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Header 1

List View

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

Procurement Folder: 1985877
Procurement Type: Request for Information
Vendor ID: VS0000041342
Legal Name: Codist Cafe
Alias/DBA: Codist Cafe
Total Bid: $0.00
Response Date: 07/14/2026
Response Time: 13:25
Responded By User ID: codistcafe
First Name: Blaise
Last Name: Liu
Email: blaise.liu@codistcafe.com
Phone: 3043761121

SO Doc Code: CRFI
SO Dept: 0511
SO Doc ID: BMS2600000001
Published Date: 7/9/26
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Close Time: 13:30
Status: Closed
Solicitation Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER
Total of Header Attachments: 1
Total of All Attachments: 1

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 ESR07142600000000240	1

VENDOR

VS0000041342
Codist Cafe

Solicitation Number: CRFI 0511 BMS2600000001

Total Bid: 0 **Response Date:** 2026-07-14 **Response Time:** 13:25:42

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				

Comm Code	Manufacturer	Specification	Model #
93151507			

Commodity Line Comments: This is an RFI. Not a bid.

Extended Description:

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

TITLE PAGE

RFI Subject: Tracking System for Substance Use Disorder Providers **RFI Number:** CRFI 0511 BMS2600000001 (Version 2, including Addendum 1) **Proc Folder:** 1985877 **Issuing Agency:** West Virginia Department of Human Services, Bureau for Medical Services (BMS)
Response Submitted By: Codist Cafe LLC

Field	Value
Vendor Name	Codist Cafe LLC
Business Address	1214 Forrest Drive, Hurricane, WV 25506
Telephone	(304) 376-1121
Fax	(none — please use email)
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Contact Email	blaise.liu@codistcafe.com
FEIN	08-6263828
Business Type	West Virginia Limited Liability Company
wvOASIS Vendor	Active — Vendor Self Service (VSS); commodity 43230000 (Software Service)

Authorized Signature: Blaise Liu **Date:** July 14, 2026

Name/Title: Blaise Liu, Principal, Codist Cafe LLC

TABLE OF CONTENTS

A. RESPONSE REFERENCE

RFI Number: CRFI 0511 BMS2600000001 **RFI Request (restated):** The West Virginia Purchasing Division, on behalf of the Department of Human Services, Bureau for Medical Services (BMS), is seeking information to develop specifications for a **Tracking System for Substance Use Disorder Providers** — specifically, a system to collect performance outcome measures for SUD providers, implemented at the provider level.

This document is Codist Cafe LLC's response to that request, addressing each item in Section 3 (Information Being Sought) and Section 3.2.2's specific outcome measures. **No pricing is included**, consistent with Section 2 of the RFI ("PRICING IS NOT TO BE INCLUDED IN THIS SOLICITATION").

B. EXECUTIVE SUMMARY

Codist Cafe LLC is a West Virginia–based, AI-native software engineering and IT consulting firm. We design and build secure, data-intensive applications — intake and integration pipelines, measure-computation engines, analytics dashboards, and identity-protected portals — on cloud-native infrastructure (Azure/.NET and edge platforms) with Microsoft Entra ID for identity and access management.

We are responding to this RFI because we believe the system BMS is scoping is, at its core, an **engineering problem**: ingest data from multiple state and provider sources, compute a defined set of outcome measures consistently, present them to providers and to BMS, and protect extraordinarily sensitive information (SUD records, claims, criminal-justice and child-welfare data) to the standards the law requires. That is the work we do.

Important, candid framing. Codist Cafe does **not** market an off-the-shelf SUD tracking product today. Where the RFI asks what our system "currently tracks" or how providers have "discussed using" our product, we answer honestly: the system described in this response is the one we would **build** for BMS and its provider network. We believe an RFI is exactly the right venue for this candor — its stated purpose is to help the Agency *develop specifications*. A WV engineering firm that can speak concretely to architecture, measure logic, security, and integration is precisely the kind of input that strengthens those specifications.

We further believe no single firm — ours included — can deliver the full data scope alone, because several measures depend on data the State controls (Medicaid claims, benefits enrollment, criminal-justice and CPS records). Our proposed approach therefore pairs Codist Cafe (prime, engineering) with a clinical/compliance partner and the State's data stewards under the necessary data-sharing agreements. This mirrors how successful statewide health-data programs are delivered.

