRs while others don't," Bauer says. "How do you bring forward a consistent standard and powerful solution from a technology standpoint? That's the challenge."

With an interconnected data-sharing environment and support from third-party technology vendors, stakeholders can better align processes and work towards desired outcomes, including better care coordination, reduction of workforce burnout and administrative burdens, while improving individual outcomes.

5. Build a data-protecting environment

To create the success metrics and access the information they need, providers must be able to coordinate their data. Yet data sharing brings risk. Title 42 of the Code of Federal Regulations, or "42 CFR," regulates healthcare data confidentiality. It weighs heavily on providers' minds, as it should.

"Part of the challenge with behavioral health is the standard for data protection in 42 CFR, and I feel like providers might find this standard paralyzing when it comes to data sharing, because of the way it has been drilled into our minds that you can't share certain types of data without all these additional protections," Singletary-Twyman says. "I think people have been fearful of this platform."

One key to overcoming these fears, she notes, is in the partners they choose.

6. Choose your partners carefully

Choosing the right partner can help states, counties and providers push past their regulatory concerns.

"I think having partners who are innovative and not paralyzed by the regulations and risks have helped us find success," Singletary-Twyman says.

The cultural fit matters too. It's key to bring your partners to the table and consider if goals and attitudes are aligned. Think through the logistics and visions with potential partners. Having these discussions early on could help avoid conflict after the contract is signed.

> **"I think having partners who are innovative and not paralyzed by the regulations and risks have helped us find success."**
>
> **Michelle Singletary-Twyman**
> Division Director of Operations at Delaware Division of Substance Abuse and Mental Health (DSAMH)

7. Involve IT early

Providers know there are a lot of technicalities when it comes to implementing a new digital plan. It's essential to have a solid IT department on your side.

"Make sure you involve the IT portion of your state agency early so that they understand what the mission is, because all of the restrictions around IT can be a hindrance if you don't have them early," Singletary-Twyman says.

Moving Forward Into a New World of Behavioral Health Outcomes

Implementing a system like DTRN360 takes buy-in from various stakeholders. To gain consensus, it is essential to advocate for increased funding, access targeted technical and service assistance and leverage solutions that are tailored to meet the specific needs of persons served.

This ultimately means better patient care and a smoother referral pathway for providers.

"This platform will really help the people who are trying to help those clients because we'll see where they are," Singletary-Twyman says. She even jokes that as a former psych nurse, she will "pull a shift somewhere just to see it in action."

"It will mean so much to the people who are working with these clients to have this information right at the front door," she says. "It really will."

This white paper is sponsored by Bamboo Health. To learn more about improving behavioral health outcomes, visit:

Transforming Behavioral Health in Delaware - Bamboo Health

Bamboo Health

Bamboo Health

DTRN 360 Powered by BAMBOO HEALTH

Delaware Treatment & Referral Network 360 (DTRN360) User Guide

Version 4

Revised January 20th, 2026

Introduction

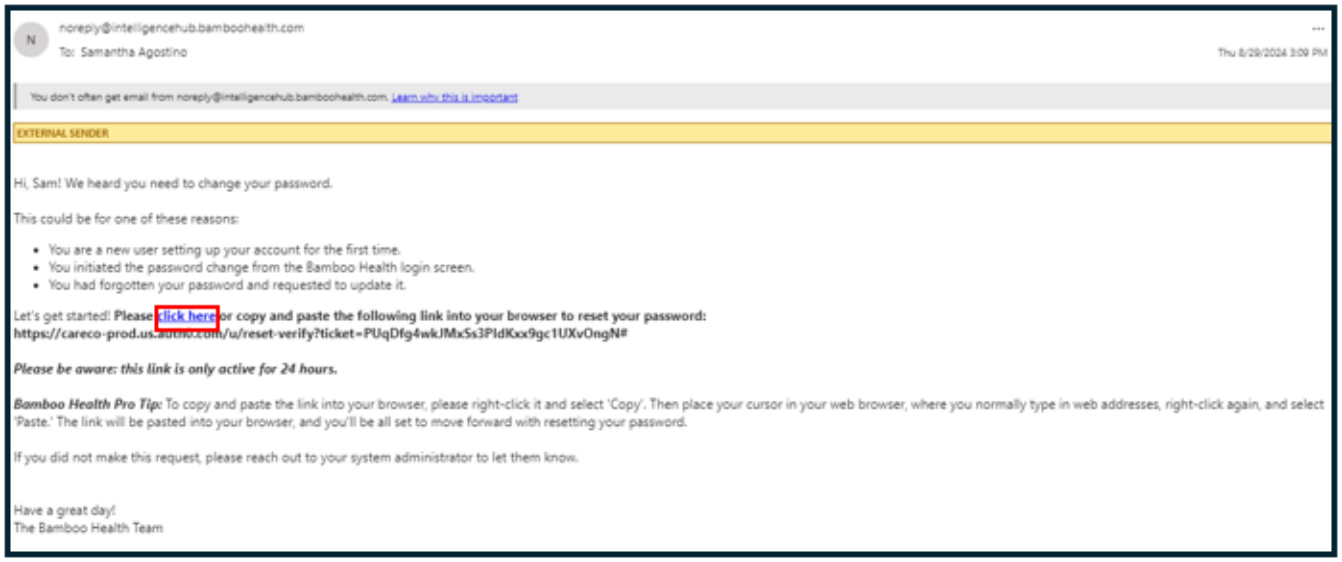
This user guide provides additional detail on the features and functionality of DTRN360 ('the Platform') and augments training materials. It serves as an on-demand reference for all authorized users of the Platform to:

1. Assign and manage assigned clients.
2. View, enter, and edit client events.
3. Subscribe to and manage notifications.
4. Create and manage users within the platform (Administrators only).
5. Conduct data analysis (Analysts only).
6. Train new staff on DTRN360 usage (Ambassadors).

Table of Contents

Activate Your Account

After your Administrator creates your account, you will receive an email from 'noreply@intelligencehub.bamboohealth.com' with the subject line: 'Let's update your Bamboo Health password'. See example below.



noreply@intelligencehub.bamboohealth.com
To: Samantha Agostino
Thu 8/29/2024 3:09 PM

You don't often get email from noreply@intelligencehub.bamboohealth.com. Learn why this is important

EXTERNAL SENDER

Hi, Sam! We heard you need to change your password.

This could be for one of these reasons:

- You are a new user setting up your account for the first time.
- You initiated the password change from the Bamboo Health login screen.
- You had forgotten your password and requested to update it.

Let's get started! **Please click here or copy and paste the following link into your browser to reset your password:**
https://careco-prod.us.auth0.com/u/reset-verify?ticket=PUqDfg4wkJMxSs3PIdKxx9gc1UXvOngN#

Please be aware: this link is only active for 24 hours.

Bamboo Health Pro Tip: To copy and paste the link into your browser, please right-click it and select 'Copy'. Then place your cursor in your web browser, where you normally type in web addresses, right-click again, and select 'Paste.' The link will be pasted into your browser, and you'll be all set to move forward with resetting your password.

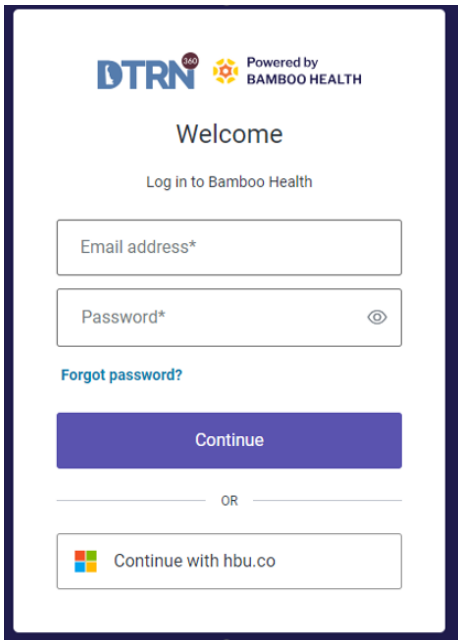
If you did not make this request, please reach out to your system administrator to let them know.

Have a great day!
The Bamboo Health Team

Click on the link and follow the instructions to finalize account activation. Those steps are outlined in this guide in the Log In, Password Reset and Multi-factor Authentication sections that follow. **Note**: The link is only active for 24 hours.

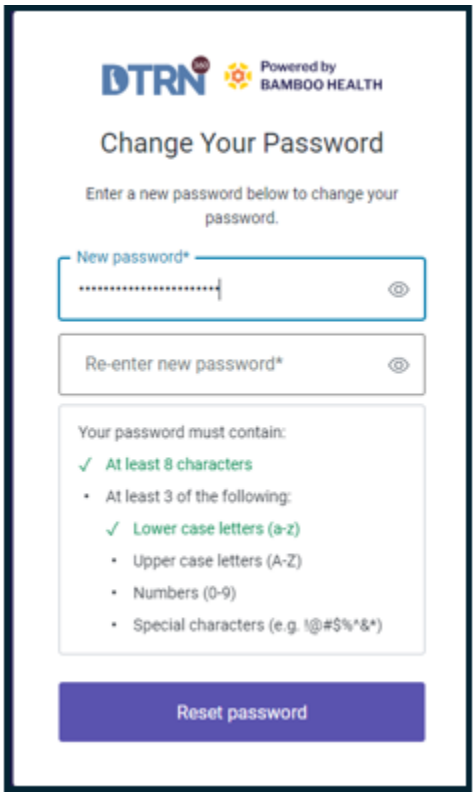
Log In

Use the link emailed to you for your initial login. **Note**: For subsequent logins, navigate to the URL: https://intelligencehub.bamboohealth.com , enter your email address, and click 'Continue".



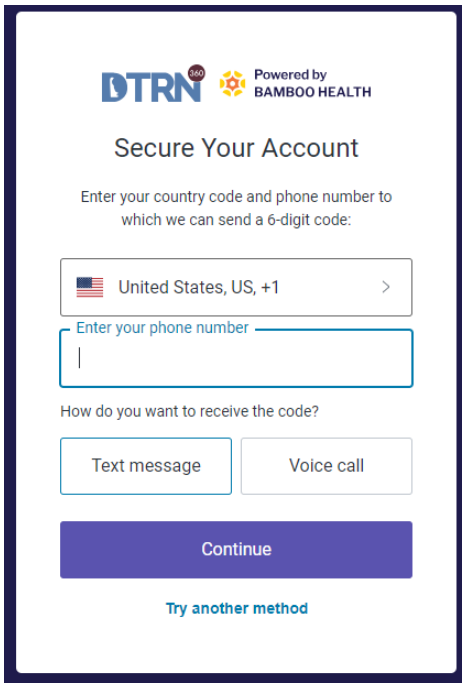
Password Reset

At initial login, you will be prompted to change your password. As you enter your new password, the password requirements will turn green once each is met.

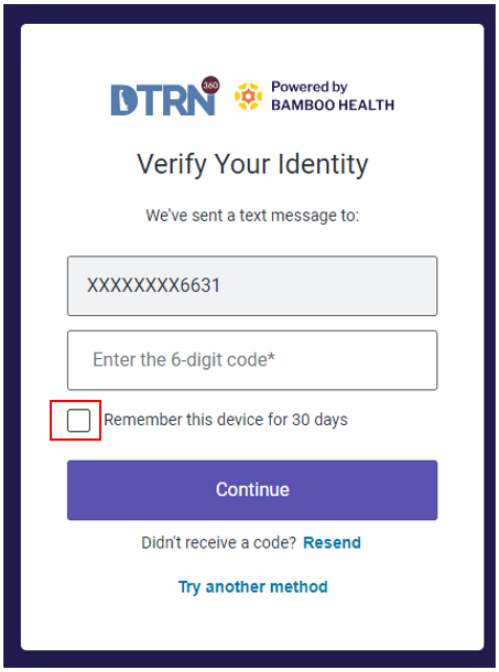


Multi-factor Authentication

As a Platform user, you are required to use multi-factor authentication (MFA) to secure your account. At initial log-in, you will be prompted to enter your phone number and select how you want a 6-digit code to be sent to you. You can choose to receive the MFA code via text message or phone call. The phone call can be to a cell phone or a landline at your place of work. **Note:** You must enter the same phone number your administrator used to establish your account.

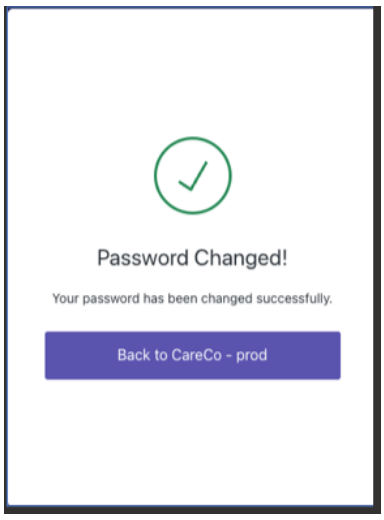


Enter the code where prompted, check the box to remember your device for 30 days if desired, then click 'Continue'. **Note:** You will be required to use MFA each time you log on with a different device.

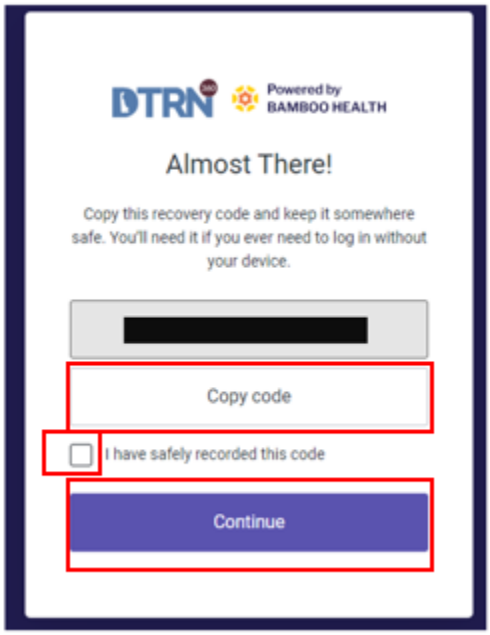


If you elect not to check the box, you will be required to verify your identity at each login on the same device. If you elect to check the box, you'll have to reverify your identity every 30 days.

Once you complete MFA, you will receive confirmation that your password has been successfully changed. Click the 'Back to CareCo-prod' button to complete the final step.

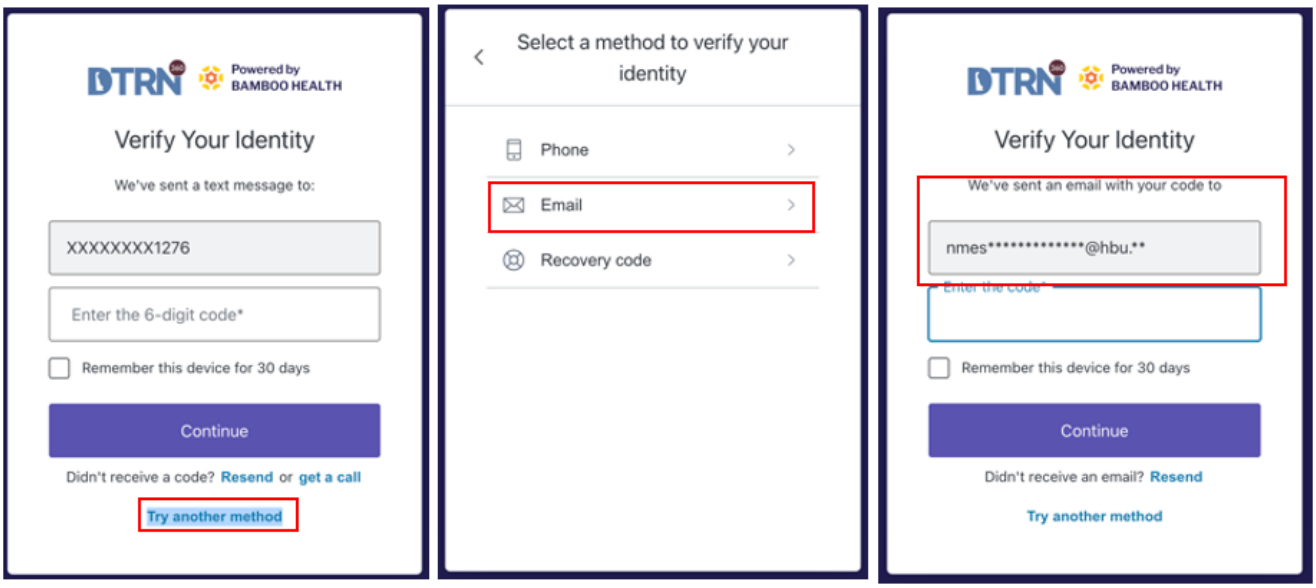


You will receive a recovery code. Click the link to copy this code and put it in a secure place for retrieval if you ever need to log onto the Platform without your device. Check the box confirming you recorded this code and click 'Continue' to begin working in DTRN360.



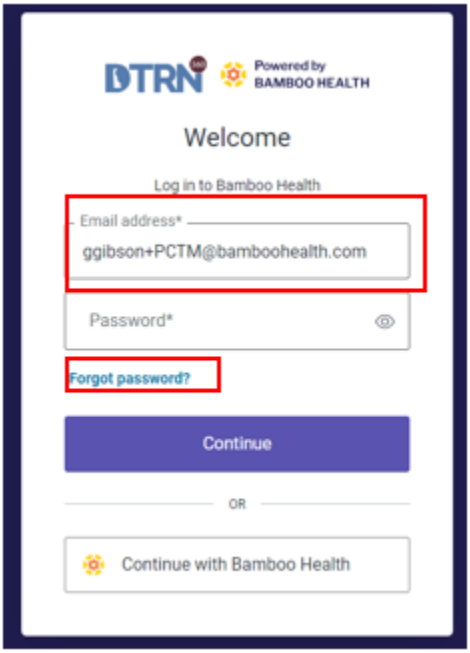
Subsequent Logins

For subsequent logins (after your initial authentication), you will see a 'Try another method' link. Click on this link to see all available options. You now have the option of selecting phone call, phone text message, or email. If you select email, the MFA code will be emailed to you. **Note**: Email is only an option <u>after</u> you complete your initial log in via phone call or text message.



Forgotten Password

In the event you forget your password, simply enter the email address associated with your profile and click the 'Forgot Password?' link. Follow the instructions to establish a new one. **Note:** You must have an established DTRN360 account for this functionality to work.



Account Deactivation

Your account(s) will be automatically disabled when:

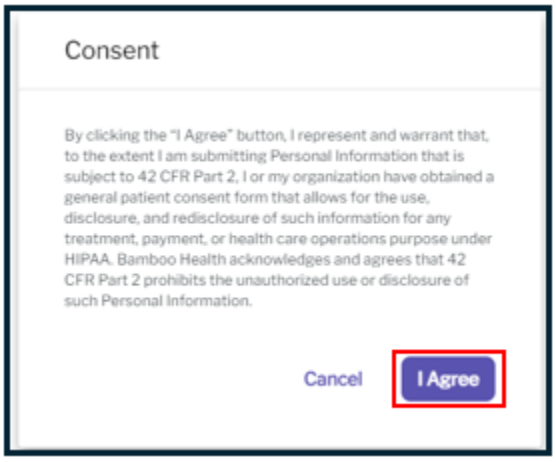
1. You had a prior login, but your last login was over 90 calendar days ago.
2. You never logged in and your account was created over 90 calendar days ago.

A login is defined as the day, month, and year you signed into the Platform. This does not include interactions with email or SMS notifications that do not involve actually signing into the Platform.

Consent Attestation

Upon initial login, you are required to attest your understanding that the data entered into the Platform is done so with the client's permission by affirming the Consent attestation. You are responsible for actually securing and documenting client consent before sharing any information on the Platform. This Consent attestation is the same for

all users. You will be prompted to agree to the Consent attestation every 90 days to ensure that all data being entered into the Platform is legally obtained and shared.



To gain access to the Platform, click 'I Agree" to activate your account. Your Administrator will see the following notice in your user profile.

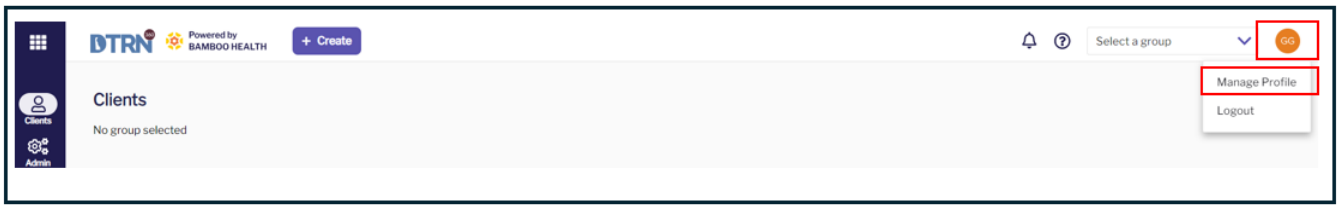
An audit trail with your name, date and time of the attestation, and the version of the attestation language will generate each time you attest.

If you click, 'Cancel', you will be denied access to the Platform and be redirected to the login page. Your account will be locked, and your Administrator will see the following notice in your user profile:

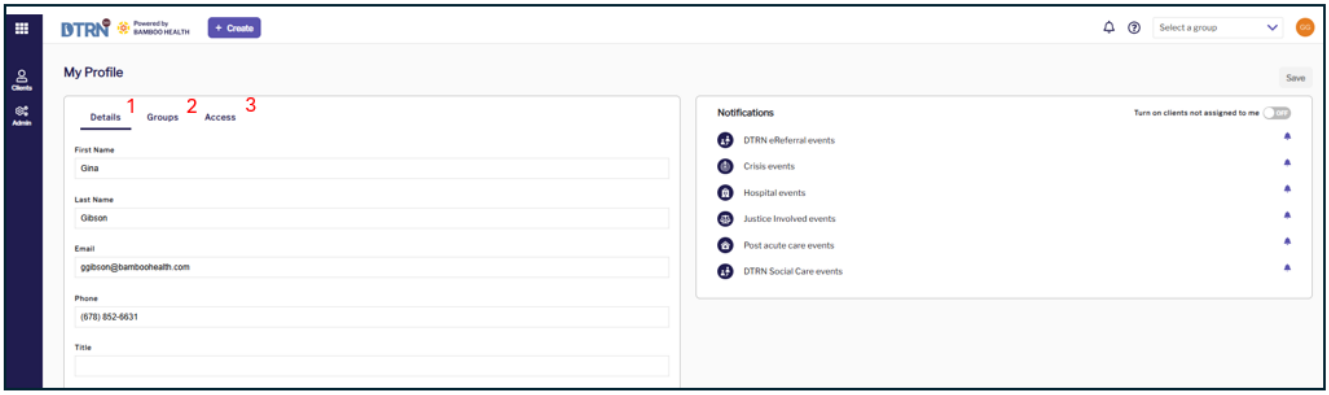
User Profile

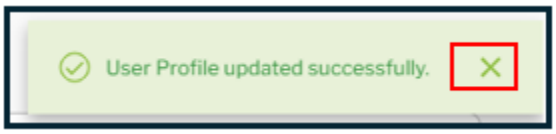
View/Edit User Profile

Once logged in, click on your initials in the upper right-hand corner and select 'Manage Profile'.



