X. DEMONSTRATION

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X.1 DEMONSTRATION OVERVIEW

The demonstration is intended to provide California Department of Corrections and Rehabilitation (CDCR) the ability to verify the claims made by the Bidder in response to the requirements specified in Section VI System Requirements. During the demonstration, the Bidder must demonstrate their solution to increase the Evaluation Team's understanding of the proposed solution and approach to satisfying CDCR's requirements. Demonstrations will be performed by the Bidder as noted in Section I.8 RFP Key Action Dates.

X.1.1 Bidder Demonstration

During the demonstration, each Bidder will demonstrate their knowledge of California Prison Health Care Services and how the Bidder's proposed Health Care Scheduling System (HCSS) performs the functions identified in Section X.3 of this document. The Bidder Demonstrations will not be scored separately. The ability of a Bidder's proposed solution to meet or exceed CDCR requirements during the Bidder Demonstrations may be taken into account during the evaluation of the Business Solution response in the BAFO process.

X.1.1.1 Demonstration Agenda

CDCR intends to use the following agenda (including applicable start and stop times) for each Bidder demonstration. In order to be fair, it is critical that each Bidder's demonstration conform to the stated time requirements.

Table X-1. Agenda for Bidder Demonstration

Time	Topic
8:00 – 9:30	Introduction and Overview
9:30 – 10:15	Management Reporting and Analysis Demonstration
10:15 – 10:30	Break
10:30 – 11:45	Scenario 1: Intake & Reception Center
11:45 – 1:15	Lunch
1:15 –2:15	Scenario 2: Health Care Services Request
2:15 – 3:15	Scenario 3: Prison to Prison Transfer
3:15 – 3:30	Break
3:30 – 4:30	Scenario 4: Chronic Care Appointments
4:30 – 5:00	Conclusion

X.1.2 Demonstration Preparation

Bidders will be required to conduct demonstrations of their solution. CDCR expects that approximately ten (10) CDCR personnel will attend the demonstration.

Bidders are required to use data provided by CDCR in their demonstrations. This data will be provided in electronic format approximately one week prior to demonstrations.

For Bidders who propose a ground-up build of the system, CDCR will accept a demonstration using a storyboard (e.g. screenshots).

CDCR requires that the proposed Project Manager and/or Module/Phase Leads conduct the demonstration to ensure that the proposed Project Manager and/or Module/Phase Leads demonstrate sufficient hands-on capabilities in using the proposed system. Seating is limited; Bidder staff will be limited to six to eight (6-8) individuals who will actively participate in the demonstration and/or discussion.

X.2 DEMONSTRATION SCRIPT GUIDELINES

The scripted scenarios are designed to provide CDCR with an opportunity to understand the alignment of the Bidder's solution to CDCR's key requirements in areas critical to delivering the expected benefits of the new Health Care Scheduling System. The scenarios may depict one or more business processes. Each of the scenarios contains four components:

- **Purpose:** This is the reason the business process exists. It is the task that the businesses process or processes resolves in the organization.
- **Scenario:** The scenario places the business process in a specific context. It describes upstream and downstream business processes and identifies the circumstances under which the business process takes place.
- **Use Cases:** The Use Cases represent a conceptual sequence of events in the context of a future scenario. The Bidder in this demonstration should use the Use Case sequences to inform their demonstration of how the Bidder's solution would address these scenarios. To demonstrate all of the expected results, the Bidder may have to execute some or all process steps multiple times to show different expected results.
- **Expected Results:** The expected results are standards that CPHCS has identified as being necessary for a successful demonstration of the proposed solution's ability to meet the requirements of the Use Cases. An ideal demonstration would efficiently navigate the process steps while exhibiting the expected results. It may be necessary to run some or all of the process steps multiple times to exhibit all of the expected results. In some cases the Bidder's solution may not be capable of accomplishing the expected results. In these instances the Bidder is asked to identify how the Bidder intends to address these problems in the proposed solution.

The scenarios should be demonstrated in the most efficient way in terms of number of screens used, number of steps used to complete the use case. It is important for the Bidder to demonstrate how the Bidder's solution would address the Use Case in the context of the given scenario. Every effort should be made to produce factual evidence that helps the Evaluation Team understand the extent to which the Bidder's solution will meet CDCR's expected results.

