
Alcohol, Drug and Mental Health Board of Franklin County,
Hamilton County Mental Health and Recovery Services Board &
Alcohol, Drug Addiction, and Mental Health Services Board of
Cuyahoga County



Through the

Three C Recovery and Health Care Network

Council of Government (COG)

Present a Request for Proposal (RFP)

for a

Shared Healthcare and Recovery Enterprise System

(SHARES)

December 12, 2011

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SECTION 1 – INTRODUCTION

1.1 General Information

The Alcohol, Drug and Mental Health Board of Franklin County (FCADAMH), the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) and the Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County (CCADAMHS) referred to collectively as (BOARDS) in this document, who jointly have formed a Council of Government entity, known as the ***Three C Recovery and Health Care Network*** (COG), are soliciting competitive sealed proposals for a Shared Healthcare and Recovery Enterprise System (SHARES) that will support management of client enrollment, benefit management, provider contracting, payment processes, and utilization and outcomes management. The COG will be the contracting entity and will be responsible for the administration and operation of the new information system or systems as a result of this procurement. If a suitable offer is made in response to this Request for Proposals (RFP), the COG may enter into a contract (the Contract) to have the selected offeror (the Contractor) perform the work (the Project). This RFP provides details on the requirements for submitting a proposal for the Project, how the COG will evaluate the proposals, and what will be required of the Contractor in performing the Project.

The vision for this new system is a shared information system environment where the COG can share in the administrative costs associated with this system, but allows each Board to operate as an independent entity. This is similar to the way the current statewide MACSIS system operates. What is desired is the ability to add additional Boards as either part of a single database with a shared Master Patient Index or on separate versions of the software, but with the ability to be maintained in a shared environment. Offerors are encouraged to propose a solution that will support either or both approaches.

Offerors should submit proposals for a complete solution for the SHARE system according to the functionality described in this document. Each proposal will be measured on its own merits, based on the requirements of the system. We expect one Offeror to be the prime Contractor and partner with other Offerors, if needed, to provide a fully functioning system. The Offeror should identify a single point of contact within the proposal.

Each proposal must include sufficient data to allow for the verification of the total cost of the Offeror's ability to meet the RFP's requirements. Each proposal must respond to every request for information in this document. Do not refer to outside documentation or reference other responses when responding to the questions unless you are specifically directed to do so.

This RFP also gives the estimated dates for the various events in the submission and selection process as well as planned project timelines. While these dates are subject to change, prospective Offeror should be prepared to meet them as they currently stand.

The COG seeks an Offeror's software, hardware recommendations, implementation, training and support solution that meets all of its operational and the information system functional needs and requirements.

The COG is interested in SaaS/hosted solutions as well as solutions that would run on in-house hardware.

The approach used throughout this RFP is to describe specific business situations and functional needs that the COG needs to address. The Offeror's response should indicate an understanding of the issues and include detailed explanations describing the Offeror's ability to address these issues.

1.2 Objective

The objective of this RFP is to provide sufficient information to interested Offerors to prepare and submit proposals for consideration by the COG for the SHARES system. The COG desires to procure a total solution system that will address the COG's core managed care operations and meet its data and information system needs. This system will be critical for COG to achieve, within the environment described in the Environmental Overview, all of the following goals:

- Provide the highest quality of care at the most appropriate level to its clients;
- Insure that clients are able to access appropriate, quality services in a timely manner;
- Function as the local behavioral health systems manager;
- Increase administrative and service capacity;
- Develop more efficient business practices;
- Become a value purchaser of behavioral health services;
- Maximize use of existing revenue sources;
- Comply with requirements as stewards of federal, state, and local funding;
- Control fraud and abuse;
- Minimize financial risk for those who provide services, so that risk does not adversely impact client care;
- Give providers and other partners timely, easy access to systems data.
- Determine the system's capacity; and
- Establish areas of need/demand (location, population, service).

To support the achievement of these goals, the COG seeks Proposals that address all of the following with respect to the SHARE system, in addition to the Functional Requirements in Section 11:

- Implementation of an integrated managed care information system application that will meet the known, expected, and future management, monitoring, and reporting requirements of COG;
- Specific hardware recommendations for operating the application, if not a SaaS/hosted solution;
- Supervision of installation and setup of the application;
- On-site user training and complete up-to-date operation, technical, and user documentation;
- A post-implementation review and sign off period; and
- Ongoing support relative to maintenance and enhancement of the application.

1.3 General Environmental Overview

Each Board operates and manages a complex client care environment. The publicly funded mental health and substance abuse services system is responsible for providing behavioral health services including both treatment and prevention for participants covered by Medicaid, Medicare and other funds, both public and private, as well as people who are uninsured or under-insured. The BOARDS respond to a highly dynamic environment in which they play an essential role in addressing the behavioral health needs of consumers and their communities.

SHARES is necessary to support the payor role of the BOARDS, as a component of the local authority's statutory responsibility for developing, funding, overseeing, and evaluating mental health and substance abuse care for their respective jurisdictions at this time. The BOARDS provide prevention and treatment services and supports to reduce the incidence, prevalence, and impact of behavioral healthcare problems for individuals and the community as a whole. Unaddressed behavioral health problems adversely affect the physical health of individuals, which increases healthcare costs. The BOARDS implement localized strategies and solutions that require coordinating and managing timely access to a wide range of behavioral healthcare services to meet needs of various priority populations typically served in local community-based systems of care. The BOARDS contract with community-based mental health and substance abuse prevention and treatment providers, and also perform hospitalization management functions, such as clinical monitoring, continuity of care coordination, and oversight. In addition to clinical services, the BOARDS provide access to housing, social and employment supports, transition to adulthood, medications, and risk reduction programs.

The BOARDS collaborate closely with other community system partners and stakeholders, including County Commissioners, County Executive and Council, physical health, youth offender services, developmental disabilities, aging, and child welfare agencies and providers, along with schools, faith-based organizations, and economic assistance and workforce development systems.

The BOARDS utilize a variety of federal, state, and locally generated resources, which vary in source, purpose, regulations, payment methods, outcome indicators, and availability (both in amounts and within a particular county).

The BOARDS seek to maximize the effective and efficient use of this portfolio of tax-supported resources, as well as private, philanthropic, self-pay and insurance-based funds, at both the community and individualized care levels. The selected system will support the BOARDS as they coordinate and manage this wide variety of activities, services, and resources at the individual consumer, county, and funding source/program levels.

Federal and state health reform developments are significant factors that amplify the need for a system that is flexible and nimble. For example, the State of Ohio is proposing changes to current financial responsibilities of the BOARDS, while exploring integrated financing and delivery system models. The BOARDS desire a system that positions them to take advantage of incentives and new options being made available under the Patient Protection and Affordable Care Act. While state and federal directions are evolving, the BOARDS responsibilities for community-based systems of care will continue to evolve. For example, Mental Health Parity and state Medicaid policies may alter the essential clinical benefits for individuals accessing care. The BOARDS will continue to direct funds to necessary clinical

and supportive services, not only for non-Medicaid and uninsured populations, but also to complement benefits available through other payers. Other developments include integration of primary and behavioral healthcare, electronic health records, and regional and statewide health information exchange strategies.

As a result, the BOARDS need to be able to participate as vital partners in their communities' healthcare networks and be able to adapt to specific features of various delivery system models and partners' specific needs. The BOARDS desire the system to support additional lines of business that may evolve in this complex and dynamic environment. Examples include a Medicaid Waiver that could include primary care and inpatient services, and programs, services, and management functions that could be desired by private purchasers, such as employers and insurers.

Within this context of opportunities and challenges, the BOARDS are accountable to meet federal, state, and local outcomes, quality and performance expectations. The BOARDS desire the system to support their strategies, business processes, and provide timely and accurate data in order to produce accountable, measurable, and fiscally responsible and sustainable results.

1.4 Organizational/Board Overview

The new ***Three C Recovery and Health Care Network*** COG is a separate free standing governmental organization that has been formed by FCADAMH, HCMHR SB, and CCADAMHS. Each Board is responsible for funding and evaluating the needs for publicly funded mental health and alcohol and drug treatment services in their respective counties. Each is a component of county government governed by its own Board of Trustees and/or Board of Directors. The BOARDS do not provide any direct service, but instead develop, fund, oversee, and evaluate mental health and substance abuse care for their respective jurisdictions at this time. It is anticipated that the COG may be expanded to include additional CMH and/or ADAMHS Boards in the future. It is also anticipated, that the COG will offer services to any and all of the other Boards in the Ohio behavioral health system.

This project will be administered through the COG, which has been formed to:

- participate in the discovery process for a community mental health and addiction information system which meets the needs of our Boards, our providers and the public;
- investigate the possible implementation of a community mental health and addiction information system;
- work with each Board of Trustees and/or Board of Directors to provide funding and/or financing for the purchase, development and maintenance of the system;
- develop a plan for the ongoing operation of the shared system once implemented and
- develop a plan for the inclusion of additional county Boards and system partners including the distribution of operational costs and the recovery of capital investment.

The COG Board consists of the following members:

- The CEO of FCADAMH;
- The CEO of HCMHR SB;

- The CEO of CCADAMHS;
- The CFO of FCADAMH;
- The CFO of HCMHRSB;
- The CFO of CCADAMHS;
- The CIO of FCADAMH; and
- The CIO of HCMHRSB.

PARTICIPATING COUNTY BOARDS OVERVIEW

ALCOHOL DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY

Franklin County, Ohio had a population of 1,150,122 as of 2009. The county economy is supported primarily by the service providing sector, including trade and professional services, financial services and education and health services. The county has a civilian labor force of nearly 630,000 and the median household income is approximately \$39,000. More detailed information about Franklin County is available in the Ohio Department of Development County Profile, which can be accessed at <http://development.ohio.gov/research/files/s0/Franklin.pdf>.

During 2009, FCADAMH served 43,848 consumers, including the enrollment of 12,424 new clients. The entity adjudicated 1.7 million claims with a value of approximately \$141 million. Its provider network is made up of 40 “In Network” providers and an additional 158 Medicaid providers who serve county residents across the state.

See <http://www.mh.state.oh.us/assets/community-plans/2010-2011/franklin.pdf> for more details regarding the Franklin County community behavioral health system.

FCADAMH's “Managing for Results” performance program can be found at <http://www.adamhfranklin.org/accountability/managing-for-results/index.php>

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

Hamilton County, Ohio had a population of more than 855,000 in 2009. The county economy is supported by a mostly goods producing and slightly smaller service providing sectors. The county has a civilian workforce of nearly 440,000 and the median household income is approximately \$41,000. More detailed information about Hamilton County is available in the Ohio Department of Development County Profile, which can be accessed at <http://development.ohio.gov/research/files/s0/Hamilton.pdf>.

During 2009, HCMHRSB served 25,000 consumers, including the enrollment of 7,800 new clients. The entity adjudicated 1.0 million claims with a value of approximately \$80 million. Its provider network is made up of 43 “In Network” providers and an additional 100 Medicaid providers who serve county residents across the state. In an average week, the entity processes 100 electronic claim files. The local provider network of 43 providers is made up of 23 providing only MH services, 10 providing only alcohol and drug (AOD) treatment or prevention services, and 10 providing both AOD and MH services. Unlike traditional health insurance plans whereby new members are generally added at the beginning of a plan year, new members are added throughout the year. See

<http://www.mh.state.oh.us/assets/community-plans/2010-2011/hamilton.pdf> for more details regarding the Hamilton County behavioral health system.

HCMHRB's annual report is available at http://www.hcmhrsb.org/annual_report.htm.

ALCOHOL DRUG AND MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

CCADAMHS was created with the consolidation on July 1, 2009 of the former Alcohol and Drug Addiction Services Board of Cuyahoga County and the Cuyahoga County Community Mental Health Board. Cuyahoga County, Ohio had a population of 1,280,122 whose ethnicity includes 30% African American, 5% Hispanic, and 61% White. Overall, 18.9% of all county residents are below poverty level. The county economy is supported primarily by the service providing sector, including trade and professional services, financial services and education and health services. The county has a civilian labor force of nearly 639,900 and the median household income is approximately \$43,145. More detailed information about Cuyahoga County is available in the Ohio Department of Development County Profile, which can be accessed at <http://development.ohio.gov/research/files/s0/Cuyahoga.pdf>.

During 2010, CCADAMHS provided mental health and AOD services to 49,437 consumers. The entity adjudicated 1.8 million claims with a value of approximately \$143 million. This includes over \$115 million in mental health and \$28 million in AOD services. In addition, CCADAMHS provides funding for grants that services the consumers in Cuyahoga County. CCADAMHS processed payments for such services in the amount of \$20.7 million during this same time period.

The provider network is made up of 66 "In Network" providers and an additional 101 Medicaid providers who serve county residents across the state. In an average week, the entity processes 34,000 electronic claim files. Of the total, the average weekly claims for Medicaid total 23,216 or 68% of the total claims.

The current local provider network of 50 providers is made up of 22 providing mental health only, 18 providing alcohol and drug treatment (AOD) and or prevention services and 10 providing mental health, AOD and prevention services. New consumers for local services are enrolled daily. See <http://www.mh.state.oh.us/assets/community-plans/2010-2011/cuyahoga.pdf> for more details regarding the Cuyahoga County community behavioral health system.

CCADAMHS's annual report is available at <http://www.adamhscc.org/en-US/publications.aspx>

BOARD SUMMARY

County	Population	Providers	Clients Served	Claims Paid	Amount
Franklin	1.16 million	40 In Network 158 Medicaid only	42,000	1.7 million	\$133 million
Hamilton	802,000	43 In Network 100 Medicaid only	25,000	1 million	\$ 82 million

Cuyahoga	1.3 million	66 In Network 117 Medicaid only	47,000	1.8 million	\$164 million
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Medicaid versus Non-Medicaid Populations

The following grid helps to explain the distinction between Medicaid services covered by Medicaid and other services paid for by local funds. There are two components. The first is the distinction between clients who have Medicaid coverage and those who do not. The second distinction is between services that are Medicaid covered services and those that are not covered under a Medicaid benefit plan. The numbers in each box therefore reflect both the type of client and the type of services being provided. This distinction then can be used to estimate the number of clients served for the purposes of sizing the system.

Combined Totals
(unduplicated client counts)

			Payer					
			Medicaid		Non-Medicaid		Total	
	Line Of Business (Client Eligibility)		Claim Allowed Amt	Client Count	Claim Allowed Amt	Client Count	Claim Allowed Amt	Client Count
	MCD		\$236,379,726	70,437	\$33,407,786	13,580	\$269,787,512	74,115
	NON		\$1,796	11	\$102,687,846	44,670	\$102,689,642	47,401
	Total		\$236,381,522	70,440	\$136,095,632	55,921	\$372,477,154	113,760

If Medicaid is not in the scope of the BOARDS responsibilities, then only Non-Medicaid Clients and Non-Medicaid Services will be included in the scope of work for this agreement. Since this is still not completely understood at the time of the release of the RFP, this will be a contract negotiation item and the final decision will be made at that time regarding the number of clients who will be served by the BOARDS.

1.5 Project Scope

This Request for Proposals seeks acquisition and implementation of a comprehensive, integrated behavioral health management information system. This system, the Mental Health and Addictions Regional Information System (SHARES) will be the primary tool utilized by BOARDS to manage, monitor, and/or provide reports on the following essential system functions:

- Initial screening, eligibility determination, and enrollment;
- Assessment, needs determination, level of care assignment;
- Utilization management;
- Provider network management;
- Contract services monitoring and management;
- Claims processing and payment;
- Fiscal interface with county-based accounting systems; and
- Quality and outcome reporting.

In addition, the application should provide for the establishment of a data warehouse that will allow for the integration of specified data received from BOARD'S providers, analyze this data, and allow for the generation of customized reports for the end user.

SHARES will be used initially by approximately 20 BOARD staff and approximately 200 provider agency staff within each county who may access the system remotely on a restricted basis. These providers will need access to perform tasks such as submission of enrollment, assessment, outcomes, and claims data, and/or check on the status of claims.

The proposed system should be readily scalable to allow for the eventual inclusion of additional BOARDS staff and providers, as well as, more BOARDS staff and provider representing the MH and SA populations as well as other providers such as primary care providers.

Detailed hardware requirements to support the proposed system should be provided, though any hardware purchase must be conducted under a separate bid process. Proposals and pricing should clearly identify options and requirements for SaaS/hosted solutions, non-hosted in-house internet-based solutions or non-internet-based solutions. If a Vendor is offering multiple options, each one should be priced separately to avoid any confusion of what is available and at what cost.

This RFP will result in a contract requiring an application that utilizes state-of-the-art industry standard information technology, equipment, materials, and support services. SHARES will be owned and operated by the COG. It should interface with existing BOARDS management information systems (primarily the BOARDS accounting systems and reporting warehouses.) SHARES must be fully HIPAA compliant in order to accept and send files to information system of all current and future providers. Since eligibility data is a critical aspect of any client-based system, the success of inbound and outbound HIPAA transaction sets from the Medicaid system to SHARES is of extreme importance. The availability and access to this data by COG is critical for accurate claims adjudication.

How an offeror's system complies with HIPAA transaction, privacy and security regulations should be included as a key component with any response. The ability to handle eligibility verification, enrollment, claims submission, and outcome reporting electronically is essential.

BOARDS should be able to access and enter data directly into SHARES. Enrollments will be entered – manually or by electronic batch, updated and verified on-line and claims will be adjudicated using SHARES.

BOARDS have many reporting and planning needs that require access to the data contained in SHARES. Special consideration will be necessary to address these reporting needs to ensure ready access to this information.

State and Federal laws change frequently, and the system should exhibit flexibility when BOARDS needs to change its service lines in response to changing laws or funding. This may require scalability on the part of SHARES to include multiple lines of business that can exist as separate fiscal entities.

Again, external organizations such as ODMH and ODADAS require reporting that SHARES should provide. Examples of these external requirements are provided in Exhibits 17.4 & 17.5.

It is imperative that the offeror's system can capture and store the required information, as well as report out data consistent with the state requirements.

In summary, the COG is looking for an offeror that can provide a comprehensive turnkey information system(s) with the necessary support services to operate an information system for the BOARDS. The term System in this context means hardware, software, implementation, training and ongoing support for these components.

1.6 RFP Timeline

The initial timeline is outlined below to assist you in planning potential next steps. Not all respondents will participate in the entire project timeline. The COG/BOARDS reserve the right to alter this plan without cause or notice.

Key Dates	Event
December 12, 2011	RFP instructions and documents will be emailed to all vendors who responded to the first RFI and RFP.
December 12, 2011 through December 19, 2011	Intention to propose or decline response requested via <i>Notification of Intention to Respond to RFP</i> (please email).
Tuesday, December 20, 2011 at 10:00 a.m. EDT	This conference will be conducted as a WebEx and the bidder's conference call in information will be sent to all parties who return the Notification of Intention to Respond to RFP document and to others who request to attend.
December 22, 2011 at 12:00 noon	Last day for Offerors to submit RFP questions. All inquiries and questions related to this RFP should be submitted via email to Becky Novak – BNovak@hcpllc.com
December 23, 2011	Responses to Questions issued.
Proposal Opening Friday, January 13, 2012 at 10:00 a.m. EDT	The Three C Recovery and Health Care Network COG must receive sealed proposals, with all requested documentation, by 10:00 a.m. at which time they will be publicly opened and the name of Vendors read aloud. Proposals received after this date and time will be rejected. The responses are to be delivered to: ADAMH Board of Franklin County 447 E. Broad Street, Columbus, Ohio 43215.
Friday, January 13, 2012	Evaluation of Purchasing Requirements is complete.
January 16 – February 3, 2012	Pre-Screening and Detailed Evaluation.
February 6 – March 2, 2012	Interviews, Demos and Reference Checks
March 5 - March 23, 2012	Offeror(s) oral presentations at Franklin County – Site Visits if needed.
March 30, 2012	Selection Decision
April 30, 2012	Contract approved by SHARES COG
May 2012	Selection and Award Approved by ADAMH Boards
June 2012	Implementation Start Date

1.7 Pre-Proposal Clarifications and Inquiries

All inquiries and questions related to this RFP should be submitted via email to Becky Novak at BNovak@hcpllc.com by the dates identified in Section 1.6. All questions must reference the specific section number of the RFP related to the question. Questions received prior to the Pre-Proposal Conference will be answered at the Pre-Proposal Conference. Answers to questions received after the Pre-Proposal Conference will be posted on the HCP website - www.hcpllc.com/SHARES_RFP.htm. Questions received after the deadline will not receive a reply.

SECTION 2 – GENERAL INSTRUCTIONS & ADMINISTRATIVE REQUIREMENTS

2.1 Entire Agreement; Parties to the Contract

The successful Offeror and the COG shall enter into a contract (“Contract”), which shall comprise the entire agreement of the parties, subject to paragraph 2.3 of this Section.

2.2 Contract Agreement

The final contract shall be a negotiated agreement between the COG and the Offeror. If during the negotiation process an impasse is reached between the two parties, the COG has the right to cease negotiations and begin negotiations with the next selected vendor.

2.3 Contract Components

The Contract will consist of the signed contract, the original RFP, including the Administrative Requirements, the Contract Terms and Conditions, the RFP specifications, Pricing Forms, all documents requiring the Offeror’s signatures, and any written amendments/addendums to the RFP; and the Offeror’s complete competitive sealed proposal, including proper modifications, clarifications, and samples.

Any inconsistency in this RFP or the Contract shall be resolved by giving precedence in the following order:

- The signed contract document
- The Boards’ Request for Proposals
- The Offeror’s sealed proposal

2.4 Registration

The Offeror will be directed to the HealthCare Perspective, LLC website to register and then receive the official copies of the RFP documents.

www.hcpllc.com/SHARES_RFP.htm

2.5 Specifications

The COG may use any form of specification it determines to be in the best interest of the BOARDS and that best describes the goods or services to be purchased. Specification may be in the form of a design specification, a performance specification, or a combination thereof.

2.6 Inquiry Process/Additional Information

All inquiries and questions related to this RFP should be submitted via email to Becky Novak at BNovak@hcpllc.com by the date identified in Section 1.6. Questions received after the deadline will not receive a reply. Contact with any BOARDS or COG staff concerning this RFP, except through the inquiry method with questions specific to the contents of this RFP, are prohibited. This does not apply to communication during the evaluation process if the BOARDS or COG initiate the communication.

