STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

February 8, 2019

RFP #2019-16

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting technical proposals for a **Patient Funds System**. Request for Proposals (RFP) will be accepted until **Friday, April 26, 2019 at 2:00 pm**.

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. **By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed.** Postmarks of the date mailed are insufficient; the proposal must actually be received at the listed office by the date and time specified regardless of the delivery service used.

Sincerely,

Joey Kreauter

Joey Kreauter, Director
Office of Contracts & Purchasing

Organization:	ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)
RFP Closing Date & Time:	**Friday, April 26, 2019 at 2:00 pm** Review the mailing note.
RFP Contact Info:	Leola Rogers ADMH Office of Contracts & Purchasing RSA Union Building 100 North Union Street, Suite 570 Montgomery, AL 36104 Telephone Number (334) 353-7440 Email: leola.rogers@mh.alabama.gov

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Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. **By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed.** Postmarks of the date mailed are insufficient; the proposal must actually be received at the listed office by the date and time specified regardless of the delivery service used.

ADDITIONAL INFORMATION

1. Who **may** respond to this RFP? Software companies, Software Developers.

2. Who **may not** respond to this RFP? Staffing agencies, Employees of ADMH, and current state employees.

3. In order to do business in the State of Alabama all businesses **domestic** and **foreign** must be registered with the Alabama Secretary of State Office.
   *Domestic means within the State of Alabama. **Foreign means out-of-state.

4. If contracted with the State of Alabama, all vendors must:
   *Enroll in E-Verify System thru Homeland Security.
   *Register with STAARS Vendor Self Service at
   https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService

5. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

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1. INTRODUCTION

1.1 RFP OBJECTIVE

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified vendors from which to select a vendor to host and maintain a **Patient Funds System (PFS**) to incorporate into the Alabama Department of Mental Health's current organizational structure that provides solutions in an environment that will enable the development, management, and delivery of a comprehensive solution to allow for management of the State of Alabama mental health department to manage all aspects of the patients funds of all patients of the Alabama Department of Mental Health patients. Services, including learner and support tools (administration, design, and delivery tools, as well as a repository for storage and retrieval of patient funds records). This RFP provides the basis for establishing an annually renewable contract (for up to 3 years) with a specialist supplier of an internet based "software as a service" (SaaS) patient funds system as per the requirements set out in this document.

1.2 ABOUT THE ALABAMA DEPARTMENT OF MENTAL HEALTH

The Alabama Department of Mental Health, referenced herein as "the Department" or "ADMH", is the state agency responsible for serving Alabama citizens with mental illnesses, intellectual disabilities, and substance use disorders.

Annually, ADMH serves more than 230,000 people through a broad network of state psychiatric hospitals, a residential facility for persons with intellectual disabilities, regional offices, and numerous community-based contracting programs (non-governmental entities) that provide various services in locations throughout the State. The ADMH Central Office, located in Montgomery, consists of management, administrative, and support personnel that facilitate the services statewide that are provided through either state-operated facilities or contracted community providers. Budget management, planning, legal, advocacy, consumer empowerment, information technology, human resource management, investigations, certification, and staff development are but a few of the functions conducted by the various offices and/or bureaus operating in Central Office. The Department currently employs approximately 2,500 professional and non-professional staff with varying skill levels, and which include fewer than 200 employees located at the Central Office, including the Commissioner, Chief Operating Officer, Chief Financial Officer, Associate Commissioners, and their staffs.

The Department is structured with a Finance Office located in the Central Office under the Supervision of the Chief Operating Officer. Each facility and division has a business office .Each Business Office is responsible for providing all phases of the patients funds of each patient at the facility .The business office is responsible for each transaction including the deposits, withdrawals, transfers of funds and all other transactions involving that facilities patients. The winning vendor will provide training, coordination of patient funds accounts and transfer of patient's records from current system to the system that the vendor is implementing. The Department complies with federal and state rules, regulations, statutes, and other

guidelines, including the Americans with Disabilities Act, Health Insurance Portability and Accountability Act (HIPAA), etc. The Department's state hospitals/facilities are accredited by The Joint Commission and have deemed status with the Centers for Medicare and Medicaid Services (CMS). In addition, the Department's only developmental disabilities center is licensed as an intermediate care facility (ICF/MR) through the Centers for Medicare and Medicaid Services (CMS).

Our customers include:

- ADMH business office employees with various skill levels where the majority have direct access to a state-owned WAN with Internet access;
- A small number of secretarial workers who have assigned state-owned personal computers and have limited technical interaction due to the nature of their jobs;
- Mental Health patients and their direct contacts.

2. PROJECT DETAILS

2.1 PROJECT SCOPE

The Alabama Department of Mental Health currently operates three inpatient psychiatric hospitals. Taylor Hardin Secure Medical Facility provides treatment for criminally committed patients. Mary Starke Harper Geriatric Psychiatry Center serves older people with mental illnesses. Bryce Hospital, the largest and the oldest, serves a more diverse population of adults with mental illnesses.

All three hospitals manage funds for their current patients, and may manage funds for some former patients. The hospitals use a system that was part of a hospital information system (CARES) that was developed in-house and has been in use since 1996. Since the old system is in the process of being replaced by an electronic health record that will not include patient funds management, we need a standalone replacement patient funds system which will be available to each hospital.

The replacement patient funds management system should provide the capability to manage bookkeeping for patients who can have multiple accounts (checking, savings, and burial trust), create financial profiles for patients including assets and liabilities, record deposits and withdrawals, transfer funds from one budget account to another, pay bills, reserve funds to pay vendors, and pre-authorize spending money. In addition, it should provide a method to perform batch updates initiated by an employee, including but not limited to posting direct deposits to patients' checking accounts, performing income allocation to budget accounts, bill paying, and deducting care and treatment payments.

Some patients at Bryce Hospital perform paid work as part of their treatment plan. Currently, their payroll has been processed by the Resident Patient Payroll system which is a mainframe system. Since it is also being discontinued, we will also need new payroll software. The new resident patient payroll software may be standalone or a part of the new patient funds management system. It will be required to provide a file that can be used to post the patients' pay to the patients' accounts in the new patient funds system. At present, fifty Bryce patients are performing paid work.

The hospitals have a total of 504 patient beds at present. Bryce has 268 patient beds, Hardin has 140 patient beds and Harper has 96 patient beds. Since funds are managed for some former patients, the hospitals may have more accounts than patients. At last calculation, Bryce had 1065, Harper had 116 and Hardin had 137 patient accounts with non-zero balances.

We will require installation of the new systems at each hospital to include the initial load of patient information, account and payroll information, balances to include budget account balances and patient account transactions. Training must also be provided to selected employees from each hospital and from central office.