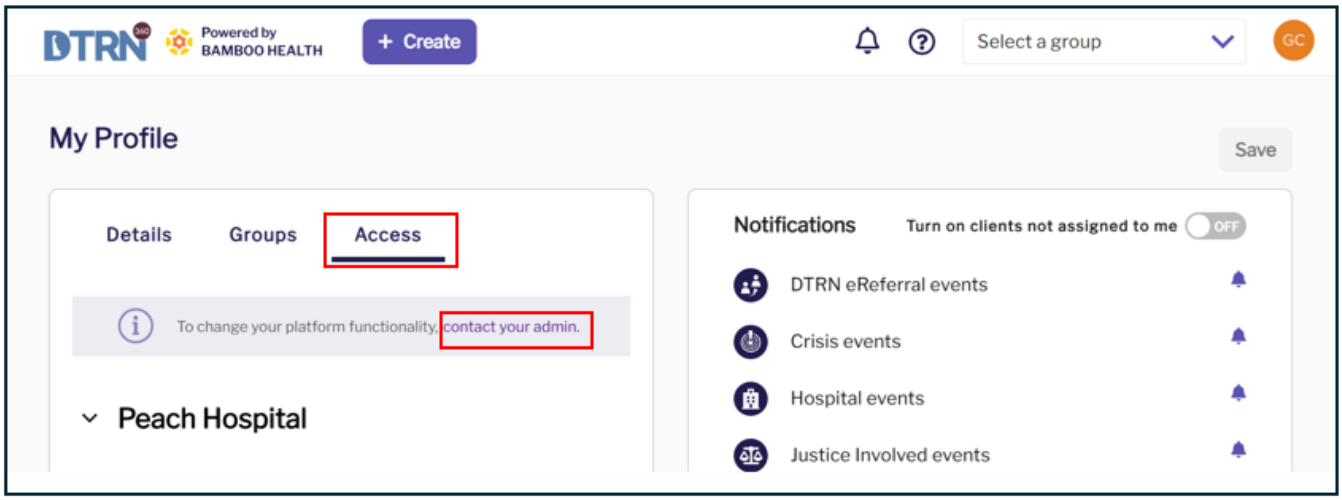
You will land by default on the 'Details' tab (1) where you can view and/or edit the demographic details associated with your user profile as well as the notifications you have set up. The demographics details include: first name, last name, email, title, and phone number. Once a change is saved, a 'User Profile updated successfully' confirmation message pops up, and the change is effective immediately. Click the 'X' on the pop-up message to close it. **Note:** A cell phone number is required to receive notifications via SMS.





Select the 'Groups' tab (2) to see the groups you are assigned to and select the 'Access' tab (3) to see the permissions you have for each assigned group. Refer to the User Roles/Permissions section for additional information.

Contact your Administrator if you think you should have access to data which is not currently visible to you. If your profile shows you have access, but you can't see that data, email the DSAMH Informatics team at dsamhcares360@delaware.gov. **Note**: You can click the 'Contact your admin' link to see the role, name, and email address for each administrator/super administrator supporting each group you belong to.



User Roles/Permissions

Your Administrator will assign you to one or more groups as applicable. Each group will be associated with an organization.

Your Administrator will also assign you a Data Role and a Feature Role for each group which makes up your user permission/access rights. These roles determine the data you are allowed to see and the actions you are allowed to perform within the Platform. Each role has corresponding access levels. Users assigned to multiple groups can have a different Data Role and Feature Role assigned for each group based on the associated organization.

Data and Feature Roles

The Data Role defines the type of information you are legally able to view and create within the Platform. The Feature Role defines the functionalities you can view and/or interact with. You will have a Data Role plus a Feature Role assigned for each group you are attached to. Data Roles and Feature Roles can be assigned in any combination

except for Analyst. The Analyst Data Role can only be combined with the Analyst Feature Role.

Note: DTRN360 roles are not the same as your job title nor your DTRN role. Also, you may not be authorized to access all data and/or take all actions listed.

The types of Data Roles, associated permissions, and actions are:

Data Role	Permission	Action
Provider	Can access all data types	• Create and edit manual admission, discharge, and transfer (ADT) events • Create and take action on DTRN eReferrals and DTRN Social Care referrals • Create and take action on Crisis events • View client PDMP data • View client Justice Involved (JI) events
Care Coordinator	Can see all data types except the PDMP	• View ADT events • Create and take action on DTRN eReferrals, DTRN Social Care referrals, and DTRN Rideshare referrals • Create and take action on Crisis events • View client JI events
Nurse	Can see all data types except the PDMP	• Create and edit manual ADT events • Create and take action on DTRN eReferrals, DTRN Social Care referrals, and DTRN Rideshare referrals • Create and take action on Crisis events • View client JI events
Analyst	Can see all data types	• View ADT events

		• View DTRN eReferrals and DTRN Social Care referrals • View Crisis events • View PMP data • View JI events

The types of Feature Roles, associated permissions, and actions are:

Feature Role	Permission	Action
Analyst	Can see what others do in the Platform but can't take any action in the Platform	• View, filter, and search client list. • View forms • View users and associated access • View notifications
Care Team Member	Can coordinate care for assigned clients	• View, filter, and search client list. Assign self to client's care team • View client profile. Edit, update status, and delete active events • View, complete, add new, and upload forms (including CRFs) • Subscribe to, view, and take action on notifications
Supervisor	Can assign tasks to and approve tasks for self and team	• View, filter, and search client list. Assign self and/or team members to client's care team • View client profile. Edit, update status. and delete active events • View, complete, add new, and upload forms (Including CRFs) • Add new users, delete/modify existing users • Subscribe to, view, and take action on notifications
Admin	Can create and manage users and take action on notifications	• View and search client list • View client profile and events • View, search, and upload forms • Add new users, delete/modify existing users

		• Subscribe to, view, and take action on notifications

Note: All Feature Roles allow users to view their own user profile and enter/edit details; as well as view their system access and identify/email the applicable Admin for assistance.

Features that each user can access (Feature Role) will be populated with the data that the user is legally allowed to see (Data Role).

Access Levels

Each Data and Feature Role has uniquely assigned access levels applicable across the Platform. Access levels are pre-established and cannot be changed by Administrators or users.

Access levels by Data Role are:

Data Type	What does the permission do?	Super Admin	Provider	Care Coordinator	Analyst	Nurse
ADT	Users with read can see ADT events in the client profile User with Write can do Read + Create and delete admission events within their group.	Write	Write	Read	Read	Write
OpenBeds Referrals	Users with read can see Referrals events in the client profile Users with SSO can do Read + SSO into the Openbeds Application	SSO	SSO	SSO	Read	SSO
OpenBeds Crisis	Users with read can see Crisis events in the client profile	SSO	SSO	SSO	Read	SSO

	Users with SSO can do Read + SSO into the Openbeds Application					
PDMP	User with Read can see PDMP data in BIH once their user profile has the accurate additional setup	Read	Read	No	Read	No
Justice Involved	Users with read can see JI events in the client profile	Read	Read	Read	Read	Read
SDOH Referrals (Third-party integration)	Users with read can see SDOH events in the client profile Users with SSO can do Read + SSO into the FindHelp Application	SSO	SSO	SSO	Read	SSO
RoundTrip *This is a user level permission now	Users with SSO can into the RoundTrip Application from the "My Apps" tile in the BIH Platform.	N/A	N/A	N/A	N/A	N/A

No – you do not have permission to view this data type so it will not be available to you on the Platform.

Read – you have legal permission to view this data in the Platform so the selected data will populate the Platform features as defined in the Feature Role.

SSO – you can single sign on into the named application to take further action related to this data type. You will be prompted to link your account upon first login.

Write – you can add new data entries directly in the Platform and edit the entries you created.

Access levels by Feature Role are:

Feature Role	Admin	Supervisor	Analyst	Care Team Member
Client list	View	Act	View	Act
Client profile	View	View	View	View
Forms	View	Manage	View	Act
User management	Manage	Manage	View	No
Notifications	Act	Act	View	Act

No – you do not have permission to view this feature so it will not be available to you on the Platform.

View – you can view the feature and the data that populates the feature; however, you can't use any of the actionable parts of the feature as defined by your Data Role.

Act – you can read and complete actions for the applicable feature.

Manage – you have permissions with additional functionality by virtue of your management role.

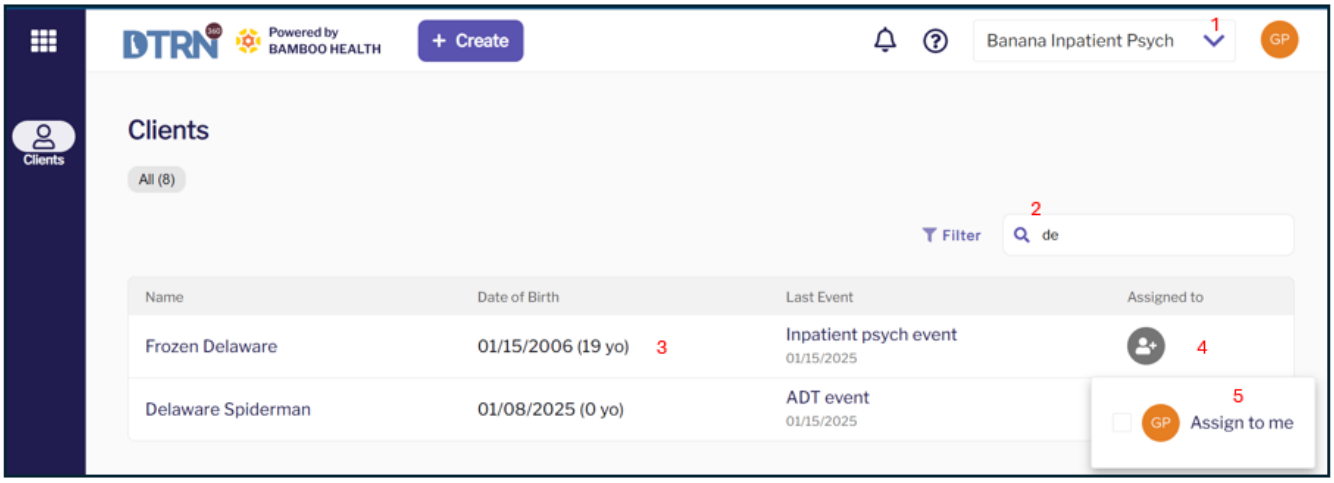
Refer to the User Profile section for additional information on your specific access. Contact your Administrator if you have any questions.

Getting Started

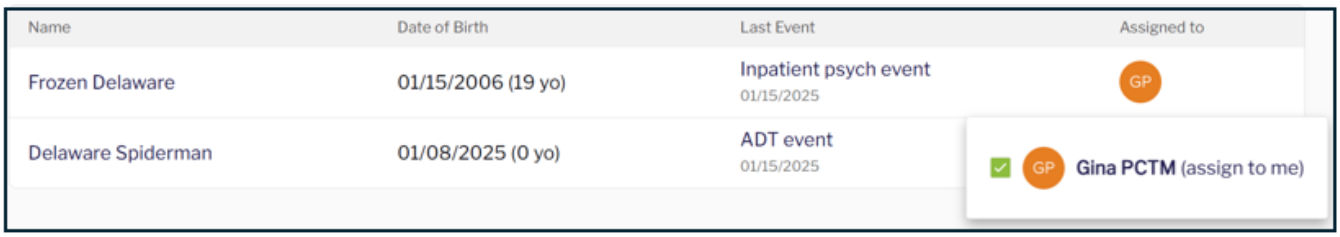
Your menu default is the 'Clients' page. If you are assigned to only one group, your group name will auto-populate. If you are assigned to multiple groups, select the desired group from the drop-down menu to get started. You can switch between groups by selecting each one individually from this menu. The client roster will populate accordingly.

Assign a Client

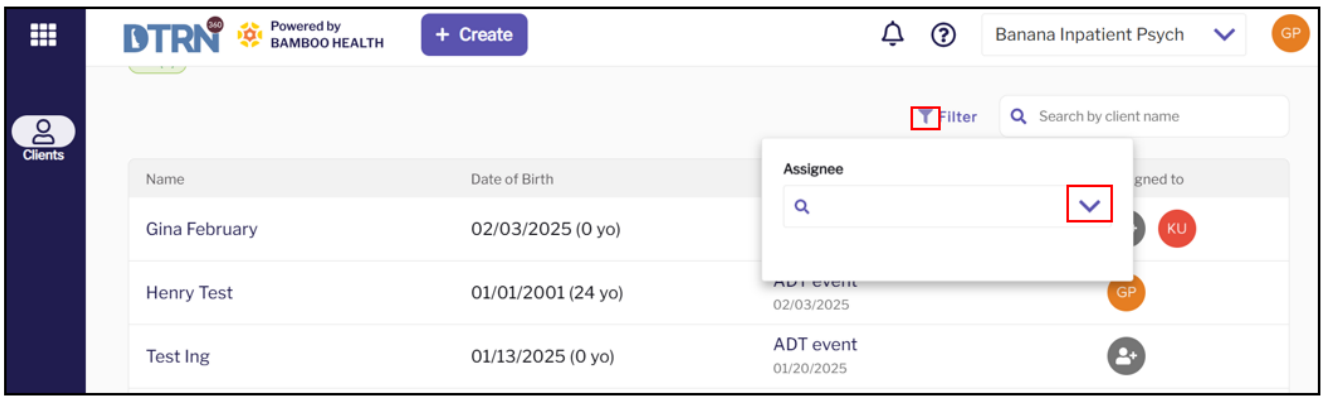
Based on access level, you can view a list of your group's clients and quickly assign those you are responsible for to yourself. If you have access to multiple groups, be sure to select the appropriate one from the drop-down menu (1) before proceeding. Only one group's list is visible at a time. Searching by client name (2) allows you to narrow the list to those matching the information you input. **Note:** You do not have to enter the full name to narrow the list. In the example below, the client's name is Frozen Delaware. Entering 'de' was sufficient to return the results sought. Select the one you need based on the client's name, date of birth, and age (3) and click the person icon (4) in the 'Assigned to' column to display the 'Assign to me' box (5).



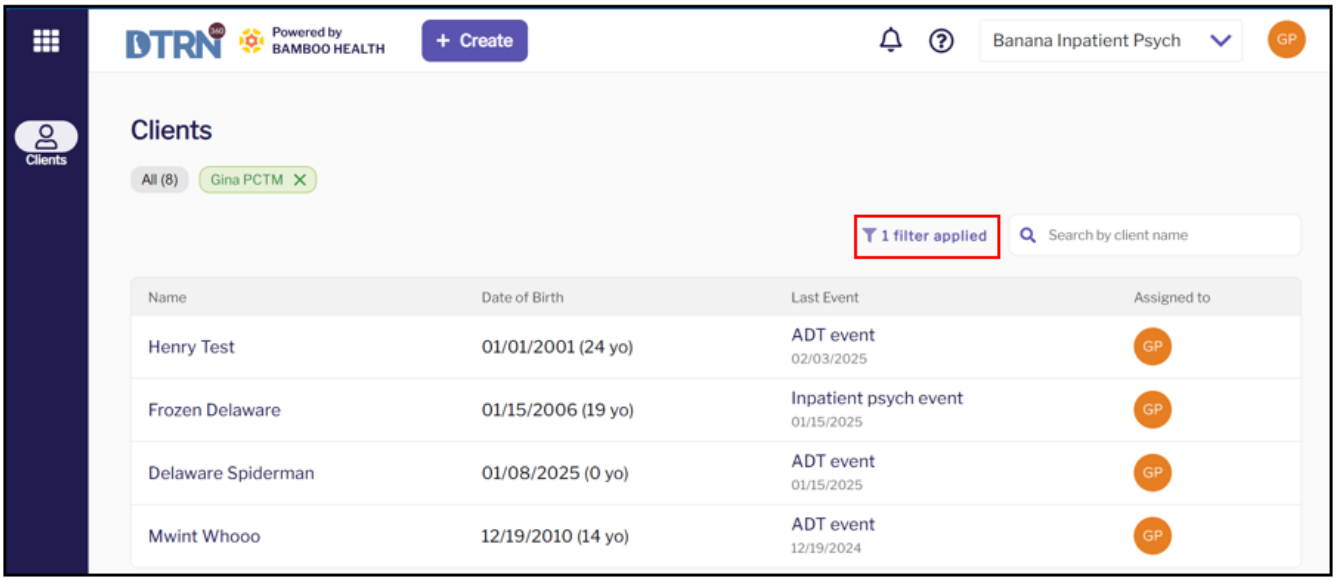
Click the 'Assign to me' box. The box will display a green check mark, and your initials will appear in the circle in the 'Assigned to' column for the chosen client in the same color as your user profile initials. **Note:** Clients remain unassigned until claimed by one or more users within the group or assigned by group users with the 'Supervisor' feature role.



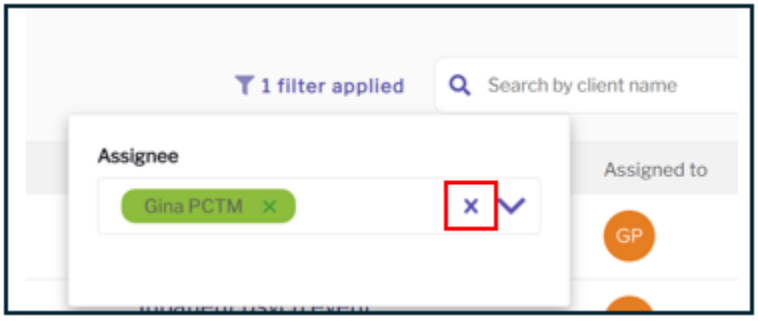
You can quickly filter your group's client list to see only those assigned to you by clicking the filter funnel and selecting your name from the 'Assignee' drop-down menu.



The filter is applied and now only clients assigned to you are visible.



Clear the filter by clicking on the 'filter applied' and then clicking the 'x' beside the drop-down menu to return to your group's full client list.



If your assigned group is an admitting facility or crisis group (e.g., home health agency, hospital, skilled nursing facility), you have a dynamic client roster which changes based

on admissions and discharges. You will only be able to see authorized encounter data for rostered clients for 120 days post admit and 90 days post discharge. All other groups have a static roster. You will be able to see authorized encounter information as long as the client remains on the group's static roster.

Client Profile

To view your client's information, filter the list and click on the applicable client's name. The profile displayed provides a person-centric view of this client's care and the care team's work supporting the client. You can access any one of three pages of information: Summary, Forms, and PMP depending upon your roles and access levels. You will auto default to the Summary page.

Summary

The summary page contains the client's demographic information and care history (client events) as outlined below.

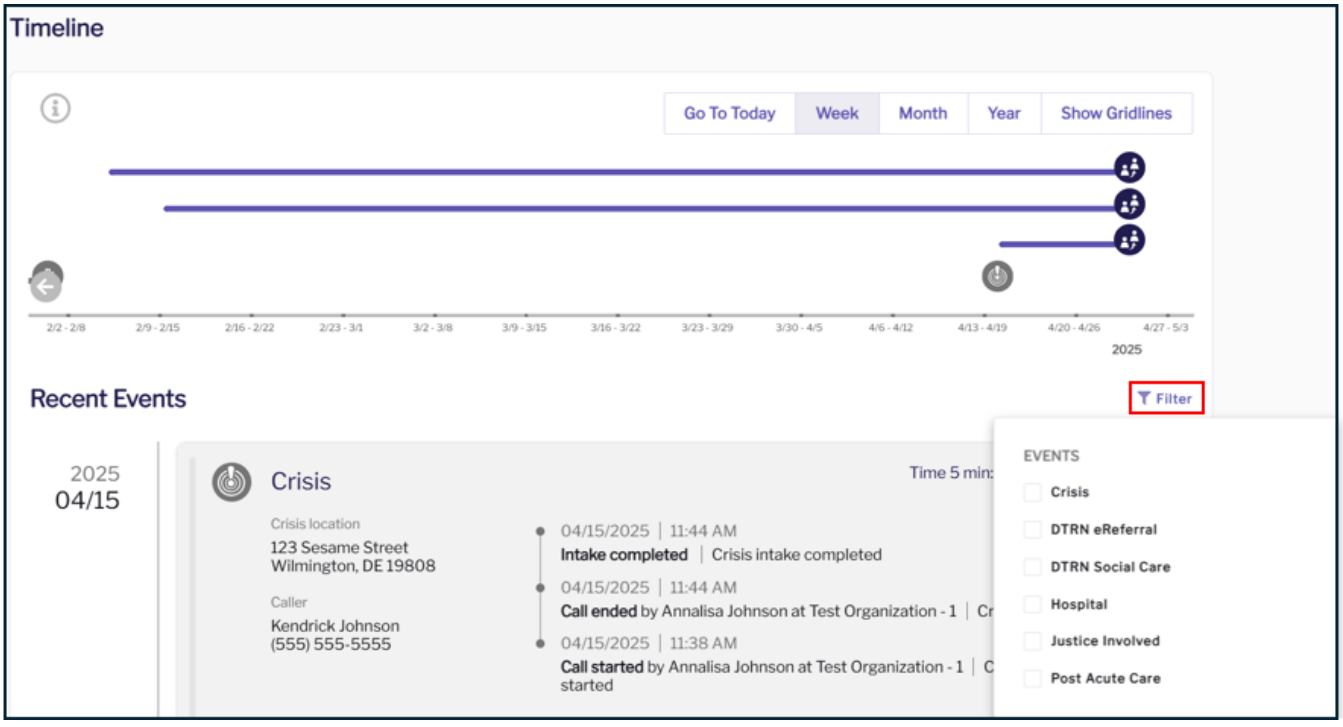
Client Demographics

The client demographic ribbon contains data about who the client is and how to contact them based on the data entered to add the individual to your group's client list. Historical phone and insurance information over the past year is available when you expand the view. The demographic information remains visible regardless of where you navigate throughout the client's profile.

Client Events

Each event has an associated icon as shown below. Icons for active/ongoing events will be in color while icons for closed events will be grayed out. Your access for each event type is governed by your Data Role.

For clients with multiple event types, you can filter the 'Recent Events' by one or more encounter types by clicking the filter icon and selecting the desired event(s).



DTRN eReferral Event

DTRN eReferral events are referrals completed through the DTRN closed loop referral system and reflected as events in DTRN360. These referral events allow you to track

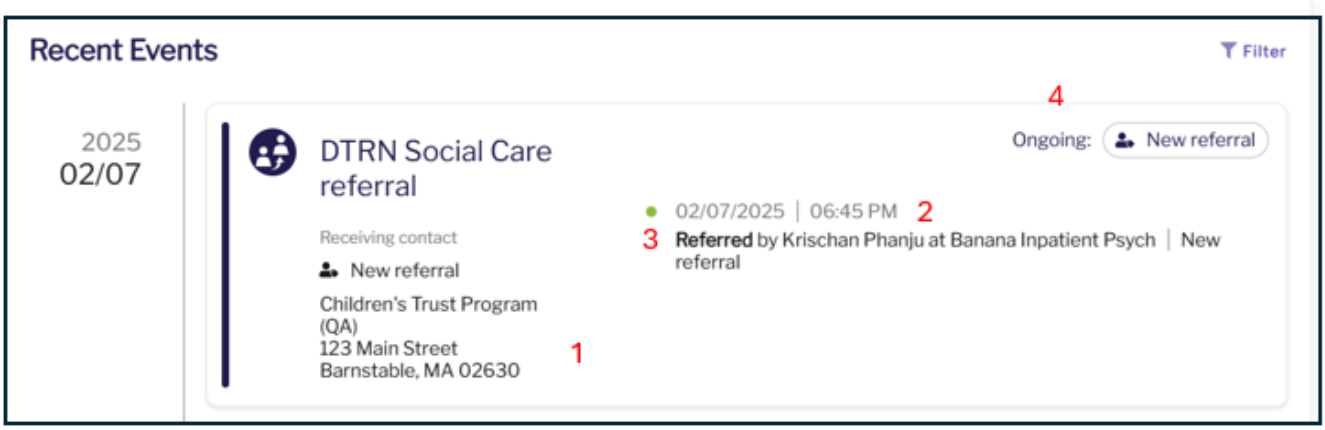
the status of DTRN referrals via the client's profile. These events are either open and ongoing or closed with no further action required.

DTRN eReferral events will reflect the following information, if provided.