As the scenario demonstrations will be time-limited, Bidders should make careful use of the allotted time to address the specific scenarios. Lengthy, time-consuming presentations and demonstrations that don't directly address the scenarios should be considered carefully. Bidders are encouraged to manage their demonstration time wisely and to establish sensible goals for presenting the required information. Bidders should assume that the Evaluation Team will ask clarifying questions during the course of the demonstration and should plan accordingly.

X.3 DEMONSTRATION REQUIREMENTS

X.3.1 Overview of Proposed Solution

1) Overview of Bidder's proposed solution
   a. System look and feel - Demonstrate the overall navigation of the system as well as how to customize a screen.
   b. System Administration – Demonstrate how Administrators can assign blocks of available time to care providers and facilities drawing on information from BIS (e.g., shift plans and fixed asset information).
   c. System workflow – Demonstrate how workflows are created, managed, and tracked; including how work is not allowed to proceed without the completion of prior steps.
   d. Schedule Optimization – Demonstrate how the system allows for long term schedule planning and optimization using tools such as iterative, user-entered constraint scenarios and simulations.
2) Questions and answers

X.3.2 Management Reporting and Analysis

1) Demonstration of Reporting and Analysis capabilities
   a. Demonstrate the standard system reports
   b. Demonstrate how to create ad hoc reports
   c. Demonstrate how to drill down into reports
2) Questions and answers

X.3.3 Scenario 1: Intake and Reception Center

Purpose

Intake Reception of new and returning offenders is a crucial process for providing quality care, as health history and current needs must be identified in a relatively short time. Additionally future treatment planning often begins at this stage. It is important that all screenings, evaluations, and exams are completed in a timely manner so that each offender can be moved to a permanent housing location.

Scenario

William Nebs was released 2 months prior to being incarcerated again, after having served 3 years for drug violations and aggravated assault. Nebs was a 54 year old Caucasian male with a 20 year history as a transient. He was born January 21st. He had a prior mental health history and was previously designated as Critical Case Management System (CCCMS) due to strong depression during his previous sentence. He did not have a history of attempted suicide. Nebs began taking medication for hypertension during his previous sentence. Nebs re-entered the California prison system after a drug-related manslaughter conviction and parole violation—ensuring an extended stay of at least 10 years.

Reception

SOMS notified the Health Care Scheduling System that William Nebs would be arriving at CSP Los Angeles Co. in Lancaster, CA on 10/30/08. His bus from Long Beach would arrive sometime after 10:00am. Upon arrival, Nebs went through the bus screen with the rest of the offenders on the bus and answered all the questions posed to him. He did not appear to the Bus Screener to have any emergent health issues. The information from his previous stay was linked to his record before he arrived. His answers to the bus screen questionnaire and a review of his previous record showed he did not have a Dental Panorex on file. Nebs was taken two days after arrival to the Dental Screen where he arrived, but refused to have a Panorex taken, but said he would be okay with seeing a dentist. A request for a DDS appointment was submitted to the scheduler and scheduled for three days later. At that appointment, Dr. Oriel issued Nebs a Dental Placement Code (DPC) of 3 and did not recommend any other follow-ups or treatment.

Because of his known history as a CDCR CCCMS patient-offender, the day of Nebs' arrival at the CSP LA Co. Reception Center he was taken to a Coleman testing appointment. The Coleman screen reflected a need for a further Mental Health evaluation. A request for a Psychological Evaluation was submitted and scheduled with Dr. Locksley for November 8th. At that appointment Dr. Locksley confirmed that Nebs should be included CDCR Mental Health as a CCCMS patient, and the doctor submitted a request to have a Mental Health Case Manager assigned when recording the encounter. Nebs attended his Clark testing appointment on November 2nd and the results were not significant.

Nebs reported that he was taking medicine for hypertension in answer to the Bus Screen Questionnaire and reported the same during the Medical Physical performed on October 30th. The Physician, Dr. Robert Loblaw, wrote an order for the hypertension medication to continue but did not see the need for a follow-up medical appointment at the Reception Center. Nebs and

9 other offenders were scheduled for a TB reading with the Public Health Nurse on duty between 10:00 & 11:00am on November 2nd. Nebs attended and had a negative test reading. The OT marked all the offenders as having arrived.