I. Basic Hospital, Financial Institution and Patient Information Required for the Replacement Patient Personal Funds Management System:

a. Information related to the hospital and the financial institutions it uses to include the name of the hospital, the hospital ID, the name and routing number of the financial institution used for the shared checking account, the checking account number, the name and routing number of the institution or institutions used for savings and burial trust accounts, the unposted checking account interest, and the number of days a transaction date may be backdated or dated in the future. An example of using a prior date for a transaction is when a deposit was recorded a few days after the deposit date.

b. Patient identifiers specific to the Department of Mental Health, which may include the master patient ID, registration number, and hospital medical record number.

c. Patient information including the last name, first name, middle name, birth date, race, sex, marital status, social security number, Medicare number, Medicaid number, other insurance information, home address, county of residence, telephone numbers, veteran status, and citizenship status. Patient accounts are not tied to a specific admission period but are tied to a hospital and the patient.

d. Information that is related to hospital admissions including hospital living area, admission date, discharge date, and legal commitment information.

e. Contacts for each patient, including fields that identify the contact type or role, relationship, next of kin, and responsible person. There may be more than one next of kin and responsible person. Contact type and relationship may be the same, such as 'sister' or 'attorney', or a sister (relationship) may have the contact type or role of guardian or conservator. Information needed for the contacts would include name, address, city, state, zip, and telephone numbers (ex. home, work, cell, and fax), role and relationship.

f. Hospital business offices may manage funds for people who were never or are not currently admitted to that hospital. Some of these patients were admitted to other state hospitals that are now closed. These patients have been assigned a medical record number at the hospital managing their money but will have no admission or discharge date. They will have a registration number but few will have a master patient identifier (MPI). For these patients, the best solution may be to register them in the electronic health record so that they are assigned an MPI number.

g. Patient accounts are not tied to a specific admission period but are tied to a hospital and the patient. In some cases, hospital business offices will continue to manage funds for patients after they are discharged, for example, when their current placement does not offer that service.

II. Introduction to Budget Codes and Budget Accounts

Budget codes and accounts are an integral part of the current patient personal funds accounting system. The new patient funds accounting software should allow the use of budget accounts or their equivalent within the checking, savings, and burial trust accounts. The replacement system is not required to duplicate the current design but should provide similar functionality. The following is an explanation of how budget accounts work in the current system.

Budget codes are called need codes in the current system. Budget accounts (or need accounts) are four characters long and are composed of a prefix, a two-digit need or budget code, and may have a suffix. Since need codes and need accounts are terms that are not in common use, for the rest of this document the terms budget code and budget account will be used.

Some examples of budget codes are 01 (unallocated spending/savings), 09 (miscellaneous items) and 12 (insurance premiums due). A budget account is composed of a prefix, a budget code and optionally a suffix.

Budget account prefixes are C (checking) and S (savings). Budget account suffixes are used to indicate when funds are reserved or authorized. A reserve suffix 'R' is used when reserving money to be paid to a vendor. An authorization suffix 'A' is used when pre-authorizing spending by or on behalf of a patient. Savings accounts can have reserve budget accounts (suffix R) but not pre-authorized budget accounts (suffix A). Checking accounts may have both reserve and pre-authorized budget accounts.
Examples of budget accounts are C01, C09, C12R, C09A, S01, and S12R. Budget code 99 is used for totals. Budget account C99 is the checking total, C99A is the checking pre-authorized funds total, C99R is the checking reserved funds total, S99 is the savings total, and S99B is the savings burial trust total.

The budget account of S99B is used for the total of burial trust (S80) and burial trust interest (S85). Burial fund accounts have a budget account code of 50. Interest does not need to be tracked separately for burial fund accounts. There are 33 budget codes in the current system.

III. Summary of the new patient funds management system requirements:

1. The software should be available for use at each of the three hospitals. The hospitals do not share patient information including financial information unless access is granted by the hospital or the Alabama Department of Mental Health management.

2. Each hospital uses a shared checking account at the financial institution of their choice for its patients. The patient funds accounting system will be the primary record of the patients' individual checking balances and transactions.

3. Savings and burial fund or trust accounts are held by individual patients at the financial institution chosen by the hospital. The patient funds accounting system will also be used to record the savings and burial fund or trust account balances and transactions.

4. Not all patients have funds in the checking account, and not all patients have savings or burial fund or trust accounts.

5. Each hospital should be able to designate the default financial institution (bank or credit union) and account used for their shared patient checking account, and for the default institution used for the savings and burial trust accounts held by individual patients. Hospitals do not necessarily use the same financial institution for both checking and savings.

6. The software should be flexible enough to accommodate a change of financial institution a hospital uses for checking or savings accounts. In the case of a change in the financial institution or account, the patient balances would be transferred from the old account to the new account or accounts. Transactions for the original accounts should still be available.

7. The software must provide the ability to create and close accounts for patients.

8. Patient accounts are not tied to a specific admission period but are tied to a hospital and the patient. In some cases, hospital business offices will continue to manage funds for patients after they are discharged, for example, when their current placement does not offer that service. Hospital business offices may manage funds for patients who were never admitted to their hospital but were once patients at another hospital.

9. The software must have the ability to create deposit and withdrawal transactions, and to transfer funds from one budget account to another. The software should accommodate transfers between budget accounts at different financial institutions.

10. Each transaction record should include complete information on the transaction. The record for the current system includes the transaction date, time, amount, the transfer from account information (budget code, bank ID, bank account number, payee/vendor ID (if transferring from or to a reserve account)), and the transfer to information (budget account code, bank ID, bank account number).

11. Balance records should be available with the current balance for each patient's budget account and their checking, savings, and burial trust account totals, which allows hospital business office staff to determine available funds for each patient easily. In the current system, this is a separate table.

12. The software should allow the use of budget accounts within the checking, savings, and burial trust accounts. The replacement system is not required to duplicate the current design but should provide similar functionality.

13. The software should provide the capability of pre-authorizing spending money for patients. In the current system, budget accounts with a suffix 'A' are used. The pre-authorization deposit and withdrawal transactions include a unique authorization number. The purpose of pre-authorization is to control the amount of money a patient can withdraw.

a. In the current system, a transfer transaction creates a withdrawal transaction from one budget code (for example, C09 – checking account, miscellaneous items) and a deposit transaction for the pre-authorized budget code (C09A). A withdrawal transaction for C09A will be created when the patient receives the funds.