1. Name, address, phone number, and service type of the receiving facility/facilities
2. Date and time/timeline of the referral request
3. Username and group of referring entity
4. Most recent status of the referral
5. Client's insurance *(not shown)*

DTRN Social Care Event

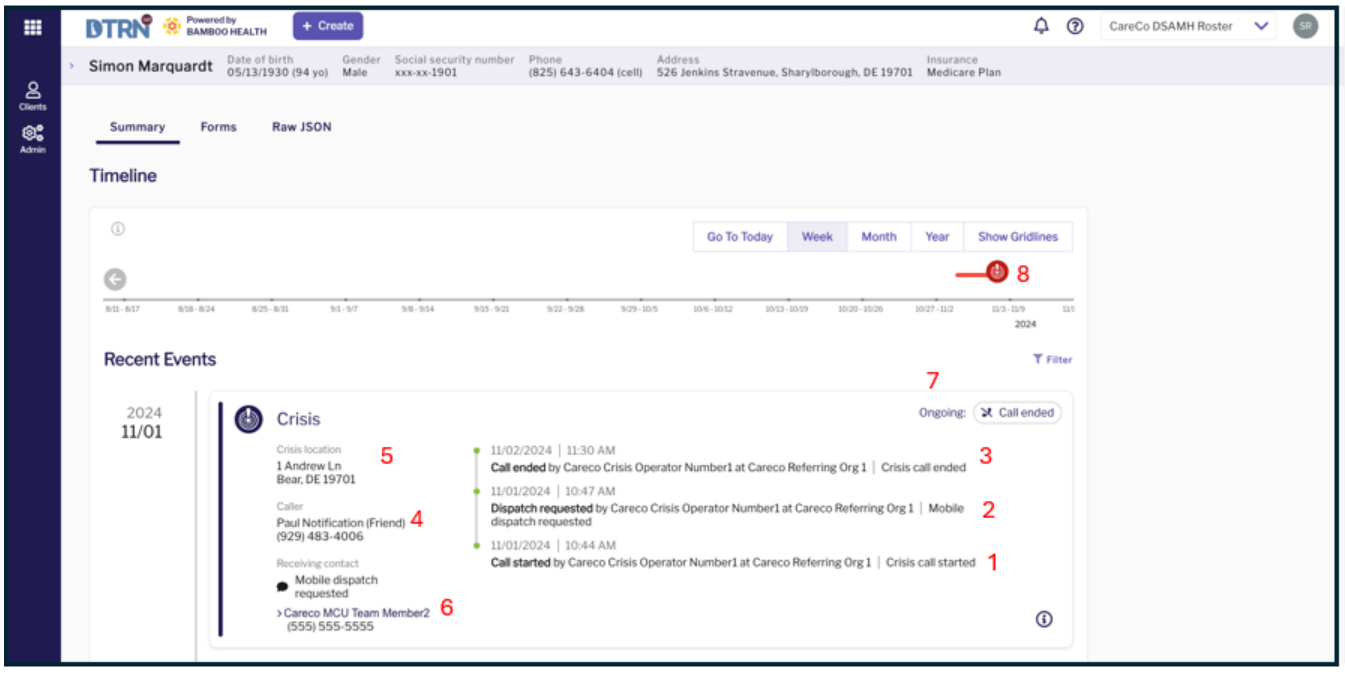
DTRN Social Care events are referrals made to the SDOH vendor Findhelp within the DTRN360 platform. These events will reflect the following information in the client's profile if that data is provided.



1. Name, address, phone number and service type of the receiving facility
2. Date and time/timeline of the referral request
3. Username and group of the referring entity
4. Most recent status of the referral

Crisis Event

Crisis events inform you whether your client outreached a contact center resulting in an intake and/or a mobile crisis dispatch and the status of that outreach as documented in the DTRN crisis module. For clarity, the use of call/caller will encompass any method an individual outreached the contact center including text and chat. Crisis events will reflect the following information if applicable and provided.



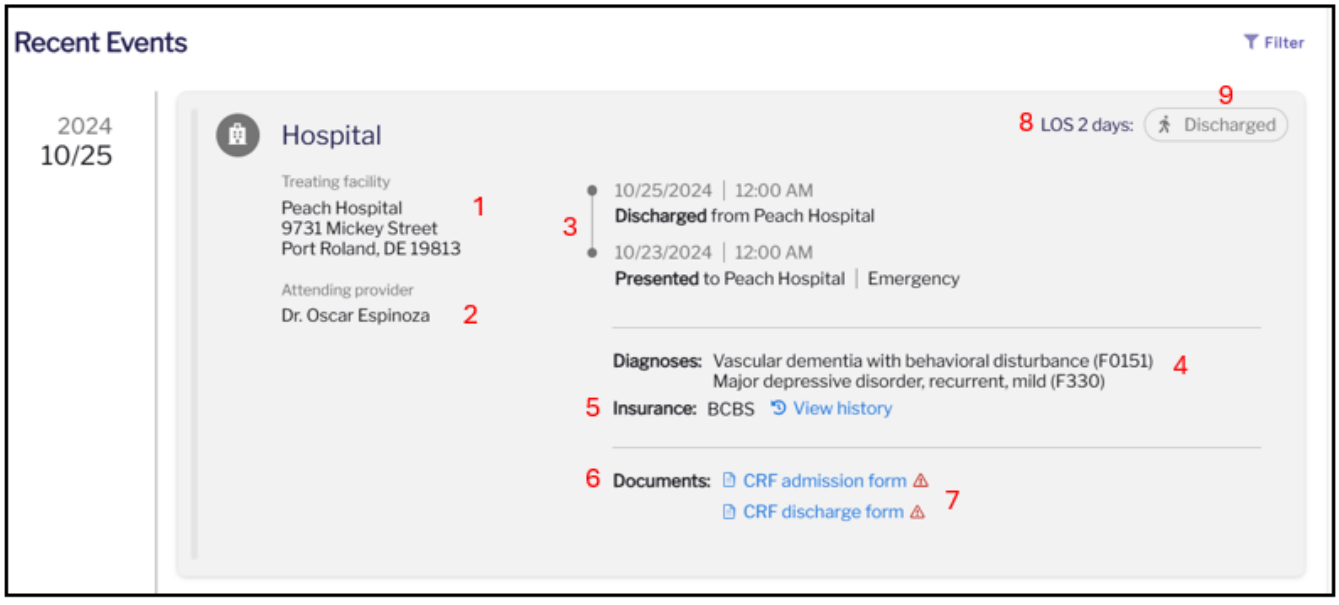
1. Start date and time of call, username, and group name starting the call
2. Disposition of call
3. End date and time of call, username, and group name ending the call
4. Name, phone number, and caller's relationship to person in crisis
5. Address where individual is in crisis*
6. Username and phone number of mobile crisis responder(s) dispatched*
7. Most recent dispatch status*
8. Date and timeline of the dispatch's status*
9. Reason for the crisis *(not shown)*

*For mobile crisis dispatches only

Note: The minimum required fields for matching a client and their crisis event are: first name, last name, date of birth, and gender. Each additional data element helps strengthen the match probability.

Hospital Event

When a client presents at an Emergency Department, is admitted as a patient in the hospital, is discharged from the hospital, and/or is transferred to another facility, that information is captured and displayed as a hospital encounter event on the client's profile. Hospital events will reflect the following information if provided.



1. Name and address of the facility where the encounter occurred
2. Name, email, and phone number for the attending provider
3. Date and time/timeline of the encounter

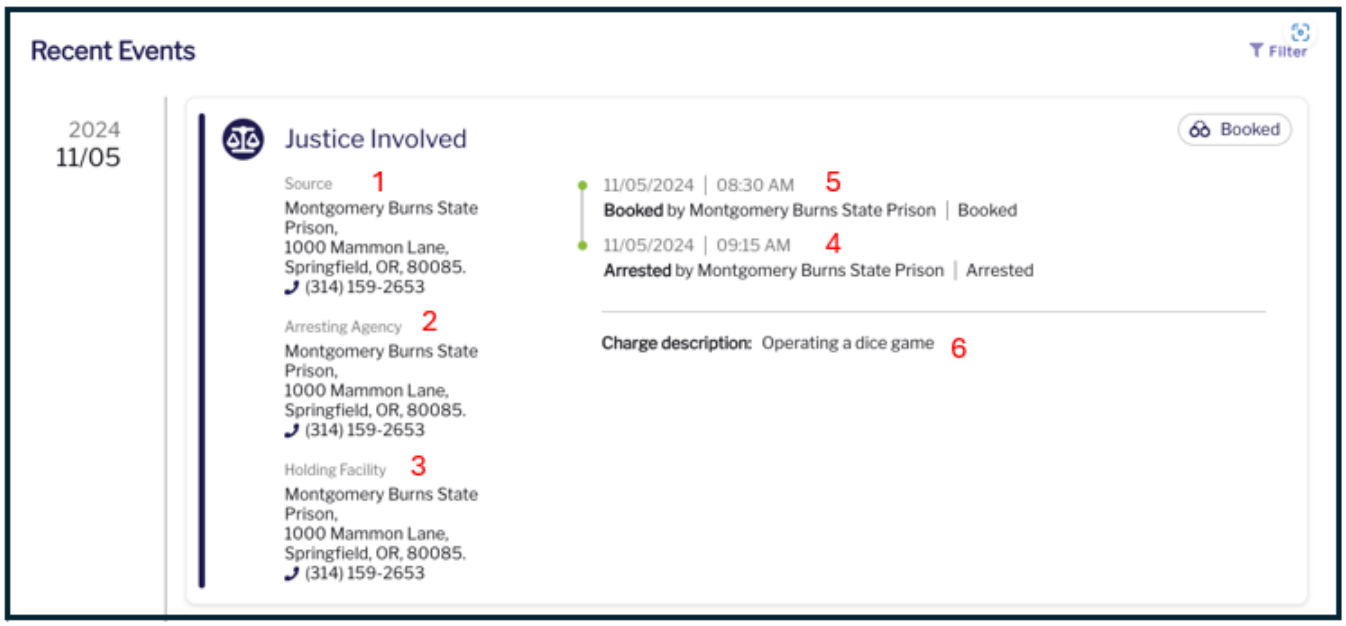
4. Primary, secondary, and tertiary diagnosis codes
5. Client's insurance
6. Documents
7. CRF Alerts (Refer to the Consumer Reporting Form section for additional details)
8. Length of stay
9. Most recent status

Justice Involved Event

If you have access to Justice Involved (JI) information, you will receive available data regarding JI booking and release events for all applicable clients submitted on your group's JI Events Roster. Probation data is not included in this information. If provided at the time of the event, the following information will be available.

Booking Details	Charge Details
• Arresting agency • Offense date • Arrest date • Booking date • Release date • Scheduled release date • Sentence expiry date • Sex offender indicator • Weekender indicator • Release reason • Released indicator • Days incarcerated	• Charge code • Charge description

Below is sample data available for arrest and booking.



1. Name, address, and phone number of reporting agency
2. Name, address, and phone number of arresting agency
3. Name, address, and phone number of holding facility
4. Arrest date, time, and arresting agency
5. Booking date, time, and booking agency
6. Description of charge

JI data will show in three locations on the Platform:

1. Client Profile – Booking and Release data will display in the Summary view of the client's timeline. Data will be available for 90 days. After 90 days, this data will no longer be visible on the Platform.
2. Notifications – If subscribed to, JI notifications will show in Platform, via email, and/or via SMS based on your preference. No PHI is included in these notifications. Refer to the Notifications section for additional information.
3. In Platform Notifications –Click on the bell icon in the upper right-hand corner of the page by the group name. To view additional information, click on the client's name for the relevant JI event. Refer to the Notifications section for additional information.

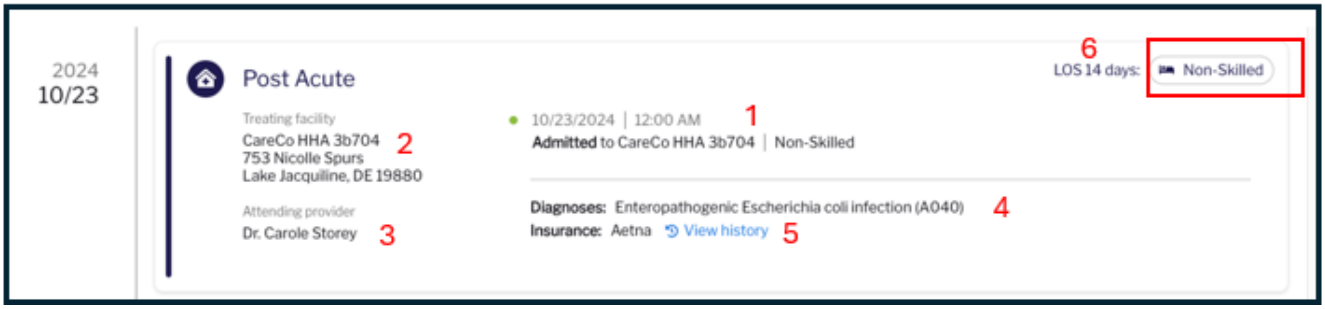
Although individual client JI data is purged after 90 days, aggregate JI data is still available for reporting purposes.

Post Acute Care Event

If authorized, you can track the type and status of post-acute events involving your clients. The types of post-acute events tracked are:

Adult Day Health	Long-Term Acute Care
Assisted Living	Palliative
Continuing Care Retirement Communities	Rehab Hospital
Home Health Agency	Skilled Nursing Facility
Hospice	Urgent Care

Post-acute events will have the following information if provided.

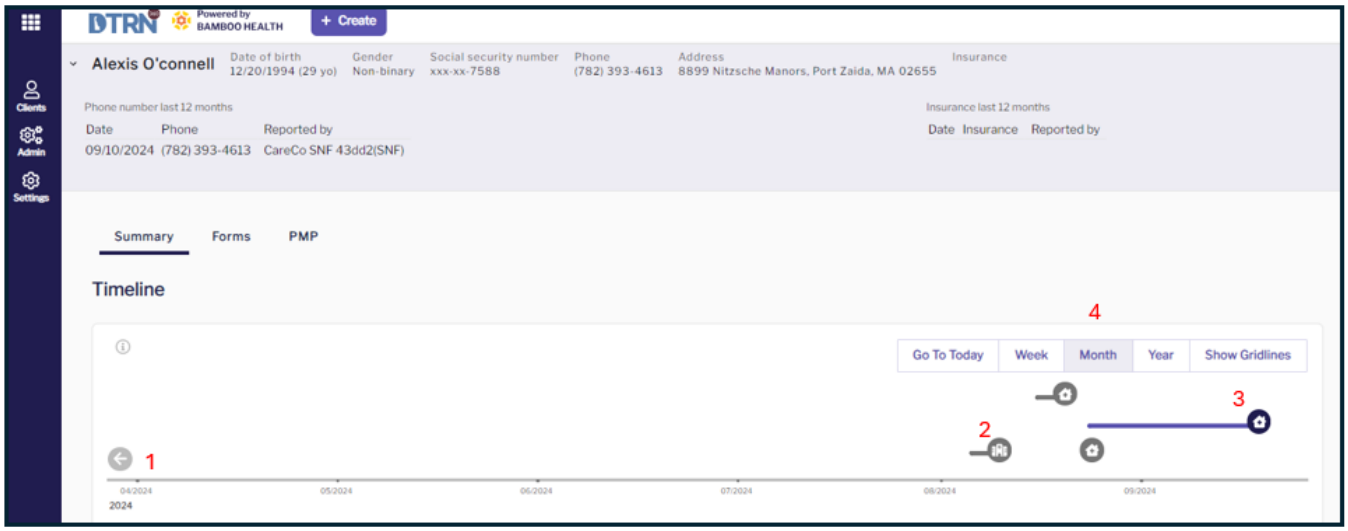


1. Date, time and facility type where encounter occurred
2. Name and address of facility where the encounter occurred
3. Name, email, and phone number of the attending provider for the encounter
4. Primary, secondary, and tertiary diagnosis codes with option to expand to see 15 more
5. Client's insurance
6. Length of stay

The service type the client was admitted to at the post-acute facility is displayed to the right of the LOS. **Note**: Facilities can have multiple service types.

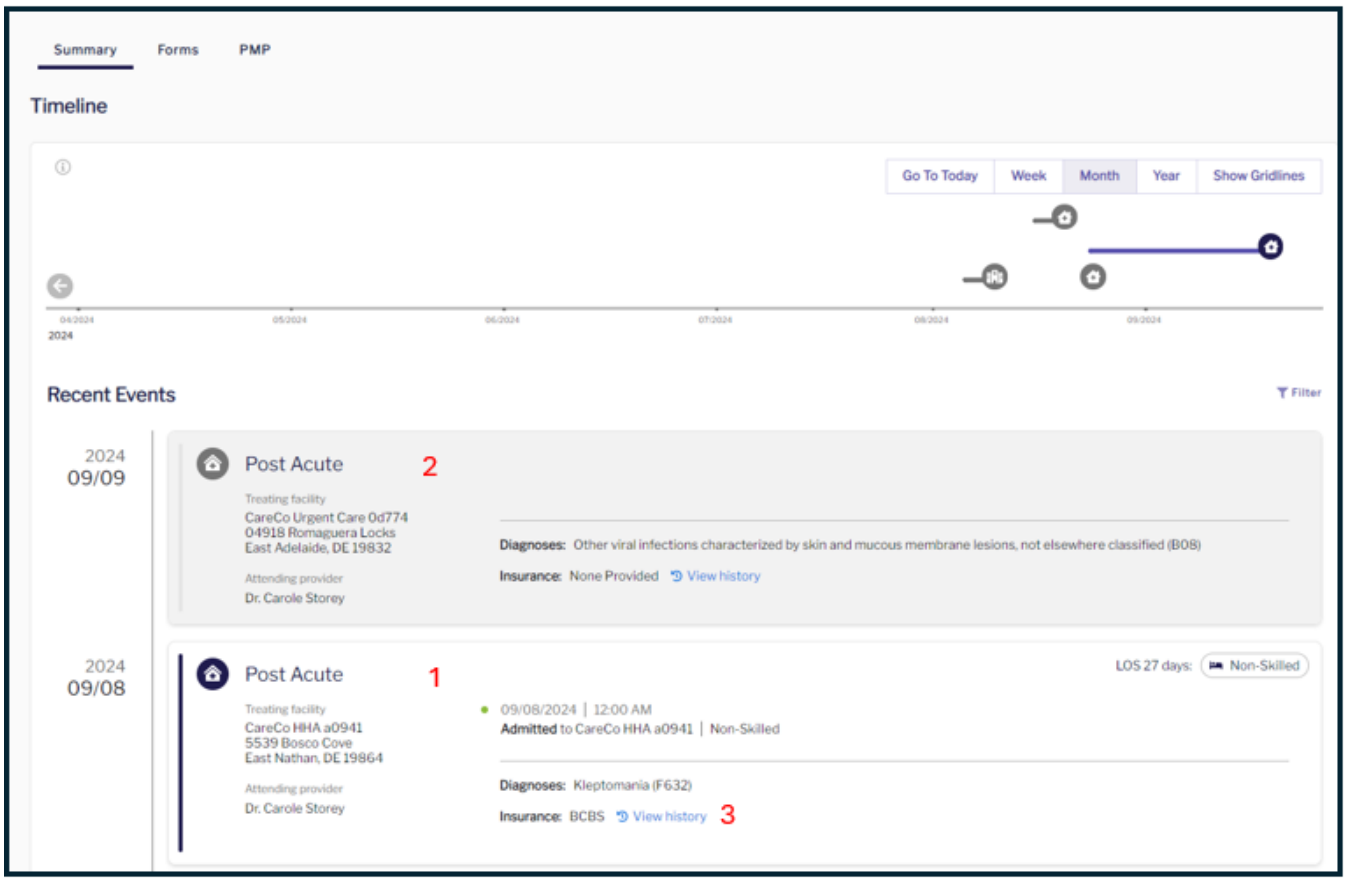
Client Event Timelines

The Client Timeline is a scrollable horizontal view of the client's encounters by week for the current year and ages as you scroll left (1).



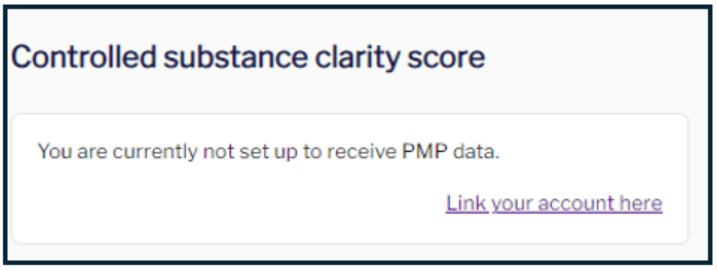
Prior year encounters are collapsed and can be accessed one year at a time. Encounter icons display at the end of the encounter timeline. If an encounter is closed, the timeline and icon will show as gray (2). If an encounter is open, you will see the icon and timeline in blue (3). Hovering over the encounter icon shows the type and duration of the encounter. Select the encounter timeframe you are interested in (4) to show or hide applicable encounter information.

The Events Summary provides a vertical timeline of the client's encounters in chronological order with the most recent event on top.



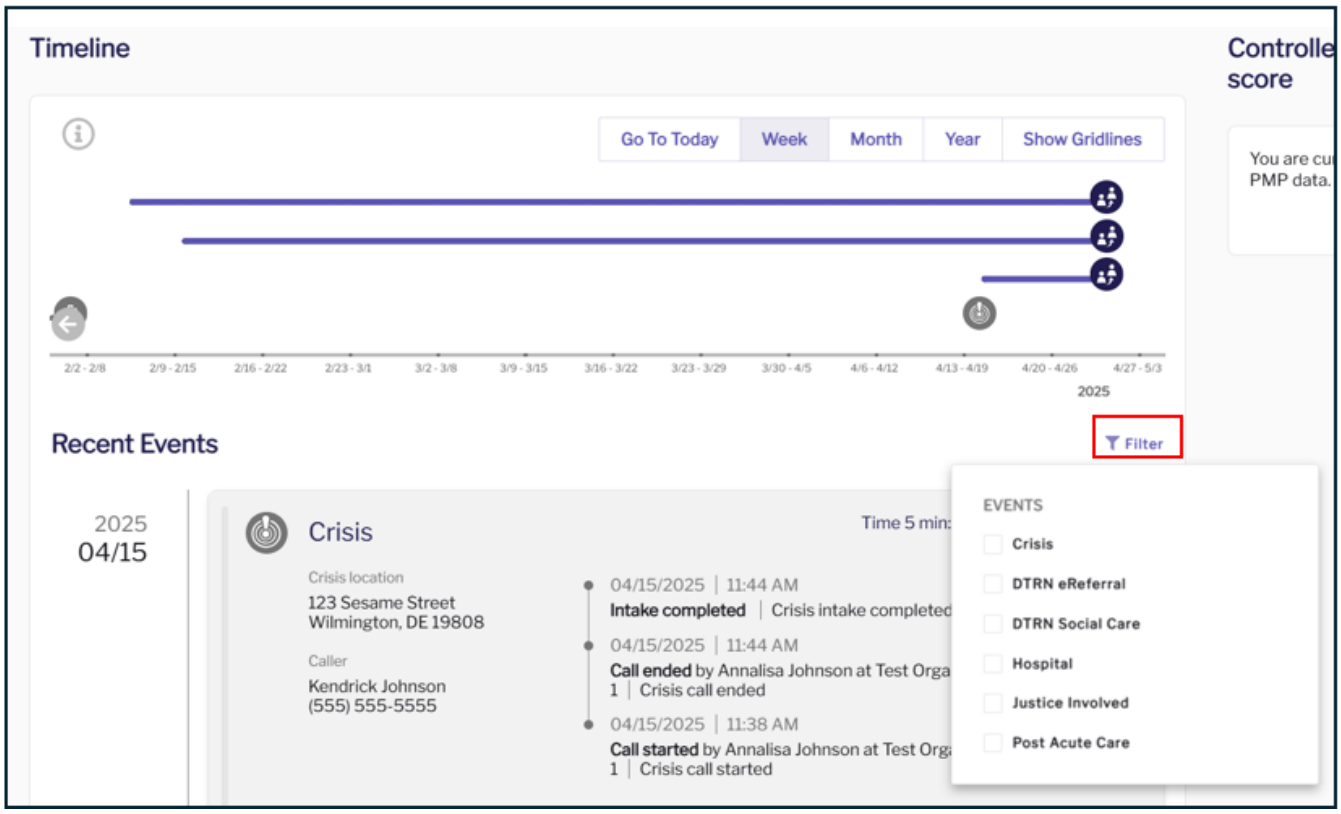
Open encounters are shown as white cards (1), closed encounters are shown as gray cards (2).You can expand the client's demographic information to see the insurance history by clicking the 'View history' link (3). You can jump to the details on the Events Summary by clicking the applicable icon on the Client Timeline. Refer to the Events section for additional information.

