



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 2

List View

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

Procurement Folder: 724620

Procurement Type: Central Contract - Fixed Amt

Vendor ID: VS0000010026

Legal Name: NETSMART TECHNOLOGIES INC

Alias/DBA:

Total Bid: \$2,237,224.70

Response Date: 10/19/2020

Response Time: 18:26

Responded By User ID: NetsmartRFP

First Name: Lynsie

Last Name: Lightfoot

Email: llightfoot@ntst.com

Phone: 800-842-1973

SO Doc Code: CRFQ

SO Dept: 0506

SO Doc ID: MCH2100000001

Published Date: 10/13/20

Close Date: 10/20/20

Close Time: 13:30

Status: Closed

Solicitation Description: QRT CARE COORDINATION SOFTWARE SERVICE

Total of Header Attachments: 2

Total of All Attachments: 2



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:** 724620  
**Solicitation Description:** QRT CARE COORDINATION SOFTWARE SERVICE  
**Proc Type:** Central Contract - Fixed Amt

Solicitation Closes	Solicitation Response	Version
2020-10-20 13:30	SR 0506 ESR10192000000003052	1

**VENDOR**  
 VS0000010026  
 NETSMART TECHNOLOGIES INC

**Solicitation Number:** CRFQ 0506 MCH2100000001  
**Total Bid:** 2237224.700000000186264514923 **Response Date:** 2020-10-19 **Response Time:** 18:26:27  
**Comments:** Netsmart has already incorporated discounts into the pricing we are submitting in response to this CRFQ.

**FOR INFORMATION CONTACT THE BUYER**  
 Crystal G Husted  
 (304) 558-2402  
 crystal.g.husted@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	Quick Response Team Care Coordination Tracking Tool				748895.00

Comm Code	Manufacturer	Specification	Model #
43232300			

**Commodity Line Comments:** Please see Cost Detail attachment for specific cost information and assumptions.

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Optional Renewal Year 1				481519.85

Comm Code	Manufacturer	Specification	Model #
43232300			

**Commodity Line Comments:** Please see Cost Detail attachment for specific cost information and assumptions.

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Optional Renewal Year 2				495965.44

Comm Code	Manufacturer	Specification	Model #
43232300			

**Commodity Line Comments:** Please see Cost Detail attachment for specific cost information and assumptions.

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Optional Renewal Year 3				510844.41

Comm Code	Manufacturer	Specification	Model #
43232300			

**Commodity Line Comments:** Please see Cost Detail attachment for specific cost information and assumptions.

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 3



**Request for Quotation - CRFQ MCH210000001**  
**COST DETAIL**  
**Care Coordination Software Service**

Product: Product Name	Quote Line Item: Description		Year 1	Year 2	Year 3	Year 4
CareManager Subscription	Care Coordination Platform		\$145,800.00	\$150,174.00	\$154,679.22	\$159,319.60
CareConnect Referral	Interface to WVHIN for EMS/ED data		\$20,250.00	\$20,857.50	\$21,483.23	\$22,127.72
Direct Secure Messaging			\$3,000.00	\$3,090.00	\$3,182.70	\$3,278.18
KPI Dashboards	Analytics		\$20,745.00	\$21,367.35	\$22,008.37	\$22,668.62
Reporting Server			\$5,700.00	\$5,871.00	\$6,047.13	\$6,228.54
		<b>Sub-Total Recurring Fees</b>	\$195,495.00	\$201,359.85	\$207,400.65	\$213,622.66
Implementation & Training - One-Time Fees		<b>Implementation/Training</b>	\$281,400.00			
Success Consultant	1 FTE	<b>Full-time Success Consultant</b>	\$272,000.00	\$280,160.00	\$288,564.80	\$297,221.74
		<b>TOTAL</b>	\$748,895.00	\$481,519.85	\$495,965.44	\$510,844.41
<b>Assumptions:</b>						
50 Users						
Population of 9,000 lives being managed in the system						
No SSO/SAML integration will be needed						
All implementation/training/consulting fees include travel expenses						
Migration does not include custom imports						
CPI-U of 3% YOY						
Integration with ED/EMS thru WVHIN						



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

State of West Virginia  
 Centralized Request for Quote  
 Info Technology

<b>Proc Folder:</b> 724620		<b>Reason for Modification:</b>	
<b>Doc Description:</b> QRT CARE COORDINATION SOFTWARE SERVICE		ADDENDUM 2 TO PROVIDE ANSWERS TO VENDOR QUESTIONS	
<b>Proc Type:</b> Central Contract - Fixed Amt			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2020-10-13	2020-10-20 13:30	CRFQ 0506 MCH2100000001	3

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:**

**Vendor Name :** Netsmart Technologies, Inc.

**Address :**

**Street :** 11100 Nall Ave.

**City :** Overland Park

**State :** KS **Country :** US **Zip :** 66211

**Principal Contact :** Cathleen Panowicz, Government Solutions Manager

**Vendor Contact Phone:** (913) 696-3445 **Extension:**

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

While Netsmart does agree to certain terms and conditions as written, some we do not and are willing to negotiate those in good faith to reach mutually acceptable terms with the State.