14. The software should provide the ability to reserve money for purposes such as to set aside money to pay a bill, or to save money for a special purchase. These transactions include a vendor or payee ID. An example of a reserve account is C12R, where 12 is the code for insurance premiums. When the bill is paid, the withdrawal transaction will also include the payee ID for the insurance company.

a. In the current system, a reserve account is created by a transfer that creates a withdrawal transaction from one budget code (C12) and a deposit transaction for the reserve budget code (C12R) that includes the payee or vendor ID.

15. All patients are charged for care and treatment based on the hospital per diem charge and length of stay in the hospital, regardless of ability to pay. Unpaid balances are billed monthly to next of kin or responsible person, if any. Billing for unpaid balances is not expected to be included in the replacement system requirements.

16. The software should include the capability of creating a financial profile for patients for whom the hospital is payee for their check. This profile is used to create a budget for the patient to include paying obligations incurred before admission, patient needs during the admission period such as clothing and spending money, and to determine the amount the patient will pay towards the cost of care and treatment, if any.

17. Patient financial profiles should include information on monthly income, financial needs before and after admission, conservation of funds (savings, placement, burial fund or trust), and economic status (assets, income, debts, and liabilities). An example of a pre-admission need can be a monthly health insurance premium such as Medicare Part B. Example of after-admission needs are spending money, clothing, and special medical expenses and equipment. The before and after needs and care and treatment will be used in income allocation.

18. Patients for whom the hospital is not payee are not required to have financial profiles with before and after needs budgeted for them. However, they may still have funds in the shared checking account and may also have savings and burial trust accounts. These patients may also have bills paid for them from their funds if necessary and have spending money set aside as authorized by their treatment team. Those with resources to pay may also have a monthly deduction of care and treatment from their checking balance.

19. The software should provide automated procedures, initiated by hospital business office staff, to post direct deposits, perform income allocation, withdraw care and treatment, calculate and post checking interest, post savings and burial trust dividends, and post patient payroll. Reports including trial balance, final balance, and exception reports for each procedure should be provided.

i. The software must have the ability to save any unposted checking account interest to be included in the next interest distribution.

20. Every transaction and balance record should include the hospital ID, patient ID, budget account, payee or vendor ID (if applicable), bank or credit union ID, and the bank or credit union account number. The current system accommodates transfers from one budget account to another, which creates withdrawal and deposit records and updates the balance records for the two budget accounts. Transfer transaction records include complete information for both budget accounts involved, including the bank or credit union ID and account number.

21. Each balance record should include the resulting total for the budget account. Examples of detail budget accounts from the current system are C01, C02R, C03A, S01, S02R and S03A. Examples of cumulative budget accounts for checking, savings and burial accounts in the current system are C99, C99A, C99R, S99, S99R, and S99B.

22. The system must have the capability of generating receipt numbers, voucher numbers and authorization numbers unique to the hospital which are included as appropriate in transaction records.

23. Reports must be available to run on demand such as checking, savings and burial trust ledgers. A list of frequently used reports for the current system is listed under the two sections on reports (Report parameters and headings, Detail descriptions of frequently used reports).

24. The system should provide report writing capability to allow users to create, save and run custom reports.

IV. Summary of the resident patient payroll system requirements:

- The payroll system may be standalone or a module included in the patient funds management system.
- The payroll system, if independent from the patient funds management system, must provide a file that will be used to create deposit transactions and update the patients' checking balances in the patient funds management system.
- Some of our patients are paid using piece rate rather than hourly rate. The payroll system must be able to calculate wages based on both rate types.
- Our patients receive pay stubs as their earnings are deposited to the shared checking account with a single check. Receiving a physical pay stub is part of their treatment plan.
- The payroll system must be able to accommodate 24 pay periods per year with consideration for federal and state holidays.
- The payroll system must have the ability to do an initial load of the master patient payroll file for both active and inactive patients.
- Software updates should be provided as needed, including updates for tax and other tables as needed to ensure compliance with federal and state tax law.
- The payroll system must also include the following capabilities common to most payroll systems, including but not limited to:
- withhold deductions and payroll taxes including federal, state and general taxes

- generate quarterly state and federal tax information such as Form 941 (Employer's Quarterly Federal Tax Return) and Form A-1 (Alabama Department of Revenue Employer's Quarterly Return of Income Tax Withheld)

- electronically file and pay quarterly and annual taxes to the appropriate state and federal agencies

- generate payroll reports for current and past information for user specified date ranges, for example, year to date reports or for a previous calendar year

- extract and download files as needed, for example, for W2 reporting to outside agencies

- print pay stubs and optionally to print checks

- pay employment taxes to state and federal government

- provide reports common to payroll systems

- provide report writing capability to allow users to create, save and run custom reports

V. Information about the Current Patient Funds Management System

The following information is provided for reference. It is an overview of the current patient funds management system. It also includes more detail on the automated procedures that perform functions such as posting direct deposit income and interest and dividends. Also included is a detailed description of some frequently used reports.

1. Each state hospital has a checking account at a bank or credit union which is shared by its patients. They do not all use the same financial institutions. The checking account earns interest each month.

2. Patients also may have individual (non-shared) savings accounts at the financial institution used by the hospital. Some patients may also have a burial trust account in addition to their savings. Other patients may have a burial fund account which is part of their primary savings account. Not all patients have burial accounts. Savings and burial fund accounts earn quarterly dividends. Dividends paid on burial trust accounts are recorded in a separate budget account.

3. A need or budget account is composed of a prefix which identifies the type account (checking or savings), a two-digit numeric need or budget code, and suffixes used to identify reserved funds (suffix R) and patient spending money authorized by their treatment team (suffix A). Most budget accounts have no suffix. Reserve accounts are used to set aside the amount of a deposit until a check clears, for example, or to put aside money for a purchase or to pay a debt.

   Prefixes for checking and savings are 'C' and 'S'. Examples of need or budget codes are 01 (unallocated savings/spending), 02 (personal articles), 20 (care and treatment), 80 (burial trust), and 85 (burial trust interest). There are 33 budget codes defined in the system. All deposits are made to budget code 01 (unallocated savings/spending) whether in checking or savings.

4. Every transaction contains the resulting budget account balance. The system also has a separate balance table with current balances for each patient's checking and savings budget accounts, for example C01, C02, S01, S80, etc. The balance table also includes separate records for each patient's total checking (C99), total savings excluding burial trust and burial trust interest (S99), and burial trust and interest balance (S99B), if applicable. Patients who have non-zero balances for pre-authorized and reserved funds will also have balance records for those funds (C99A) and (C99R). Burial fund budget account balances (S50) are included in the S99 total.

When the hospital is payee for patients' income, individual financial profiles are created for the patients by their treatment teams. The profile is used in setting up the patient budget and determining a monthly payment for the cost of care and treatment, if any.

