# Saint Francis Ministries, Inc.

Request for Proposal



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## Overview

### Introduction

Saint Francis Ministries, Inc. is an independent not-for-profit organization dedicated to the protection, nurturing, and healing of children and families. We partner with government agencies in supporting children and families in crisis. We provide out of home case management services, foster care, in home prevention services, residential care, and community outreach services across Kansas, Nebraska, Oklahoma, Texas and Arkansas. In addition, we work with adults with developmental disabilities in Mississippi.

Mission:

Our mission is to provide healing and hope to children and families.

Values:

We place honesty and uncompromising adherence to ethical values at the forefront of all we do, understanding those principles to be critical in building trust with those we serve and the partners who support our mission.

We deliver services at the highest levels of excellence, in a manner that exceeds traditional standards, provided in a transparent, timely and reliable way by highly qualified, kind, and respectful staff.

We provide care that supports and reflects an understanding of a person, regardless of differences. This extends to our staff, clients and the communities we serve.

We meet a changing environment by developing more effective solutions through the lens of evaluating current and past practices, and continuous improvement using creative invention, promising practices, and evidence-based research.

We take ownership of our work, exercise decision making to achieve goals, and maximize quality of services with shared accountability and responsibility.

Services:

Saint Francis Ministries, Inc. is the parent corporation to 13 wholly owned subsidiaries, across six states, 31 locations, and 42 programs. Saint Francis Ministries, Inc. serves more than 11,000 children and families and employees approximately 1,600 people. Not all programs at Saint Francis Ministries, Inc. will utilize the Client Management System. The primary user of this program will be the Kansas Case Management Provider and their supporting services, i.e. finance, system improvement, etc. The Kansas Foster Care Homes program will potentially also be a user of this system.

#### Expected system user breakdown

Note: This is our estimated breakdown of providers and users.

Kansas Case Management Provider

* Full time providers 20+ Hours per week – 160
* Part time providers <15 Hours per week – 40

Kansas Foster Care Homes Provider

* Full time providers 20+ Hours per week – 30
* Part time providers <15 Hours per week - 10 Administration and Support staff who will need access – 30 Total Users currently - 300

### Services for Saint Francis Ministries, Inc.

The scope of services for this RFP include:

* Software and applicable licenses
* Integration of the user management/security modules
* Data migration potential with our current database systems
* Project Management Services
* IT managed application Services
* Application installation and hardware recommendations
* Implementation services (configuration, setup, training, go-live support)
* End-user and administration training
* Case Management Modules
* Reporting Modules
* Accounting Modules

### Request for Proposal Objectives:

Saint Francis Ministries, Inc. aims to achieve the following objectives through this request for proposal process:

* Benefit from Software Provider’s expertise in balancing cost-effectiveness, quality of service, program conversion and client satisfaction.
* Benefit from Software Provider’s experience with similar child welfare businesses as Saint Francis Ministries, Inc. may incorporate best practices where applicable into its Services, including new performance indicators that Software Provider is measured against.
* Build a relationship with Software Provider such that Software Provider is proactive in bringing new and innovative ideas forward, helping Saint Francis Ministries benefit from Software Provider’s expertise in the industry.
* Benefit from Software Providers ability to blend our multiservice lines and corporation programs to work cohesively in one system.
* Benefit from Software Provider’s ability to establish an easy to use efficient platform for all employees at Saint Francis.

## Proposal Process

### Submission Process and Requirements

|  |  |  |
| --- | --- | --- |
| Process | Owner | Deadline |
| Issue RFP | Janelle Redden to send to email or website portal of Software Provider contact | 03/13/2024 |
| RFP Responses Due | Software Provider to send PDF version to Janelle Redden at [janelle.redden@st-francis.org](mailto:janelle.redden@st-francis.org) | 04/19/2024 |
| Vendor Demonstrations | Software Provider to schedule with Janelle Redden at [janelle.redden@st-francis.org](mailto:janelle.redden@st-francis.org) . requesting 4-6 hours demo of Case Management, Data Management, Business Analyst/ Reporting options, and Quality Assurance | 05/06/2024 to 05/24/2024 |
| Final Review and Notification of Award | Janelle Redden to notify Software Provider contact via email | 06/14/2024 |