If you are an authorized PMP user you will also see the client's Controlled Substance Clarity Score with a link to the full PMP report to the right of the Timeline section. All other users will see the notice below. **Note**: Individual PMP events are not included in the timeline.

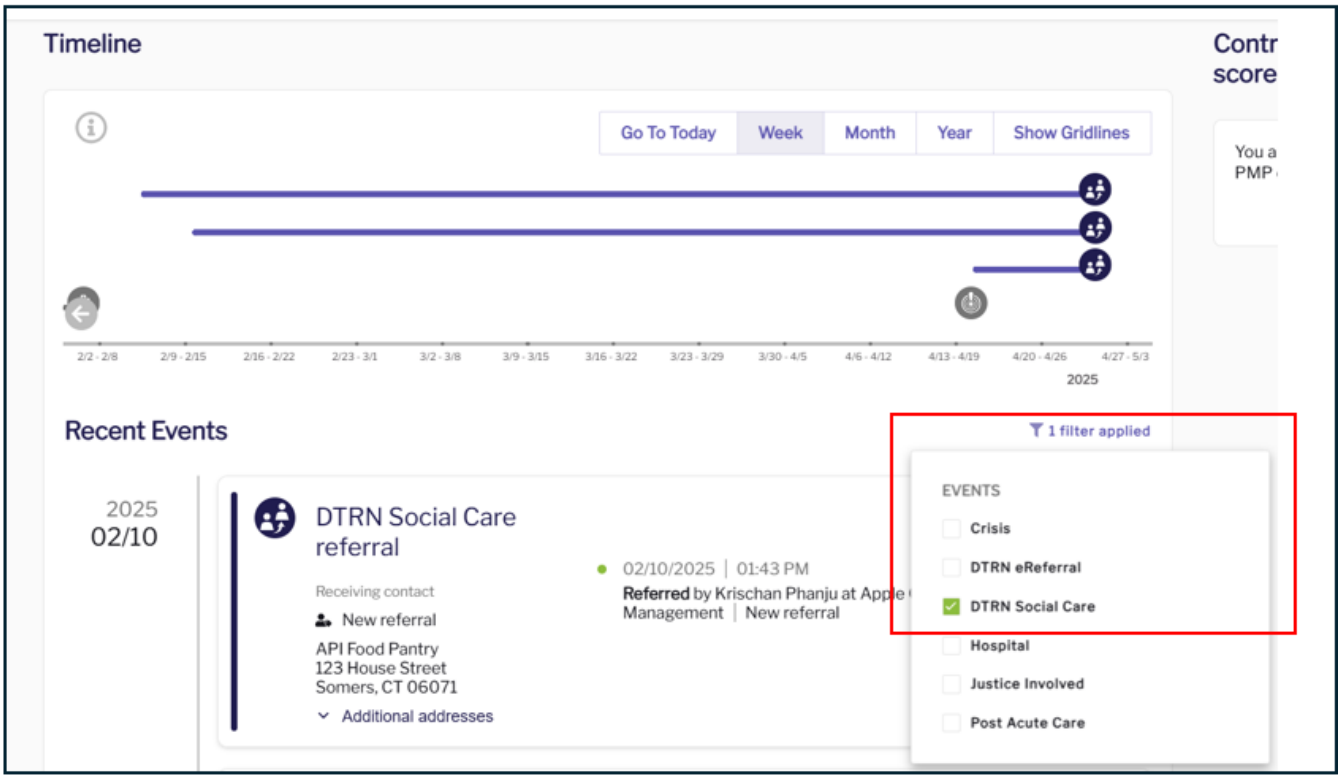


Filter Client Events

You can narrow the events displayed in a client's profile by checking the box to select one or more events to filter by.



The 'Recent Events' will now only display the filtered events.



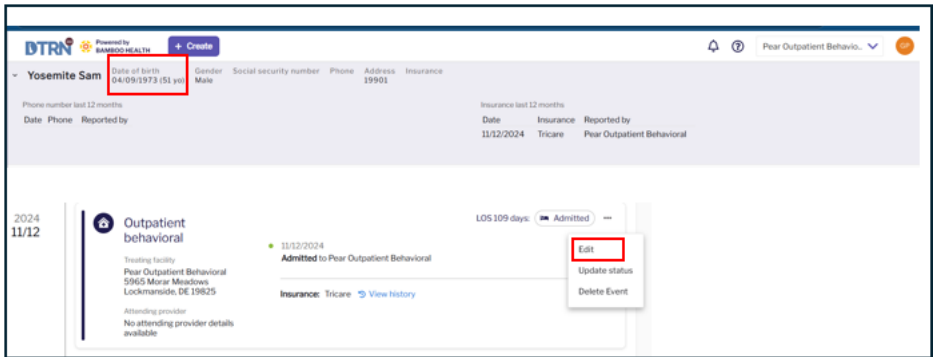
Uncheck the box(es) to remove the filter(s) and show the client's complete longitudinal record.

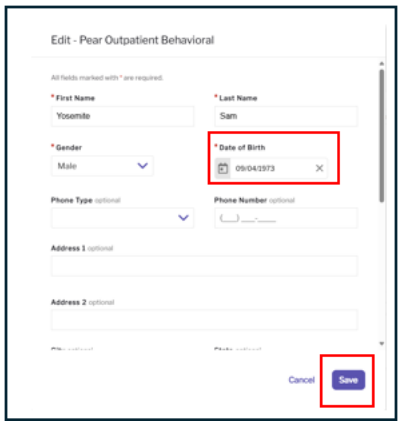
Manage Client Profile

You can manage a client profile as needed by editing the client's information, updating the client's event status, or deleting a client event.

Edit Client Event

You can make changes to any information for an active event on the client's profile by clicking the ellipses by the applicable event and selecting 'Edit' to open the edit modal. Enter the desired change and save. In the example below, the client's date of birth was corrected from 4/9/73 to 9/4/73. **Note:** You can edit the gender, date of birth, address, zip code, phone number, marital status, veteran status, race, ethnicity, language, and last 4 of the social security number of the client's demographics.

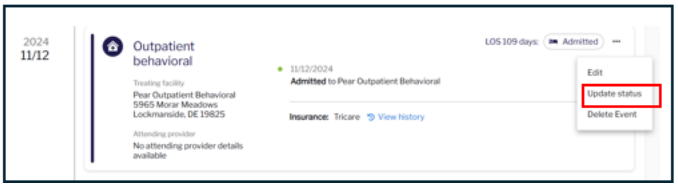




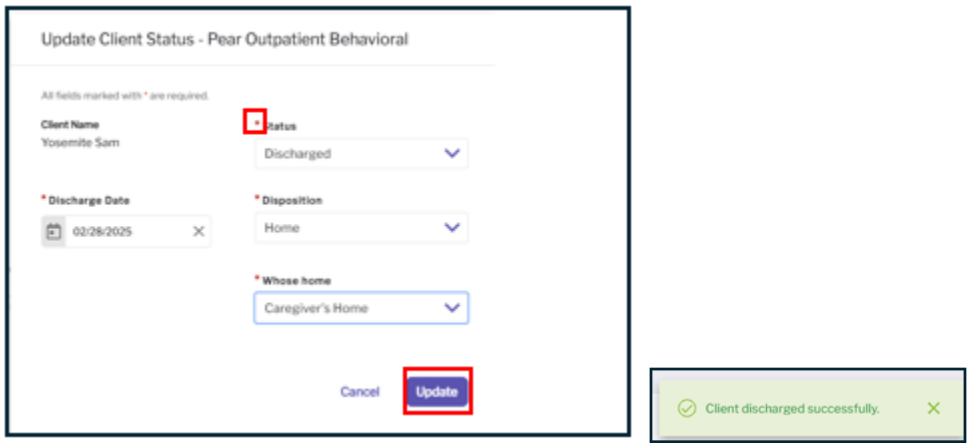
Once saved, you'll receive a notification that both the event and the client's profile were successfully updated. You'll be able to see the change(s) immediately in the client's profile ribbon.

Update Client Event

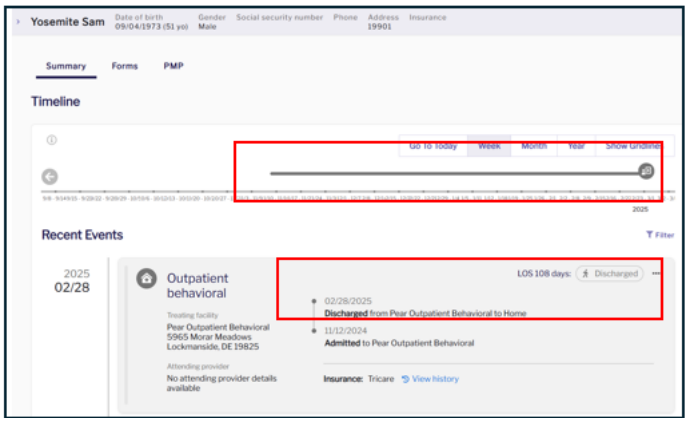
You can update a client's status to 'Admitted', 'Payor Changed', 'Discharged', or 'Deceased' by clicking the ellipses beside the applicable event and selecting 'Update status' to open this modal.



Select the desired status, complete the required data fields denoted by * and click Update to save your changes. You'll receive a pop-up notification that the action was successful.

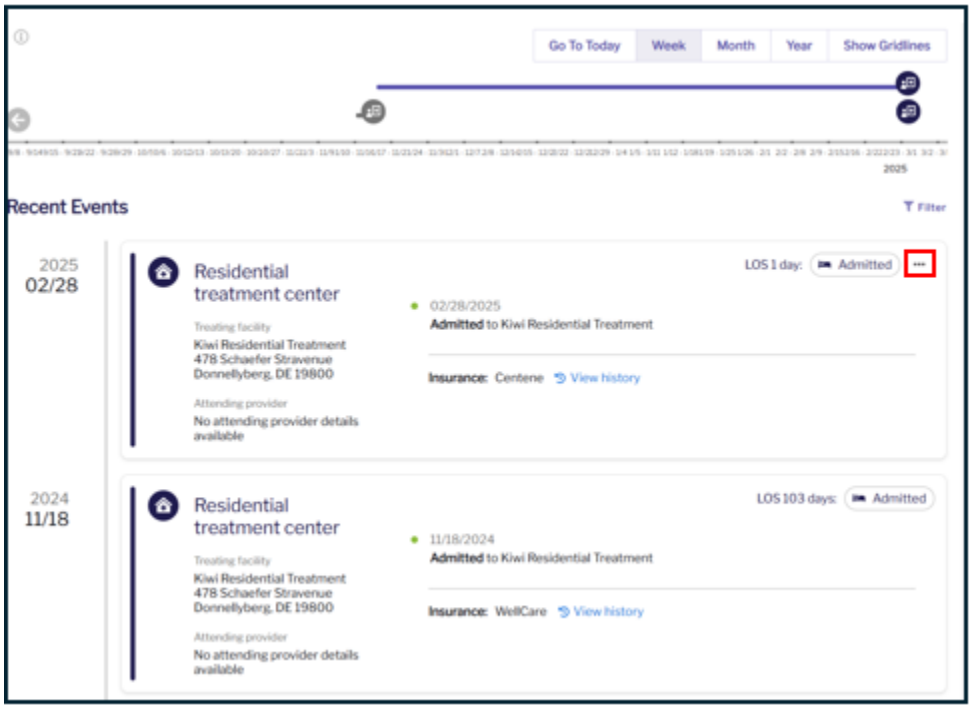


For clients with status changes of Discharged or Deceased, the event timelines will adjust accordingly, ending the event and changing the event icon and card to gray.

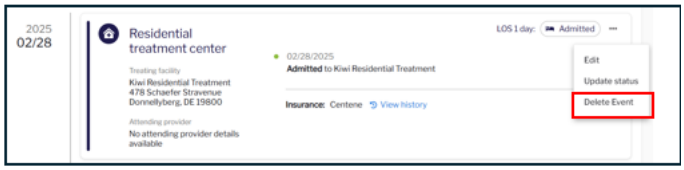


Delete Client Event

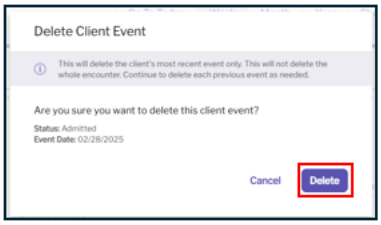
You can delete the most recent client event, if for example, you created it in error. Be sure to follow business rules regarding deleting any client data. In the example below, the 2/28/25 event was created in error as a new patient instead of an existing one.



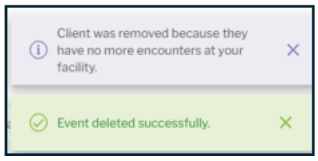
Click the ellipses beside the applicable event and select ‘Delete Event’ to open this modal.



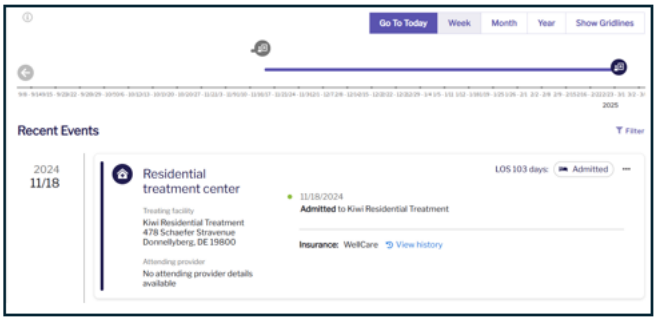
Confirm you want to delete this event by clicking ‘Delete’. Note that you are only deleting the most recent event. If you need to delete others, repeat this process.



You will receive a pop-up notification confirming the event was successfully deleted. If applicable, you’ll also receive an alert that the client was removed from your roster because they don’t have any encounters at your facility.



If the client has other encounters at your facility, their timelines will no longer show the deleted event, and the client will remain on your roster.

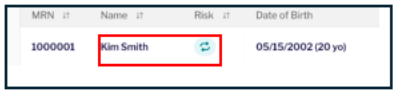


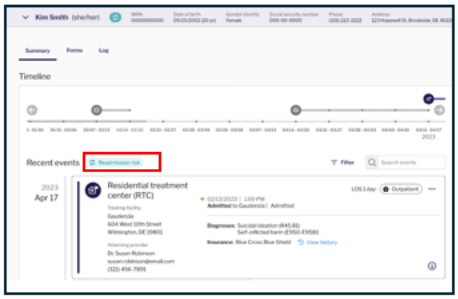
Risk Flags

If applicable, risk flags are visible on your organization's client roster as well as in the client's individual profile. These flags highlight utilization trends that may indicate the client is at risk.

Readmission Risk

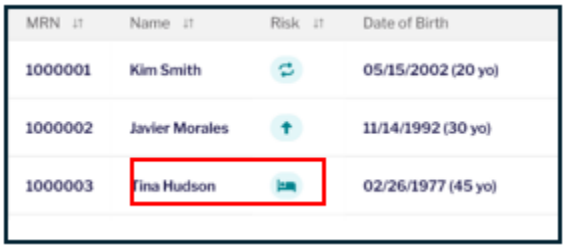
You will see the Readmission risk flag when a client has been discharged from a hospital inpatient setting within the last 30 days and is currently in an Emergency Department or Observation setting.

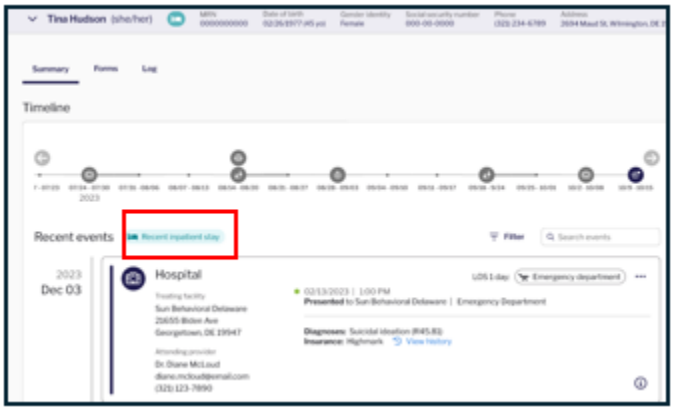




Recent Inpatient Stay

You will see the Recent Inpatient Stay risk flag when a client has been discharged from a hospital inpatient setting within the last 30 days and is currently in the inpatient setting. This flag is a continuation of the Readmission Risk flag.

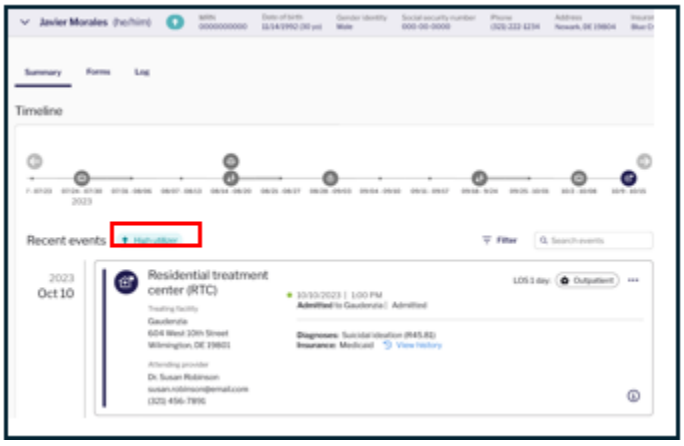




High Utilizer

You will see the High Utilizer risk flag if the client has visited the Emergency Department (ED) three or more times within the past 60 calendar days. This includes clients who've been in the ED three times at the same hospital, as well as clients who've visited the ED at multiple hospitals.

This flag identifies patients who may benefit from a contact by your designated health management team to determine more appropriate service providers for future care, educate the patient on these alternative services, and encourage use of less restrictive, more appropriate care options.

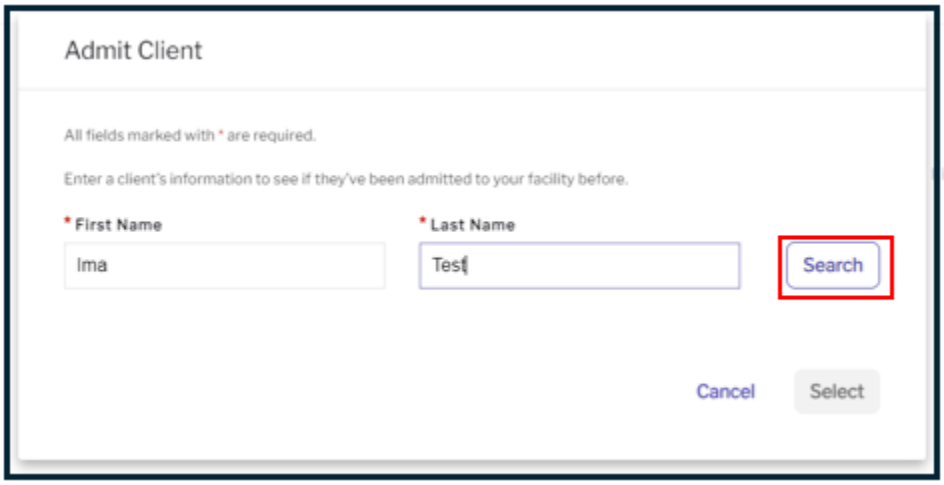


Manual Admission

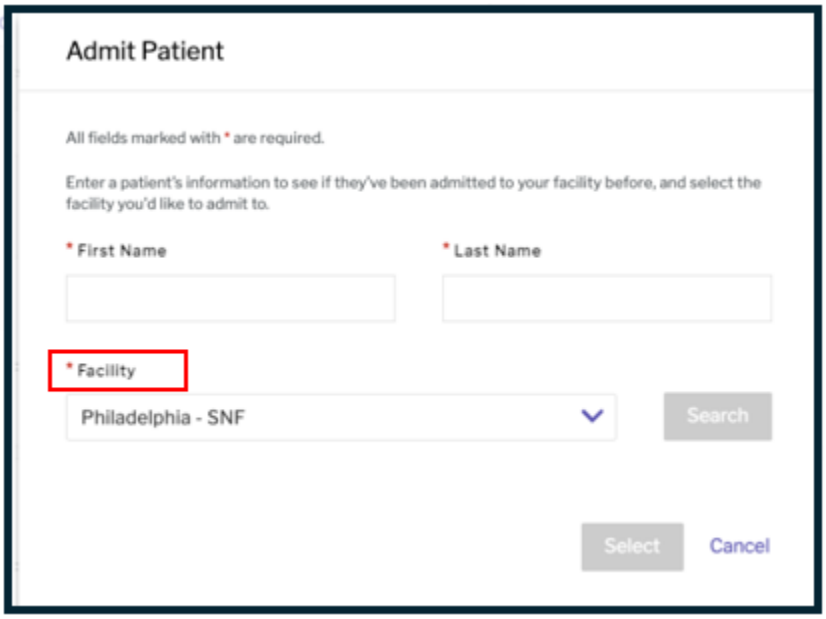
If you are assigned to a group that is configured for event-based roster generation and have 'Write' access level to ADT data, you can create a manual admission. The applicable Data Roles are 'Provider' and 'Nurse'.

To start the manual admission process, select the applicable group (1), click the '+Create' button (2), and select 'Admission' (3) from the drop-down menu.

An 'Admit Client' modal displays. Enter the required name information and click 'Search' to perform a lookup to determine if this individual has been previously admitted. Click 'Cancel' if you want to exit without performing the lookup.



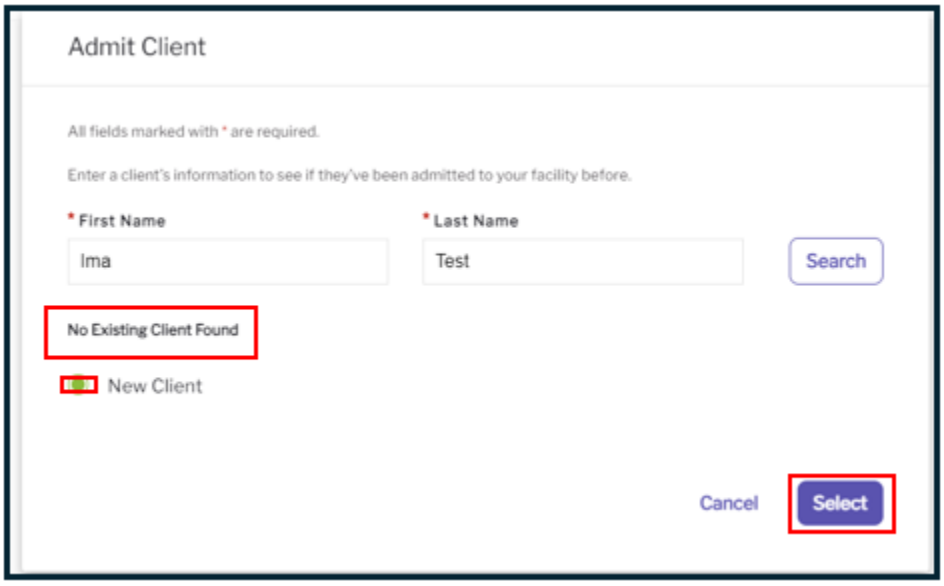
Note: If you can admit clients to more than one facility, you will also need to select the facility you are admitting this client to before completing the search.