The financial profile includes sections on their before and after admission needs, economic status (their assets, income, debts and liabilities), monthly income, and post discharge budgeting which includes monthly amounts set aside for placement, savings, and a burial fund or trust. Examples of pre-admission needs are periodic payments for insurance or medical bills. A file of payee information such as name, address, amount due, date due and payment frequency is kept for each patient. Examples of after admission needs are personal clothing, spending money and other personal needs.

5. Patients who do not have profiles may also have budgets created for them. Their budget accounts may include burial fund, savings, placement, and care and treatment. The hospital may also pay bills for them from their funds, such as insurance payments.

6. Types of transactions in the patient funds management system: deposits, withdrawals, reserves, funds authorization, and transfers from one budget account to another, such as from unallocated spending to clothing. A transfer results in a withdrawal and a deposit transaction. Reserves and funds authorizations are also transfers.

7. Depending on the type of transaction, a receipt number, voucher number or authorization number may be included in the transaction. These numbers are unique within the hospital, and are generated by the system.

8. Reserves and funds authorization transactions are the only types of transactions that include a suffix.

   If a check is deposited into unallocated checking or savings (C01 or S01), it may be transferred into a reserve account (C01R or S01R) until the check clears. Once cleared, it will be transferred back to the unallocated account. Each transfer results in a withdrawal and a deposit transaction. Reserves are also used to set aside money for paying bills and making purchases.

   Spending money authorized by the patient's treatment team is transferred from unallocated spending (C01) to a special budget account with a suffix A (C01A). The transaction record includes a unique voucher number. The patient may withdraw the money at the cashier's office upon presentation of a voucher which bears that number.

9. Some patients are not able to handle spending money and receive coupon books instead. The value of the coupons is recorded as a withdrawal from their account for patients who can pay. Patients who do not have income of their own may be given coupon books provided from hospital funds. These coupons are mostly used to buy snacks.

10. Transactions - deposits, withdrawals, and transfers - may be entered manually into the system by authorized employees. Recurring or group transactions may be done through CICS started transactions initiated by authorized employees. To avoid confusion with accounting transactions (deposits and withdrawals), CICS started transactions will be referred to as tasks or automated procedures for the remainder of this document.

11. Automated procedures are used to perform the following recurring processes: direct deposit, income allocation (patient budgeting), payroll deposit, payment of care and treatment to the hospital, calculating and posting checking account interest, and posting savings and burial account dividends. The hospital information system remained available for use while these tasks ran in the background.

    Each of these automated procedures has associated reports including exception reports. Trial balance reports for automated procedures may be run on demand. Reports generated by the automated procedures may be reprinted at any time.

    Note: Since the current personal funds management system is part of the old hospital information system, it was necessary to find a way to do the group updates while having the hospital information system available for use. This will not be an issue for the replacement system.

VI. Detailed descriptions of the processes performed by the automated procedures:

A. Direct Deposits

Some patients receive regular amounts of income periodically via direct deposit into the shared checking account, from various income sources such as Supplemental Security Income, Social Security, VA benefits and other retirement. Patients may have more than one source of regular income. To eliminate having to manually key these deposits for each deposit cycle, hospital business office staff can maintain a file of direct deposit records. This file will be used as input to the direct deposit automated procedure that performs the updates and generates the report records.

After direct deposits are credited to the shared checking account at the financial institution, the hospital business office employees will compare the deposits with records for that income source in the direct deposit source file, correcting the direct deposit records in the file as needed. Corrections may include adding records for patients whose first check was deposited, inactivating the direct deposit record for a patient who didn't receive one, and adjusting amounts to match a deposit amount. The direct deposit trial balance report is used to check the results.

Once the direct deposit source file has been reviewed and updated as needed, and the trial balance report is correct, then the direct deposit automated procedure may be started. The procedure will create the deposit transactions and update balances for the patients with active records for the income source selected. A final balance report may be run to verify the results.

Parameters for the direct deposit task are the checking account type (C), the income source code (such as the code for Social Security, for example), posting date, and an option to print receipts. Each deposit transaction created contains a unique receipt number generated by the system. The selected records in the direct deposit source file are updated with the last deposit date.

Fields in the direct deposit input file are: hospital, checking account type (C), direct deposit claim ID, patient medical record number, deposit amount, income source, last deposit date, and status of the direct deposit record (active or inactive).

B. Income Allocation

Income allocation is performed after checks or direct deposits have been made to the shared checking account at the financial institution, and have been posted to the patient accounts management system at the hospital. The income allocation automated procedure uses as input the profile pre-admission needs, profile admission needs, and care and treatment to be paid to the hospital. Care and treatment may be charged for any patient regardless of profile status, whereas patient financial profiles are only used for patients where the hospital is payee for their income. The income allocation automated procedure transfers money from each patient's unallocated checking budget account (C01) to his other budget accounts, creating withdrawal and deposit transactions.

Pre-admission needs result in a transfer to a reserved budget account, since this money will be paid later to the vendor on the pre-admission profile record. An example of a pre-admission need would be transferring money from C01 (unallocated checking) to C12R, where 12 is the code for insurance premiums due. After the withdrawal and deposit transaction records are written, the profile pre-admission need record will be updated with the last date posted.

An example of an admission need would be transferring money from C01 (unallocated checking) to S01 (unallocated savings) for the savings amount to be set aside for the patient, or from C01 to C03 for personal clothing. After the withdrawal and deposit transaction records are written, the admission need record will be updated with the last date posted.

The monthly care and treatment amount set for the patient will be transferred from C01 (unallocated checking) to C20 (checking - care and treatment). After the withdrawal and deposit transaction records are written, the care and treatment record will be updated with the last date posted.

C. Patient Payroll Deposit

Some patients perform paid work as part of their treatment plan. Currently this is only done at Bryce Hospital. A check for the total paid to the participating patients for the biweekly pay period is deposited to the shared checking account at the financial institution used by that hospital.

The hospital is provided a file of the patients' payroll information which is loaded to a file via an automated task. After it is reviewed and approved, another automated task creates deposit transactions for the patients and posts the earnings to their accounts in the patient funds system.

Our current payroll reports contain the following information: Hospital name, social security number, first name, middle name, last name, patient number, pay location, status, race, gender, beginning employment date, termination date, federal tax status with number of dependents, state tax status with number of dependents, hourly rate, and any miscellaneous deductions. Payroll records should be available on the payroll date.

D. Care and Treatment Payment
Payment of care and treatment to the hospital is done monthly after the income allocation is performed. Care and treatment payment results in withdrawal transactions being written for each patient from budget account C20 and posts the withdrawal to their accounts in the patient funds system.