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### General Conditions

* Saint Francis Ministries, Inc. is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by Saint Francis Ministries, Inc. to award any contract.
* Saint Francis Ministries, Inc. is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation or presentation. All costs to prepare any proposal, presentation, or site visit is your responsibility. No vendor may charge any costs associated with preparing or presenting the proposal after being awarded this or any other contract.
  + Information submitted in response to this RFP will become the property of Saint Francis Ministries, Inc.
  + All responses will be kept private from other vendors.
  + Saint Francis Ministries, Inc. reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to the RFP, in whole or in part, at any time.
  + All pages should clearly include your company’s name, the date of your proposal and the question it is addressing.
  + Please respond to all items in the RFP as thoroughly as possible. Lack of clarity will affect your proposal and will be cause for disqualification.
  + Please limit descriptions of functionality to that which will be generally available upon release.
  + Every requirement must be addressed. Inability to meet any of the specified requirements must be stated and thoroughly explained. If the explanation includes alternative solutions, please specify.
  + Please be prepared to answer additional functionality questions or clarifying questions after the proposal is submitted. Vendors should be prepared to provide oral or written answers, as well as a demonstration.
  + Proposals must be signed by a duly authorized representative to bind your company. This signature should be included in the electronic version sent back to us by the date outlined in the table.
  + Submitting a proposal does not obligate an award, contract, or otherwise. Part or all of the proposal is subject to rejection.
  + No part of this RFP will become part of any final agreement unless specifically incorporated into a final written agreement. Any or all contents of your proposal may become part of a final agreement as determined.

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## Vendor Overview

Company Information

|  |  |
| --- | --- |
| **General** | |
| Name |  |
| Address (Headquarters) |  |
| Address Continued |  |
| Main Telephone Number |  |
| Website |  |
| Publicly Traded or Privately Held |  |
| **Main Contact** | |
| Name |  |
| Title |  |
| Address |  |
| Address Continued |  |
| Telephone Number |  |
| Email Address |  |
| **Overview** | |
| Number of Total Employees |  |
| Number of New Installations over the Last 3 Years (2021- 2023) |  |

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### Product Strategy

Please list all Case Management, Foster Home Licensing and Accounting modules that you currently sell:

Please provide the history of each Product. For example: (1) Was the product originally developed by your company or did the product evolve through acquisition or purchase?; (2) Is the product a combination of one or more products? If so, how are they integrated together? Please describe in detail.

Describe the end-user tools available in your product that are used to customize the software (e.g., create new alerts, build clinical templates, build assessments, build tables/graphs, create reports, order sets, etc.).

Describe your product release process (release schedule, communication, training, etc.).

Describe any current planned enhancements to your product. What is your product development strategy for the next 6 months? 1 year? 18 months?

Describe any current strategic partnerships you are involved with in your product (LexisNexis, transportation program, etc.).

Describe any future plans for strategic partnerships that involve your product.

Provide your experience with multi-corporation, multi-service line organizations.

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#### Strategic Product Differentiation

Why will our staff have a higher level of satisfaction with your product? What are the key differentiators that make your product the best option for the future?

### Implementation

Provide a detailed overview of your implementation process.

If selected, is there a waiting period for implementation to begin, if so, please provide timeline.

Describe in detail, the level of support provided by your company, as well as the expectations for provider involvement and level of work effort over the course of the implementation.

Provide an overview of the types of resources that your organization will provide during the implementation. Please include titles and implementation role and responsibility.

Provide an overview of the types of resources that Saint Francis Ministries will be expected to provide during the implementation.

Provide a sample implementation work plan and timeline milestones.

Provide an overview of Post-Implementation support.

### Training

Describe the training program offered by your company. Include information on the various types of training (e.g. on-site/in-person, web-based, instructor-led, etc.) that are used as part of the training program. On average, how many hours does it take for an employee to complete the training?

Provide a sample of your training materials that are used as part of your training program.

How is training delivered on an ongoing basis:

* Include hours and cost if applicable?
* Describe any video or document training material that is available after implementation.
* As it relates to system upgrades and releases?

## Technical Architecture

*Please review all sample questions below. Feel free to edit, remove, or add sample questions to match the needs of your agency.*

### Security and Security Features

|  |  |
| --- | --- |
|  | |
| Describe how the product meets all HIPAA, HITECH, and other security requirements. |  |
| Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings? |  |
| Describe how the product provides the ability to build new user role and security rights, and how it is monitored. |  |
| Does the product provide different levels of security based on user group or program? If so, what abilities does our team have to add or edit user groups after implementation? |  |
| Does the product offer Active Directory Integration? |  |
| Describe the audit process within the product (client access, user access, login attempts, access IP address, etc). |  |
| List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs. |  |
| Describe any remote tools you offer the provider to access client data (e.g. mobile phones or tablets) and how these devices/data may be secured if the provider loses their device or a breach is suspected. |  |

|  |  |
| --- | --- |
| Describe the product's ability to terminate user connections/sessions by an administrator (remotely) if a breach is suspected. |  |
| Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc.). |  |
| Describe the product's ability to create new security rights/roles based on new workflows or enhancements. |  |

### Data Protection

|  |  |
| --- | --- |
|  | |
| Describe how the client’s data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion). |  |
| Describe how the client’s data is secured when accessed via handheld devices (e.g., secured through SSL web sites, mobile apps, etc). |  |
| Does the system offer Multi-Factor authentication? |  |
| Describe the auto-log off capabilities. Is it user specific or organization-wide? |  |