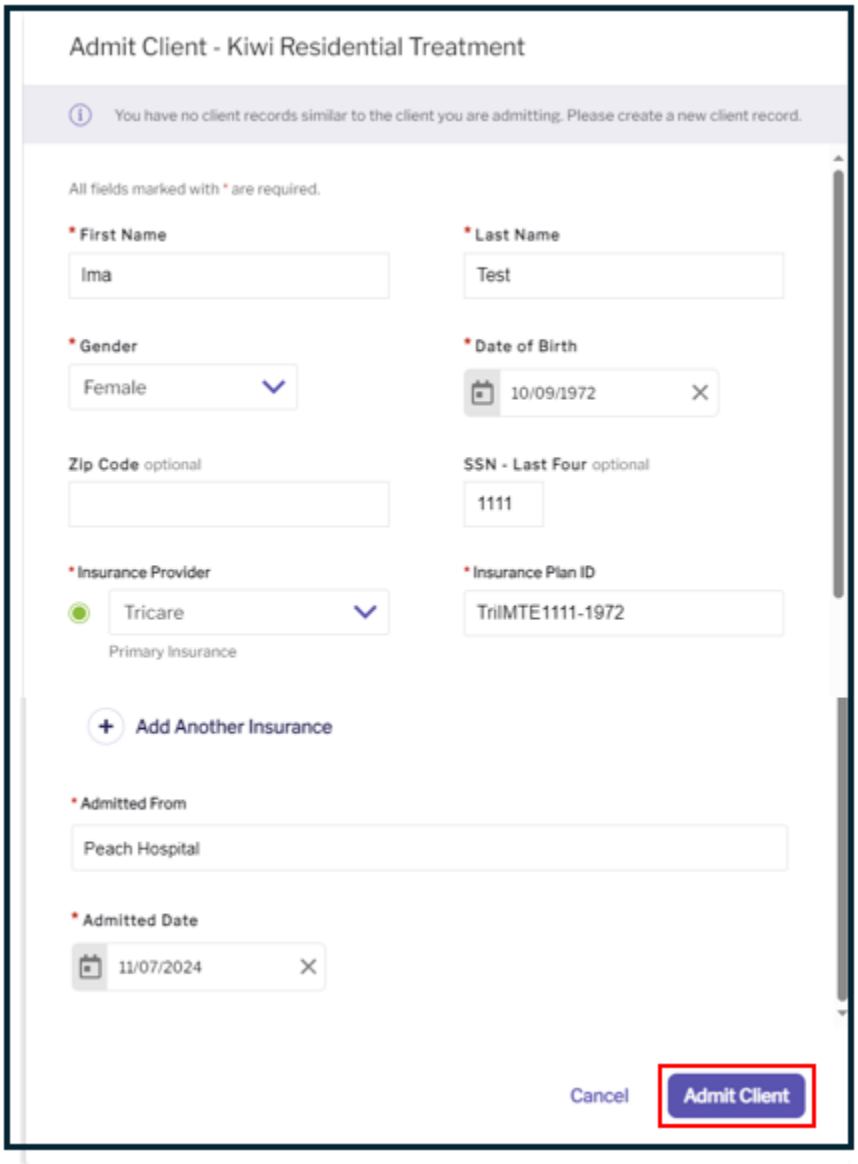
The manual admission creates an event on the client's profile based on your facility type. For example, if you are assigned to a SUD clinic providing detox services, your manual admission would create a 'detox services' event.

Match Not Found

If no match is found, you will see that information and will be prompted to add the new client.



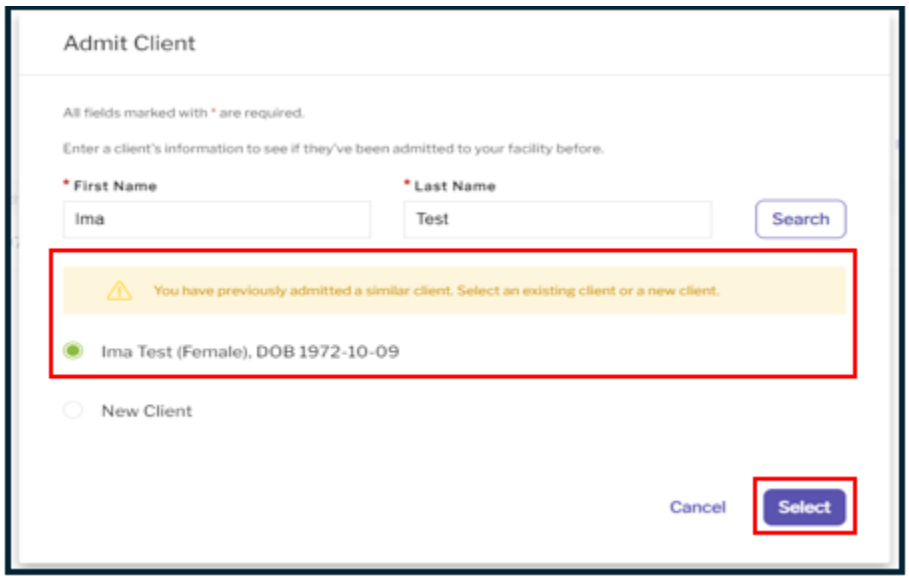
The first and last name you entered will auto-populate as will the radio button for 'New Client'. Click 'Select' to open the modal to admit the new client to your facility. **Note:** You will need to scroll down the modal to see all required fields.



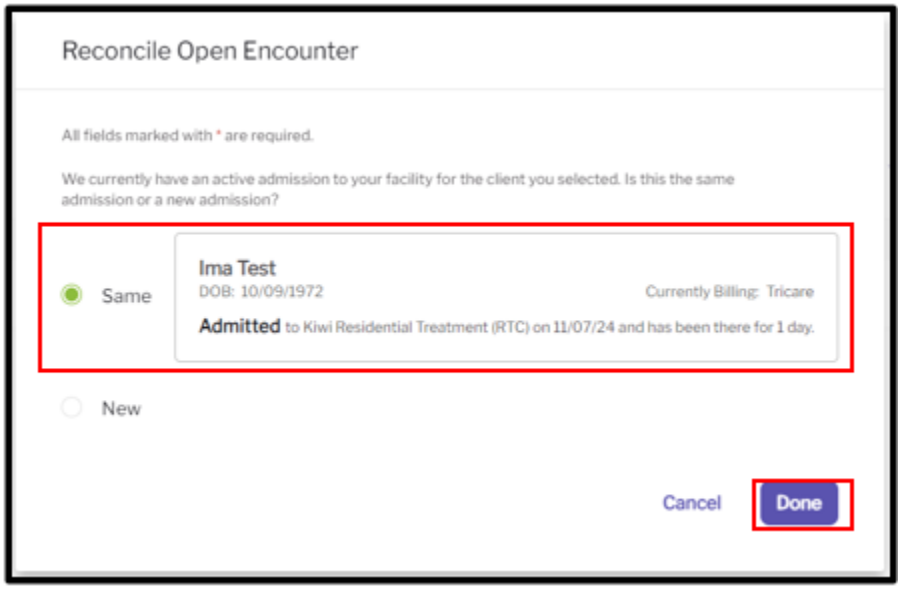
Complete all required fields denoted by a * and click 'Admit Client'. You will see a pop-up message confirming the admission was successful and the client will appear on your Client Roster.

Match Found

If a name match is found, you will see the following:

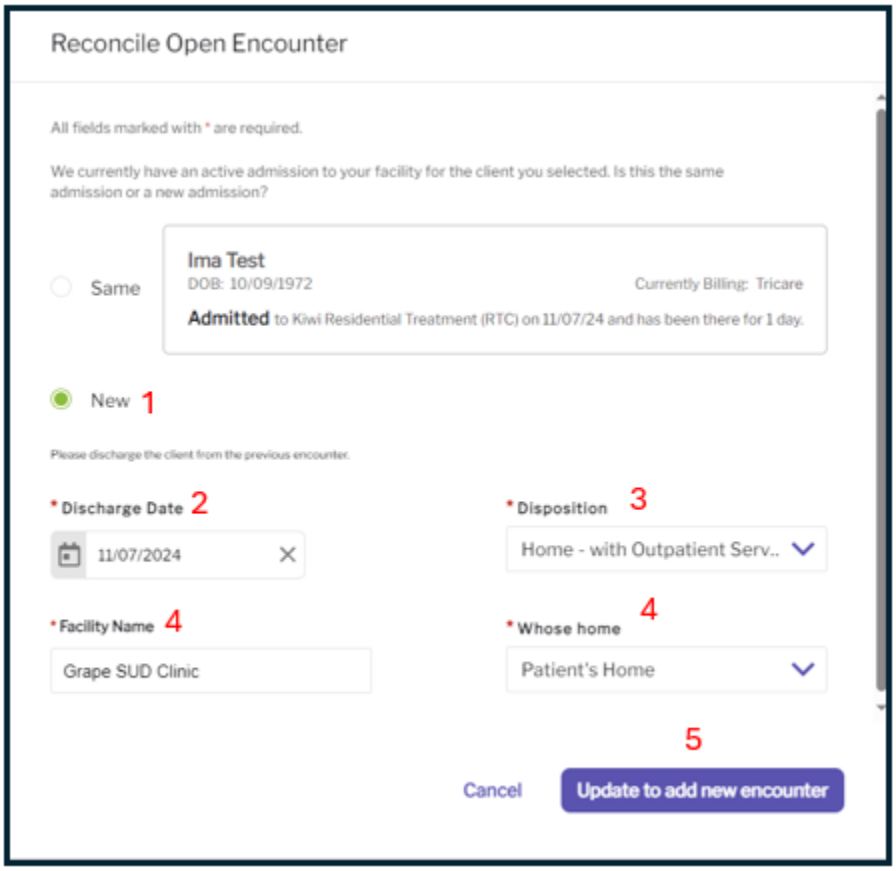


If this is a match, click 'Select'. If the selected client has an existing open encounter at the facility, you will see the 'Reconcile Open Encounter' modal as shown below.



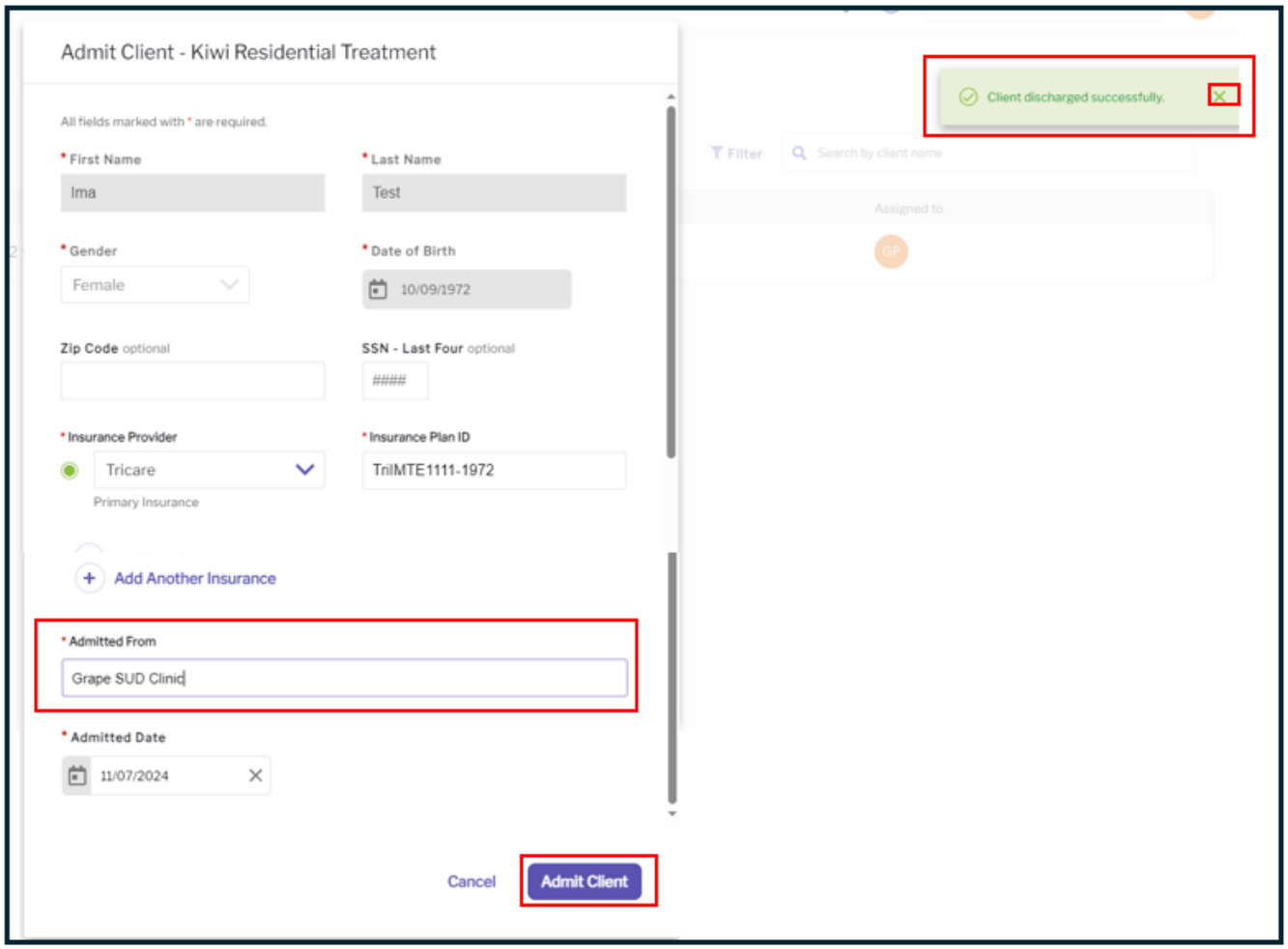
You can elect to use the existing open encounter ('Same') or to discharge the client from the existing open encounter. If you use the same encounter, click 'Done' to close this modal without making any changes.

If this is a new encounter (1), discharge the client from the open encounter first.



The 'Discharge Date' (2) auto defaults to today's date. You can manually adjust this date to one prior to today or earlier but you cannot enter a future date. Depending upon the 'Disposition' (3) selected from the drop-down menu, additional conditionally required fields (4) may populate for you to complete. Once you complete all required fields (*), click 'Update to add new encounter' (5). **Note**: The 'Update to add new encounter' button will be grayed out until all required fields are completed.

You will see a pop-up message advising the discharge was successful and an 'Admit Client' modal opens. Click the 'x' to close this message.



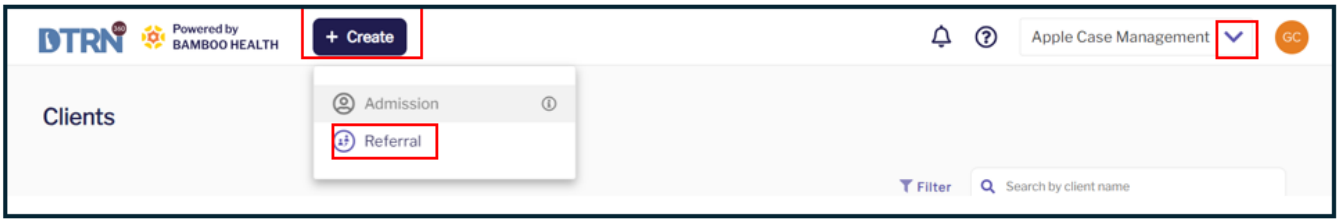
The client's first name, last name, and date of birth will auto-populate and will be grayed out so no changes are possible. Complete all required fields denoted by a * and click 'Admit Client'. You will see a pop-up message confirming the admission was successful. Click the 'x' to close this message.

Note: See Update Client Event for information on manually discharging a client.

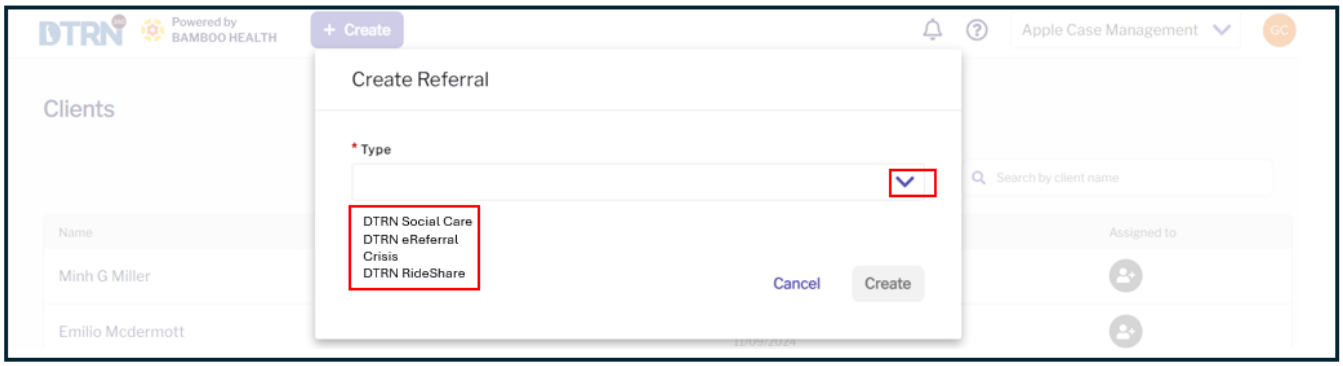
Refer an Existing Client

Create a Referral (+Create)

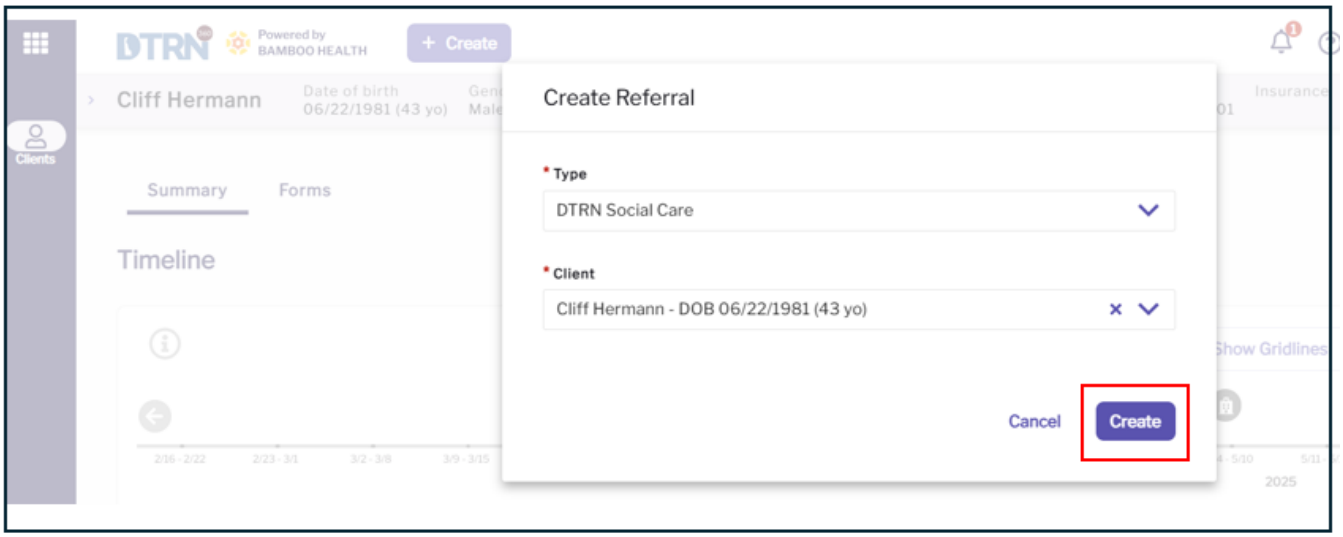
To create a referral for an existing client, select the applicable group, click the '+Create' button on the header ribbon, and select 'Referral'.



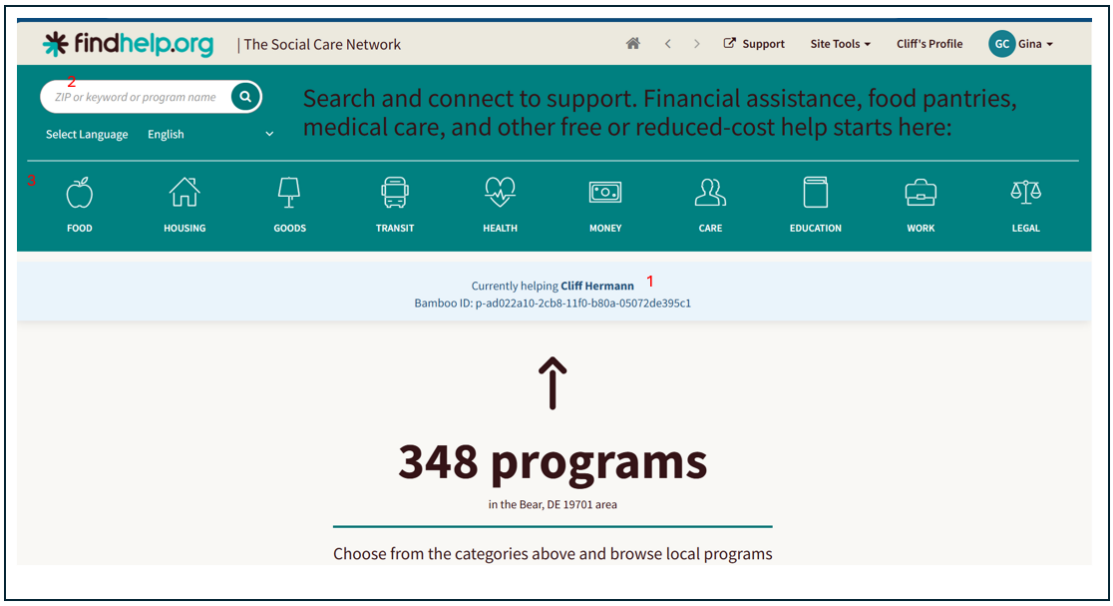
Select the referral type from the drop-down menu.



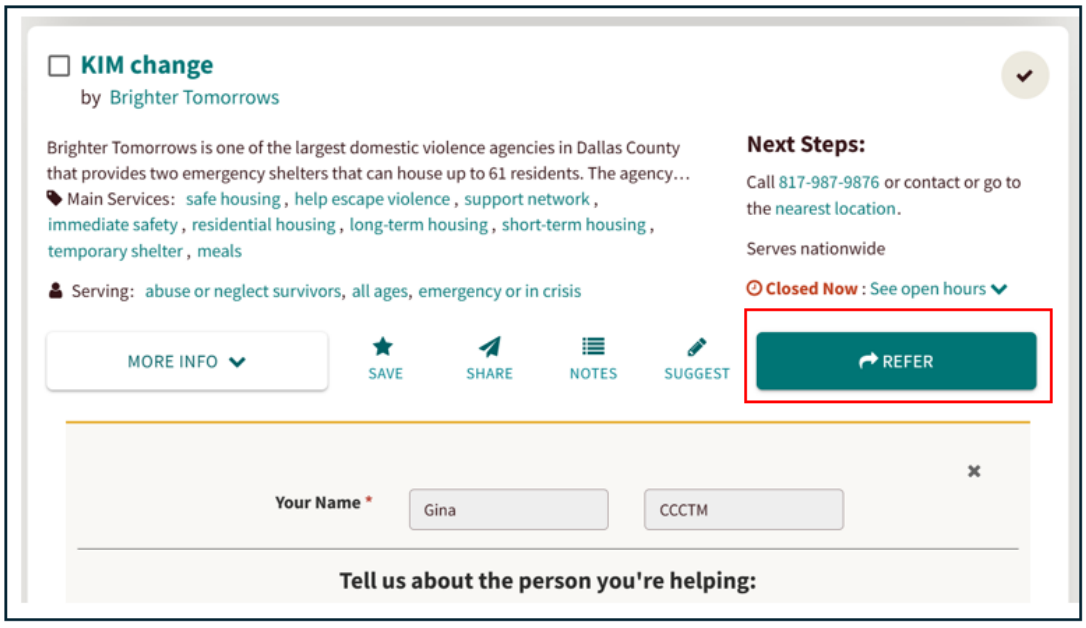
For a SDOH referral, select 'DTRN Social Care' as the referral type and begin entering the client's name. Matches will populate below the 'Client' data field. Select the appropriate client to capture this information in the referral. Click 'Create' to be auto directed to Findhelp.