E. Posting Checking Account Interest
The shared custodial checking account earns interest which is posted to the patients' accounts monthly, along with the remaining unposted interest from the previous month. An automated task calculates the interest due for each patient based on his or her percentage of the checking account balance at the end of the month, creates a deposit transaction for each patient and updates the appropriate balance records. Any money left over that cannot be posted is carried over to be added to the next month's interest before distribution. Not every hospital posts interest.

F. Posting Savings and Burial Trust Dividends
Patients may have individual savings and burial trust accounts at the financial institution used by the hospital. These accounts earn dividends which are posted quarterly to the patient accounts management system using an automated task which creates a deposit transaction for each patient and updates the appropriate balance records. The information is supplied by the hospital's financial institution via a text file which contains the patient's name, social security number, credit union account number, sub-account (115 is the resident account and 116 is the burial account), account description (burial or resident account), basis balance (last statement balance), the dividend amount, dividend date, and a hospital identifier. Each patient has two records, one for the burial portion of the account and one for the savings portion. Dividends are posted for both savings and burial accounts, creating a maximum of two deposit transactions per patient. This is done quarterly. Not every hospital posts dividends.

VII. Reporting in the current patient funds management system:

Reports may be requested individually or scheduled to run on a certain date such as the first day of the month, and for specific periods, such as for the previous month, or for the current year to date. Trial and final balance reports are available for automated tasks as described previously. Scheduling options include daily, monthly, quarterly, annually and other frequencies and reporting periods.

VIII. Report parameters and headings:

Some report parameters are provided for data selection, such as a date range or a specific medical record number. Other report parameters allow the user to select the output of a report, such as a sort option, or the option to print a detail or summary report. Sort is ascending unless otherwise specified. Only options currently in use will be included in this document. Hospital ID is a default parameter but is usually not displayed since data access is controlled by the employee user id and password. Hospital ID is included in the report descriptions below for clarity.

Most reports use a standard report heading where the first three lines are 'State of Alabama', 'Department of Mental Health' and the hospital name. Included on the left side of the page is the facility ID, report name, and run date and time. These fields will not be listed under the page header fields in the reports described below but will be referred to as the standard heading. The report name following the report ID will be the report title unless otherwise indicated.

Most reports use a standard report heading where the first four lines are 'State of Alabama', 'Department of Mental Health', the hospital name, and the report title. Included on the left side of the page is the facility ID, report name, and run date and time. These fields will not be listed under the page header fields in the reports described below but will be referred to as the standard heading. The report name following the report ID will be the report title unless otherwise indicated.
List of frequently used reports that may be scheduled to run and are also available on demand:

-Checking, savings, and burial trust ledgers
-Authorized withdrawals not disbursed
-Transactions by type (deposits and withdrawals)
-Income allocation trial balance
-Check register
-Primary checking and savings accounts interface (transfers)
-Account balances (for checking, savings, and burial trust accounts)
-Direct deposit trial balance for specified income type, such as for SSA checks
-Care and Treatment trial balance
-Patients Spendable/Total Assets
-Patient payroll trial balance
-Patient reserve/balance report with reserve reason
-Trial balance report for quarterly dividend posting for savings and burial trust accounts
-Trial balance report for monthly interest posting for the shared checking account

IX. Detail descriptions of frequently used reports that may be scheduled to run and are also available on demand:

A. Checking, Savings and Burial Trust Ledgers (BF02)
A detail report of selected transactions for selected patients.
Report header fields: Standard heading, bank ID, bank name, bank account number, bank account name, medical record number, patient name, living area
Report detail fields: budget account, transaction date, reference number (receipt, voucher, check number, authorization code), deposit amount, withdrawal amount, budget account balance, and transaction description.

B. Authorized Withdrawals Not Disbursed (BF06)
A detailed list of patients who have been authorized funds that have not been withdrawn.

Report detail fields: Standard heading, patient last name, first name, medical record number, authorized date, amount, authorization number, and name of authorizing employee

C. Transactions by Type – deposits and withdrawals (BF10)
A detail list of transactions sorted by budget account and transaction date and time with totals.

Report header fields: Standard heading, the budget account and description, the transaction date range selected, and other selection fields such as income source or budget code, the type transaction (withdrawal, deposit, both), provider code or medical record number

Report detail fields: transaction type (W or D), transaction date, transaction time, transaction amount, medical record number, screen ID used to create the transaction, reference number (authorization code, receipt, voucher or check number), transaction description (ex. check by mail), from and to budget account. The from and to budget account fields are only used for transfers from one budget account to another.

Subtotals: total by transaction date

Report total: total withdrawals, total deposits, and net total

D. Income allocation trial balance (BF12)
Allows business office staff to preview the results prior to running the income allocation procedure, including an exception report. The income allocation procedure transfers money from the unallocated checking budget account (C01) to profile budget accounts for patients with profiles, and to care and treatment accounts, if applicable. Patients may have care and treatment accounts without a profile.

Report header fields: Standard heading, posting date, transfer from account

Report detail fields: medical record number, patient name, budget account, budget code description, sequence number, vendor or name for budget account, budget account status (active/inactive), monthly profile amount, transfer amount, excess amount, projected balance for the receiving budget account, projected balance for the transferred from budget account

Totals: Record count, monthly profile total, transfer total, excess total

E. Check Register (BF13)
The primary checking account register for the selected date range. One check may be used to pay bills to a common vendor for multiple patients. The total of the check is the total of the withdrawals from the individual patients' checking balance.

Report header fields: Standard heading, bank ID, bank name, checking account number, checking account name, date range

Report detail fields: check number, check date, check amount, budget account (ex. C01), payee/vendor code, payee/vendor description, check memo field, medical record number, patient name

Totals: check total for each check number, grand total

F. Primary checking and savings interface (BF14)
This report lists transfers between patients' checking and savings or burial accounts for a date span to determine how much money needs to be withdrawn from or deposited to the individual savings accounts and to the shared checking account, so that the physical account balances match the patient fund accounts balances.

Report header fields: Standard heading, bank ID, bank name, report date from

Report detail fields: Savings account number, patient name, medical record number, transaction date, savings amount, burial amount

Totals: net amount to be deposited or withdrawn from financial institutions

G. Account Balances (BF16)
This report prints the current unallocated and allocated (budgeted) checking and savings balances for each patient. Unallocated funds are in C01 and S01 budget or budget codes. Allocated funds are funds assigned to other budget codes, or that are reserved or pre-authorized. Allocated funds include burial funds and trusts.

Report header fields: Standard heading

Report detail fields: medical record number, patient name, unallocated checking balance, allocated checking balance, total checking balance, unallocated savings balance, allocated savings balance, total savings balance, and total checking and savings balance.