### Licensing

|  |  |
| --- | --- |
|  | |
| How is the product licensed? |  |
| Are licenses purchased per user? Per provider? |  |
| Can user licenses be reassigned when a workforce member leaves? |  |
| If licensing is determined per workstation, do handheld devices count towards this licensing? |  |
| What does each license actually provide? |  |
| For modular systems, does each module require a unique license? |  |
| In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)? Are multiple license instances available per user? |  |
| Are licenses purchased on a per-server, per-core, or other capacity-based model? |  |
| If licensing is determined on a capacity basis, describe the licensing model and tiers. |  |

### Infrastructure and Technology

|  |  |
| --- | --- |
| ASP Model | |
| **If product is an ASP model, please respond to questions below:** | |
| Do you provide ASP solutions or require 3rd party vendor participation? |  |
| What is the 3rd party vendor’s involvement? If so, is there a BAA established? |  |
| How are support issues handled? Do you have Tiered Support, and if so, is there a cost associated with that that is transferred to the customer? |  |
| Does the ASP model require a server at the customer location? |  |
| - If yes, what are the system requirements? |  |
| ꞏ Number of Server(s)? |  |
| ꞏ Processor |  |
| ꞏ Storage and Fault Tolerance Requirements? |  |
| ꞏ Memory? |  |
| ꞏ Bandwidth Requirements? |  |
| ꞏ System Backup Requirements? |  |
| - Types of Server(s) |  |
| ꞏ Database Servers |  |

|  |  |
| --- | --- |
| ꞏ Web Servers |  |
| ꞏ Interface Servers |  |
| ꞏ Scanning Servers |  |
| ꞏ Messaging (Fax and Print) Servers   * If fax from server, what fax cards are supported? * Is separate fax software needed? |  |
| Is virtualization supported or required (VMWare, XenApp, etc.)? |  |
| - If so, on which servers and in what configuration? |  |
| Are Citrix and/or Terminal Services supported? |  |
| - If so, are there any application modules not supported or recommended for use in a virtualized environment? |  |
| Does your product require or recommend a firewall? |  |
| - If yes, what is the recommended manufacturer/model? |  |
| - Do you recommend VPN access? |  |
| Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these? |  |
| - If customer must purchase, how many need to be purchased based on expected number of users on the product? |  |

|  |  |
| --- | --- |
| List all security enhancements which must be accommodated on workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.). |  |
| Does the product support any of the following external devices:  ꞏ USB devices  ꞏ Scanners (manufacturer/model)  ꞏ Flatbed  ꞏ Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.)  ꞏ Card Readers (i.e. smart card, security  ꞏ Other Input Devices |  |
| What are the bandwidth requirements per user? |  |
| What are the workstation requirements? |  |
| Manufacturer/Model  ꞏ Processor  ꞏ Storage  ꞏ Memory  ꞏ Operating System |  |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? |  |
| What applications are supported and/or need to be installed on the workstation?  ꞏ Java  ꞏ Flash  ꞏ Browser  ꞏ Adobe Reader  ꞏ Microsoft Office (i.e., Word, Excel, etc.)  ꞏ Antivirus  ꞏ Which folders/files must be excluded from active scanning?  ꞏ Reporting Tool(s)  ꞏ Open Office  ꞏ Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support |  |

|  |  |
| --- | --- |
| Require ODBC driver or SQL application on workstations? |  |
| Any other applications required? |  |
| Can the product be securely accessed from any location with an Internet/broadband connection? |  |
| How is data saved at the ASP location? |  |
| How often is routine maintenance performed on remote system?  ꞏ Backups?  ꞏ Updates?  ꞏ Performance Monitoring and Enhancements  ꞏ Uptime? |  |
| Since we would be dependent on Internet connection, what is our strategy if the Internet connection goes down and cannot use your system? |  |
| How will the customer be able to upload client-provided records (either paper or electronic format (radiology, medical records, lab data, etc.))? |  |
| Does the system have offline capabilities? |  |

|  |  |
| --- | --- |
| SAAS Model | |
| **If product is a SAAS model, please respond to questions below:** | |
| Do you provide direct SAAS solutions or require 3rd party vendor participation? |  |
| How are support issues handled? Do you have Tiered Support, and if so, is there a cost associated with that that is transferred to the customer? |  |

|  |  |
| --- | --- |
| Does a 3rd party vendor host any part of your product and/or data? If so, is there a BAA established? |  |
| Does your product require or recommend a firewall on the client side? |  |
| - If yes, what is the recommended manufacturer/model? |  |
| Can the product be securely accessed from any location with an Internet/broadband connection? |  |
| - What are the security requirements for remote users (non-office users)? |  |
| What are the minimum bandwidth requirements? |  |
| List all security enhancements which must be accommodated on client workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc.). |  |
| Does the product support any of the following external devices:  ꞏ USB Devices  ꞏ Scanners (Manufacturer/Model)  ꞏ Flatbed  ꞏ Handheld (i.e., Barcode, PDA, BlackBerry Devices, etc.)  ꞏ Card Readers (i.e., Smart Card, Security)  ꞏ Signature pads  ꞏ Other Input Devices |  |
| What are the workstation requirements? |  |
| Manufacturer/Model  ꞏ Processor  ꞏ Storage  ꞏ Memory  ꞏ Operating System |  |