C. COMPANY OVERVIEW

- **Legal name:** Codist Cafe LLC (West Virginia LLC)
- **Location:** 1214 Forrest Drive, Hurricane, WV 25506
- **Principal:** Blaise Liu
- **wvOASIS status:** Active vendor; registered commodity 43230000 (Software Service)
- **Practice areas:**
    1. **Advanced application engineering** — mission-critical, high-throughput web and cross-platform applications, secure APIs, and data platforms on Azure Functions (.NET) and edge infrastructure.
    2. **AI & data automation** — custom multi-agent workflows, document/data extraction, and orchestration (e.g., n8n) for triage, ingestion, and measure computation.
    3. **Identity & secure portals** — Microsoft Entra ID (CIAM) for authentication, role-based access control, and client/partner portals.
- **Relevant engineering strengths for this engagement:** secure data integration and ETL; reproducible measure computation (auditable logic, not black-box); dashboard and reporting design; audit logging; and AI-assisted extraction of structured data from unstructured clinical/operational documents.

Note: Codist Cafe is a small, WV-headquartered firm. For larger or highly regulated engagements we partner with specialized firms, and we have structured that approach into this response (Section 8).

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1. RESPONSE TO 3.1.1 — Description of a Tracking System for SUD Provider Outcome Measures

We propose a **provider-level SUD Outcome Tracking Platform** with four layers:

1.1 Data Ingestion & Integration Layer. A set of secure connectors and scheduled pipelines that pull or receive data from:

- Provider EHRs / treatment records (via FHIR/HL7 where available, or structured file exchange where not);
- Medicaid claims (MMIS) for service and pharmacy claims;
- State benefits systems (Medicaid/SNAP/TANF/WIC enrollment);
- SDOH screening tools administered at the provider;
- Housing and recovery-support data sources (e.g., HMIS, where data-sharing permits);
- Criminal-justice and CPS sources (via the State, under data-sharing agreements and consent).

Each source is normalized into a common, versioned data model with a clear record of provenance, source, and load timestamp.

1.2 Measure Computation Engine. A deterministic, auditable rules engine that computes each defined outcome measure (Section 3.2.2) from the integrated data. Every measure's logic is expressed as documented, testable code — not a hidden calculation — so BMS and providers can audit exactly how a number was derived (which records, which date window, which exclusions).

1.3 Provider & Agency Reporting Layer.

- A **provider-facing portal** showing each provider's own outcome measures, trend lines, and the cohort behind each number — designed for usability by clinical and administrative staff (Section 4).
- A **BMS-facing analytics view** for program-level, cross-provider, and statewide reporting, with drill-down and export.

1.4 Security, Consent & Governance Layer. End-to-end encryption, role-based access, consent management (critical under 42 CFR Part 2), full audit logging, and data-minimization controls (Section 5).

The system is designed to be implemented **at the provider level** (each provider sees and operates on their own patients' data) while rolling up to BMS for aggregate oversight.

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2. RESPONSE TO 3.2.1 — Performance Outcome Measures Tracked

Honest answer: Codist Cafe does not currently operate a commercial SUD tracking product; therefore we do not "currently track" measures for any SUD provider base today. The list below describes what the system we would build for BMS **is designed to track** — and it directly maps to the measures in Section 3.2.2, plus the structural capability to add new measures as BMS's specifications evolve.

The platform is **measure-agnostic by design**: outcome measures are defined as configuration/logic in the computation engine, not hard-coded into the UI. This means BMS can add, revise, or retire measures without rebuilding the system — an important property for an agency still developing its specifications.

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3. RESPONSE TO 3.2.2 — Ability to Address the Specific Outcome Measures

We can address each of the following. For each, we state the **data source** and the **computation logic** our engine would apply.

#	Outcome Measure	Primary Data Source	Computation Logic
1	Follow-up — claim for SUD services within **7 days** of discharge	Medicaid claims (MMIS)	Index each discharge date; flag a qualifying SUD service claim within +7 days.
2	Follow-up — claim for SUD services within **6 months** of discharge	Medicaid claims	Same as above with a +180-day window.
3	Individuals with **verified abstinence** from non-prescribed substances	Lab/toxicology results or provider-attested screening	Count individuals with a qualifying negative result or attestation in the reporting period; source depends on data available to the State.
4	Individuals on **medication-assisted treatment (MAT/MOUD)**	Pharmacy claims + provider registry	Identify claims/records for buprenorphine, naltrexone, or methadone (and any future agents the State defines).
5	**SDOH** tracking/assessment post-discharge	SDOH screening tools (e.g., PRAPARE-style) at provider	Record structured SDOH assessment completion and results at/after discharge; track changes over time.
6	**Readmission** to SUD services within 30 days **without outpatient follow-up**	Medicaid claims	Detect residential/inpatient SUD readmission within 30 days of discharge AND absence of an outpatient SUD claim in the intervening window.
7	Connected to **stable, supported housing**	Housing referral/discharge-plan data; HMIS where permitted	Count individuals with documented stable housing placement (excludes shelter-only, per the RFI definition).
8	Connected to **primary care** — 1 visit within 3 months of discharge	Medical claims	Detect a primary-care E&M claim within 90 days post-discharge.
9	Connected to **employment, education, training**	Recovery-support/VR/education data or provider attestation	Count individuals with documented engagement in employment, education, or training programs.