**Vendor Signature X**  **FEIN#** 13-3680154 **DATE** October 20, 2020

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

**ADDITIONAL INFORMATION**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH'S (OMCFH), VIOLENCE AND INJURY PREVENTION PROGRAM (VIP), IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR SOFTWARE AS A SERVICE (SAAS) TERM CONTRACT FOR QUICK RESPONSE TEAMS (QRTS) CARE COORDINATION SOFTWARE LICENSING, TRAINING AND IMPLEMENTATION PER THE ATTACHED DOCUMENTS.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS\*\*\*

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US		HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Quick Response Team Care Coordination Tracking Tool				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US		HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Optional Renewal Year 1				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 1

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Optional Renewal Year 2				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**  
Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 2

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Optional Renewal Year 3				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**  
Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 3

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	VENDOR QUESTION DEADLINE	2020-10-01



	Document Phase	Document Description	Page
MCH2100000001	Final	QRT CARE COORDINATION SOFTWARE SERVICE	4

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Netsmart Technologies, Inc.

Authorized Signature:  Date: October 15, 2020

State of Kansas

County of Johnson, to-wit:

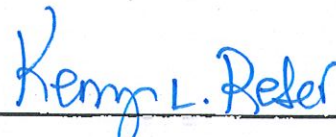
Taken, subscribed, and sworn to before me this 15 day of October, 2020.

My Commission expires August 30, 2024

AFFIX SEAL HERE



NOTARY PUBLIC



Purchasing Affidavit (Revised 01/19/2018)



*Prepared for:*

# State of West Virginia – Department of Health and Human Resources, Bureau of Public Health

Response to Request for Quotation

RFQ No. CRFQ MCH2100000001

October 20, 2020

**Contact:**

Clayton Harrison, Client Alignment Executive

Phone: (573) 694-2687

Email: [CHarrison1@ntst.com](mailto:CHarrison1@ntst.com)



**Netsmart**

[www.ntst.com](http://www.ntst.com)

11100 Nall Avenue  
Overland Park, KS 66211  
800.842.1973



October 20, 2020

Crystal Husted  
Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130

Dear Ms. Husted:

We appreciate being included in the West Virginia Department of Health and Human Resources (DHHR) Bureau of Public Health (BPH) RFQ process for a software-as-a-service (SaaS) term contract for Care Coordination software licensing, training, and implementation services. As a leader in the behavioral health, addiction treatment, public health, and child and family services communities, Netsmart Technologies, Inc. (Netsmart) is confident our solution will not only meet your current needs but also grow and adapt with your organization.

We are proud of the role our technology solutions and services play in coordinating care for individuals with substance use disorders, opioid use disorders and mental health issues. We recognize the importance of proactively engaging individuals with substance use disorders, and connecting them to the proper services and supports is a critical component of addressing the opioid epidemic. But just as important is the technology needed to support the documentation of care coordination activities ensuring the target population is connected to services, identifying gaps in care and tracking outcomes. Our technology and expertise help our clients deliver the full continuum of care to more than 30 million individuals nationwide.

We have every confidence that our solutions can meet all your strategic goals as well as your business requirements today and in the future. We look forward to demonstrating our solutions for West Virginia DHHR BPH. Please contact Clayton Harrison, Client Alignment Executive, with any questions or comments at (573) 694-2687 or [CHarrison1@ntst.com](mailto:CHarrison1@ntst.com).

Sincerely,

A handwritten signature in blue ink that reads "Kevin Kaufman".

Kevin Kaufman, Chief Executive Officer  
Netsmart Technologies, Inc.

This proposal is valid for ninety (90) days from the proposal submission date of October 20, 2020.

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**[www.ntst.com](http://www.ntst.com)**

11100 Nall Avenue  
Overland Park, KS 66211  
800.842.1973

# Table of Contents

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# Executive Summary

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## Understanding the Division's Needs

Netsmart recognizes that West Virginia has been significantly impacted by the substance use epidemic with a drug overdose death rate that has far exceeded other states in the nation. The Quick Response Teams (QRTs) are one of the many programs and initiatives being deployed as part of the State's Substance Use Response Plan. Netsmart partners with counties, states and private and non-profit community providers across the country to provide technology solutions that support the delivery of behavioral health, substance abuse, and social services. We believe that the combination of healthcare technology, policy, integrated care and data sharing can contain and eventually decimate the opioid crisis. Coordinating care for individuals and ensuring they and their family members are connected to care is essential to shifting the trajectory of the epidemic. Our solution provides a technology platform to document activities, share information, ensure individuals are connected to services and track outcomes with the ultimate goal of improving the lives of the target population.

We are excited for the opportunity to deploy a care coordination platform for the QRTs to connect individuals to services following an overdose event. We recognize the importance of transforming the opioid response to proactive measures to ensure individuals with substance use disorders are engaged in services and recovery.

## Proposed Solution

Netsmart's proposed solution to support the activities of the Quick Response Teams (QRTs) is our care coordination platform, CareManager. Netsmart's CareManager solution is a SaaS-based platform that provides care coordination, interoperability, analytics, outcomes and risk stratification.

## Summary of Key Features

### Care Coordination, Planning and Tracking

- Configurable rules engine prioritizes activities and care
- Integrates alerts and tasks into the care team's workflow
- Manages consumer assignments across agencies and teams
- Supports a closed-loop referral process, ensuring referred care actually takes place
- Coordinates care across providers and community resources

### Population Health

- Aggregates clinical data and provides population distribution details using a dashboard and reporting solution
- Provides additional insight into caseload from aggregated data collected
- Metrics help align population health approaches to areas that need the most assistance

### Key Benefits

- Person-centered planning addresses care transitions and long-term care needs
- Reduces costs with timely transitions
- Highlights potential gaps in care, critical issues and social determinants of health
- Simplifies access to information, yet retains privacy and security

Additional products include CareConnect for supporting care coordination by allowing the right information to be made available at the right time, to the right providers through secure messaging and referral management, along with KPI Dashboards for analytics.