2.7 Oral Explanation

The COG will not be bound by oral explanations or instructions given at any time during the competitive process or after the selection of the successful Offeror.

2.8 Notification of Intent to Respond to Request for Proposal

The Notification of Intent to Respond (Exhibit 17.4) is due by the date identified in Section 1.6 and should be submitted via email to Becky Novak at BNovak@hcpllc.com. Any Offeror who receives a copy of this RFP but declines to make an offer is also requested to send the notification.

2.9 Conflict of Interest

Each Offeror must provide a written statement indicating whether the Offeror or any people that may work through the Offeror have a possible conflict of interest (e.g., employed by The BOARDS, etc.) and, if so, the nature of the conflict. This statement must be signed by the signatory authority who signs this contract. The COG has the right to reject a proposal in which a conflict is disclosed or cancel the Contract if any interest is later discovered that could give the appearance of a conflict.

2.10 Representations and Warranties

The Offeror warrants the accuracy of information submitted and acknowledges that the COG will rely on the Offeror's information in making its selection and contracting with the successful organization.

SECTION 3 – REQUEST FOR PROPOSALS REQUIREMENTS

3.1 Proposal Opening

Proposals are due January 13, 2012 no later than 10:00 a.m. (EDT) at which time they will be publicly opened and the names of Vendors read aloud. All sealed proposals received after this time and date for any reason will be rejected. The time clock at the Franklin County ADAMH Board will serve as the official record of the time and date that sealed proposals are received and will be the sole factor in determining if proposals are received in time to be considered. The opening of the sealed proposals will take place at the Alcohol, Drug Addiction Services Board of Franklin County, 447 East Broad Street, Columbus, Ohio 43215. The proposal opening will be public; however proposal contents will not be read or made public.

3.2 Proposal Bid Bond Requirement

An original proposal bid bond in the amount of \$500.00 must be included with each proposal or it will be considered non-responsive and the proposal will not receive further consideration. Notice of a claim of right to withdraw such proposal must be made in writing filed with the contracting authority within two (2) business days after the conclusion of the proposal opening procedure in accordance with the procedures set forth in O.R.C. §9.31.

The proposal bid bond is to be in the form of:

A Surety Bond.

A Certified Check, Official Check or Cashier's Check from a solvent bank or savings and loan association.

A Money Order from a solvent bank, savings and loan or the United States Post Office. Money Orders from other sources are not acceptable.

Any other form of proposal bid bond, including Company or Personal checks, shall be rejected and the proposal will not receive further consideration.

All proposal bid bonds, using one of the accepted forms above, must be made payable to the COG. Failure to make the proposal bid bond payable to COG will cause the bond to be rejected and the proposal will not receive further consideration.

Failure to provide the proposal bid bond in the proper form and identifying the proper obligee will automatically determine your proposal to be non-responsive and your proposal will not receive further consideration.

Proposal bid bonds will be returned to all successful and unsuccessful vendors within 30 days of contract award.

3.3 Pre-Proposal Conference

There will be a Pre-Proposal Conference on Tuesday, December 20, 2011 at 10:00 a.m. (EDT). This will be a videoconference and will **not** require the vendors to be physically present. While attending the pre-proposal conference is not mandatory, Offerors are highly encouraged to attend via videoconference. The Conference can provide Offerors an opportunity to ask questions or provide valuable information to assist Offerors in providing a better proposal. Registration for this videoconference will be provided to those vendors who have indicated their intention to bid and who have contacted Becky Novak (BNovak@hcpllc.com) per Section 2.8.

3.4 Proposal Preparation Costs

The COG/BOARDS will not be liable for any costs incurred by an Offeror prior to the award of any contract resulting from the RFP. Total liability of the COG/BOARDS is limited to terms and conditions of a resulting Contract.

3.5 Proposal Instructions

The COG requires clear and concise proposals. Offerors should take care to completely answer questions and meet the RFP's requirements.

Each proposal must be submitted in a sealed envelope or similar containers with the proposal number clearly marked on the exterior. If an Offeror uses an express mail or courier service, the proposal number must be clearly marked on the express mail or courier envelope or must be enclosed in a sealed envelope inside the express mail or courier service envelope. A proposal that is not properly and clearly marked and is inadvertently opened before the scheduled proposal opening time may be disqualified without additional consideration. **Faxed submissions are not acceptable.**

Proposals shall be opened so as to avoid disclosure of contents to competing Offerors. In order to ensure fair and impartial evaluation, proposals and related documents submitted in response to a request for proposals are not available for public inspection and copying under O.R.C. §149.43 until after the award of the contract. The confidential information will be included in the final Contract, but it will also not be subject to public release.

3.6 When Proposals May Be Delivered

FCADAMH ("Receiving Entity") must receive proposals prior to and no later than 10:00 a.m. the day the proposals are scheduled for opening. Sealed proposals received after the specified date and time will be considered late and will not be opened. Sealed proposals received through the mail after the specified proposal opening date and time will be returned to the Offeror unopened. The Receiving Entity will not accept proposals with postage due or collect postage on delivery charges. Sealed proposals received through a courier service after the specified proposal opening date and time will not be accepted from the Courier Service.

The Receiving Entity will receive proposals during the hours of 8:00 a.m. through 4:30 p.m. Monday through Friday, except state observed holidays. The time clock at FCADAMH will serve as the official record of the time and date that sealed proposals are received and will be the sole factor in determining if proposals are received in time to be considered.

3.7 Where Proposals Must Be Delivered

Proposals must be delivered to the following address:

Financial and Business Operations Team
Alcohol, Drug and Mental Health Board of Franklin County
447 East Broad Street
Columbus, Ohio 43215

3.8 How Proposals May Be Delivered

- a. Each proposal must be submitted in a sealed envelope or similar container with the name of SHARES RFP clearly marked on the outside. If an Offeror uses an express mail or courier service, the name of SHARES RFP must be clearly marked on the express mail or courier envelope or must be enclosed in a sealed envelope inside the express mail or courier service envelope. A proposal that is not properly and clearly

marked and is inadvertently opened before the scheduled proposal opening time may be disqualified without additional consideration.

Faxed or e-mailed proposal submissions are not acceptable.

- b. Offerors will not staple, bind or place document hardcopies in 3-ring binders or GBC type binders. Documents may be secured by using paper clips, binder clips or rubber banded to keep them orderly. This includes any amendments or addendums applicable to the RFP. All hardcopy documents will be on 8.5-inch x 11-inch paper; brochures should be copied to the same format.

3.9 What Proposal Document Submittals Contain

The COG requires clear and concise proposals. Offerors should take care to completely answer questions and meet the RFP's requirements.

For this RFP, the COG requires proposals to contain:

- One Complete Original Hard Copy, Signed and Notarized where applicable, of all documents, including all statements, assurances and affidavits as directed in the RFP;
- Five Paper Copies of an Offeror's completed proposal;
- The following documents on a CD ROM:
 - A copy of an Offeror's completed proposal scanned or converted to PDF format (DO NOT "ZIP" FILES);
 - Completed RFP 11.0 Functional Requirements Worksheet – in Excel format; and
 - Completed Shares RFP Cost Worksheet – in Excel format.

3.10 Clarifications, Amendments, and Addendums

- a. If an Offeror discovers any inconsistencies, errors, or omissions in the Request for Proposals, the Offeror should request clarification from the COG. Such requests will be made only in writing via email to Becky Novak at BNovak@hcpllc.com. No other form for submitting clarifications is acceptable.
- b. Clarifications will be made no later than five (5) business days before the date of proposal opening, unless otherwise noted. Requests for clarifications received after the above timeframe will not be considered unless the COG ascertains that the answer to the clarification could result in a material change to the specification that could affect all proposals.
- c. During the RFP process, Offerors may be furnished certain amendments / addendums covering additions and / or deletions to the RFP documents. Amendments / addendums will be included in the RFP documents and will become a part of Contract. Amendments / addendums may be issued at anytime preceding the proposal opening date. The COG reserves the right to postpone the proposal opening for its convenience. Any information given a prospective Offeror concerning the RFP will be furnished promptly to all other prospective Offerors as an amendment / addendum or clarification. All amendments and addendums will be posted to the HealthCare Perspective, LLC's website under this RFP. Those interested in submitting a response to this RFP shall monitor that website for any amendments and addendums to assure complete compliance with specifications, terms and conditions.

- d. When it is necessary to modify a Request for Proposals, it is done by written amendment addendum only. All amendments / addendums will be posted to: www.hcpllc.com/SHARES_RFP.htm.
- e. Oral instructions will not be binding.

3.11 Corrections before Proposal Opening

Prior to the proposal opening, if an Offeror withdraws its proposal and resubmits it with revisions, the revisions should be clearly identified and signed or initiated by the Offeror. The omission of an Offeror's signature or initials to a modification may result in a proposal being determined to be not responsive. Any corrections must be completed off the premises.

3.12 Corrections after Proposal Opening

- a. After the proposal opening, Offeror's may only withdraw their proposal in accordance with the procedures set forth in O.R.C. §9.31. Withdrawal of a proposal after a proposal opening exposes an Offeror to legal liability for sanctions, including costs for re-posting, or may result in a contract being awarded to the next highest rated Offeror. Notice of a claim of right to withdraw a proposal submitted in error, after the proposal opening, must be made in writing and to the COG within two (2) business days after the conclusion of the proposal opening procedure.
- b. When there are errors in multiplication or addition in a proposal, the unit price quoted will be used for calculating the correct total price. If the error is in the unit price, the proposal will automatically be disqualified. Notice of a claim of right to withdraw such proposal must be made in writing filed with the COG within two (2) business days after the conclusion of the proposal opening procedure in accordance with the procedures set forth in O.R.C. §9.31.

3.13 Proposals are Firm for 180 Days

Unless stated otherwise, once opened all proposals are irrevocable for one hundred eighty (180) days. Beyond one hundred eighty (180) days, an Offeror will have the option to honor its Proposal or make a written request to withdraw its proposal from consideration.

3.14 Proposal Rejections

O.R.C. §307.862 and §307.91 permits the COG to reject all proposals, waive technicalities, amend the original estimate, and to advertise for new proposals on the required items, products, or services. The COG may reject any proposal, in whole or in part, if any of the following circumstances are true:

- a. Proposals offer supplies or services that are not in compliance with the requirements, specifications, terms, or conditions stated in the Request for Proposals.
- b. The price of the lowest responsive and responsible proposal is excessive in comparison with market conditions or with applicable estimates of product(s) or service(s).
- c. The COG determines that awarding any item is not in the best interest of the COG.
- d. The COG reserves the right to reject any or all of the proposals on any basis without disclosure of a reason. The failure to make such a disclosure will not result in the

accrual of any right, claim, or cause of action by any unsuccessful Offeror against the COG.

- e. Offerors failing to respond to all requirements specified in this RFP may result in the rejection of their proposal.

3.15 Lowest and Best Offeror

An Offeror is lowest and best if its proposal offers the lowest cost and supply or service in comparison to all other Offerors as set forth in the evaluation paragraph in the RFP. The COG reserves the right to award the contract to the Offeror that may have a higher price and by evaluation best meets the COG's requirements.

3.16 Evaluation Criteria and Process

The evaluation process will consist of the following phases:

- a. Initial review of proposals;
- b. Evaluation of proposals, Offeror qualifications, past experience and price;
- c. Oral presentations, if necessary, by selected Offerors.

During the evaluation process, the COG may request clarifications from any Offeror under active consideration and may give any Offeror the opportunity to correct defects in its proposal if the COG believes doing so does not result in an unfair advantage for the Offeror and it is in the COG's interest to do so.

Phase 1 – Initial Review of Proposal

The COG will review all proposals for their format and completeness.

Phase 2 – Evaluation of Proposal Documents

The COG will evaluate each proposal and the requirements according to the non-financial and financial criteria contained in this part of the RFP. At any time during this phase, the COG may ask an Offeror to clarify any portions of its proposal.

Proposal Evaluation Criteria

The COG will rate the Proposals submitted in response to this RFP based on specific criteria. The specifications evaluation will result in a point total being calculated for each Proposal. Those Offerors submitting the highest rated Proposals will be scheduled for the next phase.

Phase 3 – Oral Presentations

The COG will require selected Offerors to make an oral presentation, if necessary, about their proposal, and/or demonstrate their products or services. References will also be checked thoroughly during this phase of the process. Such activities provide an Offeror and the COG an opportunity to clarify the proposals submitted and to ensure a mutual understanding of the proposal's content. The evaluation committee may record any or all presentations.

Phase 4 – Contract Negotiations

Negotiations, if necessary, may be conducted with the Offeror who submits the lowest and best competitive proposal based on the rankings of all phases of the evaluation process. Any clarifications, corrections, or negotiated revisions that may occur during the negotiations phase will be reduced to writing and incorporated in the final contract.

At any time during the negotiation process, if an Offeror fails to provide the necessary information for negotiations in a timely manner, or fails to negotiate in good faith, the COG may terminate negotiations with that Offeror and proceed to the next ranked Offeror.

An Offeror's standard Administrative contract will not be accepted as deviation from the COG Terms and Conditions and will not be considered during evaluation or negotiations.

3.17 Communication during Evaluation

- a. During the evaluation process, unless requested by the COG as part of the evaluation process, any attempt on the part of the Offeror, the Offeror's agent(s), or any party representing the Offeror, to submit correspondence that is determined by the COG to be an attempt to compromise the impartiality of the evaluation or any party on the part of the Offeror, the Offeror's agent(s), or any party representing the Offeror to communicate with any member of the COG regarding the evaluation process may be grounds for immediate disqualification of the Offeror. A determination to cease the evaluation or reverse an award determination will be at the sole discretion of the COG.
- b. The COG may request additional information to evaluate an offertory's responsiveness to the Request for Proposal or to evaluate an Offeror's responsibility. If an Offeror does not provide the requested information, it may adversely impact the COG's evaluation of the offertory's responsiveness or responsibility.

SECTION 4 – PRICING AND ESTIMATES

4.1 Funding Arrangements, Fee Structure and Guarantee

Offerors are expected to quote firm and fixed prices using the SHARES RFP Cost Worksheet (Exhibit 17.13). All line items should be completed for the proposal to be considered valid. Offerors shall mark "N/A" or "No Cost" in the Pricing Section as applicable. The successful Offeror will not change pricing or the scope of work during the contract period or any renewal periods without change order approval by the County. When there are errors in multiplication or addition in a proposal, the unit price quoted will be used for calculating the correct total price. If the error is in the unit price, the proposal will be automatically disqualified. All pricing will be valid for 180 calendar days from the proposal opening date to permit adequate evaluation of the RFP responses.

CONTRACT TERMS AND CONDITIONS

SECTION 5 – MISCELLANEOUS TERMS

5.1 Standard of Care

Contractor will discharge its obligations under the Services Agreement with that level of reasonable care that a similarly situated administrator of claims would exercise under similar circumstances.

5.2 Indemnification

The Contractor shall assume the defense of, indemnify, and save harmless the COG and all BOARDS, including public officials, and employees acting in the course of their employment, but not as Members from any and all claims, damages, lawsuits, costs, judgments, expenses, and any other liabilities that may arise from the related Offeror's performance of the work required under this Contract and including Offeror's employees and agents.

5.3 Unresolved Finding for Recovery (Award Phase)

If, after the Contract is awarded it is determined that an "unresolved" finding for recovery had been issued against the Offeror prior to the award, the Contract shall be void. The Offeror understands that Offeror shall be responsible to the COG for any expenditure against the Contract.

5.4 Performance Bond Requirements

The successful Offeror is required to provide a performance bond in the amount of 100% of the proposal amount of software within ten (10) days after approval of this contract by the COG and which will remain in effect until final testing and acceptance. Hardware costs and annual maintenance service fees are not included in the Performance Bond requirement. An Offeror must submit the name, address, contact, and phone number of the surety company that will provide this performance bond at the time of the RFP response provided as Exhibit 17.16.

5.5 Ethics

All Offerors and employees of the COG are bound by the Ethics Laws of Ohio. Any Offeror or employee who violates any of these laws will be subject to penalties set forth by law.

5.6 Public Record and Treatment of Confidential and Proprietary Information

- a. Proposals shall be opened so as to avoid disclosure of contents to competing Offerors. In order to ensure fair and impartial evaluation, proposals and related documents submitted in response to a Request for Proposals are not available for public inspection and copying under O.R.C. §149.43 of the Revised Code until after the award of the contract. The confidential information will be included in the final Contract but it will also not be subject to public release.
- b. All materials in proposals will become the property of the COG and may be returned only at the COG's discretion. Any portion of the proposal to be held confidential should be marked to that effect and will not be considered public record if it clearly falls within an exemption enumerated in O.R.C. §149.43.

5.7 Subcontracting

Offeror confirms that it will be the primary Offeror that will be performing the work under the Contract. Offeror may use subcontractors for portions of the work under the Contract, but Offeror will remain the primary Offeror and will remain liable for all work performed hereunder regardless of whether performed directly by it or by a subcontracted entity.

Offeror shall not use any subcontractor who has been subject to action that limits the subcontractor's right to do business with the local, state, or federal government.

5.8 Consent to Assign

Offeror will not assign any of its rights under this Contract unless the COG consents to the assignment, in writing. Any purported assignment made without the COG's written consent is void and may be subject to termination of the Contract. The COG may assert against an assignee any claim or defense the COG may have against the assignor.

5.9 Record Keeping

The Offeror will keep all financial records consistent with Generally Accepted Accounting Principles (GAAP) during the period covered by the contract and is required to provide the COG, or their designated representative, authorized representatives (for the Offeror), and any person or agency instrumentally involved in providing financial support for the contract work access and right to examine any books, documents, papers, or records related to this contract. Claims documentation may be reviewed through a formal Audit and are not subject to the work access requirements set forth in this paragraph.

5.10 Insurance Requirements

ALL INSURANCE COMPANIES PROVIDING COVERAGE SHALL BE LICENSED TO DO BUSINESS IN THE STATE OF OHIO.

Throughout the contract period, the Offeror must maintain a comprehensive insurance program affording as a minimum the items indicated below: A Certificate of Insurance

reflecting the required coverage and amount must be submitted with Offeror's response. The **Three C Recovery and Health Care Network** must be identified as **additional insured, project name, and the RFP number** must be included on the Certificate of Insurance. If there is any change in the Offeror's insurance carrier or liability amounts, a new certificate must be provided to the COG within seven (7) calendar days of change.

Comprehensive General Liability: up to \$1,000,000 single-limit occurrence including coverage for: a) Personal Injury Liability: all sums, which the company shall become legally obligated to pay as damages because of bodily injury, sickness, or disease including death at any time resulting there from, sustained by any person other than its employees; b) Broad Form Property Damage Liability; c) products and completed operations; d) premises and completed operations; and e) contractual liability insuring the obligations assumed by the Vendor under the Contract. This insurance does not apply or shall not be construed as being applicable to liability for damages arising out of bodily injury to any person or damage to any property of others resulting from the negligence of the COG, its officers, employees or agents.

Automobile Liability Insurance: all sums, which the company shall become legally obligated to pay as damages because of injury to or destruction caused by occurrence arising out of ownership, maintenance or use of any automobile.

Excess Annual Aggregate Limit: \$1,000,000 dollars

During the term of this Contract and any renewal thereto, the Offeror, and any agent of the Offeror, at its sole cost and expense shall maintain the required insurance coverage as described in the Contract. The COG may require the Offeror to provide respective certificate(s) of insurance in order to verify coverage. Failure to provide a requested certificate within a seven (7) calendar-day period may be considered as default.

SECTION 6 – TIME OF PERFORMANCE

6.1 Time of Contract

The exact Contract commencement date and expiration date shall be set forth in the contract. The Contract is effective on the later of the Effective date or the date upon the signatures of the COG. The Contract will remain in effect until the end date as noted on the Contract or until the Contract is fully performed by both parties or until it terminates in accordance with the termination language of the Contract.

6.2 Contract Renewal and Price Increase

There are no renewal periods in the Contract.

SECTION 7 – PAYMENT, INVOICING AND TAXES

7.1 Fee Payment Schedule

The payment plan shall be broken down by phase or major deliverable components. A final payment plan will be determined in the Contract. Tentatively, the payment plan will take the following format:

Milestone #	Amount	Milestone Description
	5%	Mutual acceptance of Implementation plan
	10%	Hardware Installation
	10%	Software installation – base product
	10%	Install and testing of contracted customizations
	15%	Completion of Acceptance Testing
	15%	Completion of Training
	15%	Completion of Pilots
	20%	Final Acceptance

7.2 Invoicing

1) Contractor will provide an invoice five (5) working days prior to the end of the month to ensure payment is made within fifteen (15) days from the first day of every month. The Contractor will be required to submit invoices by mail, sent by courier, sent as an attachment to an email to the bill to address identified in the purchase orders used to issue orders against this Agreement. The Contractor's Federal Tax Identification Number should appear on all statements and invoices.

2) Invoices should include:

Invoice remittance address as designated in the Agreement & description including:

- Name and address of the Contractor
- Billing period
- Unit cost (must match contract pricing).

7.3 Taxes

The COG and the agencies therein responsible for are exempt from all federal, state, and local taxes. Participating county BOARDS will not pay any taxes on supplies or services purchased from an Offeror, unless the Special Contract terms and conditions state otherwise. A tax-exempt certificate will be provided on request by the Offeror receiving the award.

SECTION 8 – CONTRACT ADMINISTRATION AND ACCEPTANCE TESTING

8.1 Contract Administration

The COG Governance Board will be responsible for the administration of the Contract and will monitor the Offeror's performance and compliance with the terms, conditions, and specifications of the Contract. If any agency observes any infraction(s), such shall be documented and conveyed to the Contract Administrators for immediate remedy. The Offeror will be notified by the Courts of the infraction and failure of the Offeror to rectify the infraction(s)

may result in Offeror being deemed in default, whereas, the County may exercise its rights under the termination clauses of this Contract.

8.2 Acceptance Testing and Final Acceptance

The COG will make full acceptance of the system and all related deliverables when satisfactory performance, according to requirements described in the RFP, have been met and documentation delivery requirements have been satisfied, along with the delivery of all required training.

The COG personnel will perform the acceptance test for a period of approximately thirty (30) days. During the acceptance test period, it is required that all vendor-supplied hardware and software operate failure-free in the COG production-computing environment.