On 11/09/08 it was verified that all Reception Center requirements for William Nebs were satisfied and he was cleared to be moved to a permanent population at CSP Los Angeles County.

Use Cases

1. Record Transfer (receiving R&R)
2. Record RN Bus Screen
3. Schedule Medical Physical
4. Record Medical Physical
5. Schedule Initial Mental Health Screen
6. Record Initial Mental Health Screen Encounter
7. Request to Schedule an Appointment
8. Schedule Mental Health Appointment
9. Record Mental Health Psychological Evaluation
10. Record Encounter
11. Schedule Dental Screen
12. Record Dental Screen
13. Record Dental Encounter
14. Record Administrative Placement Screening Dental Priority Code (APS DPC)

Expected Results

1. Demonstrate how the proposed solution meets the intent and flow of the Use Cases
2. Show how the intake process could be conducted
    a. As a series of appointments conducted over a number of days (as written above)
    b. As a pull-based system with all arriving offenders drawn through an “assembly line” of Medical, Mental Health, and Dental providers directly after the RN Bus Screen (referrals beyond initial screenings would be conducted on an appointment basis).
3. Demonstrate the Reception Center Intake Process including:
    a. Notification of an incoming offender
    b. Automatic scheduling of required intake assessments/screens
    c. Record an RN Bus Screen
    d. Request, schedule, and record encounters in Medical, Mental Health, and Dental
        i. With both multiple or individual offenders

ii. With both a specific or general provider

4. Demonstrate how to request a Mental Health Case Manager be assigned to an offender
5. Demonstrate workflow tracking functionality to ensure all requirements of the Reception Center Intake Process are completed before offender placement in a permanent population

X.3.4 Scenario 2: Health Care Services Request

Purpose

Heath Care Services Requests can come from custody Officers, other disciplines, or the offender themselves. It is very important to respond to these requests quickly and efficiently in order to ensure adequate access to care. The Services Request Process has many steps that must be monitored for completion within mandated timelines.

Scenario

William Nebs had been an offender at CSP Los Angeles County for over a month. On 12/10/08 around 8am he filled out a Health Care Services Request Form 7362, and put it in the drop box.

Form 7362

William Nebs' 7362 form stated he had a 3 inch cut on his right hand that wouldn't stop bleeding, had some strange bumps and red skin on his cheek and nose, felt sad all the time, and had felt tired and sore lately. The drop box was emptied at 2:00pm and taken to a medical OT to enter into HCSS. As the form was entered completely, it was time-stamped and routed to the health disciplines Nebs selected on the form: Medical and Mental Health. Each discipline received a request with a distinct identifier, though they originated from the same paper submission.

Medical Triage Nurse Dion determined the request was routine and had the offender brought to the clinic at 4:30pm for a face-to-face triage. The nurse treated the cut but was concerned about the other symptoms and had the OT submit an appointment request for the offender's Primary Care Provider (PCP). The appointment was tentatively planned for December 22nd at 2:00pm. On December 21st the appointment was locked in as scheduled and patient-offender Nebs was ducated for the following day's appointment. Nebs attended the appointment and PCP Dr. Gonzales noted that the offender had historically been healthy, aside from hypertension and a balding head. Dr. Gonzales wrote an order for an ointment to be applied to the facial rash.

Mental Health received the Request for Service form and triaged it as routine. An OT submitted an appointment request for Nebs to see his Case Manager, Dr. Kimbo. The Scheduler made a tentative appointment for December 17th. Nebs attended that appointment and Dr. Kimbo determined he did not think the environment at CSP Los Angeles Co. was suited for Nebs. Therefore, Dr. Kimbo submitted a request for an IDTT to discuss having Nebs transferred to CSP Sacramento, where Kimbo felt Nebs would do better. The Scheduler found that all required attendees of the IDTT were available December 23rd, and scheduled the meeting. The IDTT recommended Nebs be transferred.