## Vendor Qualifications

Netsmart is one of the longest standing healthcare information technology companies in the U.S. with headquarters in Overland Park, KS. Netsmart has over 50 years of experience focused on the health and human services industry, first providing addiction treatment billing solutions. Over time, we have evolved and expanded our platforms and today enable mission-critical clinical, operational, financial and administrative functions to over 35,000 organizations across the U.S. These include a tailored electronic health record (EHR), IT cloud and hosting operations, population health management, care coordination platform, revenue cycle management, interoperability and supplemental managed services.

As a leader in the industry, we partner with state, county and city agencies as well as community-based providers, for-profits and non-profits. Our public sector client base crosses behavioral health, intellectual and developmental disabilities, addiction treatment, corrections, social services, senior living and veteran homes, public health and vital records. Our solutions continue to focus on allowing clients to do what they do best: supply the critically needed services and treatment that support patient centric care.

Netsmart has established partnerships with numerous community providers throughout the State. Netsmart and WV DHHR recently entered into a contract for our Vital Records System and that project is currently in the implementation stage.

Examples of leveraging the CareManager solution are Health Homes of Upstate New York and Missouri Coalition for Community Behavioral Healthcare, outlined below.

### Health Homes of Upstate New York

Health Homes of Upstate New York (HHUNY) is a collaborative organization comprised of four (4) lead health homes who have come together to manage members who are eligible for health home care management services across 23 western and central counties in New York.

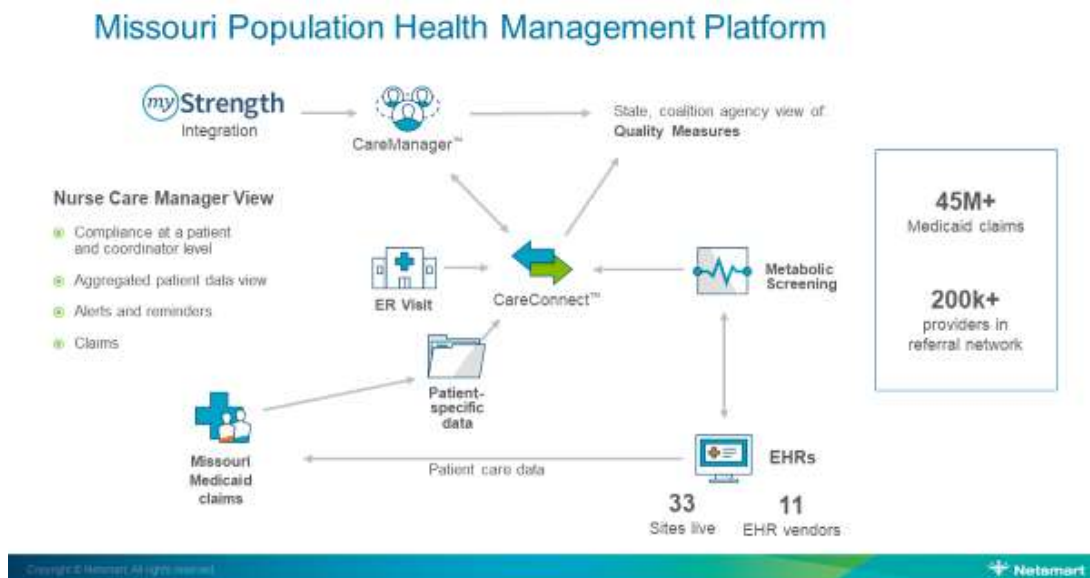
As shown in the following graphic, HHUNY uses Netsmart's CareManager as the central care coordination platform for more than 60 care management agencies and more than 3,300 direct service providers. This collaborative manages and coordinates the care for the high-risk population who are eligible for health home services in New York State. This group ensures the member gets the right care, at the right time, in the most appropriate care setting.



## Missouri Coalition for Community Behavioral Healthcare

The Missouri Coalition for Community Behavioral Healthcare, founded in 1978, represents Missouri's not-for-profit community mental health centers, as well as alcohol and addiction treatment agencies, affiliated community psychiatric rehabilitation service providers and a clinical call center. The Missouri Coalition and its 35 partner organizations work together to improve the system of care in Missouri and provide treatment and support services to more than 250,000 clients annually.

In 2016, the Missouri Coalition implemented Netsmart's CareManager platform to eliminate manual tasks, improve the delivery of care, and reduce costs. Because the coalition uses one system that can easily and securely share information across 33 member organizations, providers gain access to data in near real-time, enabling them to proactively notify the right people to offer the right care to individuals. Doing so saves time, improves outcomes, reduces costs, and increases staff and client satisfaction. Additionally, because the platform aggregates data to identify risks and trends, providers can address care for persons with complex needs, including co-occurring mental and physical health conditions, and better coordinate care between other providers.



## Choosing a Cause Connected Industry Leader as a Partner

Netsmart demonstrates its commitment to the behavioral health and connected communities through its continued work in Washington, D.C.