In measuring acceptance, a system failure resulting from external causes, including but not limited to acts of God, fire or the COG oversight, will be excluded from the acceptance testing. System failures, which occur and are not covered by the preceding sentence, will require a new period of acceptance testing at the discretion of the COG.

The COG will be the sole judge of whether or not the system has passed all tests performed. If, in the COG's judgment, it determines that the system has not passed a required test, vendor may request a written description of the way in which the system's performance was unsatisfactory in order that the vendor may correct the system's deficient performance.

If it is discovered that the system or any part thereof requires correction, the COG must, nevertheless, have the absolute right to continue the use of the system until such time as it is convenient to the COG for change implementation.

If the system does not function because of a problem in the COG's production-computing environment, it is the vendor's responsibility to define/document the problem and furnish the corrective action to fix the problem. The COG will notify the vendor in writing when the system has passed/completed the final acceptance test.

8.3 Non-Acceptance of Goods

No certificate of payment, no provision in the RFP documents, nor any partial shipment of materials or entire occupancy of government shall constitute an acceptance of work, materials or equipment not done or provided in accordance with the contract documents, or relieve the Offeror of liability for any express or implied warranties or responsibility for faulty materials, workmanship or service. The Offeror shall remedy any defects in the work, material, or equipment and pay for any other resulting damage to other work, material, or equipment that appears within one year of final acceptance of the work, materials, or equipment unless a longer period is elsewhere specified. Nothing stated herein shall relieve the Offeror of common-law liability for latent defects that may appear after the expiration of the warranty period.

SECTION 9 – CONTRACT CANCELLATION; TERMINATION; DAMAGES

9.1 Contract Cancellation

If the Offeror fails to perform any one of its obligations under the Contract, it will be in default and the COG may cancel the Contract in accordance with this Section and the terms of the Contract. The cancellation will be effective on the date delineated by the COG.

Both parties reserve the right to request a termination of the Contract by giving one hundred eighty (180) days written notice to the other party and the termination must be mutually agreed upon by the parties.

a. Non-Appropriation of Funds:

Although the term of the Contract may span more than one fiscal year, the Contract is contingent upon the COG budgeting and appropriating the funds necessary for the continuation of this contract in the current year. In the event that the funds necessary for the continuation of the Contract are not approved for expenditure in any year, the Contract shall terminate on the last day of the fiscal year in which funding was approved, without penalty to the COG. The COG will provide the Offeror with written notification within ten (10) business days after being notified that the funding of SHARES is no longer approved.

b. Cancellation for Failure to Retain Certification:

Pursuant to the requirements as stated in the Contract, all certifications and / or registrations must be maintained for the life of the Contract. Failures to renew and certification(s) or the de-certification by certifying entity may result in the immediate termination of the Contract.

c. Cancellation for Financial Instability:

The COG may cancel the Contract by written notice to the Offeror if a petition in bankruptcy or similar proceeding has been filed by or against the Offeror.

9.2 Termination for Default:

The COG may, subject to the paragraphs below, by written notice of default to the Offeror, terminate the Contract in whole or in part if the Offeror fails to:

- Deliver the supplies or to perform the services within the time specified in the Contract or any extension;
- Make progress, so as to endanger performance of the Contract.

The COG may exercise its right to terminate the Contract under this Section of the RFP and the terms of the Contract if the Offeror does not offer a plan to cure such failure within ten (10) days (or more if authorized in writing by the COG) after receipt of the notice from the COG/BOARDS specifying the failure.

If the BOARDS terminate the Contract in whole or in part for default under Section 8.02 it may acquire, under the terms and in the manner the County considers appropriate, supplies or services similar to those terminated, and the Offeror will be liable to The BOARDS for any excess costs for those supplies or services. The maximum amount of liability of the Offeror shall not exceed the total amount of Administrative Service fees that have been paid to the

Offeror as of the termination date of the contract. However, the Offeror shall continue the work not terminated.

Force Majeure: Except for defaults of subcontractors at any tier, the Offeror shall not be liable for any excess costs if the failure to perform the Contract arises from causes beyond the control and without the fault or negligence of the Offeror. Examples of such causes include (1) acts of God or of the public enemy, (2) acts of the Government in either its sovereign or contractual capacity, (3) fires, (4) floods, (5) epidemics, (6) quarantine restrictions, (7) strikes, (8) freight embargoes, (9) unusually severe weather. In each instance, the failure to perform must be beyond the control and without the fault or negligence of the Offeror.

If failure to perform is caused by the default of a subcontractors at any tier, and if the cause of the default is beyond the control of the Offeror and subcontractor, and without fault or negligence of either, the Offeror shall not be liable for any excess costs for failure to perform, unless the subcontracted supplies or services were obtainable from other sources in sufficient time for the Offeror to meet the required delivery schedule.

If, after termination, it is determined that the Offeror was not in default, or that the default was excusable, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the COG.

9.3 Actual Damages

An Offeror is liable for all actual damage and direct damages caused by the Offeror's default or gross negligence. The COG may buy substitute services or supplies, from a third party, for those that were to be provided by the Offeror. The COG may recover the costs associated with acquiring substitute supplies or services, less any expense or costs saved by the Offeror's default, from the Offeror.

SECTION 10 – CERTIFICATIONS AND AFFIDAVITS

10.1 Offeror's Warranty against an Unresolved Finding for Recovery

O.R.C. §9.24 prohibits the COG from awarding a contract to any Offeror against whom the Auditor of the State has issued a finding for recovery if the finding for recovery is "unresolved" at the time of the award. By submitting a proposal, an Offeror warrants that it is not now, and will not become subject to an "unresolved" finding for recovery under O.R.C. §9.24, prior to the award of any contract arising out of the RFP, without notifying the COG of such finding.

10.2 Suspension and Debarments

The COG will not award a Contract for goods or services, funded in whole or in part with Federal funds, to a person or vendor who has been suspended or debarred from doing business with the State of Ohio or who appears on the Federal List of Excluded Parties Listing System <https://epls.arnet.gov/>.

10.3 Legal Compliance

The Offeror must agree to comply with all applicable local, state, and federal laws in the performance of the work specified in this RFP including applicable state and federal laws regarding drug-free work places. The Offeror will be required to accept full responsibility for payment of all taxes and insurance premiums including, but not limited to: Unemployment Compensation insurance premiums, Workers' Compensation, all income tax deductions, Social Security deductions, and any other taxes or payroll deductions required for all employees engaged by the Offeror in the performance of the work specified in this RFP.

10.4 Workers' Compensation Provision

The Offeror shall be required to carry Workers' Compensation Liability Insurance as required by Ohio law for any work to be performed within the state of Ohio, as applicable by law. Unless otherwise listed in the RFP specifications, the awarded Offeror will be required to provide said certificate within seven (7) calendar days after notification to award to: HealthCare Perspective, LLC, 1081 Blind Brook Drive, Columbus, OH 43235. Failure to provide certificate within the stated time period may deem the Offeror as non-responsive and dismissal of award recommendation. Failure to maintain Workers' Compensation Liability Insurance coverage as required by law and any renewal thereto will be considered as a default.

10.5 Non-Collusion Certification

By the signature affixed on Appendix A Exhibit 1 (*Non-Collusion Affidavit*) of the RFP, the Offeror certifies that he / she is (sole owner, partner, president, secretary, etc.) of the party making the forgoing proposal; that such proposal is genuine and not collusive or sham; that Offeror has not colluded, conspired or agreed, directly or indirectly, with any Offeror or person, to put in a sham proposal; or colluded or conspired to have another proposal and has not in any manner, directly or indirectly, sought by agreement or collusion or communication or conference, with any person to fix the price of its proposal or any other Offeror, or that of any other Offeror, or to secure any advantage against any Offeror or any person or persons interested in the proposed contract and that all statements contained in the proposal are true; and further, that the Offeror has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged any related information or data to any association or to any member or agent of any association.

10.6 Non-Discrimination / Equal Opportunity Provisions

By the signature affixed on Appendix A Exhibit 2 (*Non-Discrimination / Equal Opportunity Affidavit*), the Offeror certifies that he / she complies with all applicable laws regarding Non-Discrimination / Equal Opportunity. All Offerors must be willing to enter a contract containing the express language contained in O.R.C. §125.111, which requires the following:

- That in the hiring of employees for the performance of work under the contract or any subcontract, no Offeror or subcontractor shall, by reasons of race, color, religion, sex, age, handicap, national origin or ancestry, discriminate against any citizen of this state in the employment of a person qualified and available to perform the work to which the Contract relates.
- That no Offeror, subcontractor, or any person acting on behalf of any Offeror or subcontractor shall, in any manner, discriminate against, intimidate, or retaliate against

any employee hired for the performance of work under the Contract on account of race, color, religion, sex, age, handicap, national origin, or ancestry.

All Offerors who contract with the COG for materials, equipment, supplies, contracts of insurance, or services shall have a written affirmative action program for the employment and effective utilization of economically disadvantaged persons, as defined in O.R.C. §122.71. Annually, each such Offeror shall file a description of the affirmative action program and a progress report on its implementation with the Ohio Civil Rights Commission and the Minority Business Development Office established under O.R.C. §122.92.

10.7 Delinquent Personal Property Taxes

By the signature affixed on Appendix A Exhibit 3 (*Delinquent Personal Property Taxes*) of the RFP, the Offeror certifies that they are not charged with delinquent personal property taxes on the general list of personal property in Franklin County, Ohio, or any other counties containing property in the taxing districts under the jurisdiction of the Auditor of Franklin County, Ohio.

10.8 Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization

O.R.C. §2909.21 requires that any contract that will result in an Offeror receiving funding in an aggregate amount greater than \$100,000 annually shall certify that it does not provide material assistance to any organization on the United States Department of State Terrorist exclusion list. **Prior to award** of the contract, the successful Offeror shall complete the Homeland Security - DMA Form (see Appendix A-4).

By the signature affixed on Appendix Exhibit 4 (Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization) of the RFP, the Offeror certifies that it does not provide material assistance to any organization on the list, and that failure to complete the form or answer "yes" to any question shall serve for the purposes of this affidavit as a disclosure of the provision of assistance to an organization that is listed on the terrorist exclusion list.

10.9 Compliance with Campaign Contributions

O.R.C. §3517.13 I and J requires that no agency or department of this state or any political subdivision shall enter into any contract for the purchase of goods costing more than five hundred dollars or services costing more than five hundred dollars with a corporation, individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust unless the contract includes a certification that the individuals named in O.R.C. §3517.13(I) and (J) are in compliance with the aforementioned provisions.

10.10 Software Source Code Escrow Agreement

The awarded Offeror will grant the COG the use of certain computer software pursuant to the terms and conditions of the RFP; and the uninterrupted availability of all forms of such computer software is critical to the COG and the conduct of its business; and the Offeror agrees to deposit in escrow a copy of the source code form of the Software included in any Software System covered by the terms and conditions of the proposal, as well as any

corrections and enhancements to such Source Code, to be held by Escrow Agent in accordance with the terms and conditions of this Escrow Agreement.

Offeror will agree to the software source code agreement in Exhibit 17.14 and will provide Escrow Agent information as a condition to contract execution.

SECTION 11 – FUNCTIONAL REQUIREMENTS

This section provides the functional and technical requirements that should be addressed in the proposal in order to meet the business needs of the COG. This section is not a specification listing, but rather a business need / requirement listing. The Offeror should respond to each of these requirements with an explanation of how the solution being proposed meets these business needs.

Each requirements section begins with an overview of the application area with an explanation of the issues that are known. This is followed by a series of functional needs and / or statements that are designed to determine the ability of the Offeror to meet the specific functionality that is desired. The Offeror's responsibilities are to understand the business issues presented, respond to the specific points, and clearly indicate whether their application satisfies each requirement listed in Sections 11.1–11.14.

When appropriate, the Offeror should provide a more detailed explanation on how the solution specifically meets the desired need. Specific instructions for the format of the responses are provided in **Section 15**. Response forms are included in the Exhibits in **Section 17**.

GENERAL SYSTEM FUNCTIONS REQUIREMENTS

11.1 General/Strategic

11.2 Enrollment & Eligibility Management

11.3 Clinical Assessment, Needs Determination & Level of Care Assignment

11.4 Utilization & Capacity Management

11.5 Provider Network Management

11.6 Contract Management

11.7 Claims Processing

11.8 Outcomes Reporting & Episode Management

11.9 Quality Management, Customer Service, & Provider Credentialing

11.10 Reporting & Data Warehouse

11.11 General - User Interface & Performance Standards

11.12 Technical Environment - Database Access & Controls, Security

11.13 Data Conversion, Import ,and Archive Management

11.14 Interfaces

SECTION 12 – IMPLEMENTATION SUPPORT REQUIREMENTS

12.1 Implementation Project Plan

Provide an implementation work plan, project management methodology and project timeline (Gantt Chart) that addresses, at a minimum, the following categories:

- Project Management
- System Surveys and System Functional Design
- Software Installation
- Customization Specifications and Development – include any & all interface costs
- Table and Master File Configuration
- Forms and Report Design
- Training Resources, Plan and Schedule, Training Manuals and Materials Provided.
- Training should include training for user, operator, and system administrator.
- Training will be at a site in Ohio to be determined by the BOARDS.
- System Test Plan and System Acceptance Testing
- Conversion Programming and Data Conversion
- "Go Live" Support
- Post Implementation Support

The plan described in this section of the RFP should relate directly to the cost section of the RFP. All travel costs involved in providing any of these services (training, project management, etc.) onsite in Ohio (including Cuyahoga County, Franklin County, and Hamilton County offices) should be estimated based on current actual travel costs and the number of onsite days included in the project plan. The Offeror shall make its own determination as to the frequency and duration of travel necessary to ensure a successful implementation. The details of the estimated travel costs should also be included in the narrative response for this section.

12.2 Project Manager and Other Implementation Resources

The Offeror should identify the individuals that the Offeror will commit to this project. Their proposed role in the project should be identified as well as the % of time they will be dedicated to the project during the implementation. The Offeror shall designate a Project Manager to coordinate all activities of this project with the COG's representative. The COG will have the option of selecting specific individuals among those available through the Offeror and have the Offeror commit these individuals for the duration of the project. The COG reserves the right to request that Offeror's staff be replaced if the services provided are not deemed satisfactory.

12.3 Implementation Support Training

The training of the COG/BOARDS staff will require special attention. During system go live, the Offeror should be willing to provide a high level of on-site support.

Ongoing training is also a major concern. It is important that the Offeror agree to provide a training approach that will not only train prior to go live, but will provide an ongoing training support strategy to ensure staff can be retrained and that new staff can be trained.

The Offeror should describe the types of documentation that will be delivered with the system. Examples of the documentation are desired as part of the RFP response. A review of all documentation will be required prior to the final Offeror selection.

Types of documentation that BOARDS are looking for include:

- On-Line system documentation
- Screen level documentation
- Application procedure manuals
- Training manuals and training aids
- System operations manuals
- Report Writer documentation
- Data Dictionary and Database Definition

12.4 BOARD Implementation and Support Resources

The Offeror should provide a comprehensive overview of the resources needed during the implementation and ongoing support of the proposed system, including number of staff, skills, responsibilities and skills needed.

12.5 Software Support Services

The plan described in this section of the RFP should relate directly to the cost section of the RFP. These costs should reflect ongoing licensing fees and software support and maintenance (include third party product support) costs required to maintain the ongoing operation of the system for a period of five (5) years after "Go-Live".

The Offeror should provide a comprehensive overview of the software maintenance and support services provided with this proposal. Identify what is covered as part of a standard support and maintenance agreement and what is not.

What hours are support staff available? Is a toll-free (1-800) support number available? Please address availability to support Eastern Standard Time hours. Be specific about what will be available and when.

Is there a Users Group (National, Regional, Local) in operation for the proposed product(s)?

What do you require from the COG to ensure a successful implementation?

What support services are available from your company? Provide a detailed description of problem escalation procedures and specify responsibilities of the parties involved.

What is your policy and procedure regarding new releases and updates of the proposed product? Describe what documentation will be included for new releases and updates.

How is version control managed for modifications that the COG may make after installation, without interrupting or adding additional cost for product upgrades?

How is version control managed for vendor customizations made to the product, without interrupting or adding additional cost for product upgrades?

SECTION 13 - OFFEROR PROFILE

13.1 Company History

The Offeror should complete this section by providing a concise overview of the company's history. Topics to be covered include:

- The formation of the company.
- Past and projected growth.
- Number of employees and their disciplines (i.e., marketing, support R&D, etc.).
- Year of incorporation / first year of business.
- Describe your company's primary business. Do you have a parent company or other subsidiaries?
- Description of experience relevant to the proposed system.
- History of product development for major components of proposed system.
- Evidence of your company's commitment to both the physical and behavioral health care fields.
- Evidence of HIPAA certification (and from whom) as well as any other certifications.

13.2 Profiles of Key Staff

The Offeror should provide profiles of the principals of the company and of all key employees that potentially will be involved in this project. For implementation personnel, indicate sites similar to BOARDS where they have been involved and indicate responsibilities.

13.3 Financial Information

The Offeror should supply certified financial audits for each of the last three years including at a minimum:

- Balance Sheet;
- Statement of Income;
- Statement of Changes in Financial Position;
- Auditor's Reports;
- If a public company, supply current prospectus.

13.4 Client Reference List

How many implementations does your company have with the proposed SHARES software in production?

What type of business is each customer in? How many are Behavioral Health organizations, managers of behavioral health services, manage Medicaid managed care plans?

List the six (6) most recent implementations.

List your closest implementations to Ohio.

Are there any implementations in Ohio?

Are there any implementations of the proposed product(s) at a state level? Identify any such implementations.

How many new customers have you implemented in the last 24 months?

How many customers, if any, have you lost / have stopped using your software in the last 24 months and why?

Provide references for at least three (3) client installations that are similar in scope and have been implemented in the past three (3) years. The provider should be willing to allow the COG to contact these clients as references. At least two of these reference sites should have passed Go-Live in their implementation.

Specific information on each client should include at a minimum:

- Customer Name (Company Name);
- Customer Contact (Name and Title);
- Address/Phone #s;
- Email address;
- Number of users and/or enrolled members;
- Nature of Contract;
- Software Modules Implemented;
- Hardware Configuration;
- Implementation Time Line (Proposed and Actual); and
- Explanation of any outstanding issues with Client.

13.5 Potential Conflicts of Interest

The Offeror should state clearly any potential conflicts of interest along with any current or past business relationships with the COG/BOARDS.

13.6 State Business Relationships

The Offeror should state clearly any current or past business relationships with the State of Ohio along with a contact name that can verify relationship with the Offeror.

13.7 Subcontractors

Any subcontractor(s) the vendor will employ in the course of this project should be clearly documented along with organizational information as requested above.

SECTION 14 – SUPPLEMENTAL INFORMATION

Product Data Sheets:

This section is reserved for the Offeror to provide the COG with any additional information that the Offeror feels is relevant, but not specifically requested. The Offeror should provide data sheets or documentation regarding the system functions and features that will be delivered with the system and are therefore included in the costs proposed.

Describe any additional modules that are available.

Consulting Services:

Information regarding additional information systems or management consulting services that could be purchased, in addition to the implementation services proposed, to assist in the implementation of the SHARES is also desired. Information regarding billing rates is desired. Each service available and the corresponding hourly rate should be provided.

Programming Services:

Information regarding programming services that could be purchased and the related billing rates is also desired.

Training Services:

Information regarding training services that could be purchased and the related billing rates is also desired.

Information contained in this section does not relieve the Offeror from the obligation to complete any section of the RFP. Answers within the RFP cannot refer to this section. The intent of this section is to allow the Offeror to present system and service capabilities that may not have been requested in the RFP but are available to BOARDS.

SECTION 15 – PROPOSAL RESPONSE INSTRUCTIONS

15.1 Executive Summary

The Offeror should provide an Executive Summary that gives an overview of the proposal, highlighting the offer and outlining the benefits of the company and product (software, hardware, services, etc) proposed. This section should include a corporate resolution or other evidence of authority. It should also include a proposed grand total summary.

15.2 Acceptance of Contractual Requirements

The Offeror should provide acknowledgement of acceptance of the contractual requirements stated in the RFP.

15.3 Response to Sections 11, 12 & 13

Most of the responses in these sections will require a **coded response** that indicates your system's ability to meet a specific requirement followed by a detailed explanation of how the

system meets the requirement. ***Offerors should be candid about their system strengths and limitations and realistic in their responses.*** The response definitions are as follows:

Response Codes	Response Definition
Existing	The Offeror's solution meets the functional requirement "out of the box" as an existing component of its standard product which is in operation at a minimum of one client site. The function exists without any modification to the front end coding or database structure and is set primarily through table building and parameter settings within the applications. This response indicates that no customization is required to meet the requirement.
Configuration	The Offeror's solution does not meet the functional requirement "out of the box", but the system will meet the functional requirement with existing configuration tools, modifiable templates, or similar methods and no programmatic changes are necessary to underlying front end coding or database structure. A highly trained system administrator is capable of making these kinds of changes to the system.
Customization	The Offeror's solution does not meet the functional requirement without modification to the existing code base and/or database structure. The Offeror is warranting that it will meet this functional requirement by customizing the software. A developer from the Offeror is required to make these kinds of modifications. Indicate in the comments if this customization is included in the base system cost as quoted or is detailed separately in the cost worksheet, including the reference number in the cost worksheet.
Planned	The Offeror's solution does not presently meet the functional requirement, but an upgrade to the proposed product is planned and will meet this requirement within the next 12 months. This response indicates that no configuration or customization will be required to meet the requirement and that the upgrade will be included as part of standard support.
Not Available	The Offeror's solution will not address this functional requirement.

Several requirements request a **narrative response** rather than or in addition to a coded response. The Offeror should take care to read the requirements carefully and respond to the specific items discussed. The Offeror should give a brief comment explaining how the system meets the requirement even if not specifically asked for as part of the requirement.

15.4 Section 11 Functional Requirements – Additional Narrative

Both coded and narrative responses for Section 11 Functional Requirements are to be entered into the Excel file (see Section 15.6 below). The Excel file has limited room for narrative. When additional narrative is needed to fully describe or explain a response, the response should be included in the main RFP document using the following format (for example):

Ref #	Feature Description	Offeror Narrative/Comments
11.1.1	Ability to provide Health Information Exchange services to the provider network. Specifically support for HL-7 CCD data exchange.	

15.5 Supplemental Information

This section should include the response to Section 14 Supplemental Information.