H. Primary Checking/Savings/Burial Ledger (BF18)
This report prints for each patient account selected, the beginning balance, activity in the date range (withdrawals and deposits), and the ending balance. Report parameters include the ability to select by patient, type of account (checking, savings, burial), living area, and a beginning and ending date.

Report header fields: Standard heading, type ledger (checking, savings, burial trust), bank ID, bank name, date range, medical record number, patient name, living area

Report detail fields: transaction date, activity description, deposit amount, withdrawal amount, balance. The first detail line is the beginning balance line with report date from, description 'Beginning Balance', and beginning balance. The last balance line is the report date to, description 'Ending Balance', and ending balance.

Totals: Total deposits and withdrawals

I. Direct deposit trial balance (BF20)
For patients with a selected income source such as SSA, the report prints a trial balance report with the check amounts and the old and new balances. Parameters are the type of account (checking or savings), an income source code, and the posting date. Examples of income sources are SSA and SSI. Direct deposits are usually done to checking accounts.

Report header fields: Standard heading, Bank ID, bank name, bank account number, bank account name, type of income source, posting date.

Report detail fields: claim number, medical record number, patient name, old balance, deposit amount, new balance.

Report total fields: deposit count, old balance, total deposits, new balance

J. Care and Treatment trial balance (BF37)
Prints a trial balance report for the payment of care and treatment for an invoice month and posting date.

Report header fields: Standard heading, posting date

Report detail fields: medical record number, patient name, amount to deduct, available funds, insufficient funds amount, exceptions

Report total fields: amount to deduct

K. Spendable/Total Assets (BF43)
This report prints account balances for each patient in the hospital or by selected living area. There is an option to omit patients whose accounts are all empty.

Report header fields: Standard heading, living area if selected, excess amount

Report detail fields: medical record number, patient last name, first name, checking balance, savings balance, other Medicaid balance, other assets, burial, reserve/authorized total, spendable assets (omits burial), total assets

Report total fields: checking balance, savings balance, other Medicaid balance, other assets, burial, reserve/authorized total, spendable assets (omits burial), total assets

L. Patient payroll trial balance (BF45)
The report prints the check amounts for each patient included in the payroll, along with his current balance and expected new balance.

Report header fields: Standard heading, bank ID and name, Account number and description (ex. checking), check date, posting date

Report detail fields: medical record number, patient name, check number (00000 for trial balance), current balance, check amount, new balance

Report total fields: For each bank and checking account (usually one), and for the report total: total number of checks to be deposited, current balance total, payroll total to be deposited, and new balance total

M. Reserve Balances (BF56)
This report lists patients' reserved funds in the shared checking account. It may be printed for the hospital or for a living area.
Report header fields: Standard heading plus living area if selected

Report detail fields: patient name, medical record number, budget account number (ex. C01R), budget account description, budget account reserve balance, vendor code, vendor description

Report total fields: record count, total reserve balance for selected living area and final total

N. Dividend Posting Trial Balance Report (BF60)
This report prints the trial balance report for review by hospital business office staff prior to posting the dividends for patients' individual savings and burial trust accounts. A file of the dividends owed for each patient savings and burial trust account is provided at the end of each quarter by the financial institution used by the hospital. Not all hospitals post dividends to their patient accounts.

Report header fields: Standard heading plus bank ID, bank name, dividend date, and posting date
Report detail fields: medical record number, patient name, social security number, savings/burial trust account number, budget account number, basis balance, prior balance, dividend amount, and projected new balance

Report total fields: record count, total basis balance, total prior balance, total dividend amount, total new balance, total savings basis amounts, total burial trust basis amounts, total savings dividends, total burial trust dividends

O. Trial or final balance report for monthly interest posting for the shared checking account
This report prints the trial balance report prior to posting the monthly interest for patients who have a balance in the shared checking account. The amount of interest received by each patient is calculated as their balance in the account as a percentage of the total checking balance for the account. Any unposted interest remaining is saved to be added to the next months' interest for distribution. After the interest is posted to the patients' checking account, the same report may be used to print the final balance report.

Report header fields: Standard heading plus posting date, amount posted, bank ID, bank name, bank account number, bank account name (checking)

Report detail fields: medical record number, patient name, basis balance, interest posted, new balance

Report total fields: record count, total basis balance, interest posted, new balance. The beginning unposted interest and ending unposted interest are listed at the end of the report.

2.2 NUMBER OF ACTIVE SYSTEM USERS

	Year 1	Year 2	Year 3
Administrators	25	25	25
Clerical Workers	20	20	20

We reserve the right to change the number of users prior to awarding the project.

3. RESPONSE GUIDELINES

3.1 DATES AND DEADLINES

Item	Date	Methods of Notification
RFP Release	February 8, 2019	USPS, ADMH Website, and STAARs website
Deadline to submit RFP questions or requests for clarification	March 15, 2019 by 2:00 pm CST	Email to leola.rogers@mh.alabama.gov
RFP Questions Posted	March 22, 2019	ADMH website www.mh.alabama.gov/adcp
RFP Submissions	**4 copies:** 1 original, 2 copies & 1 on a thumb drive	USPS or FedEx or UPS (Review mailing note)
RFP Closing Date	April 26, 2019 2:00 pm	USPS or FedEx or UPS (Review mailing note)
Notification of selection status	June 28, 2019 Approximately	USPS (In writing)

Submit RFP Responses To:

AL Department of Mental Health
Office of Contracts & Purchasing
RSA Union Building
100 N. Union Street, Suite 570
Montgomery, AL 36104

Mark the outside of box/envelope: RFP 2019-16-PFS

Emailed or faxed responses are NOT ACCEPTED.

All proposals received after the deadline will be deemed untimely and will not be reviewed.

Please note that the last date for submitting any questions is listed above. DMH will not answer any questions submitted after this date.

The Alabama Department of Mental Health reserves the right to modify or withdraw the proposal prior to the submission deadline.

3.2 CONFIDENTIALITY

This RFP, in its entirety, is confidential. By accepting this RFP, the Supplier accepts all the terms in this section. Any information supplied by the Alabama Department of Mental Health to Suppliers will not be released to any third party without written permission by an authorized member of the Alabama Department of Mental Health.

The Alabama Department of Mental Health is under no obligation to return any information presented as part of the Suppliers response to this RFP.

In the event that a Supplier does not respond to the RFP or the response is not accepted by the Alabama Department of Mental Health, the Supplier agrees that it will delete all copies of the RFP and other materials (if any) delivered in connection with this RFP.

3.3 EVALUATION CRITERIA

The Alabama Department of Mental Health will review all responses submitted, as defined in the "Response Guidelines" section of this document.