Netsmart is a founding member of the Behavioral Health IT Coalition (BHIT), an advocacy group comprised of key organizations, working in both houses of Congress for passage of corrective legislation to extend meaningful use incentive eligibility to community mental health centers, psychiatric hospitals, clinical psychologists and addiction services providers. If successful, this would allow behavioral health centers and children and family services facilities to be on par with the physical health world.

Additional advocacy includes:

- **42 CFR Part 2 Reform Legislation.** Netsmart played an instrumental role in laying the foundation for passage of the Protecting Jessica Grubb's Legacy Act (the Legacy Act) as part of the CARES Act. These significant amendments to 42 CFR Part 2 substance use treatment privacy regulations align them more fully with HIPAA.



- **The Next COVID-19 Relief Bill.** Netsmart is advocating with industry partners for inclusion of legislation critical to our clients and those they serve in either a new COVID-19 bill or the Continuing Resolution. The Continuing Resolution passed on September 30, 2020.

As the knowledge and technology leader in the human services communities, Netsmart is committed to advocacy on key issues that impact our clients' ability to provide critical services and coordinated, integrated care.

Netsmart is:

- An Affiliate Member of the National Council for Behavioral Health (National Council) who advocates on behalf of its members for access to comprehensive, high-quality mental health and addictions treatment services.
- a Corporate Partner of the National Council for Behavioral Healthcare, sharing knowledge and thought leadership at its annual conference and joining them in public policy initiatives.
- A Corporate Partner of the National Association of Mental Health Program Directors (NASMHPD).
- A Premier Corporate Partner of the National Association of Counties (NACo) who represents 3,069 county governments across the United States, working with them to achieve strong, healthy and secure communities.
- a Gold Partner of the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD), participating in their annual legislative and policy conference, conducting webinars for their members, and providing articles on topics of interest for the association's newsletter.
- Black Book Award winner. In 2020 Netsmart received the following Black Book Awards: #1 Client Rated Behavioral Health EHR; #1 Client Rated Interoperability, Care Coordination and Connectivity Solutions; and #1 Client Rated Population Health and Analytics.
- Netsmart Developed and Sponsors the EveryDayMatters® Foundation.  
[www.everydaymatters.com](http://www.everydaymatters.com)
- Mental Health First Aid Certified. Netsmart certifies its associates in Mental Health First Aid. We currently have 800 associates certified and have associates certified and qualified as instructors to provide Mental Health First Aid Training.

# Netsmart's Response to 3. Qualifications and 4. Mandatory Requirements

Request for Quotation

CRFQ MCH2100000001

Quick Response Team Care Coordination Software as a Service

<b>3</b>	<b>Qualifications:</b> Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications:	
Item #	Requirement	Response
3.1	Have a minimum of three (3) consecutive years maintaining care coordination software in production environments. Documentation must be provided prior to award.	The proposed platform has been in production for over eight 8 years.
3.2	Have a minimum of two (2) consecutive years' experience with community opioid response and quick response team/rapid response team concept.	We have worked with health and human services providers for over 50 years. Many of our clients leverage our solutions to support substance use disorders, opioid use disorders, MAT, mental health and a wide range of additional services. We are very familiar with community opioid response efforts. This is a key focus for many of our clients.
3.3	Experience with successful implementation in rural or geographically isolated settings.	We have successfully implemented our solutions in all 50 states, in both rural and metropolitan settings.
3.4	Experience with successful collaboration on federal grant reporting, both recurrent and ad hoc requests.	A large number of our clients receive federal, state or local grant funding and leverage our solutions to meet reporting requirements.
<b>4</b>	<b>Mandatory Requirements:</b> Mandatory Contract Services Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.	
Item #	Requirement	Response
4.1.1.1	Care Coordination Tracking Tool must be compliant with the Health Insurance Portability and Accountability Act (HIPAA).	The proposed solution is HIPAA compliant.
4.1.1.2	Care Coordination Tracking Tool must be capable of identifying persons who have experience an overdose event within 72 hours of occurrence.	Overdose event details can be entered into the system or consumed electronically. There are not enough details in the RFQ or Addendum to determine the integration expectations with EMS and/or EDs. Netsmart has extensive experience developing and deploying interoperability networks. It's possible this information could be received from WVHIN should EMS and EDs be transmitting overdose encounter event data to the statewide HIE. Netsmart has already begun integration work with WVHIN to connect our WV clients to the HIE. EMS and ED staff could also