Additional information and data sheets to support responses made in the proposal may also be submitted in this section, but the Offeror may not simply refer to documentation without responding to the specific requirement. In cases where the ability to determine an Offeror's response requires unreasonable effort or research on the part of the evaluation committee, the requirement may be considered unanswered and may be treated as **NOT AVAILABLE**.

15.6 RFP 11.0 Functional Requirements Worksheet

There are fourteen (14) worksheets contained in one Excel document – see Exhibit 17.12. Please be sure to complete each one including both coded and narrative responses. If additional narrative is required, mark the appropriate column (addit narrative) and submit additional narrative as outlined in Section 15.4. If additional cost is involved, indicate the item reference number in the SHARES RFP Cost Worksheet (Exhibit 17.13) that reflects the cost.

Enter the Offeror Name and Date Submitted on the summary tab. Use the following spreadsheet naming convention:

(Offeror Name) Section 11 Response (Date Submitted).xlsx

15.7 SHARES RFP Cost Worksheet

There are nine (9) worksheets contained in one Excel document – see Exhibit 17.13. The first is a cover sheet and the second is a computed summary sheet. Complete the remaining 7 worksheets to include all software application, custom programming, third party software, software support, hardware & communications, implementation & training, and other costs.

For hardware & communication that are required but not provided by the Offeror (with the exception of workstations and printers), please specify the equipment requirements and indicate the cost as EXCLUDED.

Any needed interfaces between systems should be noted and priced on the Customized Software worksheet. Cost estimates for data conversion should also be noted on this worksheet.

Enter the Offeror Name and Date Submitted on the cover sheet tab. Follow the following spreadsheet naming convention: (Offeror Name) Cost Worksheet (Date Submitted)

SECTION 16 - EVALUATION METHODOLOGY

16.1 Purpose

The purpose of this evaluation methodology is to establish a process that allows the COG to select the Offeror that meets the needs of the BOARDS most effectively and at the best value. The evaluation process will assess a wide variety of data included in the RFP response. The methodology provides for an analytical evaluation of the Offeror's ability to meet the system requirements. The end result is a quantified evaluation process leading to the selection of the Bidder.

16.2 Pre-Screening Evaluation

In order to concentrate evaluation resources most effectively on qualified Offerors, a pre-screening of proposals will be conducted to identify Offerors that are potentially the best match based on the criteria in Section 16.3.

The scoring system applied to the requirements listed in Section 16.3 will be the same as described in Section 16.4. In addition, a review of the costs associated with the proposal will be used to determine the top three to five Offerors to be reviewed in detail. All other responses will be held and will be considered if a successful outcome is not reached with the Offerors selected during the pre-screening.

16.3 Pre-Screening Criteria

11.1.1	Ability to provide Health Information Exchange services to the provider network. Specifically support for HL-7 CCD data exchange.
11.1.2	Flexible Growth Potential - The proposed system is positioned to adapt during periods of organizational growth. This would include the addition of other BOARDS to the system.
11.1.3	Ability to support a single MPI across all BOARDS and lines of business
11.1.4	Ability to limit access to PHI/clinical & financial data to based on BOARD and Provider security (please describe)
11.1.7	System provides a robust Provider Portal where providers can submit enrollment requests, screening information, submit claims, directly enter claims, determine current eligibility, enter clinical information, get claims status information, paid claims information, and generate reports.

11.1.8	Sophisticated system with a variety of options for BOARDS to manage contracts and clinical operations differently within the same system
11.1.10	System includes a robust data warehouse environment that allows inclusion of other non-SHARES data and provides the ability to monitor and manage the overall behavioral health system of care, including linking to data in existing data warehouses.
11.1.11	System Architecture: The system utilizes a modern tiered design that supports the ongoing development of software applications that serve multiple locations in a stable manner.
11.2.10	The system provides workflow/functionality for BOARD enrollment staff to process enrollment requests, review documentation, and either approve, pend or deny the request and provide an explanation for denials, including remarks and reason codes.
11.2.15	The system allows for HIPAA-compliant (270/271) electronic batch updating of the eligible clients, especially for Medicaid.
11.2.28	The system allows BOARDS and providers access according to security granted to check SHARES for a client's eligibility and enrollment status.
	Explain other features of the system to which the providers might be granted access and the benefits of those features.
11.3.13	The system has the capability to have the additional structured clinical/historical data entered through the SHARES secure web portal and available for use by staff (BOARDS or providers) who are providing care and managing utilization.
11.3.14	The system has the capability to have attachments (pdf or other scanned files) uploaded through the SHARES secure web portal and available for use by staff (BOARDS or providers) who are providing care and managing utilization.
11.4.3	The system identifies and tracks all treatment slots available within the system on a real-time basis.
11.4.6	BOARDS can determine the number of individuals waiting for treatment at any point in time and the specific services for which they are waiting. It also provides the ability to track wait list trends over time.
11.6.2	The system supports complex contract and payment arrangements between Boards and providers including:
	Fee for service

	Procedure code-based fee schedules
	Capitated method
	Bundled service packages
	Per diem
	Cost reimbursement
	Individual consumer budget (voucher system)
	Fixed Contract/Block Grant with 1/12 draw down
	Performance Based Incentive Contract (withhold & allowances)
	Tiered rate structure based on LOS (for example, one rate for first 5 days, lower rate for remaining days)
11.6.5	The system can support multiple Boards having multiple contracts with a single provider, with varying effective dates, services, rates and payment arrangements
11.6.14	The fund source code may be based on BOARD specific values assigned by a combination (or "Waterfall") of fields such as provider, contract, payor, eligibility, benefit plan, client type, episode type, program and priority. (See Exhibit 17.2) Please describe the existing system options to support this need.
11.7.13	The system adjudicates claims, calculates the reimbursement amount and creates a detailed and summary report or voucher by provider that can be forwarded electronically to BOARDS's Finance Division to process the checks for the services.
11.7.21	The system supports the following coding conventions as part of the standard product:
	CPT, HCPCS, etc.
	ICD-10
	DSM IV
	BOARD specific local service codes
11.7.23	The system stores the specific BOARD / provider contract code for each adjudicated claim service. This is used for balancing paid claims against contract

	balances as well as tracing adjudication rules used during claims processing.
11.7.24	BOARD specific edits can be implemented (for example, different diagnosis codes may be allowed for court-ordered clients in a specific county, different locations, modifiers, etc). Please explain the options that are available.
11.7.25	Custom adjudication logic can be configured to include data elements not contained within the claim, such as holding / pending a claim if the client is on the provider's waiting list. Please explain the options that are available for configuration.
11.8.1	The system will capture data for follow-up and other BOARD, state and federal reporting requirements (see Exhibits 17.3, 17.4 & 17.5) for examples of potential data requirements for reporting), including:
	Treatment Episode Data System (TEDS).
	National Outcome Measures (NOMS)
	Other Quality Performance Indicator Data (see exhibit 17.3)
	Other Federal and BOARD reports as required.
	Please provide a narrative that describes existing system functionality that addresses use of outcomes and any related experience working with other customers on inclusion of outcome measures and reporting.
11.8.5	The system provides the capability for providers to submit outcomes files from the Ohio Department of Mental Health Consumer Outcomes Instruments online through the secure web portal. See Exhibit 9.3
11.8.7	Outcomes data is available for BOARDS to use to determine whether providers have met their contractual performance standards to receive incentive payments or have failed to meet contractual performance standards and are placed on probation. See Exhibit 17.4 for Consumer Outcomes reporting example.
11.8.10	The system supports real-time reports, easily accessible for a clinician to view change over time - with options to compare either the current to previous data or changes over a specified period of time (3 mos, 6 mos, etc.)
11.11.6	Integration - the system has a high degree of integration. Redundant data entry is not required. Once information is entered into the system, it is available to all users who require it, subject only to assigned access security.
11.11.8	Modifications of Existing Screens - the system supports the modification of existing screens including add new fields, removing non-core fields, changing the location of fields, control over data-entry rules, changes to validation checks, etc. Please

	explain what can be configured by the customer and what requires vendor involvement to accomplish.
11.11.9	System Navigation - provides the ability throughout the system to go back to the main menu, to move to another screen, or to have user-defined buttons on the screen that will prompt the user to go to another form. The system allows for all information relating to a particular client, provider, case manager, etc., to be easily accessed from any screen in the system where such data exists (e.g. be able to go to authorizations or call logs or screen forms for case note entry).
11.12.7	HIPAA: the system meets all HIPAA security and confidentiality requirements including Standards for PHI data.
11.12.8	The system has the ability to assign a higher level of security for specific data elements (to support higher security standards needed for Substance Abuse clients).
11.14.4	BOARD fiscal interface (see Exhibits 17.7 & 17.8) , including:
	Creation of EFT file to be used by county auditor to produce provider payments
	Posting of assigned voucher number back to each associated claim service line based on file produced by county auditor AP system
11.14.5	Ability to import from BH extract from State for TEDS reporting. (This data is currently received from the state, but could be discontinued in the future.) See Exhibit 17.5.
11.14.6	Ability to import Outcomes data - batch files received from providers. See Exhibit 17.4.
11.14.7	Central Pharmacy data (contains agency and client medication information) See Exhibit 17.0.
11.14.8	Hospitalization Data - need ability to upload admission and discharge data received electronically and display along with other hospitalization history that is manually maintained to show a complete history in the clinical module
	State Hospital (ODMH) monthly extract of admissions & discharges (standard statewide format) See Exhibit 17.11.
	Community Hospital admission & discharge information (various spreadsheet formats, etc.)

16.4 Functional Requirements Scoring Methodology

This section outlines the methodology of the detailed evaluation to rank and score the responses from the Offeror. The detailed steps are as follows:

1. The Offeror's response to each requirement will be scored. Values will be assigned on the Offeror's ability to meet each requirement. These values will be referred to as the Offeror's Response. The Offeror's response should conform to the instructions found in the RFP. The following values will be assigned:
 - A. Offeror Response – Existing = 10
 - B. Offeror Response – Configuration= 8
 - C. Offeror Response - Custom Development / No Cost = 6
 - C. Offeror Response - Custom Development with Cost = 4
 - D. Offeror Response - Planned (Future Development) = 2
 - E. Offeror Response - Not Available = 0
2. RFP Section 11 will be evaluated and scored using this methodology.

16.5 Implementation Support and Offeror Profile Scoring Methodology

An in-depth analysis will be performed to determine the ability of the Offeror to deliver the system as specified. The proven track record of the Offeror and the ability to provide implementation, training and ongoing support services for the system are very important criteria for this procurement. Section 12 and Section 13 of the RFP will be evaluated as follows: Responses will be scored as - Meets Minimum Requirement (6), Exceeds Minimum Requirement (8) or Greatly Exceeds Minimum Requirement (10).

The Grand Total Offeror Score will be determined by adding up the individually Calculated Application Scores (Column E) and coming to a Grand Total. This will be the Grand Total Offeror Score that will be used in the summary scoring calculation.

16.6 Detailed Cost Analysis

1. The cost analysis will be based on the proposed applications and will be factored over a start up period plus five (5) full years of operation.
2. The Offerors will complete a separate Worksheet for every item on the cost analysis (see Section 15.7 SHARES RFP Cost Worksheet)
3. The Grand Total System Cost will be based on the sum of the costs for all aspects of the system procurement, even if those items may be purchased in separate procurements.

BOARDS may make adjustments to the cost proposal, for evaluation purposes only, if determined necessary to more accurately represent the correct total cost to BOARDS, but the proposals will be compared on an equal basis.

16.7 Interviews, Demonstrations and Site Visits

The preliminary finalists will be interviewed to validate RFP responses and then asked to present demonstrations of their system solution to further validate the system's capabilities. Reference checks will be made at this point to further qualify the Offeror.

Re-evaluation of the Offeror application and Offeror profile scores will be allowed based on information obtained as a result of interviews, system demonstrations and reference checks.

A recalculation of the proposal based on this new information will be performed following the same methodology described in this section.

The field of preliminary finalists will then be narrowed to two finalists.

These finalists will be subjected to further review, including potential site visits to client sites that are in production use of the system solution(s) being proposed. The Offeror should assist in the coordination of these site visits but may not participate in the actual on-site review process. This is intended to give the COG the best opportunity to evaluate fairly the ability of the Offeror to provide the system solution being proposed.

16.8 Final Selection

A final recalculation following the methodology outlined in this section will be performed and a final Offeror will be selected.

The final selection will represent the Offeror that the BOARDS perceive offers the best Price Performance Score and has clearly demonstrated an ability to deliver the system solution proposed.

SECTION 17 – EXHIBITS

Exhibit 17.1 DRAFT Clinical Data Elements

Demographic data:

Name, DOB, SS#, UCI#, County of resident
Current address, email address, race, sex, ethnicity, education, employment status
Marital status, sexual preference

Name of Guardian:

Address:

Phone:

Email

Name of Payee:

Address:

Phone:

Email:

Military Service History:

Type of Discharge:

Eligible for medical benefits yes--- no---

Income source:

Social Security monthly benefit:

Date applied for:

Employer:

Aid to Dependent Children

Payee: name of agency, individual

Insurance: Ohio Medicaid: county of origin:

Medicaid HMO

Amerigroup

Care Source

Buckeye

Molina

Other:

Medicare

VA benefits

Private Insurance:

CHAMPUS

Ohio Universal Health insurance

Indigent

Housing

Homeless Cert: date

Independent home or apartment

Housing assistance: Name Family Care Home

Date of Move-in

EXCEL apartment

Date of Move-in

Date of last Housing Quality Inspection

HAP cert, date

Section 8, date

Shelter Plus cert, date

Legal Status: US citizen yes--- no---

Illegal Alien yes--- no---

Green card yes--- no---

Work visa yes--- no---

Student visa yes--- no---

Primary Language:

Secondary Language:

Outpatient Community Probate: current yes--- no---

Date placed on OCP

Assigned CSP agency, worker

Assigned MD

Probate Court M#

Date of next Probate Court full hearing:

Multiple System Involvement:

Developmental Disabilities: name of worker:

JFS: name of worker:

Juvenile Court: probation officer:

Adult Court: Name of probation/parole officer:

FAIR: case coordinator:

School:

Legal History: yes--- no---

Pending charges

Current incarceration: yes---, no---

Location:

Date of last visit by CSP to facility:

Current medications in facility-----

Past history of charges:

Current Probation/Parole: Name of officer, phone #

Sex offender status:

Specialty Courts: Mental Health; VA

History of competency evaluations (date, offense)

Other diversion programs:

Substance Abuse: no history ---

Past history---
Actively using yes --- no---
see TEDS list of substances,
length of use,
pattern of use,
current treatment provider:

Community Inpatient Psychiatric History:
Location:
Dates:

History of BHO admission:
Location:
Legal status: civil probate----dates-----
RTC-R----, dates----, charges:
ISTU----, dates
NGRI----, dates
Conditional Release revocation -----, dates
Date of last PES visit:
Date of last Mobile SHARES intervention:

Outpatient Psychiatric Treatment History
Location:
Dates:

Non-psychiatric physical medicine:
Condition:
Primary Care personnel:
Medication (dose, frequency)
Other required interventions
Condition:
(Continue with multiple open slots)

Psychiatric Status:
Diagnosis:
Medication (dose, frequency)
CPST, start date/ termination
Evidence based practice ACT----, TIP----, IDDT---, FFT; MSDT; CBT
Mental Health Court----, other----
Other required interventions

History of System Placement:
Crisis Stabilization: date, long-term vs. acute
REST: date, long-term vs. acute
Kemper House: date, long-term vs. acute
Jarnicke facility: date

Bower House: date
Montgomery House: date
Quick Access Housing: date
Unity
St. Joseph Crisis Stabilization

Primary Support System contacts:
Name, address, phone #
Active Consent to contact yes--- no---
Date signed:

OTHER AREAS TO CONSIDER:

Individualized Crisis Response Plan

A secure web based portal is available for providers to enroll new consumers, update current consumers, submit treatment authorization requests, upload crisis plans, submit billing, and review status of claims submitted.

MUI's

Vocational

Exhibit 17.2 Chart of Account – Fund Source Example

The following is an example of how fund sources are assigned and mapped to GL codes. The fund source code may be based on a BOARD specific value assigned by a combination (or "Waterfall") of fields such as provider, contract, payor, eligibility, benefit plan, client type, episode type, program and priority. (Also, see Exhibit 9.7 – Fiscal Interface Application)

globj_object_code	globj_object_code_desc	adamh_object_cat	county_object_cat	provider_exp_cat	provider
529316	MH-MEDICAID CLAIMS-ALL	Provider Services	Services & Charges	Medicaid	MH
529326	MH-NONMEDICAID-ALL	Provider Services	Services & Charges	ADAMH Claims	MH
529416	AD-MEDICAID CLAIMS-ALL	Provider Services	Services & Charges	Medicaid	AD
529426	AD-NONMEDICAID-ALL	Provider Services	Services & Charges	ADAMH Claims	AD
glorg_org_code	glorg_org_code_desc				
11580100	58-CNSMR SVCS-LEVY-ADLT				
11580200	58-CNSMR SVCS-LEVY-CHLD				
11580300	58-CNSMR SVCS-LEVY-ADLT PRVT				
11580400	58-CNSMR SVCS-LEVY-CHLD PRVT				
glproject_project_code	glproject_project_code_desc				
H1014	LEVY				
H2031	408 FLEX				
H8861	MH TX SED (FFT)				
glfund_fund_no	glfund_fund_no_desc				
2111	ADAMH LEVY (58)				
2112	ADAMH LOCAL (58)				
2113	ADAMH STATE				
2114	ADAMH FEDERAL (58)				

Exhibit 17.3 Quality Performance Indicators (QPIs)

The Cuyahoga ADAMHS Board Quality Performance Indicators (QPI) forms the basis for evaluation of system performance and the quality of services. These indicators are designed to align the local behavioral health system with state and national strategic indicators. These include the SAMHSA National Outcomes Measures (NOMs), and ODMH and ODADAS Community Plan Investor Targets. The desired targets are designed to set standards that are attainable for all provider agencies that focus on them as areas of improvement. Providers who receive non-Medicaid funding agree to work towards improving their results. Data are tracked for the system overall regardless of payer source.

Cuyahoga ADAMHSB AOD & MH Quality Performance Indicators (QPIs)

FY2012

The ADAMHSB Quality Performance Indicators are designed to align the local behavioral health system with state and national strategic indicators. These include the SAMHSA National Outcomes Measures (NOMs), and ODMH and ODADAS Community Plan Investor Targets. The desired targets are designed to set standards that are attainable for all provider agencies that focus on them as areas of improvement.

Providers who receive non-Medicaid funding will agree to work toward improving their results as outlined on the combined AOD / Mental Health Quality Performance Indicators Report. Agencies should specifically demonstrate how they programmatically address improving on their quality performance indicators in their FY11 Agency Service Plan.

For purposes of evaluating the treatment quality performance indicators, improvement will be determined by taking the individual agency baseline data established for FY10 and the first two quarters of FY11, and then comparing it to the agencies individual results achieved during FY11 and the first two quarters of FY12, and calculating the amount of improvement. For AOD prevention quality performance indicators, due to many of the programs following the school year, comparisons will be made between FY10 and FY11.

In general, each indicator is measured by either being above the system mean, meeting an established threshold, showing clinically significant change, or showing statistically significant improvement above the prior year.

If an area is identified by the Board as being in significant need of improvement based on an agency's individual data, the Board will request a follow-up improvement plan from the agency.