|  |  |
| --- | --- |
| Does the product require any type of client (i.e. Citrix, clientware, Cisco VPN, etc.)? |  |
| What applications are supported and/or need to be installed on the workstations?  ꞏ Java  ꞏ Flash  ꞏ Browser  ꞏ Adobe Reader  ꞏ Microsoft Office (i.e., Word, Excel, etc.)  ꞏ Antivirus  ꞏ Which folders/files must be excluded from active scanning?  ꞏ Reporting Tool(s)  ꞏ Open Office  ꞏ Remote Access Software (WinVNC, RDP, GoToMyPC, etc.) for support |  |
| Require ODBC driver or SQL application on workstations? |  |
| Any other applications required? |  |
| How is data saved and stored? |  |
| How will the customer be able to upload externally provided records (either paper or electronic format)? |  |
| How will the customer be able to fax out of the software? |  |
| Can information be exported in CSV or comma text delimited format? |  |
| Does product allow reports to be created? |  |
| - Ad hoc reporting option? |  |

|  |  |
| --- | --- |
| - Provide a list of standard reports (no customization) |  |
| How often is routine maintenance performed on remote system? How does this affect the customer?  ꞏ Backups?  ꞏ Updates?  ꞏ Performance Monitoring and Enhancements  ꞏ Uptime? |  |
| Can you provide a contingency strategy or disaster recovery plan in the event Internet service is lost and customer is unable to access your system and application? |  |
| Do you have normal ‘downtime’ windows for system backup and maintenance? |  |
| - Does this affect access to the product? |  |
| How is data gathered during Internet outages? Do you have offline capability? |  |
| Is it uploaded into the system when Internet restored?  ꞏ Is this process done manually or automatically?  ꞏ How do we verify information has been uploaded? |  |
| In the event access to your site is unavailable, what steps will you take to notify the customer of progress towards resolving the issue? |  |
| - What steps should the customer take during this time? |  |
| In the past two (2) years, how many outages have you experienced due to your own infrastructure problems? |  |

|  |  |
| --- | --- |
| Do you have redundant Internet providers? |  |
| Is there an external partner portal? |  |
| Is there a test environment for the customer to use? Is there an additional cost and how dong does the customer have access? |  |
| What are the network infrastructure requirements? |  |
| What are your security requirements and recommendations for client workstations? |  |
| Is your site secured with encryption and antivirus? |  |
| - How often is access audited and by whom? |  |
| - Is there an off-site disaster recovery location for your server farm? |  |
| - How often is this tested? |  |
| Does the system have offline capabilities? |  |

### Data Conversion

The ability to accurately and completely convert the data currently contained in an existing system will be an important consideration in determining the right vendor partner. Please provide the following information related to conversion activities:

1. What is the primary database that is going to be used in the Case Management and Licensing system? (SQL server, oracle DB, IBM Blumix, MySQL?)
2. How do you support conversion of each of the following types of data?
   1. Masterfile Data
      1. Clients
      2. Staff
      3. Providers
      4. Other
   2. Client Demographics
   3. Medication Lists
   4. Scanned Documents Associated with Client File
      1. Please list ALL formats supported (PDF, JPEG, TIF, etc.)
      2. Please list any formats that are NOT supported
   5. Describe how you support migrating documents into the software which are saved on provider organization server to vendor server.
3. Describe in detail the process by which data is extracted from the current system and migrated to your solution. We are currently using more than one system, can you perform migrations from more than one system.
4. Describe the sequencing and timing of data migration (e.g. Masterfile’s converted X weeks prior to use of system, client demographics converted X weeks prior to use of system, etc.).
5. Can you support a two-phased conversion? By this we mean that a bulk of the data would be transferred two to three weeks prior to the Go-Live, followed by an “incremental conversion” immediately prior to Go-Live or immediately following Go-Live.
6. Do you conduct a “test conversion” by which a full data conversion is simulated and time allowed for the practice to review and assess the data conversion efforts?
7. Please provide a list of all vendor solutions that you have successfully extracted and converted Client Management System data from.
8. Note: Future discussions with prospective vendors will include a request for references for data conversion. An optional response at this time is to provide three references where you

have undertaken a full conversion of data from a company that had already implemented a full Client Management System solution.