		be given access to the Care Coordination tool to directly enter overdose data. Regardless of approach, based on the event criteria (i.e., overdose event), the system can enforce a workflow to inform assigned staff to contact the individual within the 72-hour period and document all communication for full reporting capabilities.
4.1.1.3	Care Coordination Tracking Tool must be able to document all communication between the QRT and their target population, and allow connections for continuous support for populations who overdose and/or have need of follow-up support services	Communication between the QRT and the target population is documented in the system. Tasks can be created in the system and assigned to ensure team members provide continuous support and follow-up. Referrals can also be made securing via the platform.
4.1.1.4	Care Coordination Tracking Tool must be able to document all modes of communication and treatment available to the target population and track treatment and communication status of this population.	Mode (e.g., phone call, video call, face to face) and status of communication (e.g., connected, left message, no response) can be documented in the system. Referrals can also be made via the platform.
4.1.1.5	Care Coordination Tracking Tool must be able to document all program and treatment enrollment barriers.	Barriers to program and treatment enrollment can be documented in the system.
4.1.1.6	Care Coordination Tracking Tool must be able to track naloxone distribution.	The system can track distribution but does not manage the inventory.
4.1.1.7	Care Coordination Tracking Tool must be configurable to suit the individual needs of the local QRTs. Configurable features by local area must include assessment forms and follow-up process templates. for the purposes of this RFQ, configurable means changes can be made and put into production in 24-48 hours without modifying the code, re-testing or updating deployments.	System administrators or appropriate designated staff have the ability to configure the system such as changes to assessment forms or follow-up process templates without the need for code modification.
4.1.1.8	Care Coordination Tracking Tool must provide feedback to participating QRTs through weekly reporting including, but not limited to, caseloads, contacts attempted, contacts made and status changes.	Data entered into the system is available for reporting. Key Performance Indicator (KPI) Dashboards can be utilized to track the data needed for weekly reporting.
4.1.1.9	Care Coordination Tracking Tool must also be configurable (see 4.1.1.7) to include additional support services, barriers, notes, etc. once the initial configuration is complete.	System administrators or appropriate designated staff have the ability to configure the system once the initial configuration is complete.
4.1.1.10	Care Coordination Tracking Tool must have system updates on a quarterly basis, at minimum. Updates must occur with no more than 24 hours of downtime and without impact to regular use.	CareManager is a multi-tenant SaaS solution and is updated on consistent bi-monthly intervals. The updates are first applied by Netsmart technical staff to the UAT environment for user acceptance testing followed by an update to the Production environment with little to no impact on regular use.

4.1.1.11	Care Coordination Tracking Tool must be able to generate reports and identify high-risk health related comorbidities.	Reports can be generated to identify high-risk health related comorbidities. Risk factors of the target population can help identify high risk individuals to ensure targeted engagement.
4.1.1.12	Care Coordination Tracking Tool must have capacity to support no less than fifty (50) simultaneous users performing routine transactions with a no less than 0.50 second delay, with routine maintenance checks.	The system supports this requirement. The proposed solution is currently deployed with clients that have thousands of users. CareManager is a real time web application which is responsive to mouse clicks and keystrokes.
4.1.1.13	Care Coordination Tracking Tool must allow authorized users to collect and share population information.	User roles and access are defined and managed by agency to ensure authorized users can collect and share information.
4.1.1.14	Care Coordination Tracking must provide a 360° view of QRT participants across all QRT sites to users with appropriate authority.	Based on user roles and access, only users designated by BPH will have access to all QRT participant information across all QRT sites. Tenant level administration allows for the state to have a view into everything happening across all QRTs, while the individual QRTs can only see their information.
4.1.1.15	Care Coordination Tracking Tool must be able to provide de identified data sets of all local activity to the State for further analysis.	De-identified data sets can be exported for further analysis.
4.1.1.16	Vendor shall provide a success consultant deployed in the State to work with local teams and oversee services to all West Virginia QRTs.	Netsmart can meet this requirement, and has included this in our cost.
4.1.1.17	Established documented procedures for software enrollment.	Training guides, user guides and online documentation are available, and will be customized for your unique workflows.
4.1.1.18	Vendor will be available for consultation no less than once a month	A Client Alignment Executive will be assigned to BPH after contract execution and will be available for monthly scheduled calls or as deemed necessary. Other individuals from the Population Health business unit will also be available, whom have expertise in the platform and can assist with technical questions as well.
<b>4.1.2</b>	<b>Evaluation</b>	
<b>Item #</b>	<b>Requirement</b>	<b>Response</b>
4.1.2.1	Vendor must provide transparent access to ALL West Virginia QRT data for ongoing BPH inquiry.	All data is available for inquiry.
<b>4.1.3</b>	<b>Training and Implementation</b>	
<b>Item #</b>	<b>Requirement</b>	<b>Response</b>
4.1.3.1	Upon execution of the contract, vendor must provide to BPH all training materials relative to its care coordination tracking tool.	Acknowledged and will comply. BPH specific training materials would be created as part of the implementation.
4.1.3.2	Vendor must provide implementation and support services necessary to sustain care coordination and data collection for all QRTs in	The implementation project will begin within 30 days of award.

	the State of West Virginia within 30 days of award.	
4.1.3.3	Vendor must provide on-line or in-person training and implementation services with each QRT, as identified by BPH, within 72 hours of gaining access to the vendor's care coordination tracking tool. Training delivery method will be determined based on QRT need and preference.	Netsmart and BPH will collaborate to determine the implementation and training schedule for each QRT. Based upon the schedule, vendor will provide access to the identified QRT within 72 hours.
4.1.3.4	Training and Implementation for each QRT must be documented.	Delivery of training and implementation services will be documented.
4.1.3.5	Vendor is responsible for importing historic data from current care coordination tracking tool for all QRTs currently utilizing coordination software.	Netsmart will provide BPH with the format in which historic data must be populated for upload into the new system.

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Cathleen Panowicz, Government Solutions Manager

(Name, Title)

Cathleen Panowicz, Government Solutions Manager

(Printed Name and Title)

11100 Nall Ave., Overland Park , KS 66211

(Address)

913.696.3445 913.696.9831

(Phone Number) / (Fax Number)

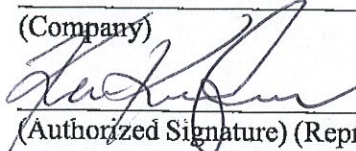
cpanowicz@ntst.com

(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Netsmart Technologies, Inc.