Specialty Care Request

Dr. Gonzalez also decided to refer Nebs to off-site Specialty Care Provider Dr. Cynthia Vue, a Dermatologist practicing in Bakersfield, CA. The OT entered the request when closing out the encounter, noting it as a routine level of treatment. HCSS automatically initiated a series of follow-up appointment requests to occur every 30 days until the specialty care was provided or deemed unnecessary. The Specialty Care request was routed to Utilization Management (UM) to await approval. The off-site specialty care appointment was approved by UM and the request

was routed to the off-site Specialty Care Scheduler. An appointment was made with Dr. Vue for February 17th at 3:00pm, and a notification was routed to transportation.

Use Cases

1. Record CDCR Health Care Services Request Form #7362
2. Request for Service Triage
3. Request to Schedule an Appointment
4. Schedule Appointment
5. Assign Mental Health Case Manager
6. Request to Schedule Mental Health IDTT Meeting
7. Schedule Mental Health IDTT Meeting
8. Record Encounter
9. Record Mental Health Case Manager Encounter

Expected Results

1. Demonstrate how the proposed solution meets the intent and flow of the Use Cases
2. Demonstrate the Health Care Services Request process including:
    a. Data entry of requests
    b. The routing of one request to multiple disciplines
    c. System monitoring of timelines and clear notification to users
    d. Input of Triage Nurse designations of Routine, Urgent, or Emergent for requests
    e. Closing a face-to-face RN triage with either
        i. No PCP referral required
        ii. Referral to PCP
    f. Request an appointment
    g. Schedule an appointment
3. Demonstrate how all appointment encounters are linked in the system to the initial offender request
4. Demonstrate how to request a Specialty Care Appointment at the close of a PCP appointment, including the automatic generation of follow-up appointment requests based on the severity of the referred case.
5. Demonstrate the UM approval process and workflow associated with scheduling an off-site specialty care appointment (including all notifications)
6. Demonstrate how to request, schedule and record an IDTT appointment including
    a. Offender attendance

b. Provider attendance

X.3.5 Scenario 3: Prison to Prison Transfer

Purpose

Continuity of care is incredibly important for optimizing resources and their use in CPHCS. When an offender transfers from one institution to another, current offender information and status must be communicated to the new institution, as well as the transfer status communicated to all providers in the institution the patient offender is departing.

Scenario

William Nebs attended a 12/23/08 IDTT where it was decided he should be transferred to CSP Sacramento. The transfer was endorsed and an existing off-site specialty care appointment was deemed distant enough to not require a medical hold.

Transfer

HCSS was notified that William Nebs would be transferred to CSP Sacramento on 01/15/09. HCSS notified all assigned Case Managers & Care Coordinators to suspend all appointments from that date forward pending the transfer. A tracking checklist was generated by HCSS to ensure all requirements of transfer were satisfied by the departure date. On January 15th, Nebs was escorted to the R&R for departure. R&R Nurse Johnson conducted the final encounter with Nebs and closed the encounter by indicating in HCSS that the patient-offender had left. HCSS then notified the new institution's care providers of Nebs' impending arrival and canceled future appointments at CSP Los Angeles County. All appointments were suspended, pending the approval of the CSP Sacramento Mental Health, Dental, and Medical Case Managers / Care Coordinators for the appointments to be conducted at the new institution.

Nebs arrived at the new institution at 4:30pm on January 15th. The CSP Sacramento R&R Nurse Peters conducted the Health Screen and document review upon reception. Nurse Peters noted Nebs' facial rash and referred him for a follow up with the next available Physician. Upon recording the reception encounter, Medical, Mental Health, and Dental were all notified in their "new arrival" queue. The Scheduler scheduled Nebs for an appointment on January 16th with an MD. He attended the appointment and Dr. Andrews noted the suspended specialty care appointment. As Nebs new PCP, Dr. Andrews reinstated the Specialty Care request and follow-up appointments until the Specialty Care Dermatology appointment occurred. The CSP Sacramento Off-site Specialty Care Scheduler received the Specialty Care Request in their queue and scheduled an off-site appointment on February 27th in Rancho Cordova, CA with a Dr. Malkova.

The yard Dental Clinic reviewed Nebs suspended appointments and reinstated his birth-month exam on January 21st, to be conducted on site.