### Vendor Support

|  |  |
| --- | --- |
|  | |
| What are your support statistics (# of Support Calls to the % of resolutions at each severity level)? |  |
| Define the Support Structure (Tiered Approach, Client assigned 1 point of contact, etc.) |  |
| What is your availability to the company for meetings to discuss Client Management System issues and concerns? |  |
| When is customer support available?  ꞏ Preferred method of contact (Phone, e-mail, Ticket portal)?  ꞏ Do you allow for access to review open, closed support tickets?  ꞏ Where is your customer support staff located? Are they ‘off-shore’?  ꞏ What are your normal hours of support?  ꞏ How is after-hours support handled?  ꞏ Will someone be on-call at all times? |  |
| Problem/Resolution Process  ꞏ Response time expectations for all levels of severity  ꞏ Average time to close tickets by severity level  ꞏ Escalation Process  ꞏ Severity Level System  ꞏ Issue/Resolution Tracking System  ꞏ Test System vs. Live System |  |

|  |  |
| --- | --- |
| Who has ownership of the following:  ꞏ Data  ꞏ Software  ꞏ Enhancements or Customizations Paid for by Customer  ꞏ Hardware  ꞏ Servers  ꞏ Workstations |  |
| What are your additional fee-based services? |  |
| Do you have online support (Knowledgebase, Info Center, etc.)? Is this an additional cost? |  |
| Is your support staff certified (i.e., HDI, SCP)? |  |
| Is remote assistance an option for workstation and server issues? |  |
| Describe Enhancement Request Model |  |
| Do you have a user forum for practices to seek help from peers and share ideas? |  |
| Do you have regional and national user conferences? |  |
| On-going Maintenance (if additional cost, please specify below in pricing information) |  |
| Upgrade Process  ꞏ Will customers get to choose which upgrades they want?  ꞏ Frequency of upgrades?  ꞏ How long can a customer delay an upgrade without losing support?  ꞏ Will training be provided for new functionality?  ꞏ Will there be an added cost for upgrades? |  |

|  |  |
| --- | --- |
| Testing  ꞏ Will customers get a chance to test the product in a test environment?  ꞏ Will customers get access to test scripts from vendor?  ꞏ Will customers have an opportunity to parallel test with vendor or conduct Acceptance Testing?  ꞏ End-to-End Testing?  ꞏ Is the Test environment a separate cost monthly? |  |
| Product Enhancement Requests  ꞏ If customers want to add an enhancement, what is the process?  ꞏ Are there additional costs for an enhancement?  ꞏ How soon will customers be able to view, test, and use the enhancement?  ꞏ How will upgrades work with new enhancement?  ꞏ Will all other customers get the enhancement one company has paid for?  ꞏ How will the company stay up-to-date on required meaningful use definition changes? |  |

## Comprehensive Module List

Please provide a detailed list of all modules / components that are available. Indicate if you are suggesting including that module in the solution.

|  |  |  |
| --- | --- | --- |
| **Module / Component** | **Suggested to Be Included?**  **Yes/ No** | **If not included, please indicate why not included?** |
|  |  |  |
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## Functional Requirements

Use the column labeled “**Comments / Clarifications**” to include additional information you wish to include as part of your response. This column can also be used to indicate if a function is not currently available but will be available in a future release by indicating the version number and approximate month/year when the function will be available (e.g. Version 8.2/September 2018). No comment or clarification should exceed half a page in length. Comments and Clarifications may be provided on a separate attachment.

#### The Functional Requirements section is organized into the following subsections:

* Finance, Payments, and General Ledger Integration
  + Claims/ Payments for Case Management Provider
  + Claims/ Payments for CPA
  + Revenue Recognition/ Receivable/ Payment Posting
  + General Finance Questions
* Reintegration Foster Care
  + Operations/ Case Management
  + Intake/ Registration
  + Home and Provider Portal
* Foster Care Homes
  + Documentation/ Notes
  + Reports/ other
* Compliance and Quality Assurance
  + Quality Assurance
  + Compliance
  + Reports/ Criteria