(Company)

 , Chief Financial Officer

(Authorized Signature) (Representative Name, Title)

Kevin Kaufman, Chief Financial Officer

(Printed Name and Title of Authorized Representative)

October 20, 2020

(Date)

800.842.1973 913.696.9831

(Phone Number) (Fax Number)

While Netsmart does agree to certain terms and conditions as written, some we do not and are willing to negotiate those in good faith to reach mutually acceptable terms with the State.

**REQUEST FOR QUOTATION**  
**CRFQ MCH210000001**  
**Quick Response Team Care Coordination Software as a Service**

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**10. VENDOR DEFAULT:**

**10.1.** The following shall be considered a vendor default under this Contract.

**10.1.1.** Failure to perform Contract Services in accordance with the requirements contained herein.

**10.1.2.** Failure to comply with other specifications and requirements contained herein.

**10.1.3.** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

**10.1.4.** Failure to remedy deficient performance upon request.

**10.2.** The following remedies shall be available to Agency upon default.

**10.2.1.** Immediate cancellation of the Contract.

**10.2.2.** Immediate cancellation of one or more release orders issued under this Contract.

**10.2.3.** Any other remedies available in law or equity.

**11. MISCELLANEOUS:**

**11.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Cathleen Panowicz, Government Solutions Manager

**Telephone Number:** (913) 696-3445

**Fax Number:** (913) 696-9831

**Email Address:** cpanowicz@ntst.com

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ MCH2100000001**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

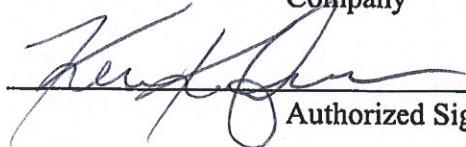
(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Netsmart Technologies, Inc.

\_\_\_\_\_  
Company

  
\_\_\_\_\_  
Authorized Signature

October 20, 2020

\_\_\_\_\_  
Date

**NOTE:** This addendum acknowledgement should be submitted with the bid to expedite document processing.





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

**State of West Virginia  
 Centralized Request for Quote  
 Info Technology**

<b>Proc Folder:</b> 724620		<b>Reason for Modification:</b>	
<b>Doc Description:</b> QRT CARE COORDINATION SOFTWARE SERVICE		ADDENDUM 2 TO PROVIDE ANSWERS TO VENDOR QUESTIONS	
<b>Proc Type:</b> Central Contract - Fixed Amt			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2020-10-13	2020-10-20 13:30	CRFQ 0506 MCH210000001	3

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:**  
**Vendor Name :** Netsmart Technologies, Inc.  
**Address :**  
**Street :** 11100 Nall Ave.  
**City :** Overland Park  
**State :** KS **Country :** US **Zip :** 66211  
**Principal Contact :** Cathleen Panowicz, Government Solutions Manager  
**Vendor Contact Phone:** (913) 696-3445 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Crystal G Husted  
 (304) 558-2402  
 crystal.g.husted@wv.gov

While Netsmart does agree to certain terms and conditions as written, some we do not and are willing to negotiate those in good faith to reach mutually acceptable terms with the State.

**Vendor  
 Signature X**

**FEIN#** 13-3680154

**DATE** October 20, 2020

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

**ADDITIONAL INFORMATION**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH'S (OMCFH), VIOLENCE AND INJURY PREVENTION PROGRAM (VIPPP), IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR SOFTWARE AS A SERVICE (SAAS) TERM CONTRACT FOR QUICK RESPONSE TEAMS (QRTS) CARE COORDINATION SOFTWARE LICENSING, TRAINING AND IMPLEMENTATION PER THE ATTACHED DOCUMENTS.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS\*\*\*

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Quick Response Team Care Coordination Tracking Tool				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Optional Renewal Year 1				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 1

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Optional Renewal Year 2				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 2

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BPH - MATERNAL & CHILD HEALTH 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US	HEALTH AND HUMAN RESOURCES BPH/MCH - HANDICAPPED CHILDREN 350 CAPITOL ST, RM 427 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Optional Renewal Year 3				

Comm Code	Manufacturer	Specification	Model #
43232300			

**Extended Description:**

Quick Response Team Care Coordination Tracking Tool  
Optional Renewal Year 3

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2020-10-01

SOLICITATION NUMBER: CRFQ MCH210000001

Addendum Number: 2

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The purpose of this addendum is to modify the solicitation identified as CRFQ MCH210000001 ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other-

**Additional Documentation:** This addendum is to answer vendor questions. No other changes.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**Question 1:** Can the SUD experience requirements be with the subcontractor instead of the prime vendor?

**Answer 1:** No.

**Question 2:** What is the estimated number of SUD individuals that will be engaged by the QRT teams over the course of the 12-month contract period?

**Answer 2:** Average from years 2017-Present is approximately 8,805/annually.

**Question 3:** What is the estimated number of QRT team members that will be using the selected care coordination system?

**Answer 3:** Currently, a minimum of 35 persons in need of use of a system. This number will increase over time as QRTs come online across the state.

**Question 4:** Can the proposal due date be extended two weeks to give us time to respond to the answers to the RFP questions?