You will land on the Findhelp home page that displays the name of the client you are helping (1). Enter the client's zip code (2) and click the icon for the type of support needed (3) to narrow results.

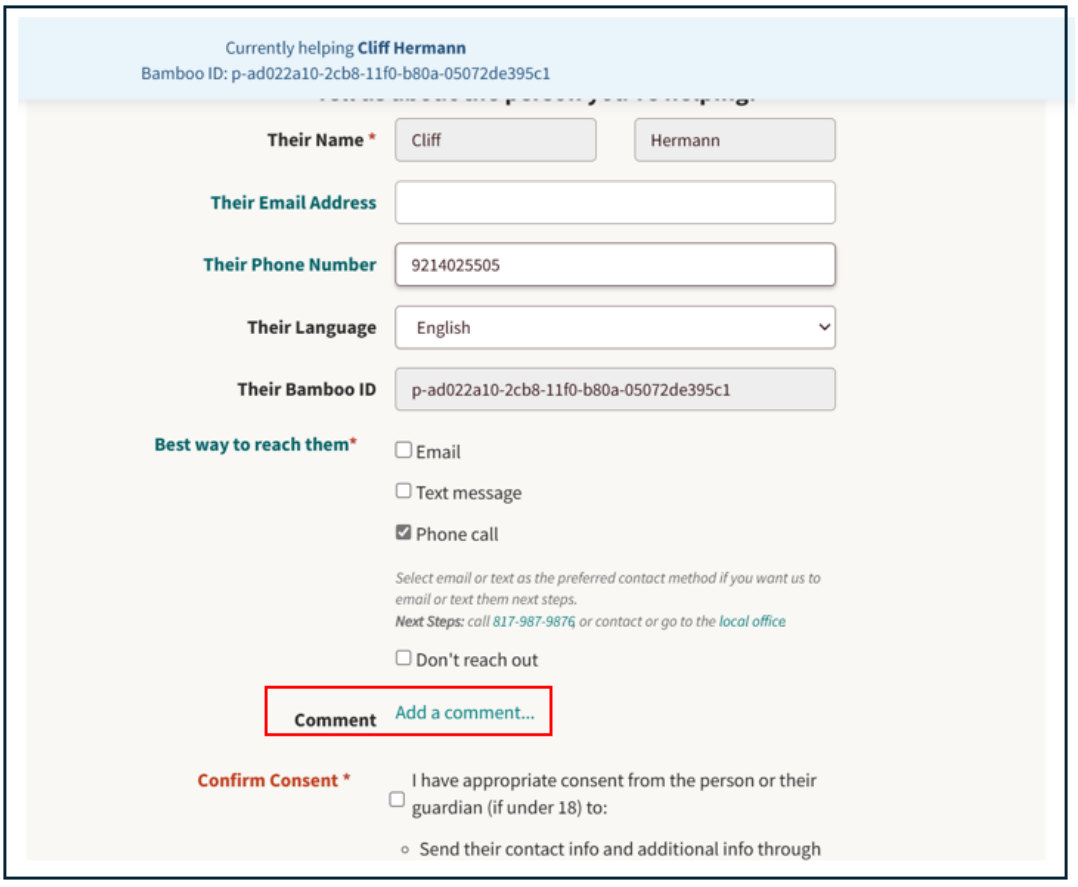


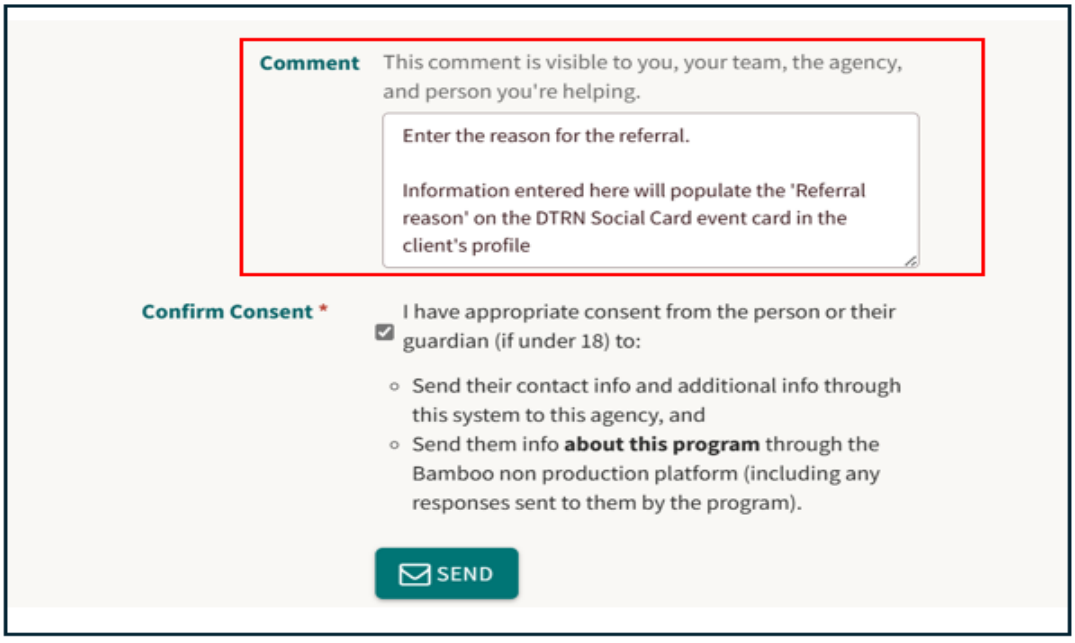
Select a provider and click 'Refer'



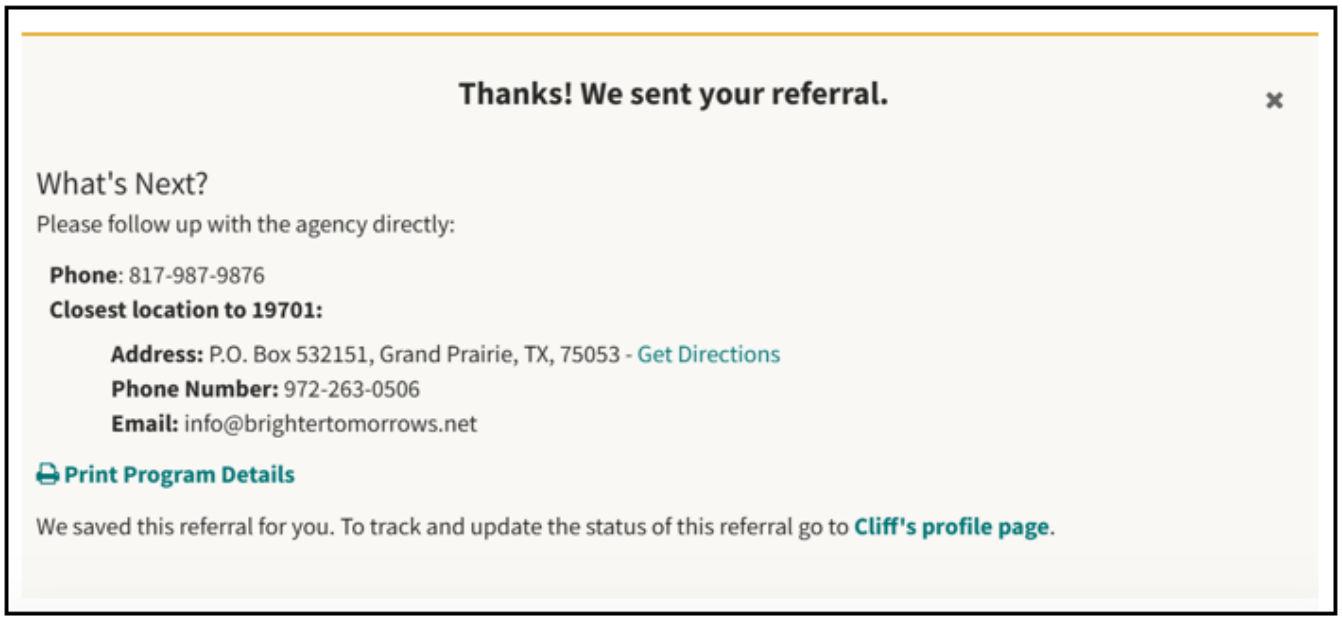
The referral request auto-populates with your name as well as the client's name and their phone number if provided in DTRN360. Complete the remaining applicable data

fields and click the ‘Add a comment’ link to enter the reason for the referral. Confirm consent and select ‘Send’.

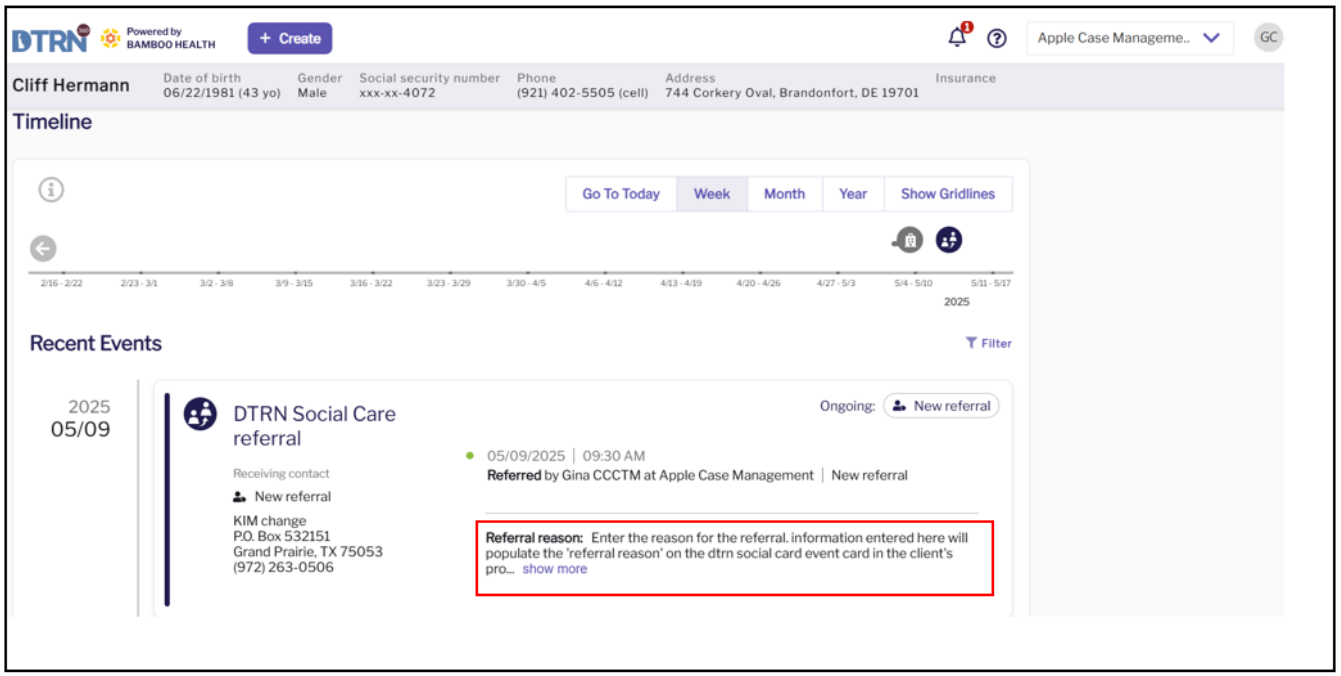




You will receive a confirmation message that your referral has been sent along with additional information for facilitating the referral.



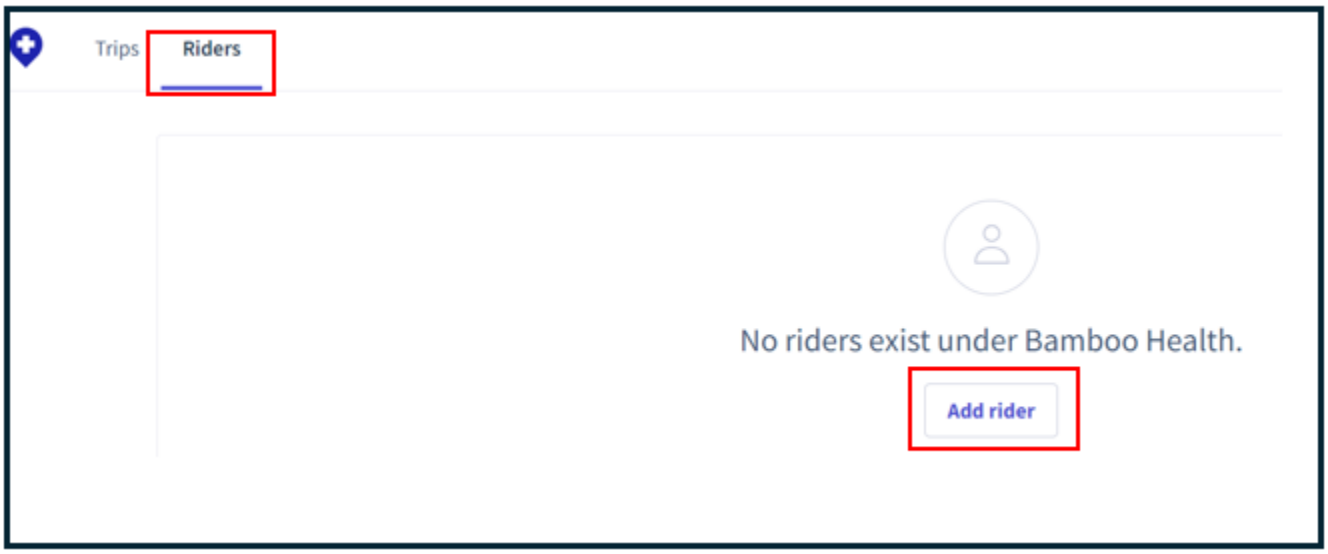
Note: The information entered in 'Comment' displays on the DTRN Social Care event card in the client's profile as the 'Referral reason'.



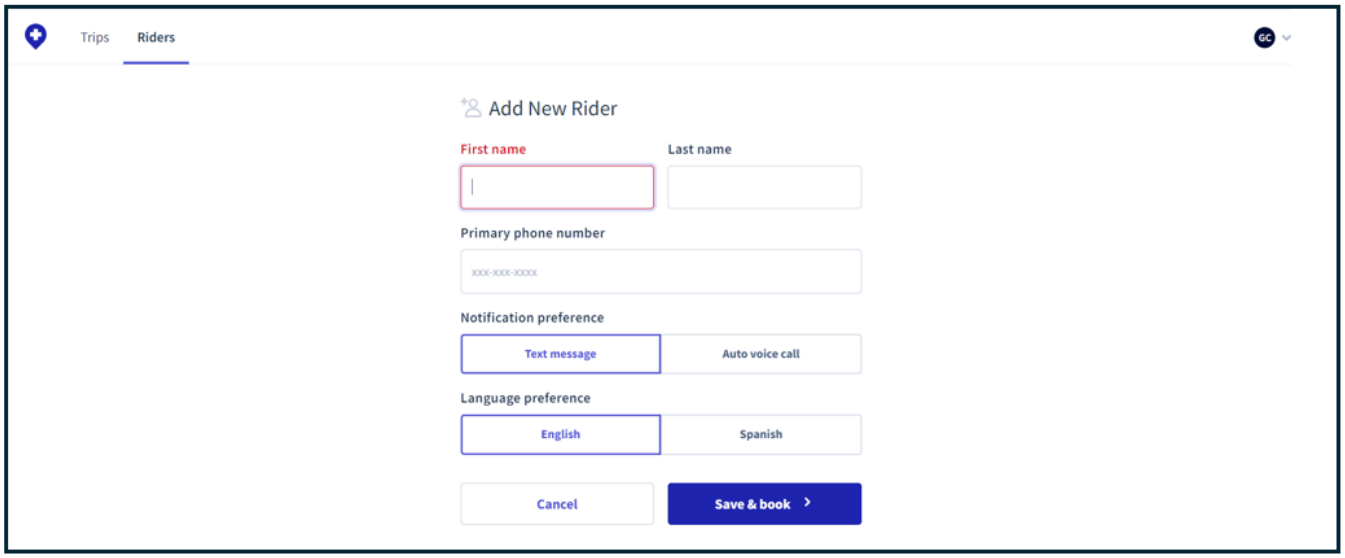
Refer to the Findhelp user guide for additional details.

If you select a DTRN eReferral or Crisis referral, you will be launched into DTRN and Crisis respectively where you can complete these actions in accordance with current workflow and business rules. Refer to those applicable user guides for additional details.

Selecting DTRN Rideshare launches the RoundTrip ride share module and allows you to see existing scheduled and completed trips, as well as to request a new trip for your client. To schedule a trip, navigate to the 'Riders' tab and click 'Add rider'.



Complete the required information on the 'Add New Rider' modal and click 'Save & Book' to schedule the trip. **Note**: You can manage trip requests via the 'Trips' tab.

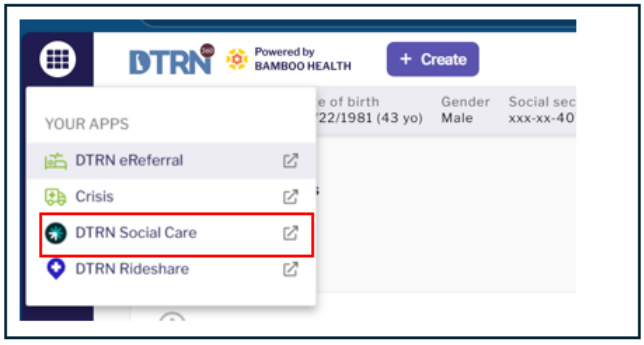


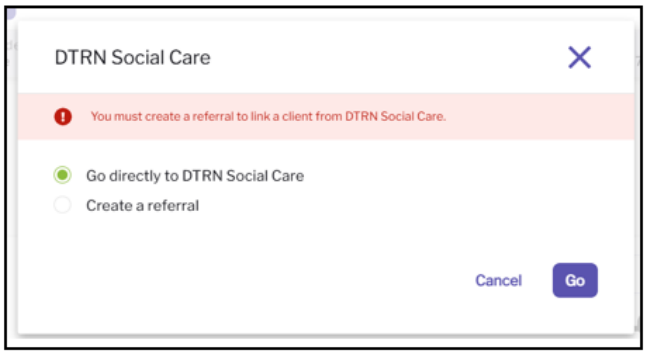
Refer to the RoundTrip user guide for additional details.

Create a Referral (SSO)

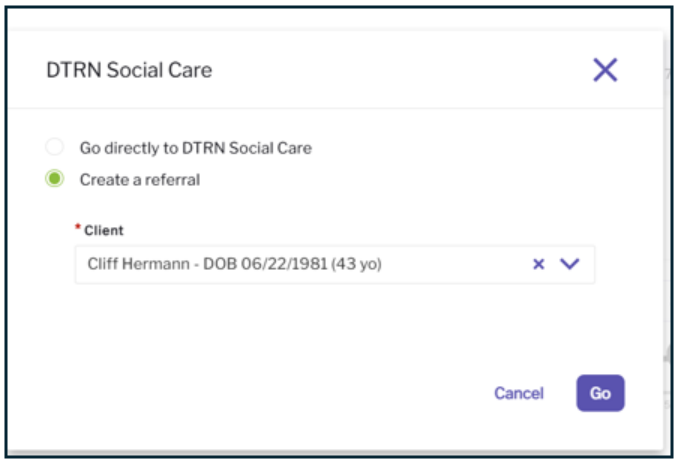
An alternate way to create a referral is via the SSO waffle cone.

Select the applicable referral, in this example DTRN Social Care, and determine if you are referring a specific individual or just reviewing support options.





To create a referral for a specific client, select 'Create a referral', begin entering the client's name, and select it from the drop-down list. Click 'Go' to SSO into Findhelp.

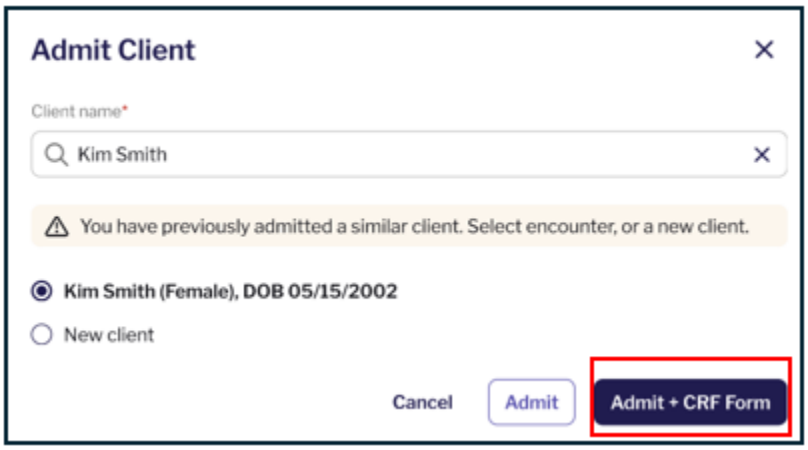


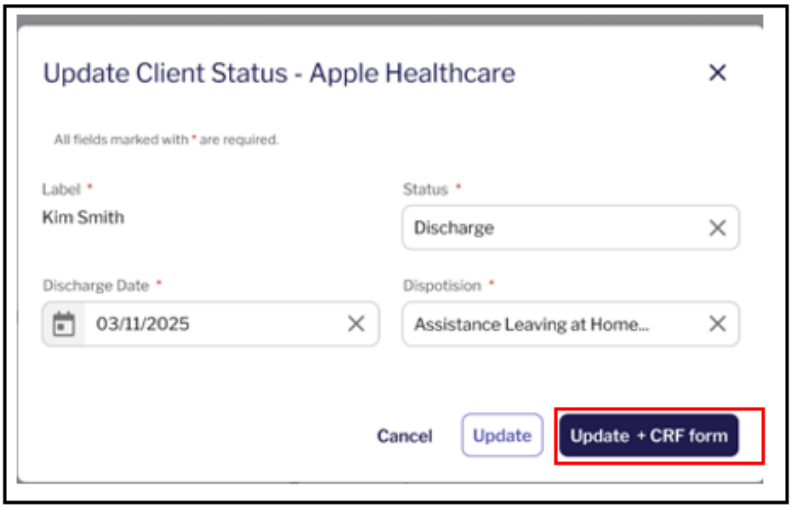
Refer to the Create a Referral (+Create) section for additional information.

Forms

Consumer Reporting Form (CRF)

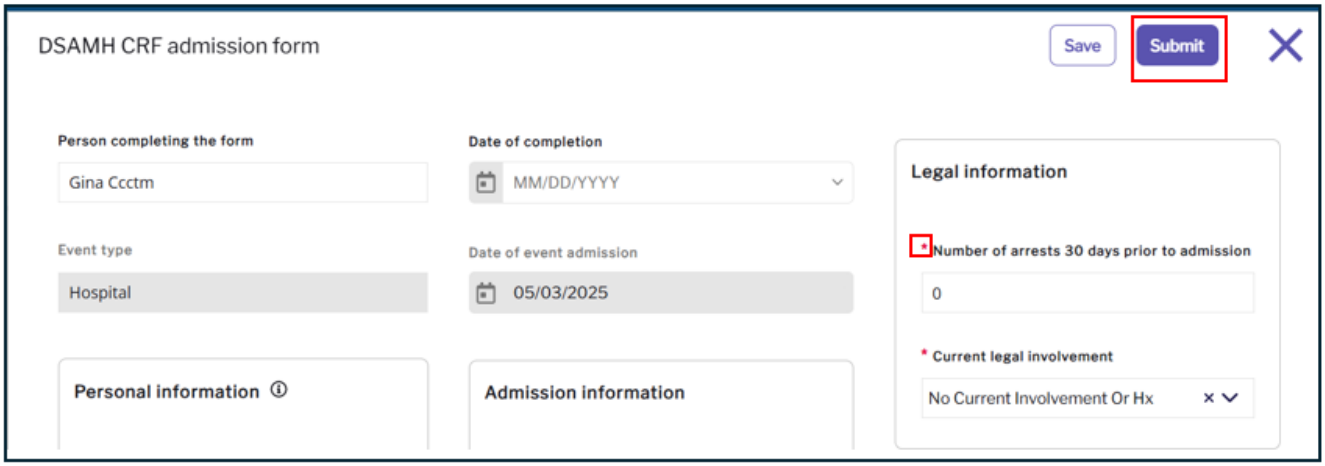
If you are a user assigned to an acute or post-acute organization, you can manually admit and update the status to discharge a client and complete the applicable CRF at the same time by selecting that option as shown in the screenshots below.