Mental Health assigned Dr. Wheeler as Nebs' Case Manager and an initial appointment request was submitted and scheduled for January 16th, before Nebs' medical appointment.

Use Cases

1. Record RN Bus Screen
2. Request to Schedule an Appointment

3. Schedule Appointment
4. Record Encounter – many types
5. Transfer Offender (sending institution)
6. Record Transfer (receiving R&R)
7. Transfer Offender (receiving institution)
8. Assign Mental Health Case Manager

Expected Results

1. Demonstrate how the proposed solution meets the intent and flow of the Use Cases
2. Demonstrate the workflow processes and notifications associated with a prison to prison transfer including:
    a. Notification of Care Coordinators/Case Managers of the approved future transfer
    b. Demonstrate and show how an existing appointment is suspended
    c. Tracking of health care activities required for transfer
    d. Generation of a transfer checklist
3. Demonstrate R&R Nurse encounter recording and notification of offender departure, including:
    a. Cancellation of suspended appointments at the departure institution
    b. Notification to Care Coordinators / Case Managers of actual departure
    c. Notification to receiving institution of the offender actually being in route
    d. Notification and transfer of suspended appointments to receiving institution's Care Coordinators / Case Managers for further action or approval
4. Demonstrate Receiving R&R encounter
    a. Notification of offender arrival to Care Coordinators / Case Managers
    b. HCSS Import of new housing assignment from SOMS

X.3.6 Scenario 4: Chronic Care Appointments

Purpose

Monitoring and Managing care provided to chronically afflicted patient-offenders is a core goal for CDCR. Constitutionally adequate care must be consistently provided to the State's offender population.

Scenario

William Nebs returned from his off-site specialty care visit to Dr. Malkova. A follow-up appointment with Dr. Andrews was scheduled and conducted the following day. Dr. Malkova's findings pointed towards a Chronic internal condition connected with prolonged use of hypertension medication, of which a facial rash was only a symptom.

Chronic Care

During the follow-up appointment to the off-site visit, Dr. Andrews noted that Nebs' labs were not current and wrote an order for a lab visit to be requested and scheduled, followed by a PCP visit to review the lab results once they were returned. The lab test was scheduled for March 2nd, however, Nebs refused to go when custody officers arrived to escort him to the lab. The Lab OT recorded the appointment as a "no show" due to "offender refusal" and submitted a request for it to be rescheduled. An RN was notified of the refusal and went to the offender's cell to educate him of the ramifications of missing the appointment. Nebs assured the RN he would not refuse again. The lab results were a prerequisite to the follow-up PCP visit, thereby causing the PCP visit to wait longer before being scheduled. After the labs were complete, the follow-up PCP appointment was able to be scheduled for March 10th. The appointment with Dr. Andrews occurred and the chronic condition was confirmed. Dr. Andrews determined Nebs qualified to be included as a Chronic Care patient. He wrote an order confirming it and the encounter was completed.

Nebs entered a cycle of Chronic Care routine appointments required to occur every 30 days. A week before the first Chronic Care appointment was due, the Chronic Care Scheduler tentatively scheduled Nebs for April 9th—exactly 30 days after the last appointment. On April 4th however, SOMS notified HCSS that Nebs would be in transit to a court hearing in April 9th. The Scheduler was automatically notified of the scheduling conflict. The Scheduler looked at both the preferred PCP and Nebs' availability and determined that a time slot was available on April 8th at 9:00am. The Scheduler rescheduled the Chronic Care appointment at that time in order to remain in compliance with mandated timeframes.

Use Cases

1. Schedule Appointment
2. Reschedule Appointment
3. Resolve Scheduling Conflict

Expected Results

1. Demonstrate how the proposed solution meets the intent and flow of the Use Cases
2. Demonstrate how to request and schedule a reoccurring Chronic Care appointment
3. Demonstrate how to record a missed encounter including:
    a. The use of reason codes for reporting purposes
    b. The notifications generated by a missed encounter
4. Demonstrate the system's ability to track dependencies to future appointments and scheduler notification of dependency completion.
5. Demonstrate how schedulers are notified of scheduling conflicts
6. Demonstrate the rescheduling process including the use of reason codes to justify schedule changes