**Answer 4:** The bid opening has been extended to October 20, 2020.

**Question 5:** What is the required location and availability of the success consultant (video conferencing and/or onsite consultation?) for the 12-month period? Can this service be provided remotely in full or in part? Should this person be dedicated full time only to this project?

**Answer 5:** Availability is as needed by the QRT teams. There is also a minimum monthly requirement for a meeting with the state public health team, as well as a minimum monthly meeting with each QRT. Services can be provided in a combination of in person and remote consultation at the discretion of the need of the QRT teams and/or selected vendor. As QRTs expand across the state, it is likely that a full-time employee be dedicated to this work.

**Question 6:** Will there be a required integration from hospitals EMR systems to get client overdose data or will someone send the information by fax or email which will then be manually put in the system to produce the required report to show the clients/patients that had an overdose within 72 hours?

**Answer 6:** Overdose information will come directly from integration to receive data from emergency medical services (transporting agencies) and/or emergency departments. Manual data entry comes from the QRT team members documenting an encounter with a person who has experienced a nonfatal overdose event.

**Question 7:** What is the current West Virginia care coordination tool being used today where historic data will need to be imported into the new care coordination tool?

**Answer 7:** The current system utilizes a care coordination platform that is a web-based software as a service. Any historical data would be exported into a new system via a .csv file after a crosswalk of required data elements/fields.

**Question 8:** What is the name of the existing care coordination system tool where historic data will need to be imported into the new care coordination system?

**Answer 8:** The current system utilizes a care coordination platform that is a web-based software as a service. Any historical data would be exported into a new system via a .csv file after a crosswalk of required data elements/fields.

**Question 9:** What specific data will need to be imported from the existing care coordination system (e.g. demographics, notes, assessments, medical records, etc.)?

**Answer 9:** All data would need to be imported to a new system, including demographics, notes, assessments, and applicable patient records.

**Question 10:** Can the historic data be exported out in a simple CSV file?

**Answer 10:** Yes.

**Question 11:** What is the estimated number of client data records that will need to be imported from the existing care coordination system?

**Answer 11:** Current total record count is unknown; Annual average of 8,805 persons experiencing overdose in WV. Not all overdoses are transported by EMS (current data source).

**Question 12:** Is this contract a fixed price contract, or can we segment the data conversion estimate as a separate line item to be determined price item based on the final determined requirements of the conversion effort?

**Answer 12:** Fixed price contract per specs. Additional costs would be considered through a separate process as needed post-award.

**Question 13:** Can the proposal due date be postponed allowing at least two (2) weeks after answers to questions are posted?

**Answer 13:** The bid opening has been extended to October 20, 2020.

**Question 14:** What QRTCC software has the State reviewed or had demonstrated?

**Answer 14:** Only reviewed QRTCC software is the current data repository (cloud-based, relational database).

**Question 15:** How many QRT Teams does the State currently have and anticipate the Vendor training?

**Answer 15:** Current number of QRT teams is 17. Majority of these teams are operational; no less than 6 new teams are in the process of current vendor training. QRTs Teams will be expected to increase over the 12-month period.

**Question 16:** Where are the QRT Teams located?

**Answer 16:** QRT Team are located across the state; northern-most team is in Wheeling area, eastern-most in Berkeley County; southern-most is Mercer/McDowell, western-most is Cabell. This is truly a statewide initiative.

**Question 17:** Is training expected to be local to the QRT Team or at the State office in Charleston?

**Answer 17:** Both types of training locations should be considered. QRT training can be anticipated at each team's site, as well as training for state employees serving as administrators in Charleston.

**Question 18:** What is the current care coordination tracking tool that is currently being used by QRT's?

**Answer 18:** Current care coordination tracking tool being used is a cloud-based, relational database.

**Question 19:** Please describe the existing data repository that must be converted. We need the following information at a minimum:

- a. Repository format (eg. Text file, xls, SQLServer database, etc.)
- b. Logical and Physical Data model
- c. Data dictionary
- d. Sizing – row/record count per table
- e. Data validation rules

**Answer 19:** The current data repository is a cloud-based, relational database. Data is provided via submissions by local emergency medical service transporting agencies into the system for utilization by QRTs.

**Question 20:** When does the State require historic data be converted from the current care coordination tracking tool?

**Answer 20:** Ideally, the historic data should be converted into a new care coordination tool within the first quarter of the award (within 3 months). Most important aspect of a new vendor is availability of a system to track ongoing care coordination within 30 days of award.

**Question 21:** How many cases does the State currently manage for this program and what growth do you expect?

**Answer 21:** Average annual persons experiencing nonfatal overdose is currently 8,805. Not all of these would be in database, as data is based on EMS transporting agencies (i.e., if person not transported by EMS). Growth is somewhat unpredictable, as it is dependent on individual behavior and availability of and changes in substance use.

**Question 22:** Please list the existing workflows and business processes that will need to be configured or accounted for in the proposed solution. This directly impacts the level of effort to install, configure, and train.

**Answer 22:** Current workflow for QRT Team is to receive alert from care coordination platform and follow-up in community with persons experiencing overdose. Business processes include ability to receive data from EMS agencies and create alerts for respective QRTs to act upon.

**Question 23:** What specific interfaces are required?

**Answer 23:** Web-based access to summary overdose data, as well as download capability.

**Question 24:** What are the State's security requirements, especially for user authorization and authentication?

- a. Does the State have a single-sign-on tool that the Vendor will be required to integrate/interface?