#	Outcome Measure	Primary Data Source	Computation Logic
10	Engaged in **Medicaid, SNAP, TANF, WIC, or other state benefits**	State benefits/eligibility systems	Match individuals to active enrollment in any listed program during the period (via data-sharing).
11	**New arrests / law-enforcement interactions / CPS investigations**	Criminal-justice and CPS data (via the State)	Count individuals with a qualifying event in the period — **only** where lawful consent and data-sharing are in place (see 42 CFR Part 2 note in Section 8).
12	Individuals with a **discharge transition plan**	Provider-entered record	Count discharges with a documented transition plan (yes/no + date), captured at the point of discharge.

Summary: All twelve measures are addressable. Measures 1, 2, 4, 6, and 8 are computable largely from **claims data** the State already holds. Measures 3, 5, 7, 9, and 12 depend on **provider-entered or partner-system data** and are captured through the provider portal and integrations. Measures 10 and 11 depend on **State-controlled data** and require data-sharing agreements and, for SUD records, patient consent under 42 CFR Part 2. We flag this dependency explicitly because it is the single most important specification decision BMS will make.

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4. RESPONSE TO 3.2.3 — Provider-Level Implementation & User-Friendliness

Honest answer: Because Codist Cafe does not have an existing SUD product in the field, we do not yet have a base of providers who have "discussed using" it. Rather than imply otherwise, we describe the **provider-engagement and usability approach** we would bring to this build — which is, in our view, the correct way to de-risk a provider-facing system.

4.1 Implemented at the provider level. Each provider organization operates within a scoped tenant: their own patients, their own measures, their own users. Providers see their data immediately upon login; they never see other providers' patient-level data. BMS sees aggregated, de-identified program views unless a lawful basis exists for identified disclosure.

4.2 User-friendliness by design.

- **Role-based, task-oriented UIs** — separate, streamlined experiences for clinical staff (data entry, transition plans, SDOH screening), administrators (reporting, exports), and BMS analysts.
- **Minimal data entry** — we prioritize pulling data automatically from claims and EHR integrations so providers enter only what no system already holds (e.g., discharge transition plan, attested housing/employment).
- **Plain-language measure definitions** visible inline, so a provider always understands what a number means and how it was computed.
- **Mobile-responsive** screens for field and clinical use.

4.3 Provider engagement plan. We recommend a **provider advisory group** drawn from BMS-certified residential treatment providers, convened early, to validate workflows and definitions before build — followed by a phased pilot with a small provider cohort before statewide rollout. This is how provider-friendly (and therefore accurately-reported) systems are actually achieved.

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5. RESPONSE TO 3.2.4 — Security Measures to Protect Data Confidentiality

SUD data is among the most sensitive data the State holds. Our security approach is designed for **HIPAA** and, critically, **42 CFR Part 2** (which is more restrictive than HIPAA — SUD records generally may not be re-disclosed without patient consent). Measures include:

- **Identity & access:** Microsoft Entra ID (CIAM) with multi-factor authentication; strict role-based access control (RBAC) scoped per provider tenant; least-privilege by default.
- **Encryption:** TLS 1.2+ in transit; AES-256 encryption at rest for all databases, blobs, and backups; separate key management.
- **Consent management:** Explicit consent records governing which data may be shared and with whom — enforced at the data-access layer, not just the UI — to support 42 CFR Part 2 re-disclosure restrictions.
- **Audit logging:** Immutable audit trails of every access to, and disclosure of, protected records (who, what, when, why), retained per State requirements and available for inspection.
- **Data minimization & segregation:** SUD records segregated from general health data; only the minimum necessary data exposed to any given role or integration.
- **Secure engineering:** secrets in a managed vault (never in code); dependency scanning; SAST/DAST in CI; least-privilege managed identities for service-to-service calls.
- **Infrastructure:** cloud hosting in a compliant region (Azure Commercial or Azure Government, per State requirement); hardened, patched, and monitored infrastructure.
- **Operations:** documented incident-response and breach-notification procedures; Business Associate Agreements (BAAs) with all subprocessors; routine penetration testing and risk assessments.
- **De-identification:** aggregate/program views use de-identification or suppression rules to prevent re-identification of small cohorts.