Finance, Payments, and General Ledger Integration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Functional Requirements/Features/Specifications** | **Yes, Included** | **Yes, Addt. Cost** | **No** | **Comments/ Clarifications** |
| **Claims/Payments for Case Management Provider** | | | | |
| Ability to have 2 payment rates for each placement authorization provider rate and admin fee |  |  |  |  |
| Is there the ability to generate placement payments through automatic batch processing (based on placement authorizations in the system) with the ability to manipulate the actual payment (dates or rates)? |  |  |  |  |
| Once a placement payment has been made, is it marked as paid in the system so the same payment |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| cannot be made again? |  |  |  |  |
| If a placement authorization is changed for dates that have already been paid, are payment corrections for those prior payments automatically corrected via batch processing (i.e. recoups and repayments)? |  |  |  |  |
| Is there a history of payments made on a placement authorization with an audit trail (i.e. who created the pmt, date created, expected payment date, etc.)? |  |  |  |  |
| Is there the ability to perform automatic batch processing of placement payments by different provider types (i.e. kinship, CPA, residential, etc.)? |  |  |  |  |
| Is there the ability for placement authorizations and payments to be entered as daily or monthly? Or just daily? |  |  |  |  |
| Is there the ability to view a child’s entire placement authorization history (and made payments) in one listing? |  |  |  |  |
| Is there the ability to assign a payor to each child? |  |  |  |  |
| Can GL coding be assigned to each payor? |  |  |  |  |
| Is there the ability to enter “other services payment authorizations” on a client that are not placement authorizations (i.e. mileage reimbursement, daycare reimbursement, other services reimbursement, etc.)? |  |  |  |  |
| Is there the ability for automatic batch processing of these “other services payment authorizations” based upon the authorizations entered with the ability to manipulate the payment? |  |  |  |  |
| Once a payment has been made on an “other services payment authorization” is it marked as paid in the system so the same payment cannot be made again? |  |  |  |  |
| If an “other services payment authorization” is changed for which payment has already been made, are payment corrections for those prior payments automatically corrected via batch processing (i.e. recoups and repayments)? |  |  |  |  |
| Is there a history of payments made on an “other services payment authorization” with an audit trail |  |  |  |  |

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| (i.e. who created the pmt, date created, expected payment date, etc.)? |  |  |  |  |
| Is there the ability for “other services payment authorizations” to be entered for date ranges, not to exceed amounts, etc.? Can multiple payments be made on these authorizations so long as the same dates are not paid twice and the not to exceed amount is not exceeded? |  |  |  |  |
| Is there the ability to add/edit procedure codes? |  |  |  |  |
| Is there the ability to assign GL coding to procedure codes? |  |  |  |  |
| Is there the ability to export payments generated for integration into an accounting system? Is this export customizable? Is there automatic integration with any accounting systems? |  |  |  |  |
| Is there the ability to set a rate table or fee schedule for different procedure codes? |  |  |  |  |
| **Claims/Payments for CPA** | | | | |
| Ability to have 2 payment rates for each placement authorization provider rate and admin fee |  |  |  |  |
| Is there the ability to generate placement payments through automatic batch processing (based on placement authorizations in the system) with the ability to manipulate the actual payment (dates or rates)? |  |  |  |  |
| Once a placement payment has been made, is it marked as paid in the system so the same payment cannot be made again? |  |  |  |  |
| If a placement authorization is changed for dates that have already been paid, are payment corrections for those prior payments automatically corrected via batch processing (i.e. recoups and repayments)? |  |  |  |  |
| Is there a history of payments made on a placement authorization with an audit trail (i.e. who created the pmt, date created, expected payment date, etc.)? |  |  |  |  |
| Is there the ability to perform automatic batch processing of placement payments by different provider types (i.e. kinship, CPA, residential, etc.)? |  |  |  |  |

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| Is there the ability for placement authorizations and payments to be entered as daily or monthly? Or just daily? |  |  |  |  |
| Is there the ability to view a foster home’s entire placement authorization history (and made payments) in one listing? |  |  |  |  |
| Is there the ability to assign a payor to each foster home? |  |  |  |  |
| Can GL coding be assigned to each payor? |  |  |  |  |
| Is there the ability to enter “other services payment authorizations” on a foster home that are not placement authorizations (i.e. mileage reimbursement, daycare reimbursement, other services reimbursement, etc.)? |  |  |  |  |
| Is there the ability for automatic batch processing of these “other services payment authorizations” based upon the authorizations entered with the ability to manipulate the payment? |  |  |  |  |
| Once a payment has been made on an “other services payment authorization” is it marked as paid in the system so the same payment cannot be made again? |  |  |  |  |
| If an “other services payment authorization” is changed for which payment has already been made, are payment corrections for those prior payments automatically corrected via batch processing (i.e. recoups and repayments)? |  |  |  |  |
| Is there a history of payments made on an “other services payment authorization” with an audit trail (i.e. who created the pmt, date created, expected payment date, etc.)? |  |  |  |  |
| Is there the ability for “other services payment authorizations” to be entered for date ranges, not to exceed amounts, etc.? Can multiple payments be made on these authorizations so long as the same dates are not paid twice and the not to exceed amount is not exceeded? |  |  |  |  |
| Is there the ability to add/edit procedure codes? |  |  |  |  |