GUIDING VALUES:

1. **Eliminate duplication.**
2. **Utilize existing data as much as possible.**
3. **Avoid excessive new data reporting requirements.**
4. **Data must be timely, practical, and relevant.**

5. **Providers and Board to be accountable and responsible.**
6. **Use indicators as quality improvement and technical assistance tools, not as tools for punishment.**
7. **Quality process must include provider input.**
8. **Summary of results and conclusions must be shared with providers.**

Domain	Indicator	Formula	Desired Target
ACCESS TO QUALITY CARE	A1. Post-State Hospital Discharge Pharmacologic Management Appointment (<i>MACSIS claims and PCS Hospital data</i>)	Percentage of consumers who receive an agency pharmacologic management appointment within 14, 30, 60, or 90 days following discharge from NCBHS	Above the system mean (41%*), or statistically significant improvement in percentage seen in 14 days or fewer above the prior year.
	A2. Post-State Hospital Discharge CPST Appointment (<i>MACSIS claims PCS Hospital data</i>)	Percentage of consumers who receive a CPST appointment within 14, 30, 60, or 90 days following discharge from NCBHS	Above the system mean (39%*), or statistically significant improvement in percentage seen in 14 days or fewer above the prior year.
	A2b. Post-State Hospital Discharge Crisis Intervention (<i>MACSIS claims and PCS Hospital data</i>)	Percentage of consumers who receive Crisis Intervention within 14, 30, 60, and 90 days following discharge from NCBHS	Below the system mean (11%*), or statistically significant improvement in the percentage seen in 14 days or fewer below the prior year.
	A3. Repeat State Hospitalizations (<i>PCS Hospital Report</i>)	Number of consumers who undergo two or more state psychiatric hospitalizations in a 12-month period	Decreased percentage of consumers with more than one hospitalization per year (Less than 21%*).
	A4. Average Wait Time for MH and/or AOD Diagnostic Assessment for Children and Adults (<i>per Scale Central Intake</i>)	Average number of days' wait for Diagnostic Assessment	Above the system mean, or statistically significant improvement in average wait time above the prior year.
	A5. Average Wait Time from Initial for MH and/or AOD Assessment to Treatment for Children and Adults (<i>MACSIS claims data</i>)	Average number of days' wait from Diagnostic Assessment to initial treatment service appointment (per MACSIS – based on last billing for D.A. and first billing for services)	Above the system mean, or statistically significant improvement in average wait time above the prior year.
	A6. Community-Based Care (<i>MACSIS claims data</i>)	Ratio of Adult CPST delivered in the community	70% or statistically significant improvement in percentage Adult CPST delivered in the community.
	A7. Use of Evidenced Based	# of clients/consumers	Increased # of practices,

	Practices, Best Practices, and Emerging Best Practices (Agency RFI proposals, Agency Service Plans and Board Program Reviews)	receiving treatment based on established practices	or increased proportion of consumers/clients served by the specific practice
--	--	--	--

Domain	Indicator	Formula	Desired Target
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Domain	Indicator	Formula	Desired Target
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CLINICAL OUTCOMES	O1. Decreased symptom distress	Adult consumers who experience decreased symptom distress as measured by <i>Ohio Adult Consumer Outcomes, Consumer Outcomes Tool (COM-T) or other tool of agency's choice approved by Board</i>	Statistically significant or clinically significant improvement in decreased symptom distress.
	O2. Increased quality of life	Adult consumers who experience increased quality of life as measured by <i>Ohio Adult Consumer Outcomes, Consumer Outcomes Tool (COM-T) or other tool of agency's choice approved by Board</i>	Statistically significant or clinically significant improvement in increased quality of life.
	O3. Ohio Outcomes Scales for Youth (For those agencies continuing with Ohio Scales for Youth or other tool of agency's choice approved by Board)	Overall results for youth consumers who experience: • increased hopefulness • decreased problem severity • increased overall functioning • improvement in attendance and grades • decreased placement in restrictive settings such as Juvenile Detention and jail (per OH Scales ROLES score)	Statistically significant or clinically significant improvement in subscales (from the perspective of the youth, the parent, and the worker, respectively)

	O4. Employed Consumers (Program data)	# of consumers employed	Increased #
	O5. Homeless Consumers (Program data)	# of homeless consumers	Decreased #

Domain	Indicator	Formula	Desired Target
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RISK MANAGEMENT	R1. AOD & MH Reportable Incidents (MUIs)	Overall results for: Timeliness of initial report, and timeliness of follow-up (as required by ADAMHS Reportable Incident Policy)	Statistically significant improvement in each area
------------------------	--	--	--

Domain	Indicator	Formula	Desired Target
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FISCAL	F1. Medicaid Benefits (ODJFS data and provider data))	Percentage of consumers with <u>lapsed</u> Medicaid	Statistically significant decrease in percentage
	F2. Central Pharmacy (Central Pharmacy Reports)	Agencies that are above or below their annual allocation	On schedule with annual allocation

Domain	Indicator	Formula	Desired Target
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AOD PREVENTION	Standards documentation compliance (Agency record review by Board)	Percentage of adherence to documentation requirements	80% or statistically significant improvement in percentage above the prior year.
	Acceptable outcome plans (Agency records reviewed by Board)	Percentage of agency outcome plans that are acceptable	100% or statistically significant improvement in percentage above the prior year.
	Acceptable outcomes (Agency records reviewed by Board)	Percentage of participants that meet performance targets	60% or statistically significant improvement in percentage above the

Three C Recovery and Health Care Network -- SHARES RFP

			prior year.
	Use of Best Practices / Standardized Curriculum (Agency RFI proposals and Agency Service Plans)	Number of EBPs in use / number of standardized curricula utilized	At least 1 or more

Domain	Indicator	Formula	Desired Target
--------	-----------	---------	----------------

	Treatment Initiation (MACSIS Claims and BH Data)	2 treatment service visits within 14 days of completion of assessment	90% or statistically significant improvement in percentage above the prior year.
	Treatment Engagement (MACSIS Claims and BH Data)	Percentage of clients successfully engaged in treatment	80% or statistically significant improvement in percentage above the prior year.
	Treatment Retention (MACSIS Claims and BH Data)	Percentage of clients that complete treatment without ASA, rejecting services	70% or statistically significant improvement in percentage above the prior year.
	Linkage to treatment from detox (MACSIS Claims and BH Data)	Percentage of successful linkages within 14 days	50% or statistically significant improvement in percentage above the prior year.
	Consumer Satisfaction (Agency reports)	Percentage of clients satisfied	70% or statistically significant improvement in percentage above the prior year.
	Treatment appropriateness (Board Review of Agency Records)	Percentage of services provided that are appropriate	80% or statistically significant improvement in percentage above the prior year.
	Individualized services (Board Review of Agency Records)	Percentage of treatment services provided that are individualized	80% or statistically significant improvement in percentage above the prior year.
	Programmatic documentation compliance (Board Review of Agency Records)	Percentage of adherence to documentation requirements	80% or statistically significant improvement in percentage above the prior year

*Evidenced-Based Practices, Best Practices, and Emerging Best Practices include:

- Integrated Dual Disorder Treatment (IDDT)
- Supported Employment (SE) or Individual Placement and Support (IPS)
Dartmouth Model
- Motivational Interviewing (MI)
- Illness Management & Recovery (IMR)
- Multi-Systemic Therapy for Youth (MST)
- Assertive Community Treatment (ACT)
- Family-Psycho education
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Tobacco Recovery (TR)
- Wellness, Management & Recovery (WMR)
- Trauma Informed Cognitive Behavioral Therapy for Adults with SMD
- (others)

Exhibit 17.4 Consumer Outcomes Data

There are three sub-sections included in this exhibit to provide information on current processes related to consumer outcomes data:

The first is the Adult Consumer form that is used to collect outcomes data. There are also similar forms used for Children and Providers. The information is currently collected electronically by providers and submitted in batch files to Boards.

The second is titled "Report Examples – Individual Consumer Outcomes Data." There are several reports included that providers use to evaluate the results of outcome data for a specified individual.

The third is titled "Report Example – Systems Level Consumer Outcomes Data". It contains an extract from a report - "Hamilton County Mental Health and Recovery Services Consumer Outcomes Report". The first 8 pages of a 38 report is included as an example of the output that is generated on a regular basis from the data that is collected.

The outcomes data is also used for National Outcome Measures (NOMS) and other management reporting and analysis and is one of the criteria used to determine eligibility for provider incentive payments.



Ohio Mental Health Consumer Outcomes System Adult Consumer Form

Today's Date ____ / ____ / ____

Name _____

Date of Birth ____ / ____ / ____

Gender (check one): Male ☐ Female ☐

Agency Use Only

Client's Medical Record Number

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

Part 1

Below are some questions about how satisfied you are with various aspects of your life in the past 6 months. For each question, checkmark ☒ the answer that best describes how you feel.

How do you feel about:

1. The amount of friendship in your life?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

2. The amount of money you get?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

3. How comfortable and well-off you are financially?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

4. How much money you have to spend for fun?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

6. The amount of freedom you have?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

7. The way you and your family act toward each other?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased
☐ Does not apply

Please turn to the next page ➡

8. Your personal safety?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

9. The neighborhood in which you live?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

10. Your housing/living arrangements?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

11. Your health in general?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

12. How often do you have the opportunity to spend time with people you really like?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 2

The next few items ask you about your health and medications *within the past 6 months*.

13. How often does your physical condition interfere with your day-to-day functioning?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

16. How often do you feel threatened by people's reactions to your mental health problems?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 3

The following questions ask you about how much you were distressed or bothered by some things *during the last seven days*. Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Nervousness or shakiness inside

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

Please turn to the next page →

18. Being suddenly scared for no reason

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

19. Feeling fearful

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

20. Feeling tense or keyed up

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

21. Spells of terror or panic

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

22. Feeling so restless you couldn't sit still

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

23. Heavy feelings in arms or legs

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

24. Feeling afraid to go out of your home alone

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

25. Feeling of worthlessness

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

26. Feeling lonely even when you are with people

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

27. Feeling weak in parts of your body

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

28. Feeling blue

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

29. Feeling lonely

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

30. Feeling no interest in things

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

31. Feeling afraid in open spaces or on the streets

- ☐ Not at all A
- ☐ little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

Please turn to the next page ➡

44. People working together can have an effect on their community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

45. I am often able to overcome barriers.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

46. I am generally optimistic about the future.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

47. When I make plans, I am almost certain to make them work.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

48. Getting angry about something is often the first step toward changing it.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

49. Usually I feel alone.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

50. Experts are in the best position to decide what people should do or learn.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

51. I am able to do things as well as most other people.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

52. I generally accomplish what I set out to do.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

53. People should try to live their lives the way they want to.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

54. You can't fight city hall (authority).

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

55. I feel powerless most of the time.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

56. When I am unsure about something, I usually go along with the rest of the group.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

57. I feel I am a person of worth, at least on an equal basis with others.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Please turn to the next page ➡

58. People have a right to make their own decisions, even if they are bad ones.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

59. I feel I have a number of good qualities.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

60. Very often a problem can be solved by taking action.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

61. Working with others in my community can help to change things for the better.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Part 5

Please tell us some things about yourself.

62. What was the last school grade you completed?

- | | |
|--|--|
| ☐ Less than 1 st grade | ☐ 10 th grade |
| ☐ 1 st grade | ☐ 11 th grade |
| ☐ 2 nd grade | ☐ High school diploma/GED |
| ☐ 3 rd grade | ☐ Trade/Tech school |
| ☐ 4 th grade | ☐ Some college |
| ☐ 5 th grade | ☐ 2 yr college/Associate degree |
| ☐ 6 th grade | ☐ 4 yr college/Undergraduate degree |
| ☐ 7 th grade | ☐ Graduate school courses |
| ☐ 8 th grade | ☐ Graduate degree |
| ☐ 9 th grade | ☐ Post-graduate studies |
| | ☐ Further special studies |

63. Race (check all that apply):

- | | |
|---|--|
| ☐ White | ☐ Hispanic/Latino |
| ☐ Native American/Pacific Islander | ☐ Asian |
| ☐ Black/African American | ☐ Other _____ |

64. What is your marital status?

- ☐ Never married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Living together

65. What is your current living situation?

- ☐ Your own house/apartment
☐ Friend's home
☐ Relative's home
☐ Supervised group living
☐ Supervised apartment
☐ Boarding home
☐ Crisis residential
☐ Child foster care
☐ Adult foster care
☐ Intermediate care facility
☐ Skilled nursing facility
☐ Respite care
☐ MR intermediate care facility
☐ Licensed MR facility
☐ State MR institution
☐ State MH institution
☐ Hospital
☐ Correctional facility
☐ Homeless
☐ Rest home
☐ Other _____

66. What is your employment status?

- ☐ Employed full time
☐ Employed part time
☐ Sheltered employment
☐ Unemployed
☐ Student
☐ Homemaker
☐ Retired
☐ Disabled
☐ Inmate of institution

67. Are you in treatment because you want to be?

- ☐ Yes
☐ No

Please stop here. Thanks!



Ohio Mental Health Consumer Outcomes System Adult Consumer Form

Today's Date ____ / ____ / ____

Name _____

Date of Birth ____ / ____ / ____

Gender (check one): Male ☐ Female ☐

Agency Use Only

Client's Medical Record Number

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

Part 1

Below are some questions about how satisfied you are with various aspects of your life in the past 6 months.

For each question, checkmark ☒ the answer that best describes how you feel.

How do you feel about:

1. The amount of friendship in your life?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

2. The amount of money you get?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

3. How comfortable and well-off you are financially?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

4. How much money you have to spend for fun?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

6. The amount of freedom you have?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased

7. The way you and your family act toward each other?

- ☐ Terrible
☐ Mostly dissatisfied
☐ Equally satisfied/dissatisfied
☐ Mostly satisfied
☐ Very pleased
☐ Does not apply

Please turn to the next page ➡

8. Your personal safety?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

9. The neighborhood in which you live?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

10. Your housing/living arrangements?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

11. Your health in general?

- ☐ Terrible
- ☐ Mostly dissatisfied
- ☐ Equally satisfied/dissatisfied
- ☐ Mostly satisfied
- ☐ Very pleased

12. How often do you have the opportunity to spend time with people you really like?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 2

The next few items ask you about your health and medications *within the past 6 months*.

13. How often does your physical condition interfere with your day-to-day functioning?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

16. How often do you feel threatened by people's reactions to your mental health problems?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 3

The following questions ask you about how much you were distressed or bothered by some things *during the last seven days*. Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Nervousness or shakiness inside

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ Quite a bit
- ☐ Extremely

Please turn to the next page ➡

18. Being suddenly scared for no reason ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	25. Feeling of worthlessness ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely
19. Feeling fearful ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	26. Feeling lonely even when you are with people ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely
20. Feeling tense or keyed up ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	27. Feeling weak in parts of your body ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely
21. Spells of terror or panic ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	28. Feeling blue ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely
22. Feeling so restless you couldn't sit still ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	29. Feeling lonely ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely
23. Heavy feelings in arms or legs ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	30. Feeling no interest in things ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely
24. Feeling afraid to go out of your home alone ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely	31. Feeling afraid in open spaces or on the streets ☐ Not at all A ☐ little bit ☐ Some ☐ Quite a bit ☐ Extremely

Please turn to the next page ➡

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32. How often can you tell when mental or emotional problems are about to occur?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

33. When you can tell, how often can you take care of the problems before they become worse?

- ☐ Never
- ☐ Seldom/rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

Part 4

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best describes how you feel now.

34. I can pretty much determine what will happen in my life.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

35. People are limited only by what they think is possible.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

36. People have more power if they join together as a group.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

37. Getting angry about something never helps.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

38. I have a positive attitude toward myself.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

39. I am usually confident about the decisions I make.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

40. People have no right to get angry just because they don't like something.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

41. Most of the misfortunes in my life were due to bad luck.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

42. I see myself as a capable person.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

43. Making waves never gets you anywhere.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

44. People working together can have an effect on their community.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

45. I am often able to overcome barriers.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

46. I am generally optimistic about the future.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

47. When I make plans, I am almost certain to make them work.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

48. Getting angry about something is often the first step toward changing it.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

49. Usually I feel alone.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

50. Experts are in the best position to decide what people should do or learn.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

51. I am able to do things as well as most other people.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

52. I generally accomplish what I set out to do.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

53. People should try to live their lives the way they want to.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

54. You can't fight city hall (authority).

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

55. I feel powerless most of the time.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

56. When I am unsure about something, I usually go along with the rest of the group.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

57. I feel I am a person of worth, at least on an equal basis with others.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Please turn to the next page ➡

58. People have a right to make their own decisions, even if they are bad ones.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

59. I feel I have a number of good qualities.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

60. Very often a problem can be solved by taking action.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

61. Working with others in my community can help to change things for the better.

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Part 5

Please tell us some things about yourself.

62. What was the last school grade you completed?

- | | |
|--|--|
| ☐ Less than 1 st grade | ☐ 10 th grade |
| ☐ 1 st grade | ☐ 11 th grade |
| ☐ 2 nd grade | ☐ High school diploma/GED |
| ☐ 3 rd grade | ☐ Trade/Tech school |
| ☐ 4 th grade | ☐ Some college |
| ☐ 5 th grade | ☐ 2 yr college/Associate degree |
| ☐ 6 th grade | ☐ 4 yr college/Undergraduate degree |
| ☐ 7 th grade | ☐ Graduate school courses |
| ☐ 8 th grade | ☐ Graduate degree |
| ☐ 9 th grade | ☐ Post-graduate studies |
| | ☐ Further special studies |

63. Race (check all that apply):

- | | |
|---|--|
| ☐ White | ☐ Hispanic/Latino |
| ☐ Native American/Pacific Islander | ☐ Asian |
| ☐ Black/African American | ☐ Other _____ |

64. What is your marital status?

- ☐ Never married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Living together

65. What is your current living situation?

- ☐ Your own house/apartment
☐ Friend's home
☐ Relative's home
☐ Supervised group living
☐ Supervised apartment
☐ Boarding home
☐ Crisis residential
☐ Child foster care
☐ Adult foster care
☐ Intermediate care facility
☐ Skilled nursing facility
☐ Respite care
☐ MR intermediate care facility
☐ Licensed MR facility
☐ State MR institution
☐ State MH institution
☐ Hospital
☐ Correctional facility
☐ Homeless
☐ Rest home
☐ Other _____

66. What is your employment status?

- ☐ Employed full time
☐ Employed part time
☐ Sheltered employment
☐ Unemployed
☐ Student
☐ Homemaker
☐ Retired
☐ Disabled
☐ Inmate of institution

67. Are you in treatment because you want to be?

- ☐ Yes
☐ No

Please stop here. Thanks!

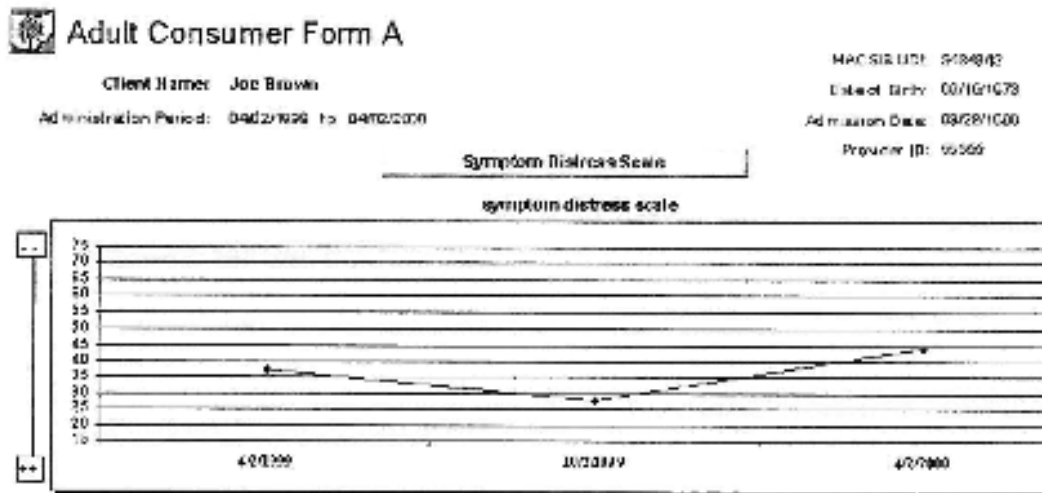
Report Examples – Individual Consumer Outcomes Data

1. Types of Reports

Several individual-level reports can be generated using the Template. A description and example of each report is included below. At this time, the Template does not have a built-in aggregate reporting function. However, an add-on tool has been created by a local system to augment the Template's functionality. This tool, designed for use with Access 2000 only, allows Template users to generate Agency aggregate reports as well as shorter individual client reports. More information about this tool is available in Section H.

Change Over Time Report

This report consists of a series of line graphs, each representing an individual's scores on a particular subscale across administration periods. The report is available for the following instruments: Adult Consumer Form A, Adult Consumer Form B, Ohio Scales-Youth Form, Parent Form and Worker Form. See the example below.



Red Flag and Strengths Reports

These reports list items that an individual responded to negatively or positively for a particular administration. On the Red Flag Report, the results are grouped by "most negative" and "negative" responses while results on the Strengths Report are grouped by "most positive" and "positive" responses. The results on each report are also grouped by the section of the instrument in which they appear (e.g. Quality of Life, Symptom Distress, etc.). Both reports are available for Adult Consumer Form A, Adult Provider Form A, Adult Consumer Form B, and the Ohio Scales-Youth, Parent and Worker forms. Both reports also include a "Consumer's Priority" column in which priority items can be identified by the client and clinician working together in a treatment session.

 **Adult Consumer Form A - Strengths Report**

Client Name: Mary K
Administration Date: 03/04/00

MACSIS UOI: 1111111111
Date of Birth: 11/11/45
Admission Date: 03/04/00
Provider ID:

Consumer's Priority

Consumer responded most positively to the following items:

Symptom Distress

Q21: During the past 7 days, about how much were you distressed or bothered by spells, anxiety or panic? ☐

Consumer responded positively to the following items:

Quality of Life

Q6: How do you feel about the amount of freedom you have? ☐



Adult Consumer Form A - Red Flag Report

MACPS ID#: 0000000000

Date of Birth: 00/00/00

Admission Date: 00/00/00

Provider ID:

Client Name: Mary A.

Admission Date: 00/00/00

Consumer's Priority *

Consumer responded most negatively to the following items:

Employment

Q4: When employees, I must not want to make them work

☐

Consumer responded negatively to the following items:

Quality of Life

Q1: How do you feel about the amount of time this is your life?

☐

Q2: How do you feel about the amount of money in your life?

☐

Adult Consumer: Form A

ID #: 44444444

Birth Date: 1985/01/01

Living Situation: Own home/apartment

Employment Status: Part time

Clinician ID: 44444444-44

Consumer Name: DOE

Date: 01/12/2006

Gender: Male

Age: 23

Marital Status: Never married

Want to be in treatment: Yes

Summary Scores:

Quality of Life: Financial:	3.00	Self-Esteem:	2.56
Power:	2.88	Community Activism:	3.33
Optimism:	3.00	Righteous Anger:	3.00
Overall Empowerment:	2.89	Overall Symptom Distress:	28

Quality of Life (Part 1: Q1-Q12)

The amount of friendship in your life	Equally satisfied/dissatisfied	3 (+)
The amount of money you get	Equally satisfied/dissatisfied	3 (+)
How comfortable and well-off you are financially	Equally satisfied/dissatisfied	3 (+)
How much money you have to spend for fun	Equally satisfied/dissatisfied	3 (+)
The amount of meaningful activity in your life	Mostly satisfied	4 (+)
The amount of freedom you have	Mostly satisfied	4 (+)
The way you and your family act toward each other	Mostly satisfied	4 (+)
Your personal safety	Mostly satisfied	4 (+)
The neighborhood in which you live	Mostly satisfied	4 (+)
Your housing/living arrangements	Mostly satisfied	4 (+)
Your health in general	Very pleased	5 (+)
How often do you have the opportunity to spend time with people you really like	Often	4 (+)

Physical Health & Stigma (Part 2: Q13-Q16)

How often does your physical condition interfere with your day-to-day functioning	Never	1 (-)
Concerns about my medications are addressed	Always	5 (+)
I have been treated with dignity and respect at this agency.	Always	5 (+)
How often do you feel threatened by people's reactions to your mental health problems	Sometimes	3 (+)

Symptom Distress Scale (Part 3: Q17-Q31)

Nervousness or shakiness inside	Not at all	1 (-)
Being suddenly scared for no reason	Not at all	1 (-)
Feeling fearful	Not at all	1 (-)
Feeling tense or keyed up	A little bit	2 (-)
Spells of terror or panic	Not at all	1 (-)
Feeling so restless you couldn't sit still	A little bit	2 (-)
Heavy feelings in arms or legs	Not at all	1 (-)
Feeling afraid to go out of your home alone	Not at all	1 (-)
Feeling of worthlessness	Quite a bit	4 (-)
Feeling lonely even when you are with people	Some	3 (-)
Feeling weak in parts of your body	Not at all	1 (-)
Feeling blue	Some	3 (-)
Feeling lonely	Quite a bit	4 (-)
Feeling no interest in things	A little bit	2 (-)
Feeling afraid in open spaces or on the streets	Not at all	1 (-)

Symptom Recognition & Prevention (Part 3: Q32-Q33)

How often can you tell when mental or emotional problems are about to occur	Often	4 (-)
How often can you take care of the problems before they become worse	Often	4 (+)

Notes: An X in the left column indicates an extreme negative response. A bold answer text indicates an extreme positive response. Numbers in parentheses indicate the amount of direction or change from the last time the same respondent took the survey.