We would align the final control set to whatever certifications the State requires (e.g., HITRUST, FedRAMP, CJIS) and to WV data-governance policy, and we would engage a compliance partner where specialized attestation is needed.

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6. RESPONSE TO 3.3.1 — Training Materials

We would deliver a complete training package tailored to each role:

- **Quick-start guides** for clinical and administrative provider staff (data entry, transition plans, SDOH screening, viewing measures).
- **Role-based video walkthroughs** for the provider portal and the BMS analytics view.
- **An in-application help system** with contextual guidance on each measure and field.
- **Administrator and "train-the-trainer" materials** so provider organizations can onboard their own staff.
- **Measure-definition reference documentation** explaining, in plain language, how each outcome measure is computed and what data drives it.

Note: As Codist Cafe does not have an existing SUD product, these materials would be produced as part of the build. We can provide samples of training materials from prior engagements on request.

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7. PROPOSED TECHNICAL ARCHITECTURE

- **Compute/API layer:** Azure Functions (.NET) exposing secure, audited APIs for ingestion, measure computation, and reporting.
- **Data store:** a normalized operational store plus an analytics layer (warehouse) optimized for measure computation and reporting; full at-rest encryption and segregation of SUD records.
- **Integration:** scheduled/triggered pipelines for claims, benefits, and partner-system data; FHIR/HL7 and structured-file adapters for EHRs where available; a provider-portal data-entry path for items no system holds.
- **Measure engine:** versioned, testable, documented rules (each measure's logic reviewable by BMS and by providers).
- **Front end:** responsive web application (React/TypeScript) with role-based, provider-scoped and BMS-scoped views.
- **Identity:** Microsoft Entra ID (CIAM) with MFA and RBAC.
- **AI/automation:** used selectively and safely — e.g., extracting structured data from unstructured clinical documents to reduce provider data-entry burden — never as a substitute for auditable measure logic.

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8. COMPLIANCE, DATA INTEGRATION & PARTNERSHIP APPROACH

8.1 The central dependency. Several measures (claims, benefits, arrests, CPS) depend on data the State controls. No vendor can compute those measures without the State's data-sharing and consent framework. We recommend BMS treat the **data-sharing and consent infrastructure** as a first-class part of the specification, not an afterthought.

8.2 Partnership model. We propose Codist Cafe serve as the **engineering prime**, teamed with:

- A **clinical/health-data-compliance partner** for measure validation, clinical workflow design, and compliance attestation (HIPAA/42 CFR Part 2; HITRUST where required); and
- The **State's data stewards** (MMIS, benefits, CJIS, CPS) under the necessary MOUs and consent management.

Codist Cafe does not currently have a clinical/compliance partner under contract for this engagement. **We are actively approaching prospective clinical and health-data-compliance partners**, and we will bring a named team forward at the RFP stage.

8.3 42 CFR Part 2 note. Because SUD records carry re-disclosure restrictions, the system's consent engine must govern not just whether a user can see a record, but whether a record may be **included in a shared report or downstream integration**. We design for this at the data-access layer.

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9. WEST VIRGINIA PRESENCE & ENGAGEMENT

Codist Cafe is headquartered in Hurricane, WV, and is a registered, active wvOASIS vendor. We are a West Virginia business, and we view serving State agencies as a core part of our mission. We would welcome a follow-up conversation with BMS and the Purchasing Division to refine any of the above, and we are glad to contribute to specification development in whatever format is most useful.

10. CLOSING

Thank you for the opportunity to respond. Codist Cafe LLC is prepared to build the SUD provider outcome-tracking system described above, working with BMS, a compliance partner, and the State's data stewards. We have intentionally been candid about what we do and do not have today, because we believe that candor produces better specifications — and better outcomes for the providers and patients the system will ultimately serve.

We welcome any questions.

Blaise Liu, Principal Codist Cafe LLC 1214 Forrest Drive, Hurricane, WV 25506 (304) 376-1121 blaise.liu@codistcafe.com FEIN 08-6263828

Pricing has been intentionally omitted, consistent with the RFI instruction: "PRICING IS NOT TO BE INCLUDED IN THIS SOLICITATION."