The evaluation will include, but is not limited to, the following:

1. Supplier Qualifications
2. Supplier's ability to demonstrate that all aspects of the RFP requirements can be met or exceeded
3. Completeness and quality of Supplier's RFP response
4. Supplier services – implementation, consultancy, training and technical support
5. Pricing
6. System flexibility
7. Demonstration of understanding of requirements and the scope of the project
8. Presentations/Demonstrations (if appropriate)
9. References (if appropriate)
10. Any alternative approaches recommended by the Supplier (if appropriate)

4. PROPOSAL SUBMISSION

4.1 SUBMISSION DETAILS

A **cover page** to contain the following:

1. Vendor's legal name (Must match IRS)
2. Address
3. Telephone
4. Contact person
5. Signature
6. RFP 2019-16 Patient Funds System

The proposal is to be delivered to the Alabama Department of Mental Health by **April 26, 2019** as listed in "dates and deadlines section" of this document.

You must provide **four (4) copies** of the completed proposal using the details provided below – (one original, two copies, and 1 thumb drive).

Please ensure that you have answered all the sections in this RFP. We will not accept any additional information after the Supplier's response has been submitted. Detailed answers should be provided, but should be as short and concise as possible.

Respond to the sections directly rather than by providing references to external material. This will reduce the time needed to review your proposal.

4.2 RESPONSE STRUCTURE

The Supplier shall respond to the RFP by completing the relevant sections in this document, signing any confidentially agreement enclosed, and supplying the mandatory supporting documents as described in section 3.

4.3 PROPOSAL COSTS

All costs relating to the preparation and submission of the Supplier's response to this RFP shall be the responsibility of the Supplier. The Alabama Department of Mental Health's acceptance of the Supplier's response in no way obligates it to purchase the products or services offered by the Supplier, nor does it in any way obligate the Department to compensate or reimburse the prospective supplier for any expenses related to the preparation of the RFP.

4.4 PRESENTATIONS

As part of the review process, the Alabama Department of Mental Health **may** ask the supplier to formally present its response. Should the presentation be required, a mutually convenient time and date will be agreed with the Supplier. All costs associated with the presentation, including travel and calling costs will be the responsibility of the participating Supplier**.**

5. SUPPLIER QUALIFICATION

5.1 ABOUT THE SUPPLIER

Please supply a brief description about your company, including the number of years in operation, the number of offices and employee size. (Include organizational chart, if available)

5.2 INDUSTRY EXPERIENCE

Please describe and provide examples to demonstrate your corporate industry experience with state and/or municipal government entities.

Describe what you think differentiates your organization from other patient fund providers.

5.3 PROPOSED PROJECT TEAM

Please provide information about the implementation team and departments that would be involved in delivering the proposed solution to the Alabama Department of Mental Health. Include an organizational chart and any supporting information that may be helpful as part of the review process.

5.4 PRODUCTS AND SERVICES

Please list and briefly describe any products and services that you provide outside of your proposed Patient Fund System including a description of your research and development process, and the resources invested in enhancing existing products and services. (Please do not simply copy and paste bulk marketing content into this section)

5.5 CUSTOMERS

Please supply a sample list of your active corporate or governmental clients, including a brief description of the project (i.e. requirement, number of users, etc), if possible.

5.6 REFERENCES

Please supply the names of three (3) references. If your organization is shortlisted, you will be asked to provide their full contact details.

5.7 PARTNERING

Provide the names of any partners or sub-contractors that are relevant to this RFP. Please describe their role, any products, and/or services the partner will supply. Copies of any partnership or sub-contractor agreements must be provided, if the Supplier is short-listed.

5.8 FINANCIALS

Financial Viability

Please provide a brief statement about your organization's financial viability.

Financial Statements

*Please supply a link to or attachment to your corporate financial statements for the last two (2) years in the "Supporting Information" section. We are looking to work with suppliers on a long-term basis, and this will help us in the review process. (**It is mandatory to supply this information.**)*

6. PROPOSED SOLUTION

6.1 PRODUCT – PATIENT FUNDS SYSTEM

Product name: [INSERT RESPONSE HERE]

Brief description: [INSERT RESPONSE HERE]

Current version: [INSERT RESPONSE HERE]

Year released: [INSERT RESPONSE HERE]

6.2 REQUIREMENTS AND SUPPLIER CAPABILITY

Response Key

Please insert the applicable answer into the '**Resp**.' column of the table that follows:

YES	Yes, this feature is available as part of the standard package
YES-P	Yes, only partially (Please ensure you describe in detail, else we reserve the right to change this response to "No".)
YES-C	Yes, this feature is available but requires customization.
FR	This feature will be available in a future release (within the next 6 months).
NO	This feature is not available in the system.
N/A	Not Applicable.

Priority scale

Under the priority column, the Alabama Department of Mental Health has indicated its priority using the following scale:

5	**4**	**3**	**2**	**1**
Mandatory Feature	Important Feature	Could Use Feature Now if available	Will most likely use feature in the future	Low interest feature but could use later

GENERAL REQUIREMENT

Ref No.	Deliverable	Priority	Resp.	Details
A.1	**Internet Explorer compatibility** Both business office and clerical can access the system via the Internet Explorer Browser. List all supported versions of Internet Explorer.	**5**		
A.2	**Other browser compatibility** Both business office and clerical can access the system via other standard browsers such as Mozilla, Netscape and Opera. List all other supported browsers.	**4**		
A.3	**System Access** Personalized user name and password access to the system for each user.	**5**		
A.4	**Global Access** Both users and administrators will have access from any location connected to the internet.	**5**		
A.5	**Automated password reset feature** The system possesses a feature that allows the user to reset their password when it has been forgotten.	**3**		
A.6	**Permission Settings** Permissions can be set at the user or group level to determine which parts of patient fund system can be seen and accessed by business office and clerical employees.	**5**		
A.7	**Hosting – Vendor and client** The system will be delivered via Vendor Hosting (SaaS) from a secure environment.	**5**		
A.8	**Personalized user views**	**3**		

Ref No.	Deliverable	Priority	Resp.	Details
	Does the system present personalized user views based on individual settings or group settings?			
A.9	Software installation required software installation required for the business office worker and clerical worker.	**5**		
A.10	**Branding** The business office user interface and the administrator interface can be rebranded to meet the Alabama Department of Mental Health's branding requirements	**4**		
A.11	**Multiple Brandings** The ability to create and manage multiple branded instances of the system. Each instant may be distinct from each other.	**3**		
A.12	**Catalog Support** The system should support the creation of multiple functions that can be assigned or inked to a user or group of users.	**5**		
A.13	**Centralized Record Management** All records within the system are stored and accessed from a central repository.	**5**		
A.14	**Search** The system allows users to search for applications for patient funds posting based on keywords i.e. title, meta tags, date, category etc, and immediately access patient accounts from the search results for which they are authorized.	**3**		