Adult Consumer: Form A
ID #: 4444444

Consumer Name: DOE
Date: 01/12/2006

Making Decisions (Empowerment) (Part 4: Q34-Q61)

I can pretty much determine what will happen in my life	Agree	2 (+)
People are only limited by what they think is possible	Agree	2 (+)
People have more power if they join together as a group	Strongly agree	1 (+)
Getting angry about something never helps	Disagree	3 (+)
I have a positive attitude about myself	Disagree	3 (+)
I am usually confident about the decisions I make	Disagree	3 (=)
People have no right to get angry just because they don't like something	Disagree	3 (+)
Most of the misfortunes in my life were due to bad luck	Disagree	3 (+)
I see myself as a capable person	Agree	2 (+)
Making waves never gets you anywhere	Disagree	3 (+)
People working together can have an effect on their community	Agree	2 (=)
I am often able to overcome barriers	Agree	2 (+)
I am generally optimistic about the future	Agree	2 (+)
When I make plans, I am almost certain to make them work	Agree	2 (+)
Getting angry about something is often the first step toward changing it	Agree	2 (+)
Usually I feel alone	Agree	2 (+)
Experts are in the best position to decide what people should do or learn	Disagree	3 (=)
I am able to do things as well as most other people	Disagree	3 (=)
I generally accomplish what I set out to do	Agree	2 (+)
People should live their lives the way they want to	Agree	2 (+)
You can't fight city hall (authority)	Disagree	3 (+)
I feel powerless most of the time	Disagree	3 (+)
When I am unsure about something, I usually go along with the rest of the group	Disagree	3 (+)
I feel I am a person of worth, at least on an equal basis with others	Disagree	3 (=)
People have a right to make their own decisions, even if they are bad ones	Agree	2 (+)
I feel I have a number of good qualities	Agree	2 (+)
Very often a problem can be solved by taking action	Agree	2 (=)
Working with others in my community can help change things for the better	Strongly agree	1 (+)

Notes: An N in the left column indicates an extreme negative response. A bold answer text indicates an extreme positive response. Numbers in parentheses indicate the amount or direction of change from the last time the same respondent took the survey.

1. Types of Reports

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This report consists of a series of line graphs, each representing an individual's scores on a particular subscale across administration periods. The report is available for the following instruments: Adult Consumer Form A, Adult Consumer Form B, Ohio Scales-Youth Form, Parent Form and Worker Form. See the example below.



Adult Consumer Form A

Client Name: Joe Brown

Administration Period: 04/21/99 to 04/21/00

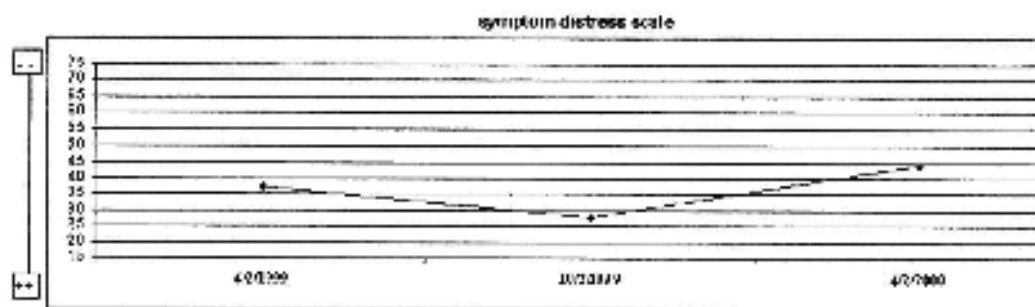
MACSIS ID: 9184842

Entered Date: 03/16/00

Admission Date: 03/28/00

Provider ID: 05355

Symptom Distress Scale



Red Flag and Strengths Reports

These reports list items that an individual responded to negatively or positively for a particular administration. On the Red Flag Report, the results are grouped by "most negative" and "negative" responses while results on the Strengths Report are grouped by "most positive" and "positive" responses. The results on each report are also grouped by the section of the instrument in which they appear (e.g. Quality of Life, Symptom Distress, etc.). Both reports are available for Adult Consumer Form A, Adult Provider Form A, Adult Consumer Form B, and the Ohio Scales-Youth, Parent and Worker forms. Both reports also include a "Consumer's Priority" column in which priority items can be identified by the client and clinician working together in a treatment session.



Adult Consumer Form A - Strengths Report

Client Name: Mary K
Administration Date: 03/04/00

MACSIS ID: 1111111111

Date of Birth: 11/11/1945

Admission Date: 03/10/00

Provider ID:

Consumer's Priority *

Consumer responded most positively to the following items:

Symptom Distress

Q21: During the past 7 days, about how much were you depressed or bothered by spells, anxiety or panic?

☐

Consumer responded positively to the following items:

Quality of Life

Q6: How do you feel about the amount of freedom you have?

☐



Adult Consumer Form A - Red Flag Report

MACMS ID#: 0000000000

Client ID#: 00000000

Admission Date: 00/00/00

Provider ID:

Client Name: Mary A.
Admission Date: 00/00/00

Consumer's Priority *

Consumer responded most negatively to the following items:

Supervision

Q4: When I was placed, I was afraid others to make them sick

☐

Consumer responded negatively to the following items:

Quality of Life

Q1: How do you feel about the amount of time this is your life?

☐

Q2: How do you feel about the amount of money in your life?

☐

Adult Consumer: Form A

ID #: 44444444

Birth Date: 1985/01/01

Living Situation: Own home/apartment

Employment Status: Part time

Clinician ID: 4444444444

Consumer Name: DOE

Date: 01/12/2006

Gender: Male

Age: 23

Marital Status: Never married

Want to be in treatment: Yes

Summary Scores:

Quality of Life: Financial:	3.00	Self-Esteem:	2.56
Power:	2.88	Community Activism:	3.33
Optimism:	3.00	Righteous Anger:	3.00
Overall Empowerment:	2.89	Overall Symptom Distress:	28

Quality of Life (Part 1: Q1-Q12)

The amount of friendship in your life	Equally satisfied/dissatisfied	3 (+)
The amount of money you get	Equally satisfied/dissatisfied	3 (+)
How comfortable and well-off you are financially	Equally satisfied/dissatisfied	3 (+)
How much money you have to spend for fun	Equally satisfied/dissatisfied	3 (+)
The amount of meaningful activity in your life	Mostly satisfied	4 (+)
The amount of freedom you have	Mostly satisfied	4 (+)
The way you and your family act toward each other	Mostly satisfied	4 (+)
Your personal safety	Mostly satisfied	4 (+)
The neighborhood in which you live	Mostly satisfied	4 (+)
Your housing/living arrangements	Mostly satisfied	4 (+)
Your health in general	Very pleased	5 (+)
How often do you have the opportunity to spend time with people you really like	Often	4 (+)

Physical Health & Stigma (Part 2: Q13-Q16)

How often does your physical condition interfere with your day-to-day functioning	Never	1 (-)
Concerns about my medications are addressed	Always	5 (+)
I have been treated with dignity and respect at this agency.	Always	5 (+)
How often do you feel threatened by people's reactions to your mental health problems	Sometimes	3 (+)

Symptom Distress Scale (Part 3: Q17-Q31)

Nervousness or shakiness inside	Not at all	1 (-)
Being suddenly scared for no reason	Not at all	1 (-)
Feeling fearful	Not at all	1 (-)
Feeling tense or keyed up	A little bit	2 (-)
Spells of terror or panic	Not at all	1 (-)
Feeling so restless you couldn't sit still	A little bit	2 (-)
Heavy feelings in arms or legs	Not at all	1 (-)
Feeling afraid to go out of your home alone	Not at all	1 (-)
Feeling of worthlessness	Quite a bit	4 (-)
Feeling lonely even when you are with people	Some	3 (-)
Feeling weak in parts of your body	Not at all	1 (-)
Feeling blue	Some	3 (-)
Feeling lonely	Quite a bit	4 (-)
Feeling no interest in things	A little bit	2 (-)
Feeling afraid in open spaces or on the streets	Not at all	1 (-)

Symptom Recognition & Prevention (Part 3: Q32-Q33)

How often can you tell when mental or emotional problems are about to occur	Often	4 (-)
How often can you take care of the problems before they become worse	Often	4 (-)

Notes: An N in the left column indicates an extreme negative response. A bold answer text indicates an extreme positive response. Numbers in parentheses indicate the amount of direction of change from the last time the same respondent took the survey.

Adult Consumer: Form A
ID #: 44444444

Consumer Name: DOE
Date: 6/12/2006

Making Decisions (Empowerment) (Part 4: Q34-Q61)

I can pretty much determine what will happen in my life	Agree	2 (+)
People are only limited by what they think is possible	Agree	2 (+)
People have more power if they join together as a group	Strongly agree	1 (+)
Getting angry about something never helps	Disagree	3 (+)
I have a positive attitude about myself	Disagree	3 (+)
I am usually confident about the decisions I make	Disagree	3 (-)
People have no right to get angry just because they don't like something	Disagree	3 (+)
Most of the misfortunes in my life were due to bad luck	Disagree	3 (+)
I see myself as a capable person	Agree	2 (+)
Making waves never gets you anywhere	Disagree	3 (+)
People working together can have an effect on their community	Agree	2 (-)
I am often able to overcome barriers	Agree	2 (+)
I am generally optimistic about the future	Agree	2 (+)
When I make plans, I am almost certain to make them work	Agree	2 (+)
Getting angry about something is often the first step toward changing it	Agree	2 (+)
Usually I feel alone	Agree	2 (+)
Experts are in the best position to decide what people should do or learn	Disagree	3 (-)
I am able to do things as well as most other people	Disagree	3 (-)
I generally accomplish what I set out to do	Agree	2 (+)
People should live their lives the way they want to	Agree	2 (+)
You can't fight city hall (authority)	Disagree	3 (+)
I feel powerless most of the time	Disagree	3 (+)
When I am unsure about something, I usually go along with the rest of the group	Disagree	3 (+)
I feel I am a person of worth, at least on an equal basis with others	Disagree	3 (-)
People have a right to make their own decisions, even if they are bad ones	Agree	2 (+)
I feel I have a number of good qualities	Agree	2 (+)
Very often a problem can be solved by taking action	Agree	2 (-)
Working with others in my community can help change things for the better	Strongly agree	1 (+)

Notes: An X in the left column indicates an extreme negative response. A bold answer text indicates an extreme positive response. Numbers in parentheses indicate the amount or direction of change from the last time the same respondent took the survey.

Report Example – Systems Level Consumer Outcomes Data

Hamilton County Mental Health And Recovery Services Board

Consumer Outcomes Report

Period: 04/01/2009 – 03/31/2011

Report # 16

Purpose

The Hamilton County Mental Health and Recovery Services Board maintains a strong commitment to frequently and consistently measure the impact of services provided through its network of contract agencies. This report serves as a performance improvement measurement tool for contract providers to assist them in discerning strengths and weaknesses within their agencies, and within the Hamilton County system, allowing for focused performance improvement initiatives where indicated. The Board and contract agencies work collaboratively in the development of these reports and periodic changes in the methods and measures will evolve in a manner that reflects this collaboration. Much gratitude is extended to those who have and continue to share their insight through this effort.

This report provides analyses of major indicators (i.e., symptom distress, problem severity, quality of life, functioning) based upon data from service recipients, and in the case of children, their parents.

Methods for Conducting Report

Ohio's Consumer Outcomes initiative involves five different survey instruments administered by each agency providing services to each client on a schedule that includes, at a minimum, an administration at the time of service inception, 6 months following service inception, 12 months following service inception, and every 12 months following that time or at the time of service termination/discharge. Children/youth surveys are conducted for one additional period at 3 months following service inception. The five survey instruments are tailored to the respondent with an instrument designed for adult consumers, providers of adult consumers with severe mental disabilities, children/youth between 12 and 18 years of age, parents of children/youth between 5 and 18 years of age, and providers of children/youth between 5 and 18 years of age. As described above, this system results in considerable data reflecting a consumer's status at multiple periods as observed by multiple respondents over time. For instance, a 14 year old youth involved at a particular agency for one year would result in data from three different surveys completed by three different respondents at four different periods for a total of twelve surveys.

During the autumn of 2008, the Ohio Department of Mental Health revised the mandate for outcomes submission making participation voluntary. The result of this declaration was an

almost immediate, precipitous decline in data submissions from agencies across the state. In Hamilton County, agencies agreed to continue the effort with an emphasis being placed on adult consumer and youth parent administrations. As a result, this report has been modified in such a manner that sections related to the adult provider, youth consumer, and youth provider, have been eliminated.

This report now contains two sections based upon the two types of respondents providing the information; adult consumers and parents of children in service between the ages of 5 and 17.

For this report, all administrations were compiled for the period April 1, 2009 through March 31, 2011. The use of a 24-month period ensures the capture of two administrations for each person, including those on an annual administration cycle.

Administrations (records) were sorted by administration date within the aforementioned period and the first and last administrations were retained. Claims data for each retained case are reviewed to ensure consistent service delivery between the date of the first administration and that of the last administration. Those cases exhibiting a gap in service (no billed service) of greater than 120 days were deleted from the file as these are believed to not represent a single episode of care. It is important to note that a weakness in this design is that use of this method can result in the loss of a very modest number of cases in which a consumer receives multiple episodes of care during the period of interest when the interim period between episodes exceeds 120 days. These procedures were conducted specific to each agency so as to allow duplication of clients among agencies, but not within agencies.

Adult Consumer Findings

During the period under review, the Hamilton County Mental Health and Recovery Services Board provided funding for mental health services delivered to 18,079 adult residents of the county.

During the period April 1, 2009 through March 31, 2011, the Board received two or more outcome administrations for 8,011 adults known to have received services representing an episode of care. It is important to note that a number of circumstances impact the total cases available for review and analysis. It is never expected that all individuals having received mental health services during the period under review will have two or more administrations. For instance, some consumers will be completing their episode of care early in the period during which only the discharge administration is covered, while others will be initiating an episode during the final days of a period and will not yet be due for a follow-up administration.

Eight indicators were selected for review and analysis using the data obtained on the aforementioned 8,011 adults for whom two administrations were available.

Agency-Level Data Production

The following table reflects the number of adults having received any billed services, excluding diagnostic assessment and / or crisis services,¹ during the period of interest. Alongside these numbers are the total number of cases represented by two administrations of the Ohio Consumer Outcomes – Consumer version, and the associated percentage of total cases represented in the data used for analysis.

Agency	Total Served	Total Outcomes Cases	% Outcomes Served
Family Services	398	82	20.6%
Centerpoint	6020	2548	42.3%
Crossroads	290	158	54.5%
Catholic Social Services	72	16	22.2%
Talbert House Project Pass	52	10	19.2%
IKRON	339	219	64.6%
Greater Cinci BH	4746	2696	56.8%
Counseling Source	1136	563	49.6%
Central Clinic	1204	396	32.9%
Court Clinic	305	142	46.6%
Central Community HB	2459	1012	41.2%
Lighthouse	198	60	30.3%

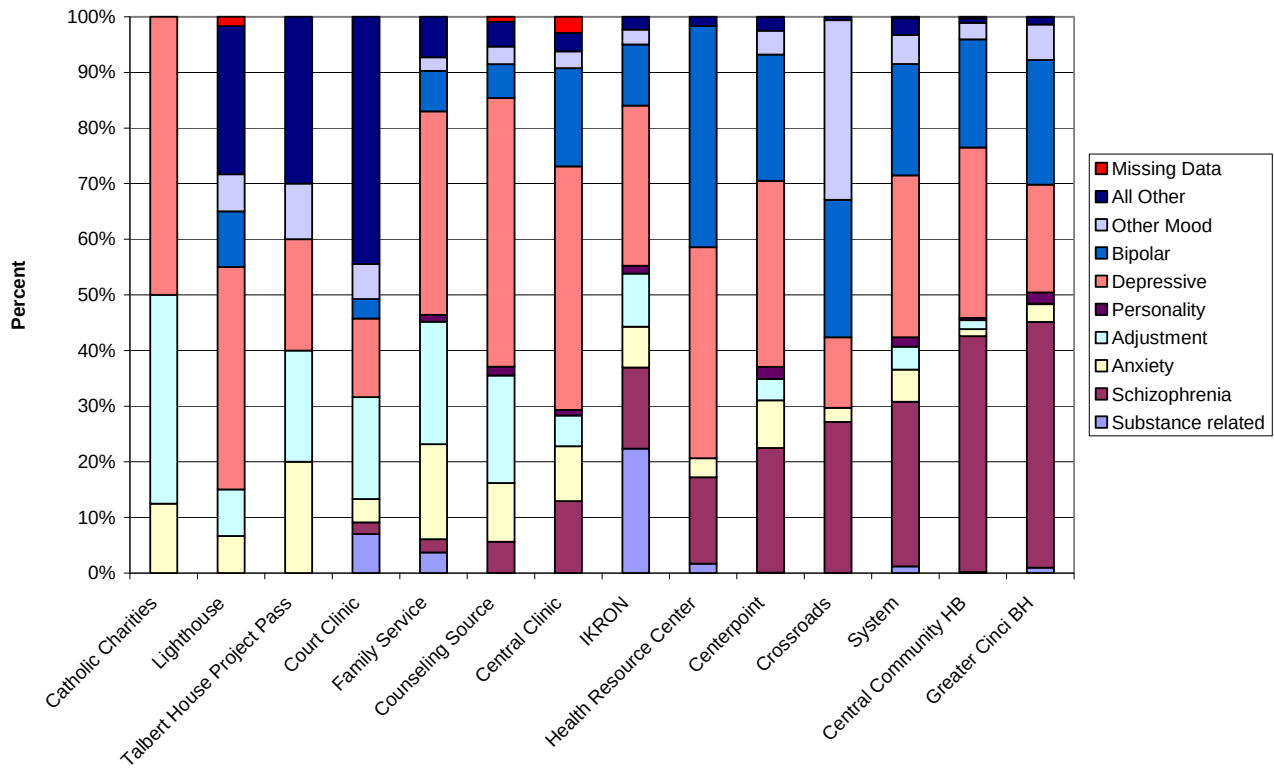
¹ Consumers receiving **only** a diagnostic assessment and/or crisis services do not require an Ohio Consumer Outcomes administration.

Health Resource Center	132	58	43.9%
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Agency Profiles

A profile of the consumers from each agency involved in the outcomes analyses are provided to allow agencies to more accurately determine who their “peer” agencies are for the purpose of conducting outcomes comparisons. These profiles are based upon the diagnostic categories in which consumers served by the agency are represented. Diagnostic categories are derived from the outcomes variable “PDIAG,” and collapsed into broader categories frequently used and reported by the Ohio Department of Mental Health.

Consumer Diagnostic Categories by Agency - Consumer Version



The following table reflects the previously graphed values.

Agency	Substance related	Schizophrenia	Anxiety	Adjustment	Personality	Depressive	Bipolar	Other Mood	All Other	Missi Data
Catholic Charities	0.0%	0.0%	12.5%	37.5%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Lighthouse	0.0%	0.0%	6.8%	8.5%	0.0%	40.7%	10.2%	6.8%	27.1%	1.7%
Talbert House Project Pass	0.0%	0.0%	20.0%	20.0%	0.0%	20.0%	0.0%	10.0%	30.0%	0.0%
Court Clinic	7.0%	2.1%	4.2%	18.3%	0.0%	14.1%	3.5%	6.3%	44.4%	0.0%
Family Service	3.7%	2.4%	17.1%	22.0%	1.2%	36.6%	7.3%	2.4%	7.3%	0.0%
Counseling Source	0.0%	5.7%	10.6%	19.5%	1.6%	48.7%	6.1%	3.2%	4.5%	0.9%
Central Clinic	0.0%	13.3%	10.2%	5.7%	1.0%	45.1%	18.2%	3.1%	3.4%	3.0%
IKRON	22.4%	14.6%	7.3%	9.6%	1.4%	28.8%	11.0%	2.7%	2.3%	0.0%
Health Resource Center	1.7%	15.5%	3.4%	0.0%	0.0%	37.9%	39.7%	0.0%	1.7%	0.0%
Centerpoint	0.1%	22.4%	8.6%	3.8%	2.2%	33.5%	22.7%	4.3%	2.4%	0.1%
Crossroads	0.0%	27.2%	2.5%	0.0%	0.0%	12.7%	24.7%	32.3%	0.6%	0.0%
System	1.2%	29.7%	5.8%	4.1%	1.7%	29.2%	20.1%	5.2%	3.0%	0.3%
Central Community HB	0.2%	42.5%	1.3%	1.6%	0.4%	30.7%	19.5%	3.0%	0.8%	0.3%
Greater Cinci BH	1.0%	44.2%	3.2%	0.1%	2.0%	19.4%	22.4%	6.4%	1.3%	0.1%

Percent of Clients Exhibiting Improvement in Symptom Distress

The adult instrument contains a 15-item scale measuring symptom distress.

Responses are based upon a five-point scale varying from (1) not at all, to (5) extremely, measuring the extent to which they were distressed within the previous seven-day period related to each issue.

The Symptom Distress Scale score is determined by summing all items. In the event that one to four items are missing (left blank) the score is computed by summing those completed and substituting the mean score of those items for each of the missing items. If more than four items are missing the score cannot be computed. Scale scores can range from 15 to 75.

Determination of change between administrations was calculated by taking the Symptom Distress scale score at the time of the first administration and subtracting the score from the follow-up administration. Therefore, if a consumer has an initial administration score of 32 and a follow-up administration score of 20, their change score is $32 - 20 = 12$. Similarly, it is possible, though expectedly less likely, that a consumer can experience an increase in symptom distress over time in treatment. Therefore, a consumer with an initial score of 32 who experiences an increase in symptom distress exhibited through a follow-up score of 40 will result in a change score of $32 - 40 = -8$. For purposes of reporting, consumers with positive change scores are believed to experience improvement. Those with negative change scores are believed to experience a worsening in this area, while those with zero (0) change are believed to have not experienced a change.