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| Is there the ability to assign GL coding to procedure codes? |  |  |  |  |
| Is there the ability to export payments generated for integration into an accounting system? Is this export customizable? Is there automatic integration with any accounting systems? |  |  |  |  |
| Is there the ability to set a rate table or fee schedule for different procedure codes? |  |  |  |  |
| **Revenue Recognition/Receivable/Payment Posting** | | | | |
| We receive payments from the contract funder for placements. Is there functionality in the system to import a payment file received to reconcile against placement authorizations that are in the system? |  |  |  |  |
| We submit data files to contract funders for the “Other Services Payment Authorizations” as a way to be reimbursed for these expenses. Is there functionality in the system to import a payment file received to reconcile against the “Other Services Payment Authorizations” payments that are in the system? |  |  |  |  |
| Is there the ability to generate reports for all placement authorizations? Can these be customized (for certain dates, procedure codes, payors, etc.)? |  |  |  |  |
| Is there the ability to generate reports for all placement payments made? Can these be customized (for certain dates, procedure codes, payors, etc.)? |  |  |  |  |
| Is there the ability to generate reports for all “other service payment authorizations”? Can these be customized (for certain dates, procedure codes, payors, etc.)? |  |  |  |  |
| Is there the ability to generate reports for all “other service payment authorizations” payments made? Can these be customized (for certain dates, procedure codes, payors, etc.)? |  |  |  |  |
| We submit data files to contract funders for certain placement authorization payments and “other service payment authorizations” as a way to be reimbursed for these expenses. Is there a way to mark these as |  |  |  |  |

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| submitted within the system so they cannot be sent to a contract funder multiple times? |  |  |  |  |
| Is there the ability to create custom reports? |  |  |  |  |
| What functionality is in the system for calculating revenue? Is it through reporting only? |  |  |  |  |
| **GENERAL FINANCE QUESTIONS** | | | | |
| If both CMP and CPA finance functionality is available, are they linked? If a CMP child has a placement in a CPA home that is in the system, can one placement authorization be entered that populates on both the child’s case record and the foster home’s record? |  |  |  |  |
| Are there any warnings or controls in place for automatic payment batch processing for certain data errors? (i.e. placement auth expiring with no new placement auth during payment period, payment generating for multiple providers for the placement of the same child on the same day, etc.) |  |  |  |  |
| Is there the ability to show payment from multiple sources? (i.e. contract clients, other CMP’s, other states, etc) |  |  |  |  |

Reintegration Foster Care

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| --- | --- | --- | --- | --- |
| **Functional Requirements/Features/Specifications** | **Yes, Included** | **Yes, Addt. Cost** | **No** | **Comments/ Clarifications** |
| **Operations/ Case Management** | | | | |
| Live Chat support or Chat bot |  |  |  |  |
| Allow for signatures within the system. If so, how (touchpad, plug in signature pads, import signature)? |  |  |  |  |
| Ability to utilize the referral from DCF’s system to populate the referral in the Client Management system? |  |  |  |  |
| Ability for multiple staff to enter case notes based on their interaction with the case? |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Ability to enter a referral before it is finalized so the client is available for all staff? |  |  |  |  |
| Ability to add forms into the system? |  |  |  |  |
| Ability for forms to have approval processes attached to them? |  |  |  |  |
| What is the length of time to add or update a new form? |  |  |  |  |
| Can reminders be sent when forms are coming due? |  |  |  |  |
| Is there the ability to attach forms or case notes to multiple clients at the same time? |  |  |  |  |
| Ability to email documents from the system to community stakeholders? |  |  |  |  |
| Allow for electronic signatures on documentation for both clients and providers within the system (multiple signatures)? |  |  |  |  |
| Is there a way to report on visit status? |  |  |  |  |
| Critical Incident Forms? (ability to fill out the form, email from the system to DCF, etc) |  |  |  |  |
| **Intake/ Registration** | | | | |
| Perform checks to avoid creation of duplicate clients |  |  |  |  |
| Client and provider merge option? Explain how this works, what data/ information is included and excluded from merge capability |  |  |  |  |
| Ability for information entered in one place to populate to other places? |  |  |  |  |
| **Home and Provider Portal** | | | | |
| Automatically generate placement agreements that can then be signed and viewed by the provider? |  |  |  |  |
| Ability for providers to input documents into the system. (i.e. KBH Dental, Vision, Immunications, Doctor Visits, Monthly Reports, etc.) |  |  |  |  |
| Lifebook available within system, with the ability to update the book. |  |  |  |  |

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| Access to medical card, medical consent, Journal Entry, release, etc. for short term placements |  |  |  |  |

Foster Care Homes

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| --- | --- | --- | --- | --- |
| **Functional Requirements/Features/Specifications** | **Yes, Included** | **Yes, Addt. Cost** | **No** | **Comments/ Clarifications** |
| **Documentation / Notes** | | | | |
| Ease of making note template updates if payor requirements change |  |  |  |  |
| Able to easily update or remove word limits |  |  |  |  |
| Ease of generating non-billable vs. billable notes |  |  |  |  |
| Ability for Providers to create documentation off- line and then upload later |  |  |  |  |
| Allow certain forms or notes to be hidden or confidential |  |  |  |  |
| System templates allow for updating test/staging environment |  |  |  |  |
| System allows for creating new or modifications to existing templates by provider or admin |  |  |  |  |
| System allows for uploading of templates or forms |  |  |  |  |
| System allows for signatures on forms or assessments |  |  |  |  |
| Describe the functionality for efficient documentation strategies (e.g. roll over, select and insert features) |  |  |  |  |
| Ability to assign providers to a supervisor or multiple supervisors |  |  |  |  |
| Ability to lock down or unlock a note w/respective rights |  |  |  |  |
| Ability to add addendums to notes |  |  |  |  |