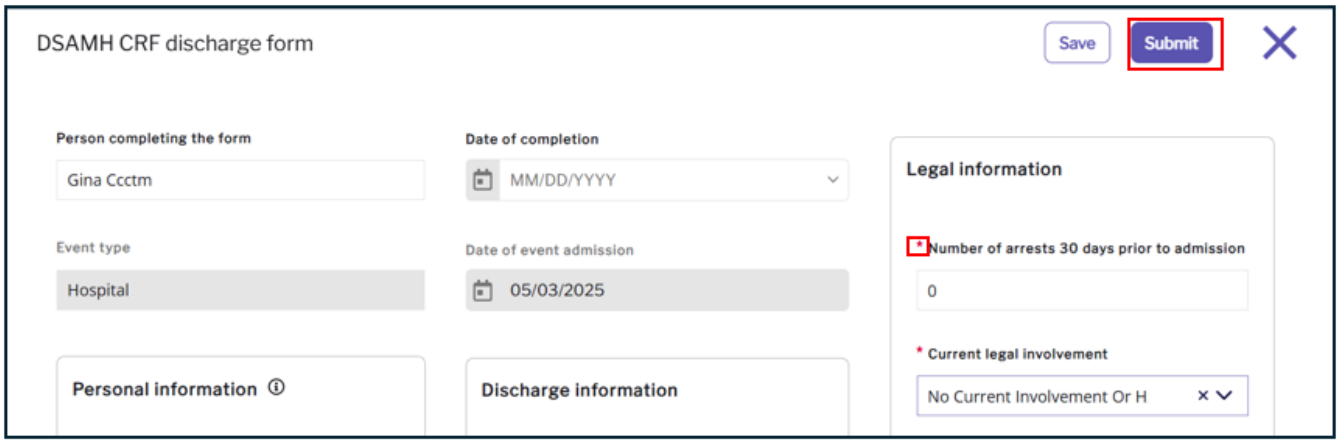




Note: If you select 'Admit' or 'Update' status to Discharge, you will receive an alert on the client's event card with a hover over message reminding you to complete the CRF admission and/or discharge form as applicable.

You do not have to complete the entire CRF at once, but you will need to complete all required data fields denoted by * before you can save the CRF. Click 'Submit' to create the admission or discharge record and submit it to DSAMH. **Note**: You will not be able to edit the CRF once it has been submitted.





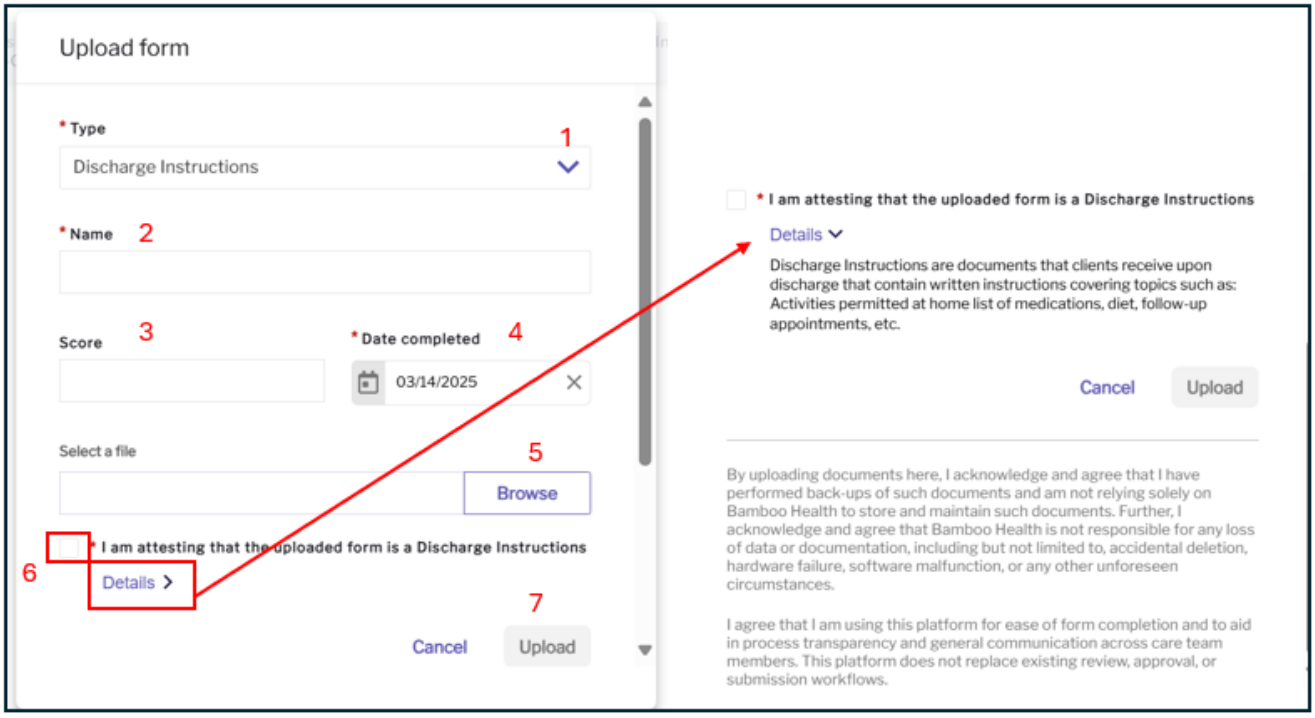
Data fields from the Admission CRF will auto populate the corresponding data fields on the Discharge CRF with the values originally entered at admission.

Refer to the DSAMH Consumer Reporting Form Training Manual for additional information.

Discharge Instructions

You can upload a PDF version of Discharge Instructions to the Platform for applicable patients by navigating to the 'Forms' tab on the Client's Profile and clicking the 'Upload' button. **Note**: You will be required to complete the attestation prior to uploading the form.

A modal opens, allowing you to enter requisite information and to upload the completed form.



Type (1): Select Discharge Instructions

Name (2): Name the form using free text in accordance with this naming convention: Discharge Instructions, Name of Facility, and Discharge Date (e.g., Discharge Instructions ABC Behavioral Health 4.30.25)

Score (3): Enter the score, if applicable. Leave blank since this is N/A to Discharge Instructions

Date Completed (4): Auto defaults to 'Today". Change this date using the calendar picker if the date the form was created is earlier than the date the form was uploaded

Select a file (5): Click the Browse button to find and select the applicable patient's Discharge Instructions form from your local device as a PDF file.

Attestation (6): Review the 'Details' and then click the box to confirm compliance.

Upload (7): Click 'Upload' to attach the form to the patient's client profile.

Filter and Sort Forms

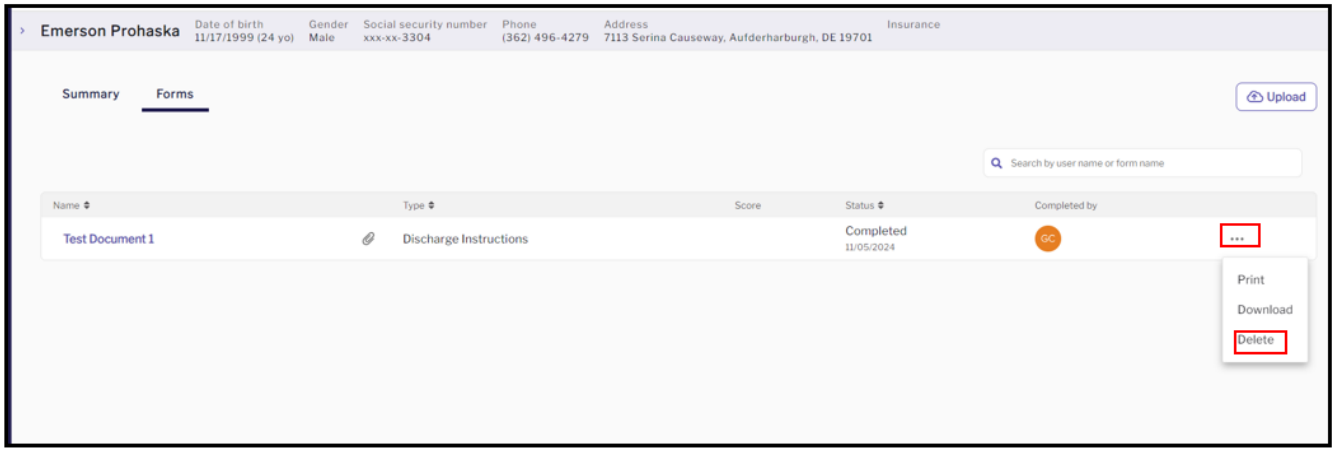
You can view previously uploaded Discharge Instructions forms within each Client Profile by navigating to the Forms section to see a history of recently completed documents. Forms will be automatically sorted with the most recent one on top based on the date/time stamp in the status column. For clients with multiple care providers and forms associated with them, you can quickly sort these documents by:

- Form name (as entered by user uploading the form)
- Form type (Discharge Instructions)
- Form status (Completed, sorted by date/time stamp)

You can also filter the list by searching by the name of the user who uploaded the form or by the form name as entered by the user uploading the form. This filter will narrow returned results to only those that match your search terms.

Deleting Forms

A form uploaded in error can be deleted by clicking the ellipses by the applicable form and selecting 'Delete' from the drop-down menu. **Note**: You can only delete the forms you uploaded.

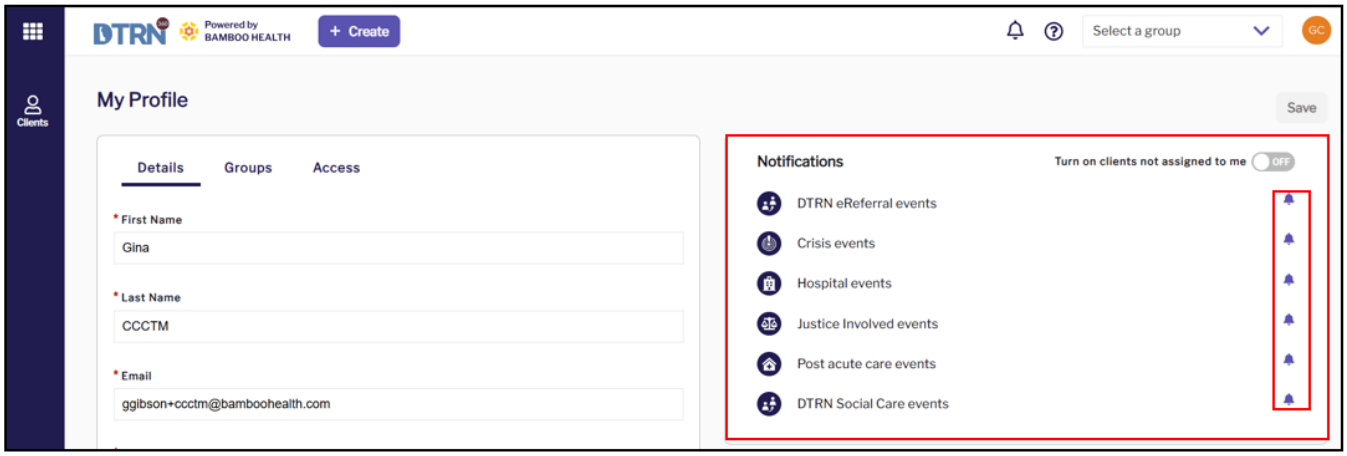


The form is immediately removed from the list, and you will see a successful deletion notification pop-up. Click the 'x' to close it.

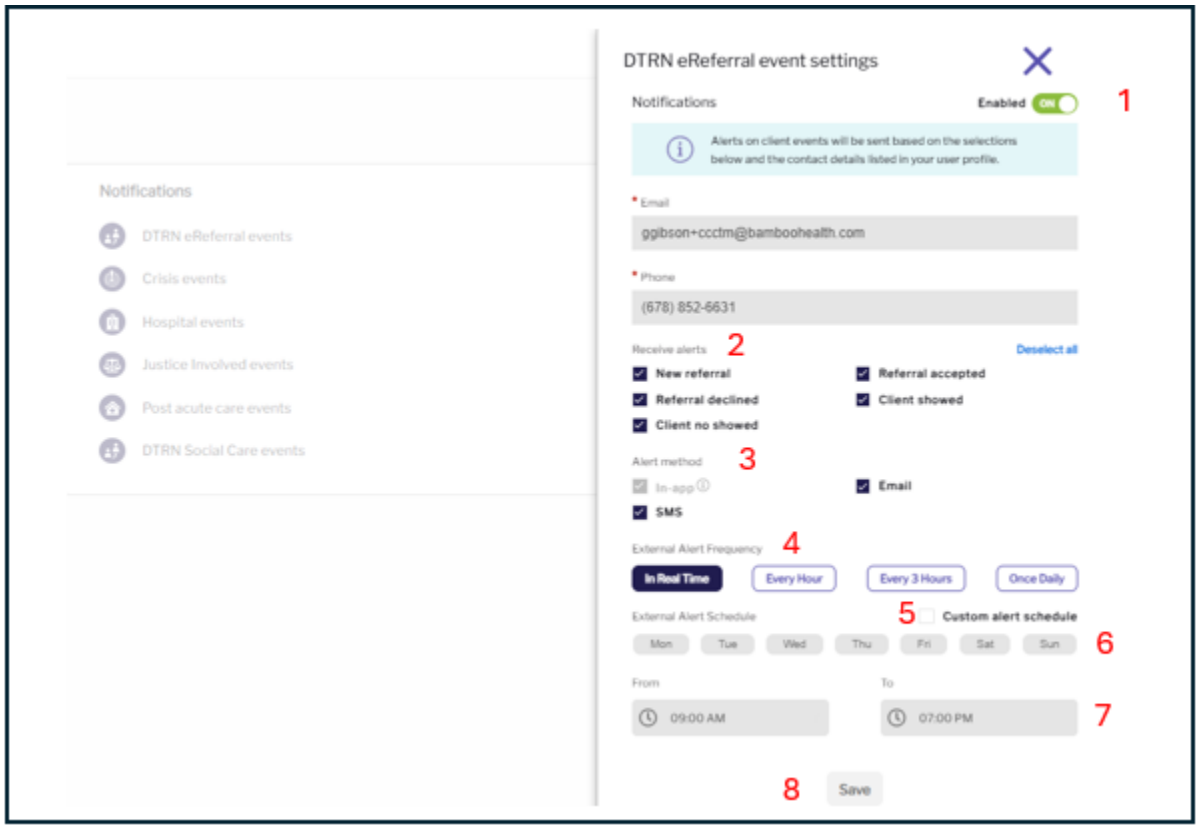
Notifications

You can configure a predetermined set of alerts via the Notifications section in 'My Profile', enabling notification of your clients' care events via the platform, SMS, or email.

You are only able to set up notifications for the data types you have permission to view as defined by your Data Role. You only have to set up your notifications once by subscribing to the desired event notification by type or subcategory.



Click the bell icon beside the applicable event type to open a settings modal for that event. 'Enabled' (1) will be automatically toggled on.



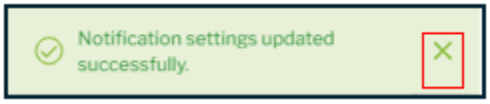
Receive Alerts (2): All alert options will be automatically selected. Click the checkbox in front of an alert that you do not want to receive to deselect it.

Alert Method (3): Select whether you want to receive alerts via SMS, email, or both. Regardless of delivery method, these notifications will not contain any PHI. **Note**: In-app alert is automatically selected and can't be deselected. See the In-app Notifications section for more information.

External Alert Frequency (4): Click the applicable option to choose how often you want to receive alert notifications.

Custom alert schedule (5): Check this box if you want to designate certain days of the week (6) and time limit on those designated days (7) to receive alerts.

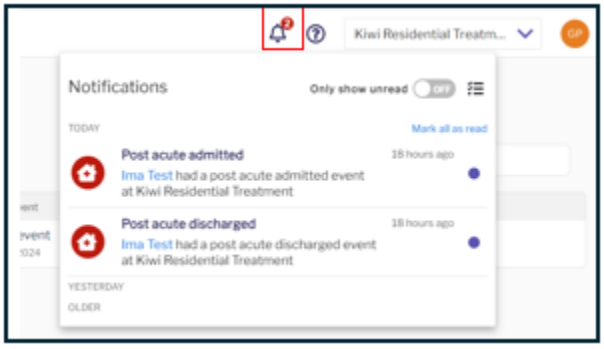
Save (8): Click this button to update your notification alerts. You will receive a pop-up message confirming your changes have been saved. Click the 'x' to close this message.



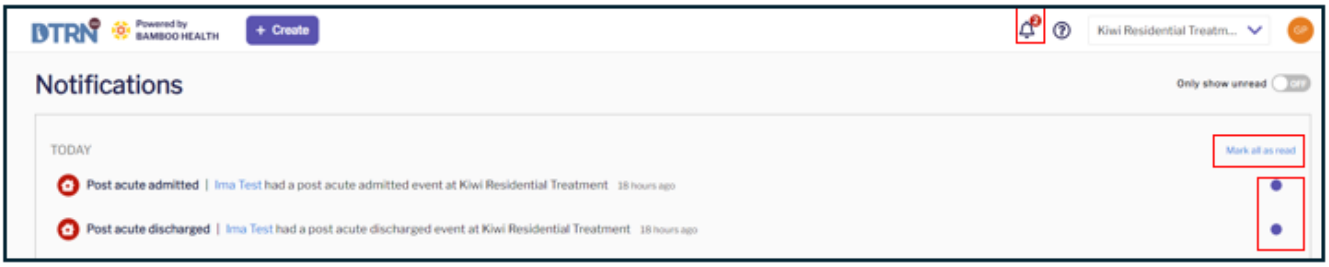
Once set-up, the notifications will be applicable to all groups you have access to; however, you will only receive those notifications applicable for your Data Role within each group, even though your global profile shows the notification setting. **Note**: You are only able to adjust your own notification settings. Administrators or supervisors will not be able to set up notifications on another user's behalf.

In-app Notifications

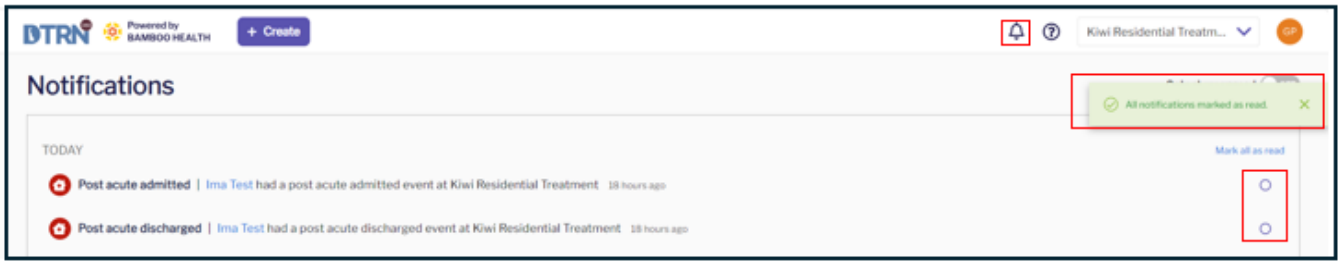
In-app notifications will be via the bell in the upper right-hand corner on the header ribbon. When a new notification comes in, you can preview this notification without navigating away from the current page you are working on to determine whether that notification takes priority.



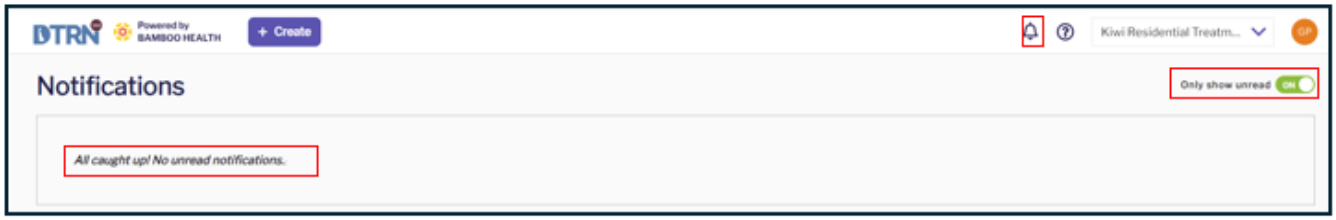
The number of unread notifications will display in the red circle. Unread messages will have a purple dot.



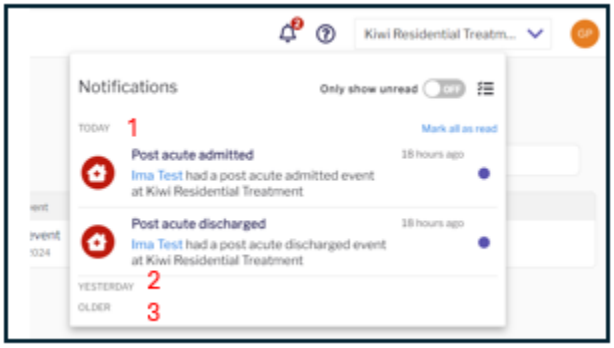
You will need to manually mark notifications as read to change this dot to white, remove the message from the alert count, and filter the message from your active view.



Once all messages have been marked as read, you will no longer see an alert count. Clicking on the alert bell will confirm you're all caught up. To only see unread messages in the future, toggle 'Only show unread' on.



Notifications are default sorted from newest to oldest, with the most recent notifications displaying at the top and are bucketed into the following categories:



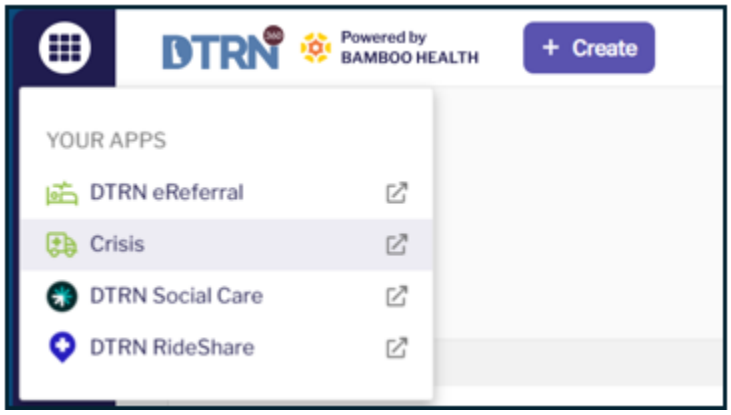
Today (1): Events that occurred on the calendar date

Yesterday (2): Events that occurred on the previous calendar date

Older (3): Events that occurred prior to 'Yesterday'

SSO

With one log-in (Single Sign On), you can easily access key workflow tools commonly used with DTRN360 based on your Data Role.



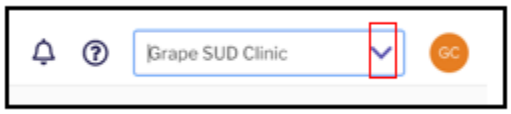
Available external tools and systems include:

1. DTRN eReferrals - create and manage behavioral health referrals in DTRN (Bamboo Health's OpenBeds Capacity Management and Referral system).
2. Crisis - document and disposition intake encounters and mobile crisis dispatches in DTRN via Bamboo Health's Crisis Management Module.
3. DTRN Social Care - create and manage SDOH Referrals using Findhelp.
4. DTRN Rideshare - coordinate client transportation needs through RoundTrip.