The following table summarizes the system findings:

SDS Change Score by Category					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Worse	2991	37.3	38.2	38.2
	Same	549	6.9	7.0	45.2
	Better	4289	53.5	54.8	100.0
	Total	7829	97.7	100.0	
Missing	System	182	2.3		
Total		8011	100.0		

An examination of the percentage of cases reflecting any positive change in symptom distress from initial administration during the period to follow-up, by agency, is illustrated in the following chart.

Percent of Clients Exhibiting Improvement in Symptom Distress Ohio Consumer Outcomes
Data - Administrations Between April 1, 2009 and March 31, 2011

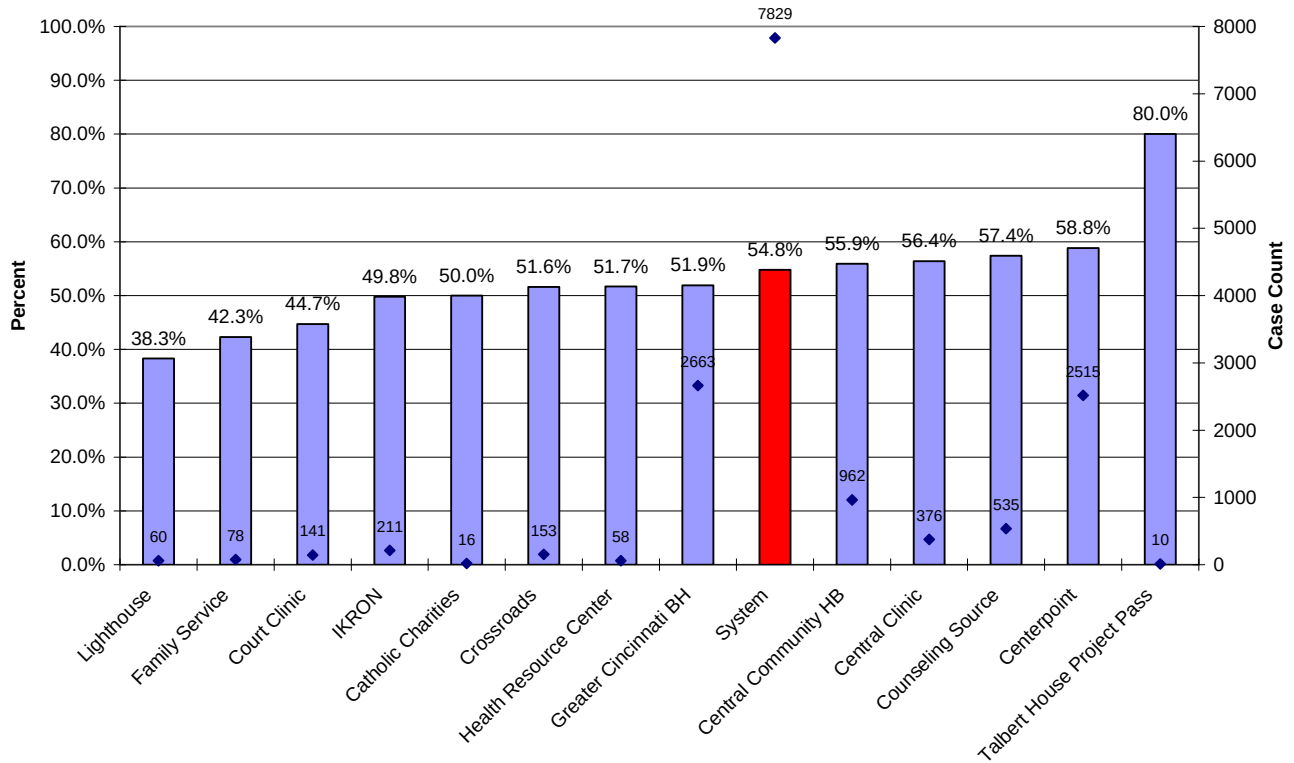


Exhibit 17.5 Ohio Behavioral Health Admission and Discharge Forms

The following are the Ohio Behavioral Health Admission and Discharge forms. This data is entered by providers into a web-based system that has been created by the State. An extract of the data is made available to Boards for consumers that are enrolled with the Board. The data is used for Treatment Episode Data (TEDS) and other management reporting and analysis.

Ohio Behavioral Health
Admission Form

Unique Provider Number:			Provider Episode Number:				
First Name:			Last Name:				
Date of First Contact:			Admission Date:				
Unique Client Id:			Date of Birth (mm/dd/yyyy):				
Race:	Alaska Native	American Indian	Gender:	Male	Female		Unknown
Black/African-American Native Hawaiian/Other Pacific Islander			Ethnicity:	Cuban		Mexican	
White	Asian	Other Single Race	Puerto Rican	Other Specific Hispanic			
Two or More Races	Unknown		Not of Hispanic Origin	Unknown			

Level of care			Education Enrollment	
Pre-treatment Non-intensive Outpatient Intensive Outpatient Day Treatment Non-Medical Community Residential Medical Community Residential Ambulatory Detoxification Sub-Acute Detoxification Acute Detoxification No Treatment Recommended Not Applicable (MH Only)			K – 12 th Grade GED Classes Vocational/Job Training College Other School; Adult Basic Ed., Literacy Not Enrolled Unknown Education Type (MH Only, K-12 th Enrollment) Not Currently Enrolled as Student Not Behaviorally Handicapped Severe Behavioral Handicapped	
Consistent with assessment (AOD Only)? Yes No If no, select reason below. Agency Financial Constraints Appropriate LOC not available			Employment Status	

Three C Recovery and Health Care Network -- SHARES RFP

Undue Client Hardship Other Specify:				
			Full Time Part Time Sheltered Unemployed but Actively Looking for Work Homemaker Student Volunteer Worker Retired Disabled Inmate in Jail/Prison/Corrections Engaged in Residential/Hospitalization Other not in Labor Force Unknown	
Referred by				
Individual (includes self-referral/family/friend) AOD Care Provider Mental Health Provider Other Health Care Provider School Employer/EAP Child Welfare Agency (i.e. CDJFS, CSBS) Other Community Referral Courts/Other Criminal Justice Unknown Mental Health Only Prison Forensic Jail Ohio Families and children first council TASC Courts/CJ Felony Courts/CJ Municipal Courts/CJ Juvenile				

Three C Recovery and Health Care Network -- SHARES RFP

			Primary Source of Income/Support	
			Wages/Salary Income Family/Relative Public Assistance Retirement/Pension Disability Other Unknown None	
Marital status			Living arrangements Independent Living (Own Home) Homeless Other's Home Residential Care Respite Care Foster Care Crisis Care Temporary Housing Community Residence Nursing Facility License MR Facility State MH/MR Institution Hospital Correctional Facility Other Unknown	
Single/Never Married Married/Living Together as Married Divorced Widowed Separated Unknown				
Educational Level Completed				
< 1st Grade	High School			

Three C Recovery and Health Care Network -- SHARES RFP

1st Grade	Diploma			
2nd Grade	/GED			
3rd Grade	Some College			
4th Grade	2 Yr. College/			
5th Grade	Assoc. Degree			
6th Grade	4 Yr. College/			
7th Grade	Assoc. Degree			
8th Grade				
9th Grade	Masters/Doctorate/			
10th Grade	Other			
11th Grade	Profession			
	Technical School			
	Unknown			
Additional Client Information (Female Only)				
Child Birth within the last 5 years?				
Yes				
No			Stage of pregnancy (if Client is Pregnant)	
Total Number of Births (live and still)				
			1 st Trimester	
			2 nd Trimester	
			3 rd Trimester	
			Unknown	
Available Drug Choices				
Alcohol			Other Hallucinogens	
Cocaine/Crack			Methamphetamines	
Marijuana/Hashish			Other Amphetamines	
Heroin			Other Stimulants	
Non-prescription methadone			Benzodiazepines	
Other Opiates and Synthetics			Other Non-Barbiturate	
PCP			Tranquilizers	
No Drug of Choice			Barbiturates	
Primary Drug of Choice			Frequency of Use	
(Select from above)			No Use in the last Past Month	

Three C Recovery and Health Care Network -- SHARES RFP

			1 – 3 Times in the Past Month	
			1 – 2 Time in the Past Week	
		(Age of first	3 – 6 Time in the Past Week	
Age of First Use		intoxication when	Daily	
		Alcohol drug choice)	Unknown	
Secondary Drug of Choice			Frequency of Use	
(Select from above)			No Use in the last Past Month	
			1 – 3 Times in the Past Month	
			1 – 2 Time in the Past Week	
		(Age of first	3 – 6 Time in the Past Week	
Age of First Use		intoxication when	Daily	
		Alcohol drug choice)	Unknown	
Tertiary Drug of Choice			Frequency of Use	
(Select from above)			No Use in the last Past Month	
			1 – 3 Times in the Past Month	
			1 – 2 Time in the Past Week	
		(Age of first	3 – 6 Time in the Past Week	
Age of First Use		intoxication when	Daily	
		Alcohol drug choice)	Unknown	
Number of Arrests in the Past 30 Days			Primary Reimbursement	
			Self-Pay Blue Cross/Blue Shield Medicare Medicaid Other Government Payments Worker's Compensation	

Three C Recovery and Health Care Network -- SHARES RFP

			Other Health Insurance Companies No Charge Other Payment Source	
Access and Retention Measures			Family Reunification	
STAR-SI Participant? Yes / No			HB484 Participant? Yes / No	
Client Group:	Not Applicable		Were children removed from home? Yes / No	
408 Program	Board Funded			
Medicaid/Indigent	Unknown			
1 st Date of Service:				
TASC				
Type Of Client			Parolee	
Adult TASC Juvenile TASC DYS	Unknown		Unknown ODRC Parolee DYS Parolee	Feder Parole Unkno

Ohio Behavioral Health
Discharge Form

Unique Provider Number:	Provider Episode Number:
First Name:	Last Name:
Unique Client Id:	Date of Birth (mm/dd/yyyy):
Last Date of Service:	Closure Date:

Discharge Reason		
Successful Completion/Graduate		
Assessment & Evaluation Only, Successfully Completed no Further Services Recommended		
Assessment & Evaluation Only, Client Rejected Recommendations		
Left on Own, Against Staff Advice WITH Satisfactory Progress		
Left on Own, Against Staff Advice WITHOUT Satisfactory Progress		
Involuntarily Discharged Due to Non-Participation		
Involuntarily Discharged Due to Violation of Rules		
Referred to Another Program or Service with SATISFACTORY Progress		
Referred to Another Program or Service with UNSATISFACTORY Progress		
Incarcerated Due to Offense Committed while in Treatment/Recovery with SATISFACTORY Progress		
Incarcerated Due to Offense Committed while in Treatment/Recovery with UNSATISFACTORY Progress		
Incarcerated Due to Old Warrant/Charged from Before Entering Treatment/Recovery with SATISFACTORY Progress		
Incarcerated Due to Old Warrant/Charged from Before Entering Treatment/Recovery		

with UNSATISFACTORY Progress		
Transferred to Another Facility for Health Reasons		
Death		
Client Moved		
Needed Services Not Available		
Other		
Did client choose another provider due to religious preference? Yes / No (Faith Based Provider Only)		
Educational Level Completed	Employment Status	None Living arrangements
Less Than One Grade		
First Grade		
Second Grade		
Third Grade		
Fourth Grade		
Fifth Grade		
Sixth Grade		
Seventh Grade		
Eighth Grade		
Ninth Grade		
Tenth Grade		
Eleventh Grade		
High School Diploma/GED		
Technical School		
Some College		
2 Yr. College/Assoc. Degree		
4 Yr College/Undergraduate Degree		
Masters/Doctorate/Other Profession Degree		
Unknown	Full Time	Independent Living (Own Home)
	Part Time	Homeless
	Sheltered	Other's Home
	Unemployed but Actively Looking for Work	Residential Care
	Homemaker	Respite Care
	Student	Foster Care
	Volunteer Worker	Crisis Care
	Retired	Temporary Housing
	Disabled	Community Residence
	Inmate in Jail/Prison/Corrections	Nursing Facility
	Engaged in Residential/Hospitalization	License MR Facility

	Other not in Labor Force	State MH/MR Institution
	Unknown	Hospital
	Primary Source of Income/Support	Correctional Facility
		Other
	Wages/Salary Income	Unknown
	Family/Relative	Primary Diagnosis Code
	Public Assistance	
Education Enrollment	Retirement/Pension	
	Disability	
K – 12 th Grade	Other	Secondary Diagnosis Code
GED Classes	Unknown	
Vocational/Job Training	None	
College		
Other School; Adult Basic Ed., Literacy		Tertiary Diagnosis Code
Not Enrolled		
Pregnancy/Birth Status (if applicable)		
1 st Trimester 2 nd Trimester 3 rd Trimester Unknown Birth Occurred: Drug Free Birth Birth Occurred: Not Drug Free Pregnancy Terminated Miscarriage		Quaternary Diagnosis Code
Available Drug Choices		
Alcohol	Other Hallucinogens	Other Non-Barbiturate Sedatives or Hypnotics
Cocaine/Crack	Methamphetamines	Inhalants
Marijuana/Hashish	Other Amphetamines	Over-the-Counter Medications
Heroin	Other Stimulants	Nicotine
Non-prescription methadone	Benzodiazepines	Other Medications
Other Opiates and Synthetics	Other Non-Barbiturate Tranquilizers	Unknown
PCP	Barbiturates	
No Drug of Choice		
Primary Drug of Choice (Select from above)	Frequency of Use	Route of Administration
	No Use in the last Past Month	Oral
	1 – 3 Times in the Past Month	Smoking
	1 – 2 Time in the Past Week	Inhalation

	3 – 6 Time in the Past Week	Injection
	Daily	Other
	Unknown	Unknown
Secondary Drug of Choice (Select from above)	Frequency of Use	Route of Administration
	No Use in the last Past Month	Oral
	1 – 3 Times in the Past Month	Smoking
	1 – 2 Time in the Past Week	Inhalation
	3 – 6 Time in the Past Week	Injection
	Daily	Other
	Unknown	Unknown
Tertiary Drug of Choice (Select from above)	Frequency of Use	Route of Administration
	No Use in the last Past Month	Oral
	1 – 3 Times in the Past Month	Smoking
	1 – 2 Time in the Past Week	Inhalation
	3 – 6 Time in the Past Week	Injection
	Daily	Other
	Unknown	Unknown
Number of Arrests in the Past 30 Days	Primary Reimbursement	Frequency of attendance at self-help programs in the 30 days prior to discharge?
If an arrest occurred, were you charged	Self-Pay	No attendance in the past month
	Blue Cross/Blue Shield	1-3 times in the past month 4-7 times in the past month 8-15 times in the past month 16-30 times in the past month Some attendance in the past month, but frequency unknown Unknown
with a criminal offense for which the		
incident was alleged to have happened	Medicare	
after you were admitted to this program? Yes / No	Medicaid	
	Other Government Payments	
	Worker's Compensation	
	Other Health Insurance Companies	
	No Charge	
	Other Payment Source	
Access and Retention Measures	Family Reunification	Women's Program
2 nd Day of Service:	Were children returned to home? Yes / No	Was child care provided? Yes / No

3 rd Day of Service:		Did the program provide transportation? Yes / No
4 th Day of Service:		Was a referral made for prenatal care? Yes / No
TASC:		
Discharge Status: Successful Neutral Unsuccessful	Number of Positive Breathalyzer Screens:	Has the Client been Rearrested? Yes / No If yes: Has the Client Been Sent to Prison Resulting From the Re-arrest? Yes / No What Level of Crime Was Committed? Misdemeanor Felony
	Number of Negative Breathalyzer Screens:	
Did the Client Complete Treatment? Yes No Not Applicable		
Is the Client Compliant with all Legal Requirements? Yes / No	Is the Client Compliant with all Legal Requirements? Yes / No	
Number of Positive Urine Screens:	Has the Client Improved Family Relationships? Yes / No	
Number of Negative Urine Screens:		

Exhibit 17.6 MACSIS Enrollment Form

* = Required Field

NEW MEMBER ENROLLMENT/UCI REQUEST

ADAMH/ADAS/CMH Brand Consortium		*MACSIS UCI No. (Req'd on change only)		*Form Type N = New Member C = Change/Correction	
PROVIDER INFORMATION					
*Submitting Provider			Date Faxed to Enrollment Center		*UPI
*Contact Person		*Fax No.	*Phone No. (include ext.)		
CLIENT INFORMATION					
*Last Name:		*First:		MI:	
*DOB:		*Gender: ☐ M ☐ F			
*Address 1:					
Address 2:					
*City:		*State:		*Zip: -	
*Race ("X" all that apply): ☐ A - Asian ☐ B - Black/African American ☐ M - Alaskan Native ☐ N - Native American/American Indian ☐ P - Native Hawaiian/Other Pacific Islander ☐ W - White ☐ U - Unknown					
*Ethnicity ("X" all that apply): ☐ A - Puerto Rican ☐ B - Mexican ☐ C - Cuban ☐ D - Other Hispanic ☐ E - Not Hispanic or Latino					
Non-English Language Code (codes from A-Z (see reverse))		*Marital Status: ☐ S - Single ☐ M - Married ☐ D - Divorced ☐ W - Widowed			
Medical No.:		*SSN:		Client ID at Provider (medical record no.):	
*Start Date: - -		*Family Size:		*Adjusted Gross Mo. Income: -	
*County of Residence (let 4 letters of co.): ☐ Out of State					
Plan Type: ☐ MH - Mental Health ☐ AD - Alcohol and Other Drugs ☐ DF - Dual Funded					
Client is potentially SMD/SED? ☐ Yes ☐ No *AOD release of information signed (AOD only)? ☐ Yes ☐ No *Consent for treatment signed? ☐ Yes ☐ No *Client refused to sign consent for treatment (MH only)? ☐ Yes ☐ No *In crisis at enrollment? ☐ Yes ☐ No					
Sliding Fee Percentage		Member Copay			
Referred to					
Provider Name		UPI		Other 1	
				Other 2	
				Other 3	
Prohibition on Redisclosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse and/or mental health treatment. State and Federal law prohibit redisclosure of this information without the client's consent. With respect to clients receiving alcohol and other drug addiction treatment, this information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.					
ITEMS COMPLETED BY ENROLLMENT STAFF					
Group - Level 3:		Plan:		Panel:	
Riders:		Term Date:		Term Reason:	
Staff Entering Data		Date Entered		Date Faxed to Provider	

(Rev. 1/04)

(codes on reverse)

Codes

Non-English Language Codes

A =	ASL American Sign Language	J =	Hungarian	S =	Serbian
B =	Arabic	K =	Italian	T =	Serbo-Croatian
C =	Chinese	L =	Japanese	U =	Slovak
D =	Croatian	M =	Korean	V =	Slovene
E =	Dutch	N =	Moo-Khmer (Cambodian)	W =	Spanish
F =	French	O =	Pennsylvania Dutch	X =	Thai (Laotian)
G =	German	P =	Polish	Y =	Ukrainian
H =	Greek	Q =	Rumanian	Z =	Vietnamese
I =	Hindi	R =	Russian		

Race Codes and Definitions

Indicate the member's self-report of his/her race, selecting all appropriate code(s). The official policy of the State of Ohio is to use the stated codes for all information entries to this field. All blanks and entries that do not conform to the code will be changed to "U." The following codes will be used as the standard for maintaining, collecting, and presenting data on race for all Federal-reporting purposes.*

Code	Race	Definitions (for documentation purposes)
A	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
B	Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
M	Alaskan Native	A person having origins in any of the original peoples of Alaska, and who maintains tribal affiliation or community attachment.
N	Native American/ American Indian	A person having origins in any of the original peoples of North (excluding Alaska) and South America (including Central America), and who maintains tribal affiliation or community attachment.
P	Native Hawaiian/ Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (which includes: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Rapaun, Papua New Guinean, Ponapean (Rohnepelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese).
W	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
U	Unknown	This code should be used only if the race of the member is unknown.

*The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race by Federal agencies.

Ethnicity Codes

Indicate the member's self-report of his/her ethnicity, selecting all appropriate code(s). The official policy of the State of Ohio is to use the stated codes for all information entries to this field. All blanks and entries that do not conform to the code list will be changed to E. The following codes will be used as the standard for maintaining, collecting, and presenting data on ethnicity for all Federal-reporting purposes.*

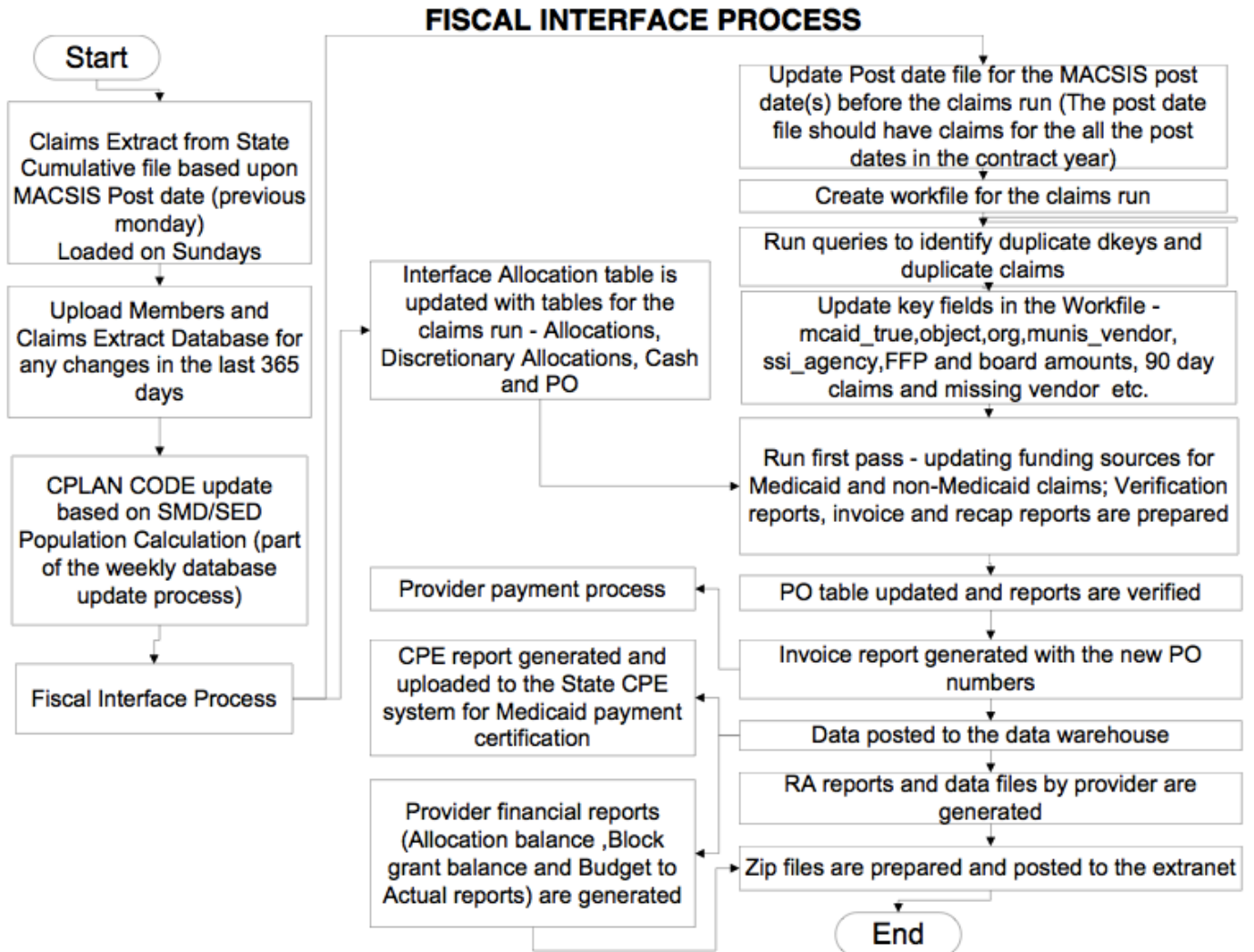
- A = Puerto Rican
- B = Mexican
- C = Cuban
- D = Other Hispanic
- E = Not Hispanic or Latino

*The categories in this classification are social-political constructs and should not be interpreted as being either scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on ethnicity by Federal agencies. Although OMB only requires the "header classification," Hispanic or Not Hispanic, SAMHSA will continue to require the same breakdown for ethnicity. Instead, they will collapse down to OMB.