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| **Reports/other** | | | | |
| Ability to generate MIPS measure reports |  |  |  |  |
| Reports structure and capabilities (ad hoc, custom, data selections, export, etc) |  |  |  |  |
| Dashboards structure and capabilities |  |  |  |  |
| Outcome Measures - GAD7 / PHQ9. Are they graphable? |  |  |  |  |
| Ability to search/sort diagnoses alphabetically AND by ICD-10 code |  |  |  |  |
| Ability to use DSM coding |  |  |  |  |
| Ability to create picklist for CPT coding |  |  |  |  |
| Referrals capability |  |  |  |  |

### Compliance and Quality Assurance

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| --- | --- | --- | --- | --- |
| **Functional Requirements/Features/Specifications** | **Yes, Included** | **Yes, Addt. Cost** | **No** | **Comments/ Clarifications** |
| **Quality Assurance** | | | | |
| Ability for QA to automatically review notes from specific staff (chosen by QA as needed) and return documentation when needed. Or Assign by percentage of completed notes for Peer Review. |  |  |  |  |
| Able to see a full history of notes and QA feedback for each staff |  |  |  |  |
| Functionality between QA and case team - must be able to submit and review feedback from both sides |  |  |  |  |
| **Compliance** | | | | |
| Detailed client record audit trails |  |  |  |  |
| Has notification abilities – i.e. notification based on due dates, notes already on file, and actions such as assigning to a program, as well as email notifications |  |  |  |  |
| All time stamps in the same time zone, based on |  |  |  |  |

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| the viewer |  |  |  |  |
| Ability to make case plans or sections of a case plan plan mandatory (by organization, program or user?) |  |  |  |  |
| Ability to create and document case review results directly into system |  |  |  |  |
| **Reports / Criteria** | | | | |
| Allow for multiple search criteria (Case Manager name, State, Regional Director etc) |  |  |  |  |
| Reporting features for incomplete and/or outstanding notes/ case plans/ visit logs/ etc. |  |  |  |  |
| Ability to automate daily, weekly, monthly reports as a task to run |  |  |  |  |
| From a case manager perspective to be able to view the entire client load (master view for case manager) |  |  |  |  |
| Ability to easily see case load |  |  |  |  |
| Reporting and being able to easily see overdue measures |  |  |  |  |
| Ability to track all QA metrics grouped by locations, director, supervisor and worker |  |  |  |  |
| If reporting requirements change or changes are needed how quickly could adjustements be made |  |  |  |  |
| Ability for real-time customizable dashboards with views based on employees position |  |  |  |  |
| Flexibility to indiviudalize data collection to meet agency requirements |  |  |  |  |

## Interfaces / Integration

The ability to interface your solution with a wide variety of other specialized solutions and vendors will be an important element in the selection process.

1. Describe the approach taken in developing interfaces with other vendors / software solutions. Be sure to detail your use of industry standards and interface hub or engine technology.
2. Describe the process by which the practice is able to monitor and assess if the interface components are functioning properly.
3. Describe your company’s solution in regard to interfacing.
4. What interface standards are you able to comply with?

## Pricing

Provide a pricing matrix which displays price by program, licensure, user, add on products.

Please provide us with Implementation Fee (is this required up front), Maintenance Fee, RCM Fee, Clearinghouse Fee, and Training.

If there are alternate pricing for per licensure or per claim, please provide options. Are there any economies of scale pricing?

Are there any pricing discounts for Not-For-Profit (501c3)?

## Contract

Please send a sample contract. Please send a sample Service Level Agreement, if applicable.

## References

Please send us 3 references of “like” organizations to our service lines (multi-corporation, multi- service) preferably one who has Residential. We would like one reference with at least 3+ years’ experience with vendor and at least one reference that has been implemented in the last 1-2 years. Send organization name, location, and contact information.

### EXHIBIT A Saint Francis Ministries, Inc. Application List

**Current Applications / Infrastructure:**

|  |  |
| --- | --- |
|  | |
| CMS Vendor | Internally built system |
| Transportation | ParaPlan |
| Family Finding | Lexis Nexis |
| Quality Assurance | Access Databases |
| EHR | inSync |
| Payroll | ADP – Lifion |
| Billing system | PDS |
| Communications | None |
| Risk Management | RLDatix |

## Include any additional attachments your agency would like to include:

None