REPORTING AND ANALYSIS

Ref No.	Deliverable	Priority	Resp.	Details
D.1	**Patient Balance Reports** Reports that show the patient balances at beginning and ending of the day, month, and year	**5**		
D.2	**Default Reports** The system should come with a robust set of default system reports i.e. concerning patient funds Please provide a list of the type of default reports available in the system.	**5**		
D.3	**Custom Reports** The ability for an administrator to create custom reports, save it for future use and/or export it into excel or pdf.	**5**		
D.4	**Report Scheduling** The ability to automatically schedule updated reports to run periodically; and for these reports to be sent to administrators or managers with visibility permissions.	**5**		
D.5	**Other Reports Necessary** Provides the functionality to quickly print any other reports necessary regarding the patients funds accounts.	**4**		
D.6	**Results Reports** The Patient funds reports b should provide a set of online results reports Examples include Patient Deposits, Patient Withdrawals, Patient Balances, Patient Transactions Results Reports	**5**		

REGULATORY COMPLIANCE & QUALITY CONTROL

Ref No.	Deliverable	Priority	Resp.	Details
E.1	**Record-Keeping** All patient funds records are centrally managed and securely stored with the system. (please indicate how long these records are kept)	**5**		
E.2	**Skills requirement search** Can quickly identify users with a particular assignments and qualification requirements for a project or position.	**4**		
E.3	**Set competency levels** The ability to modify or customize competency types, proficiency scale etc.	**3**		
E.4	**Audit Trails** All records within the system are permanently stored. Records are never deleted. Any changes are within the system are recorded. A full audit trail is available for internal or external audits.	**5**		
E.5	**Workflows and Rules** Workflows and rules can be assigned within the system to ensure prerequisite steps and review processes take place on entries into the patients fund system.	**5**		

TECHNICAL REQUIREMENTS

Ref No.	Deliverable	Priority	Resp.	Details
F.1	**System compatible with all ADMH computers**	**5**		
F.2	**System that is Certified**	**5**		
F.3	**508 Compliance** The Patient Funds System should be able to support computer accessibility.	**5**		
F.4	**System responsiveness** Should a larger number of users log on the system at any one time, the system should still run without significant detrimental impact of the business. The system should maintain a reasonable response time for the user.	**5**		
F.5	**Integration with DMH Business Offices** The system can be integrated with existing Business Offices for automated user set up in the Patient Funds System.	**5**		
F.6	**Password Complexity** Password rules should be configurable to require complexity. Please provide details about your password configuration capabilities.	**4**		
F.7	**Password Reminder** The system will automatically send a password reminder if a user has forgotten their login details.	**4**		

Ref No.	Deliverable	Priority	Resp.	Details
F.8	**System Flexibility** Can the system be customized or configured for further requirements. If so, please describe in detail.	**3**		
F.9	**Secure Hosted Environment** The Patient Funds System should be hosted in a physically secure environment. Please provide details about the security of your hosting location.	**5**		
F.10	**Web Security** The Patient Funds System should be logically secured. Please provide details on how the Patient Funds System is protected from internet threats.	**5**		
F.11	**Session Protection** A user session with the Patient Funds System should be protected from session hijacking or password sniffers. Please describe the solutions you employ to secure the user learning session.	**5**		
F.12	**Session Timeouts** A user should be automatically logged off of the system after a pre-determined period of inactivity.	**3**		
F.13	**Recoverability** Please provide details about how you will back up the Patient Funds System and associated data, and what plans are in place to recover in the case of a disaster.	**5**		
F.14	**Portability** If we become dissatisfied with the Patient Funds System you provide and desire to change to another provider, we must be	**5**		

Ref No.	Deliverable	Priority	Resp.	Details
	able to move our data. Please provide details regarding the portability of our data and course files.			

COMPETENCY MANAGEMENT

Ref No.	Deliverable	Priority	Resp.	Details
G.1	**Job Roles** The Patient Funds System Competency Management capability should allow for a job role to be defined. Job roles can be defined by an ID, description, and the competencies required for a person to be qualified for the assigned job role.	**5**		

6.3 CUSTOMIZATIONS OR CONFIGURATION

If your system requires any customizations or configurations to meet our requirements (and you can provide this service), please describe customizations needed, the benefits, and any additional costs.

6.4 VARIED OR ADDITIONAL OPTIONS

Describe any proposed additions or variations to the solution presented. Detail all costs associated with additional options and variations in the pricing section of the document.

7. IMPLEMENTATION

7.1 IMPLEMENTATION PLAN

Provide a plan outlining likely timescales for the implementation of requirements, explaining what indicative lead times would be required.

7.2 ENGAGEMENT PROCESS

Please describe your communication/engagement process. Include touch-points or milestones within the project timeline that you would typically meet with clients to discuss progress.

7.3 TRAINING

Please describe the training procedure for the solutions proposed; be sure to include any additional costs to the Pricing section of this document.

7.4 SUPPORT SERVICES

Please describe the technical support processes and the options available for your proposed solutions. Outline your escalation process and typical response times. Attach you SLA (service level agreement) to the supporting documents section.

8. PRICING

Please supply all costs in US Dollars and exclude sales taxes. (State government is exempt from sales taxes). All costs supplied should include quantity discounts and any available discounts. *(The ADMH's preference is for flexible billing based on number of active users or system utilization.)*

8.1 SAAS MODEL

Please provide details of your SaaS model, including set-up costs, administration costs, license fees, maintenance fees, and any other associated costs.

Deliverable	**Costs** Year 1	**Costs** Year 2	**Costs** Year 3
Set up costs			
Annual license fees			
Implementation fees			
Software support fees			
Software maintenance fees			
Training fees			
Other costs (please list all other costs associated with your proposal)			
TOTAL (w/o tax)			

8.2 INVOICING & PAYMENT

Please indicate your preferred method of payment and outline how invoicing and payments are to be scheduled of the duration of the proposed system contract. Include any commercial benefits that maybe available for both parties regarding payment cycles.

9. SUPPORTING INFORMATION

Please ensure that you have attached the following information to your response:

Mandatory

- *Financial statements from the last 2 years*
- *Corporate Service Level Agreement (SLA)*

Optional

- *Additional information the Supplier deems relevant to the response. (We reserve the right to only refer to this information should it become necessary during the review process. Please ensure all vital information is included in the main body of your response)*