After your first login and completion of the 'Consent' attestation, you will be prompted to navigate to 'Manage Profile' to link your external accounts. You can choose not to link at initial login but will need to link these accounts at some point to utilize SSO.

If you have access to multiple groups, you can log into all external applications accessible based on your Data Role per group using SSO without regard to the number of groups you are associated with.

Once accounts are successfully linked, you will access them by selecting the applicable group from the drop-down list in the upper right-hand corner on the page ribbon.

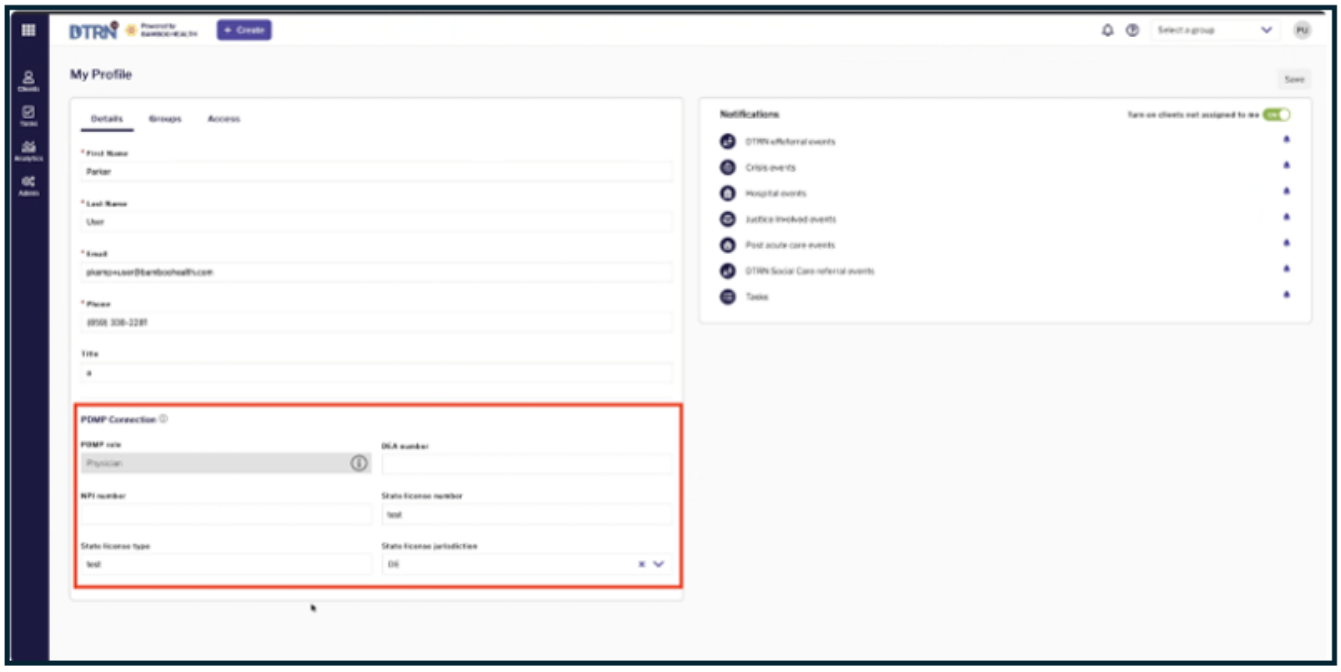


You must enable SSO for each of your authorized Data Roles to successfully use this navigational feature. If you click on an authorized application that has not been linked to your profile, you will receive a prompt to 'Link an Account' and be redirected to the SSO settings in your user profile. Unlinked applications will not open via this navigational feature until this set-up is successfully completed.

SSO to Access the PMP

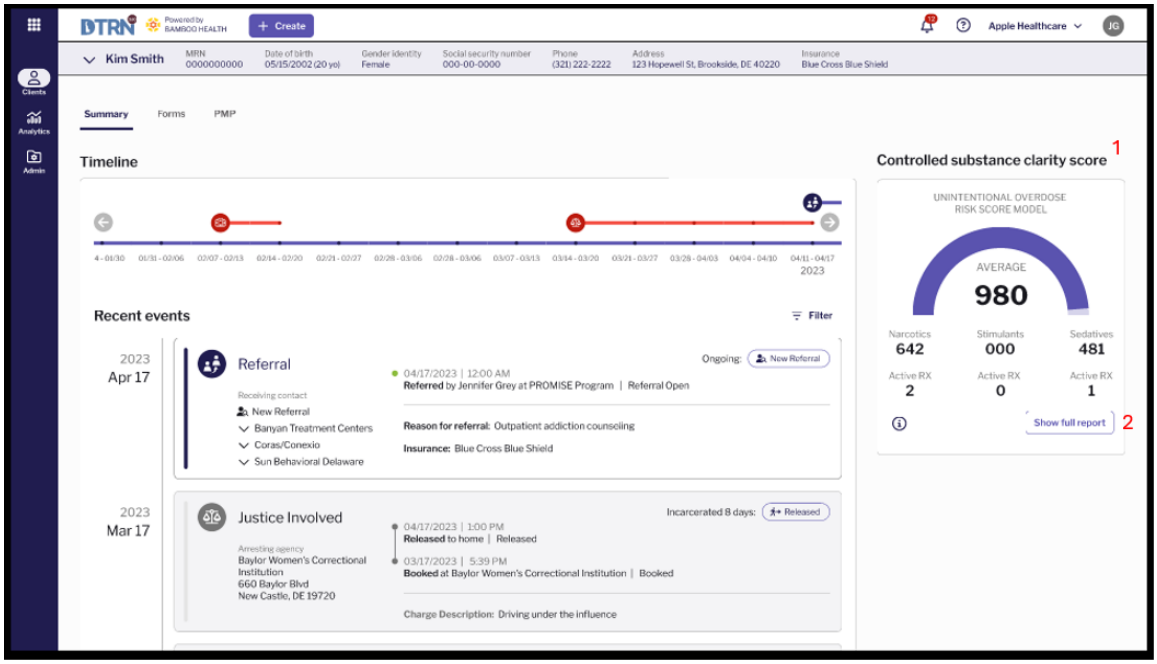
If you are authorized access to the PMP based on your Data Role and group data available, you will have to provide at least one of the following professional identifiers in the 'PDMP Connection' section your user profile:

- NPI Number
- DEA Number
- State License Number

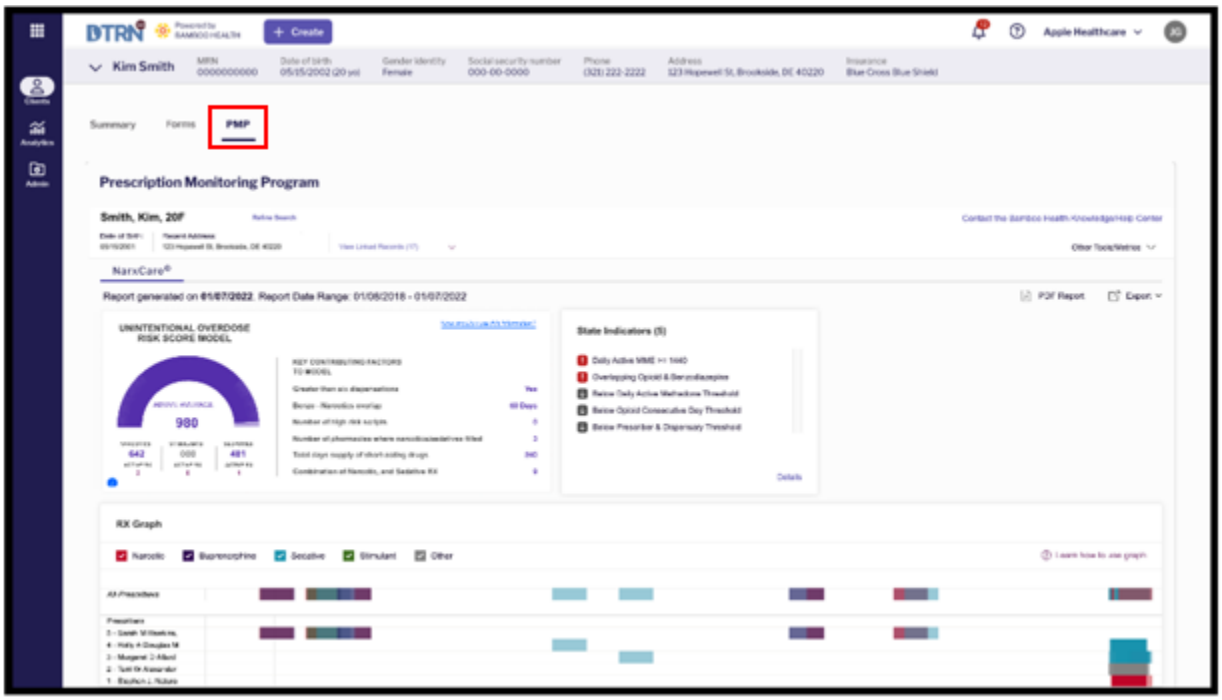


These identifiers must match exactly as they appear in the provider's existing DE PMP account. If a mismatch exists, or if you do not enter at least one of the required identifiers, you will not be able to view PMP data in DTRN360. **Note**: Your Administrator will assign your 'PDMP role'. You cannot edit this data field.

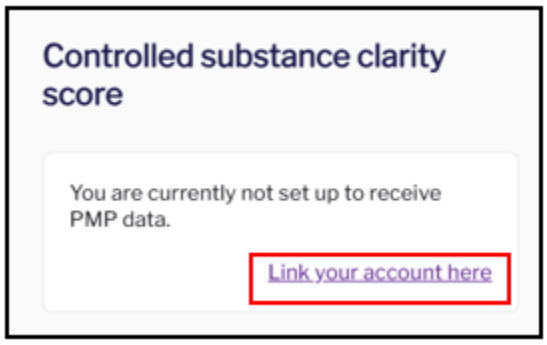
Once PMP access is linked, you can view the Controlled Substance Clarity Score (1) on the Client's Timeline page. If you want to view additional details about a client's prescription history to satisfy mandatory use, click 'See Full Report' (2)



The full PMP Report displays in that tab as shown in the screenshot below.



If you are an authorized user, and your account has not been successfully linked, a 'link your account here' will be visible underneath the Controlled Substance Clarity Score title. Once clicked, you will be redirected to the SSO settings section of your user profile to complete this requirement.



Administrator Responsibilities

Manage Users

State Administrators can access self-service admin tooling in the Platform to fully manage user configuration, including clients and data types accessible by each user. Administrators can also choose to designate specific users to manage the permissions of their teams. This self-service capability allows the state to ensure user configurations are up-to-date and easily adjusted via a streamlined process.

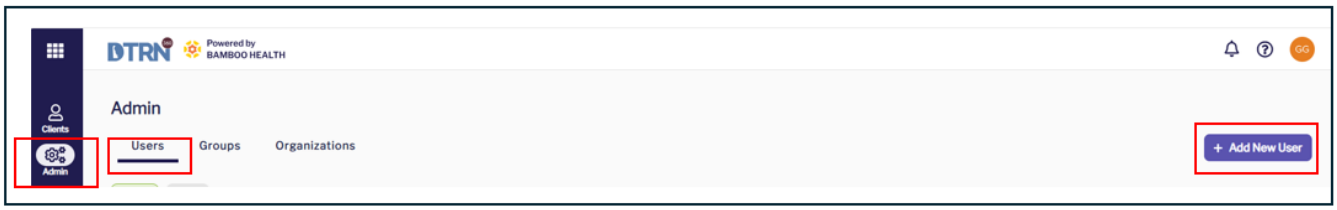
Super Administrators (Super Admin) can permission any users associated with their group to any group role and have read, write, and manage access to all available data types and Platform functionality to assist with troubleshooting. They can manage multiple users and groups even if those groups are associated with different Platform authorized organizations.

Create Users

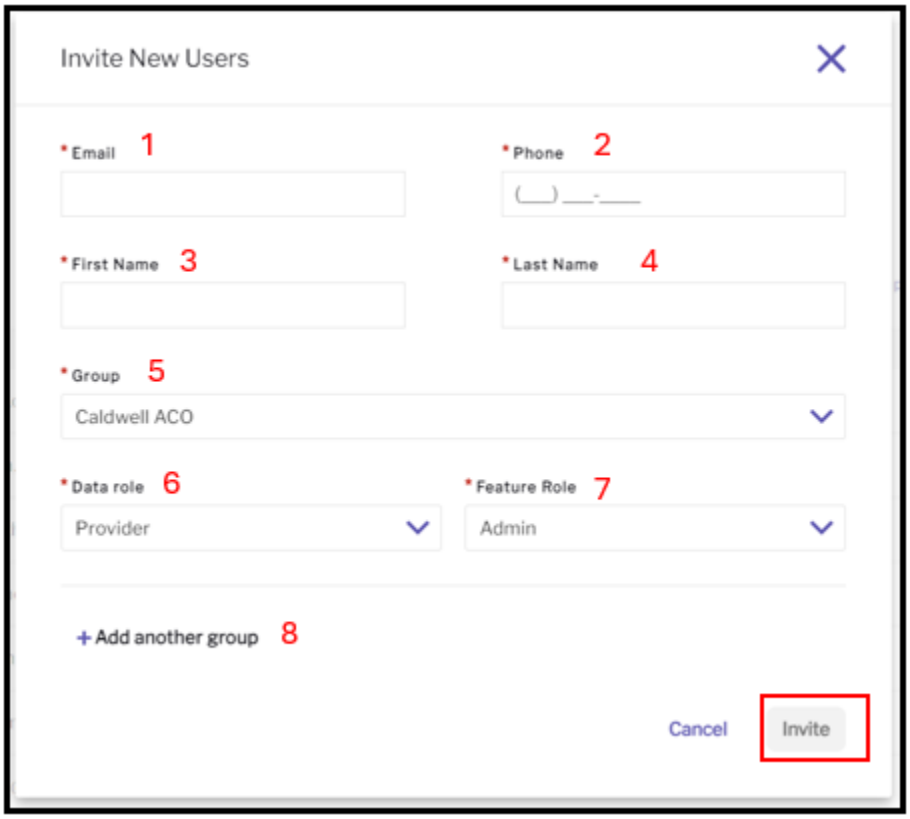
Users designated as a Super Admin or with an Admin feature role can create new Platform users, across multiple groups associated with multiple organizations as assigned.

Invite a New User

To invite a new user to the Platform, select 'Admin' from the left-hand side menu pane. You will automatically be defaulted to the 'Users' tab. Click '+ Add New User'.



Enter the required information to assign a user to a group and the user's permissions within that group. **Note**: Both the Data and Feature Roles will default to the first option so be sure to confirm/change as applicable.



Email (1): Enter the user's work email address. The Platform will search this address for a match to avoid creating duplicate accounts. If a match is found, you'll see an error message below this data field reading 'Email address is associated with an existing account'. The 'Invite' button will be disabled so the account can't be created. If no match is found, proceed with entering the additional required fields.

Phone (2): Enter the user's work phone number.

First Name (3): Enter the user's first name

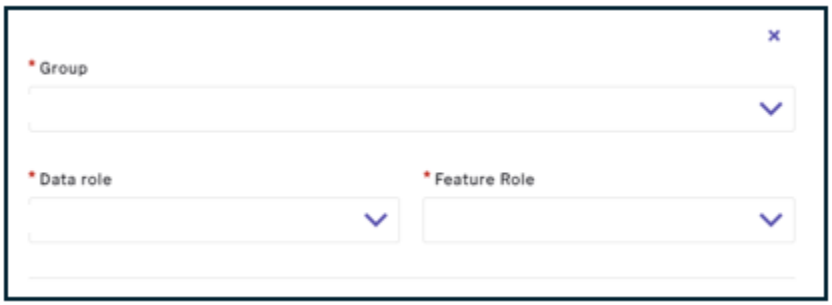
Last Name (4): Enter the user's last name

Group (5): This will default to your group if you only manage one. If you manage multiple groups, select the applicable name from the drop-down menu. **Note**: If more than one group have the same or similar name, the parent organization for each group will display in parenthesis to distinguish them.

Data Role (6): Select the user's applicable data role within the group from the drop-down menu.

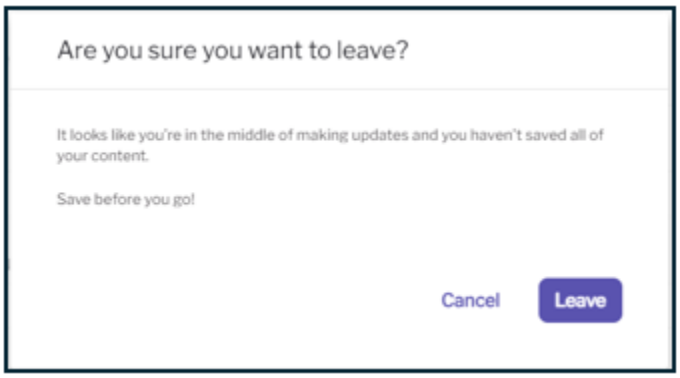
Feature Role (7): Select the user's applicable feature role within the group from the drop-down menu.

+ Add another group (8): Click to add the user to one or more additional groups you manage. Be sure to select the appropriate data role and feature role for each.



Click 'Invite' to save.

Note: If you forget to save before attempting to exit, you will receive a pop-up alert asking you to confirm your intention to exit without saving.

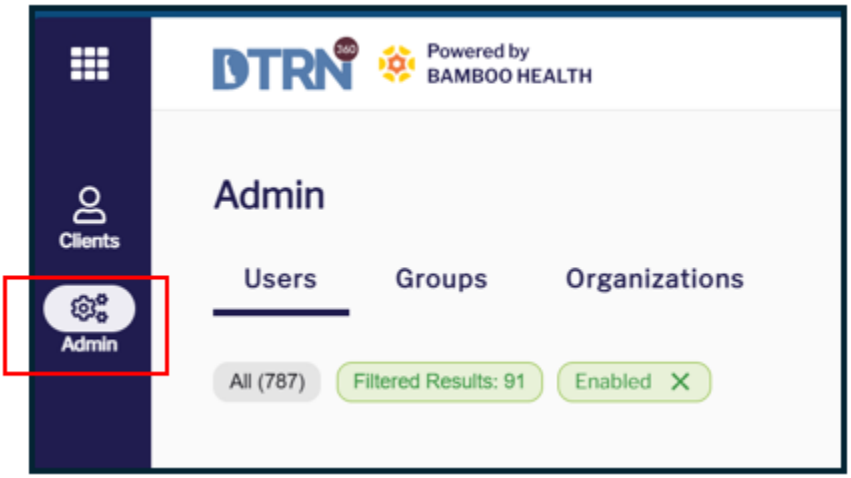


Click ‘Cancel’ to return to your unsaved work. Click ‘Leave’ to exit without saving your work.

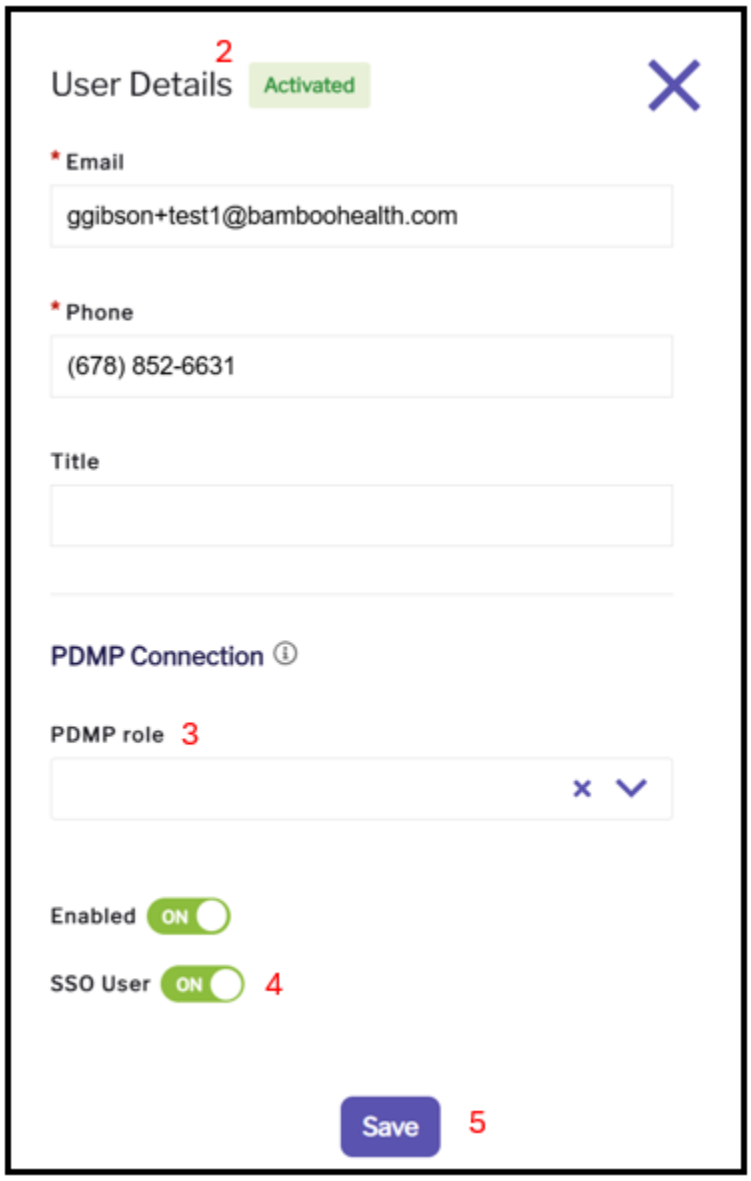
New users will receive an email with a link to activate their account. Refer to the Activate Your Account section above for additional information.

For Users with PMP Access

Each user requiring access to the PMP must have an assigned Data Role of Provider, Super Admin, or Analyst plus an assigned PDMP role. To assign the PDMP role, navigate to the Admin tab (1) where you will automatically default to the User tab.



Select the authorized user which opens the User Details (2) drawer. Select the appropriate ‘PDMP role’ from the drop-down list (3), ensure ‘SSO User’ (4) is toggled on, and click ‘Save’ (5).



Note: Not all PDMP user roles are supported. Although delegate roles are listed, delegates are not authorized to access PDMP data within DTRN360 as they do not perform prescribing or dispensing functions. Authorized delegates may continue to access patient reports through the DE PMP application in accordance with state guidelines.

User Account Status

A user's account can be in one of the following four statuses based on activity level.

1. Enabled – User has an account that is enabled but the user hasn't activated their account
2. Activated – User has an enabled account and has logged into the Platform
3. Locked – User is blocked from logging in but can access their account without contacting their admin for intervention. A locked account can occur when:
    a. A user's password has expired (90 calendar days) or
    b. A user has more than 3 password attempts or
    c. A user has not completed the Consent attestation
4. Disabled – User who has an account but is not enabled, regardless of whether the user activated their account or how recently the user logged in. A disabled account can occur when:
    a. An Admin or Bamboo Health manually disables a user's account
    b. An account is auto closed because the user has not logged in within the past 90 calendar days

Edit User Account

To make changes to an existing user account, navigate to the Admin tab and click on the applicable user's name. Select the desired tab and revise the applicable information accordingly. Click 'Save' to make the changes effective in real-time.

Additional User Details

Administrators (Admins) have access to the following additional details about the user as applicable.

1. **Details**: (Admin can edit)
    a. User's first and last name
    b. User's email address
    c. User's phone number
    d. User's Title
    e. User's PMP role
    f. Whether the user is enabled or not
2. **Groups**: (Admin can edit)
    a. Group(s) the user is a member of
    b. Data role for each group the user is a member of
    c. Feature role for each group the user is a member of
3. **Access**: Displays only what the user can access based on the group the user is a member of. (Admin cannot edit)

a. Data Role Details – Data Role Name and Level of Access for each data type
b. Feature Role Details – Feature Role name and Level of Access for each feature type.

Version History

Version	Author	Date	Changes
1.0	Gina Gibson	5/12/25	Initial release for V1
2.0	Gina Gibson	10/16/25	Added/revised PMP access requirements