**Answer 24:** User authorization is to be approved by state administration contacts and access is authorized manually. There is no single-sign-on tool to integrate.

**Question 25:** What are the specific on-site requirements for the Vendor?

**Answer 25:** Vendor is not required to operate from Charleston, WV. On-site presence may be required for an annual federal meeting, for training, and on-site for respective QRTs as needed.

**Question 26:** Will the State directly license proposed Cloud-based resources such as AWS or is this expected to be included in the Vendor's proposed SAAS pricing?

**Answer 26:** Licensure for cloud-based services should be included in the vendor's proposed SAAS pricing.

**Question 27:** Please clarify Specifications, Mandatory Requirement 4.1.3.2 which states that the Vendor must provide implementation and support services within 30 days of award. Does this requirement mean that the product must be installed, configured, and fully functional within 30 days of award?

**Answer 27:** Yes. It is of utmost importance that a system is available within 30 days of the award to minimize the need for historical data conversion.

**Question 28:** For Requirement 4.1.1.2, how does the State envision the system being able satisfy the 72-hour requirement?

**Answer 28:** The system facilitates the interaction required by data reported by EMS agencies within 72 hours and community follow-up by the QRT. As such, the system is the tool to enable the requirement to be met.

**Question 29:** Please confirm that pricing is to be fixed price for the initial contract year and fixed price for each of the optional contract years.

- a. Does the State intend on the initial contract year pricing being all inclusive of installation, configuration, training, conversion, Success Consultant services, and Vendor consultation services?

- b. The online pricing sheet appears to not allow for proposing/pricing an alternate project approach. How can a Vendor propose a mixture of fixed and time-and-material based services such that the services can be scaled to meet the specific needs of the State?

**Answer 29:** Yes, fixed pricing for initial year, as well as subsequent optional contract years.

- a. Yes.

- b. Additional needs of the state over time will be addressed through a subsequent process as needed.



- Question 30:** Please clarify the on-site requirements for the Success Consultant identified in 4.1.1.16.
- Will this individual be dedicated fulltime on-site at the State office?
  - To what extent can the Success Consultant work remote?
  - Will the Success Consultant be required to travel to various QRT office locations throughout the State?

**Answer 30:**

- Consultant could be based full-time, on-site at State office, but this is not a requirement
- The Success Consultant can work remotely to the extent needed.
- Yes, the consultant will be required to travel to various QRT locations throughout the state as needed.

- Question 31:** How does the role of the Success Consultant differ from the consultation responsibility identified in 4.1.1.18?

**Answer 31:** The Success Consultant provides more “boots on the ground” technical assistance to the on-going success of individual QRTs. Consultation responsibility is related to subject matter expertise in QRT initiatives and substance use interventions.

- Question 32:** Is there a Planning Contractor or Consultant that has been advising the State during the development of this RFP? If so, who is it?

**Answer 32:** No consultant has been advising development of the RFP. This is based upon previous experience of similarly requested services, as well as other state examples of similar services for QRT efforts.

- Question 33:** Please describe the existing system.

- What is the software currently being used for OCC?
- Who is the Vendor responsible for maintaining the current OCC tool and what will their involvement in this project be?
- Will the current OCC tool be discontinued after implementation of the new SAAS tool?
- Does the State expect the new OCC tool to provide at least the same/similar function as the existing software?

**Answer 33:**

- Current data repository is a cloud-based, relational database.
- Cordata; vendor will not be involved in project if not awarded.
- Yes
- Yes

- Question 34:** The RFP does not identify any acceptance testing or demonstration requirements prior to beginning production implementation. What is the State’s requirement?

**Answer 34:** Vendor will provide design and implementation for a production environment and associated demonstration of service to be available prior to finalization of award.

Information about current service provision in this space (QRT care coordination) is also recommended for explanation of available, successful implementation.

**Question 35:** What other tool vendors, if any, have presented their solution to your organization? If so, which tool did they demonstrate?

**Answer 35:** Cordata; current data repository is a cloud-based, relational database.

**Question 36:** Department of ealth currently owning the software on premise and your intent is to move to cloud or we need to provide new licenses for QRT CARE COORDINATION SOFTWARE and provide cloud services?

**Answer 36:** No software for current services is owned by state. Current care coordination platform is a statewide license for cloud-based, software as a service.

**Question 37:** If it is new then how many user licenses needed?

**Answer 37:** No less that 35 users must be able to use the system at any one time. The number of users will increase as additional teams come online.

**Question 38:** If it is existing software that requires cloud services then DHS is ok to move to closest data center near Charleston ex Ash Burn, VA or some other DC locations?

**Answer 38:** Current vendor provides software as a service.

**Question 39:** What is the current infrastructure supporting this software?

**Answer 39:** Vendor provides all technical assistance and subject matter expertise to state team and QRT teams.

**Question 40:** My question is two-fold, is this requirement requesting a designated FTE (Full-Time Equivalent) deployed to the state of West Virginia? Or would a designated West Virginia implementation contact and remote trainer satisfy this requirement since the RFP centers around acquiring a SaaS (Software as a Service) application development? If the latter is acceptable, we believe great savings can be realized by the State of West Virginia for this project.

**Answer 40:** We anticipate a level of effort to support this service would equate to 1.0 FTE. Designated contact would also need ability to train in person if requested by state and/or QRT Team. Remote training is allowable, but there will be need for in person interaction at times.