* = Required Field					NEW MEMBER ENROLLMENT/UCI REQUEST				
ADAMH/ADAS/CMH Board Consortium			*MACSIS UCI No. (Rec'd on change only)			*Form Type N = New Member C = Change/Correction			
PROVIDER INFORMATION									
*Submitting Provider					Date Faxed to Enrollment Center			*UPI	
*Contact Person			*Fax No.		*Phone No. (include ext.)				
CLIENT INFORMATION									
*Last Name:			*First:			MI:			
*DOB:			*Gender: ☐ M ☐ F						
*Address 1:									
Address 2:									
*City:					*State:		*Zip: -		
*Race ("X" all that apply): ☐ A - Asian ☐ B - Black/African American ☐ M - Alaskan Native ☐ N - Native American/American Indian ☐ P - Native Hawaiian/Other Pacific Islander ☐ W - White ☐ U - Unknown									
*Ethnicity ("X" all that apply): ☐ A - Puerto Rican ☐ B - Mexican ☐ C - Cuban ☐ D - Other Hispanic ☐ E - Not Hispanic or Latino									
Non-English Language Code (see reverse):			*Marital Status: ☐ S - Single ☐ M - Married ☐ D - Divorced ☐ W - Widowed						
Medicaid No.:			*SSN:			Client ID at Provider (medical record no.):			
*Start Date:			*Family Size:		*Adjusted Gross Mo. Income:				
*County of Residence (let 4 letters of co.):			☐ Out of State						
Plan Type: ☐ MH - Mental Health ☐ AD - Alcohol and Other Drugs ☐ DF - Dual Funded									
Sliding Fee Percentage					Member Copay				
Client is potentially SMD/SED? ☐ Yes ☐ No *AOD release of information signed (AOD only)? ☐ Yes ☐ No *Consent for treatment signed? ☐ Yes ☐ No *Client refused to sign consent for treatment (MH only)? ☐ Yes ☐ No *In crisis at enrollment? ☐ Yes ☐ No									
ITEMS COMPLETED BY ENROLLMENT STAFF									
Group - Level 3:			Plan:			Panel:			
Riders:			Term Date:			Term Reason:			
Staff Entering Data					Date Entered			Date Faxed to Provider	
(Rev. 1/04) (codes on reverse)									

Codes		
Non-English Language Codes		
A = ASL American Sign Language B = Arabic C = Chinese D = Croatian E = Dutch F = French G = German H = Greek I = Hindi	J = Hungarian K = Italian L = Japanese M = Korean N = Mon-Khmer (Cambodian) O = Pennsylvania Dutch P = Polish Q = Rumanian R = Russian	S = Serbian T = Serbo-Croatian U = Slovak V = Slovene W = Spanish X = Thai (Laothian) Y = Ukrainian Z = Vietnamese
Race Codes and Definitions		
Indicate the member's self-report of his/her race, selecting all appropriate code(s). The official policy of the State of Ohio is to use the stated codes for all information entries to this field. All blanks and entries that do not conform to the code list will be changed to "U." The following codes will be used as the standard for maintaining, collecting, and presenting data on race for all Federal-reporting purposes.*		
Code	Race	Definitions (for documentation purposes)
A	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
B	Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Hispanic" or "Negro" can be used in addition to "Black or African American."
M	Alaskan Native	A person having origins in any of the original peoples of Alaska, and who maintains tribal affiliation or community attachment.
N	Native American/ American Indian	A person having origins in any of the original peoples of North (excluding Alaska) and South America (including Central America), and who maintains tribal affiliation or community attachment.
P	Native Hawaiian/ Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (which includes: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Ruhnpelau), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese).
W	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
U	Unknown	This code should be used only if the race of the member is unknown.
*The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race by Federal agencies.		
Ethnicity Codes		
Indicate the member's self-report of his/her ethnicity, selecting all appropriate code(s). The official policy of the State of Ohio is to use the stated codes for all information entries to this field. All blanks and entries that do not conform to the code list will be changed to E. The following codes will be used as the standard for maintaining, collecting, and presenting data on ethnicity for all Federal-reporting purposes.*		
A = Puerto Rican B = Mexican C = Cuban D = Other Hispanic E = Not Hispanic or Latino		
*The categories in this classification are social-political constructs and should not be interpreted as being either scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on ethnicity by Federal agencies. Although OMB only requires the "header classification," Hispanic or Not Hispanic, SAMHSA will continue to require the same breakdown for ethnicity. Instead, they will collapse down to OMB.		

Exhibit 17.7 Fiscal Interface Process Diagram



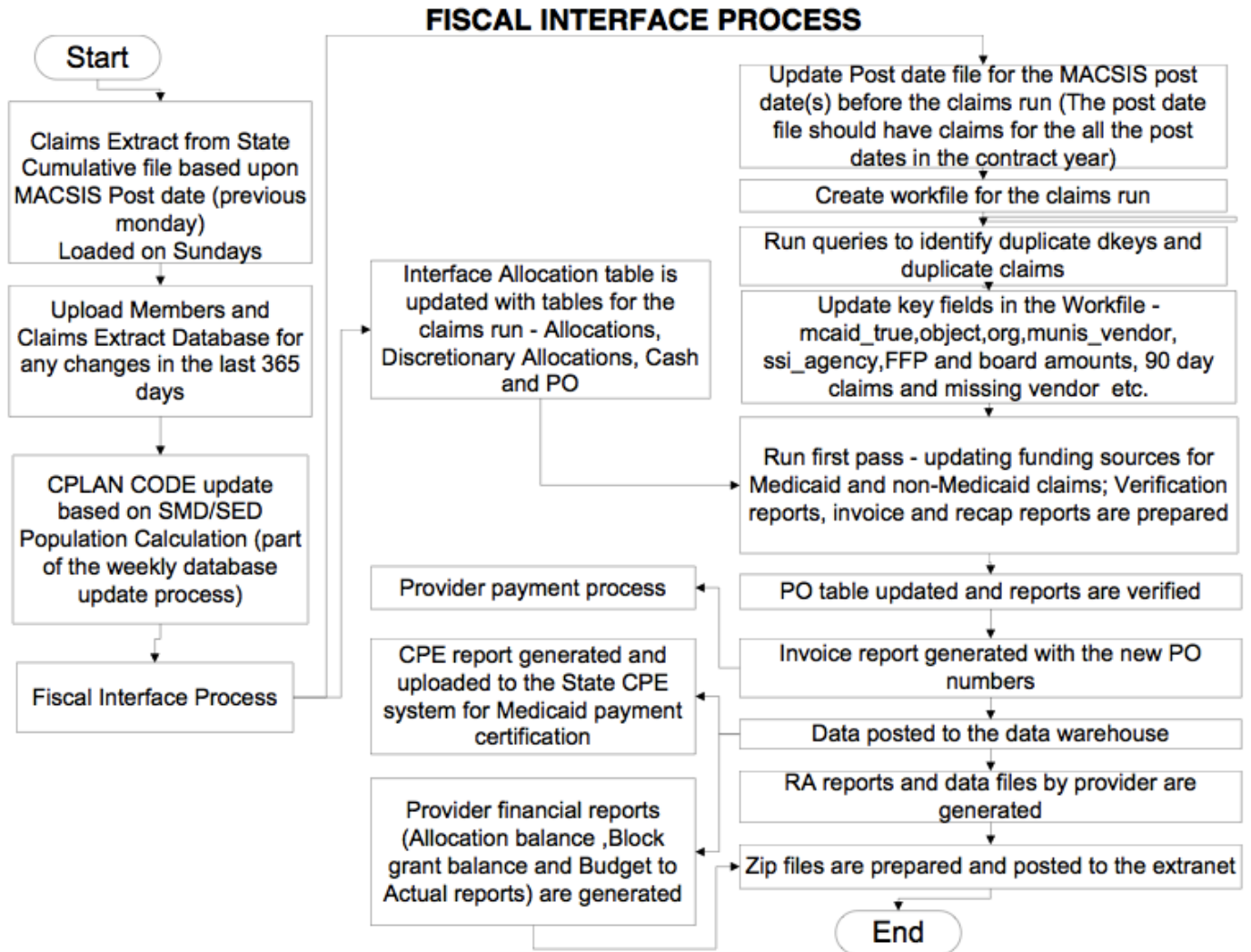


Exhibit 17.8 Fiscal Interface Application

Purpose: This application is used for making payments to service providers twice a month for Medicaid and non-Medicaid claims processed by MACSIS and updating the data warehouse with the claims run data. The population is determined for each claim to develop MUNIS account codes - object and org. The funding restrictions are used in assigning funding source to a claim. Also, the allocations and discretionary allocations available by provider by funding source, discretionary allocation cap, and cash available in each fund are used in determining the funding source for each claim.

This consists of the following steps.

I. Add claims to Postdatefile table (FI-PostDateforKYDB database): Add claims extract data for MACSIS post date to the Postdatefile table. The Postdatefile will store claims data for all MACSIS post dates for the ADAMH contract year.

II. Run the Fiscal Interface process (FiscalInterfaceDB database):

Create the Workfile table: The Workfile table will have claims for the current claims run, pending claims and claims for vendors without W9.

Identify claims with duplicate dkeys (primary key) and duplicate claims(FI-DuplicateDkeyRetro database):

Identify claims with duplicate dkeys. The dkey from the Workfile is matched against claims that are less than 365 days old (in terms of service date) and processed by ADAMH.

Identify duplicate claims: The key elements (State's definition of duplicate claim) from the Workfile are matched against the claims that are less than 365 days old (in terms of service date) and processed by ADAMH.

c. Update Workfile table key fields:

Update Medicaid or non-Medicaid and AOD or MH for each claim using MEDDEF field.

Use FMAP and CHIP rates for the federal fiscal year (for each quarter) and calculate the FFP and match amounts for each Medicaid claim based on MACSIS post date (the rates are stored in a table)

Determine the population for each claim using plan (CPLAN) and panel codes and update the object field (required in the invoice). The population is also used in determining the org code for the invoice. A field is updated to indicate whether the claim is treatment or prevention. Also, procedure code cross-walk table is updated for new procedure codes.

MUNIS vendor numbers and dept numbers are updated for each claim using vendor tables. If the MACSIS vendor number is not in the MACSIS vendor table, that will be recorded as "missing vendor" that needs W9 for the county in order to make payments to the provider.

The non-Medicaid claims (claims and shadow claims) older than 90 days are updated as denied. The claim lag is calculated using MACSIS received date and service date.

A field is updated to have a unique key to process payments. For Medicaid, it is a combination of vendor, UPI, object, org and CHIP fields. For non-Medicaid claims, CHIP field is not necessary. The credits are applied against the debits such that the for any unique vendor key, the amount paid will result in a positive amount which will appear on the invoice.

d. Assign funding source for Medicaid and non-Medicaid Claims:

Allocation by provider table, discretionary allocation table and cash table are used to determine the project code (funding source) to pay the providers for the claims in the Workfile (AllocationDatabaseFY11 database).

The Medicaid claims and non-Medicaid claims are processed separately. First the restricted allocations and then unrestricted allocations are processed within both Medicaid and non-Medicaid. Medicaid has match and FFP amounts where as non-Medicaid has one amount to pay.

Medicaid does not have allocation cap and hence paid using levy. With non-Medicaid there is allocation cap and the payments cannot exceed the allocation cap.

The provider allocations can have various restrictions - ex: object, panel, Tx/Pv, procedure code, modifiers 1,2,3,4, service date, gender and provider etc. First allocations with restrictions are selected. The claims matching the restrictions are processed first and unrestricted claims are processed next.

Medicaid debits are paid, and credits that cannot be applied go to Pending category to be applied in the next claims run. Non-Medicaid debits can go to pending if the provider has exhausted its allocation or if there is no cash or discretionary allocations.

Shadow claims have net amount zero and they have Withhold amount. These claims are not paid. These claims are paid by block grant request for the provider. The process outlined in C applies to shadow claims also.

The allocation by provider table, discretionary allocation table, cash table and purchase order tables are updated with the claims's processed amounts.

The first pass of the claims run uses the current allocation, cash and purchase order tables. When any change is made to these tables except for purchase order table, second pass is run to re-assign funds to reflect changes in these tables.

Verification reports are prepared to verify the claims run amounts

They are as follows (YY in the report name indicates contract year, RR indicates claims run number and X indicates pass number):

RunYYRR-PPSX: This report summarizes various amounts from the claims run – net amount, paid amount, pending amount, missing vendor amount (vendors that need W9) and invoice amount.

RunYYRR-WFAUX: This report summarizes by claim count, the applied and unapplied amounts in the claims run.

RunYYRR-PostDtRecap2: This report lists total amount by provider by post date. The post date total should match with the State's ERA post date summary report.

RunYYRR-PostDtX: This report lists net amount by post date including current run post dates and post dates from pending and missing vendor claims.

RunYYRR-PendingX: This report lists the amounts by provider that are in the pending category.

RunYYRR-MissVendrX: This report lists the amounts by provider that are in the missing vendor category (vendors without W9).

RunYYRR-900NoFundX: This report summarizes claims that are in no-funds category by provider which means these claims are not processed due to no allocation available.

RunYYRR-DupDkeysX: This report lists any duplicate dkeys (primary key field used in MACSIS).

RunYYRR-DupClaimsX: This report lists any duplicate claims using State's duplicate claims definition.

RunYYRR-InvoiceX: This is invoice report by provider.

RunYYRR-RecapX: This is remittance advice summary report by provider and lists amounts by service and the net amount total matches the invoice report.

10. Invoice and recap reports are prepared. After the purchase order number table is updated, invoice report is generated again to reflect the purchase order numbers.

III. Posting the claims run data: The table History, Missing vendor, RA and pending tables are updated in the data warehouse using the Workfile table data.

IV. Generate provider reports and data files: Invoice, Recap and RA reports and data files are generated by provider for all in-county and out-of-county providers. These are automated to store in a folder with name as provider abbreviation/vendor number, contract year and Julian date. All the providers may not have all the reports in any claims run.

They are as follows.

1. 3 detail pdf files by provider for MACSIS/ADAMH paid, rejected and denied claims from the applied claims category.
2. 3 summary pdf files by provider for MACSIS/ADAMH paid, rejected and denied claims from the from the applied claims category.
3. 2 detail pdf files by provider for MACSIS/ADAMH paid and rejected claims from the unapplied claims category for pending.

4. 2 summary pdf files by provider for MACSIS/ADAMH paid and rejected claims from the unapplied claims category for pending.
5. 3 detail data files by provider for MACSIS/ADAMH paid, rejected and denied claims from the applied claims category in tab-delimited format.
6. 3 detail data files by provider for MACSIS/ADAMH paid, rejected and denied claims from the applied claims category in fixed-width format.
7. 3 detail data files by provider for MACSIS/ADAMH paid, rejected and denied claims from the unapplied claims category for pending in tab-delimited format.
8. 3 detail data files by provider for MACSIS/ADAMH paid, rejected and denied claims from the unapplied claims category for pending in fixed-width format.
13. The folder is then zipped into a ZIP file and posted to each provider folder on the extranet.

Appendix:

Tables/fields used:

1. Object code example for MH and AOD Medicaid and non-Medicaid:

globj_object_code	globj_object_code_desc
529316	MH-MEDICAID CLAIMS-ALL
529326	MH-NONMEDICAID-ALL
529416	AD-MEDICAID CLAIMS-ALL
529426	AD-NONMEDICAID-ALL

2. Org code example for levy fund for Adults and Children and for treatment and prevention:
We also have org codes for State, Federal and Local funds.

glorg_org_code	glorg_org_code_desc
2111580100	58-CNSMR SVCS-LEVY-ADLT
2111580200	58-CNSMR SVCS-LEVY-CHLD
2111580300	58-CNSMR SVCS-LEVY-ADLT PRVT
2111580400	58-CNSMR SVCS-LEVY-CHLD PRVT

3. Project code example:

glproject_project_code	glproject_project_code_desc
H1014	LEVY
H2031	408 FLEX
H8861	MH TX SED (FFT)

3. Fund code example:

Note that each project code is associated with a specific fund.

glfund_fund_no	glfund_fund_no_desc
2111	ADAMH LEVY (58)
2112	ADAMH LOCAL (58)
2113	ADAMH STATE
2114	ADAMH FEDERAL (58)

Allocation table data example: See spreadsheet.

Discretionary allocation table data example: See spreadsheet.

Cash table data example: See spreadsheet.

Purchase order table data example: See spreadsheet.

Exhibit 17.9 Data Warehouse diagram

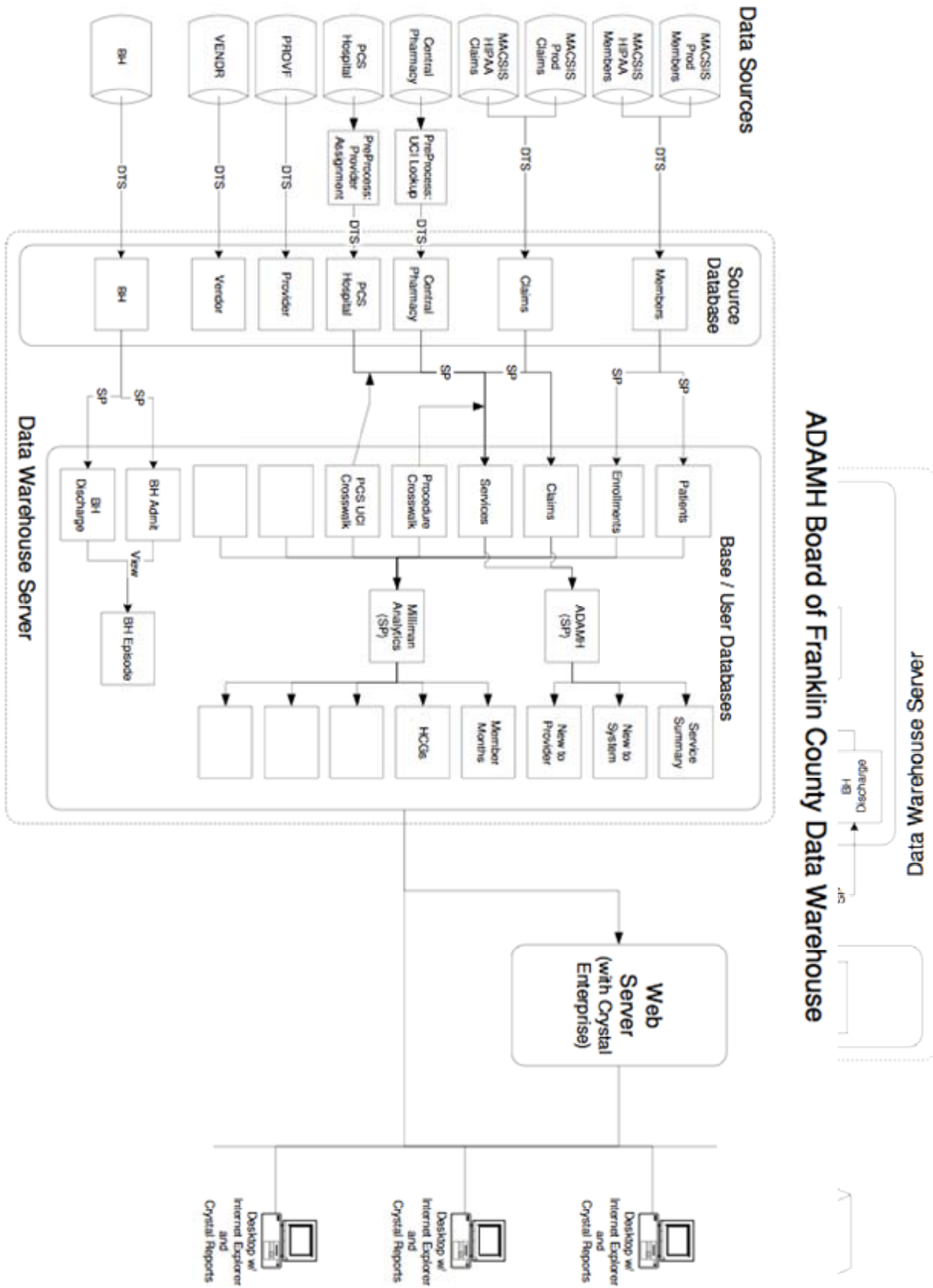


Exhibit 17.10 Central Pharmacy data

- Central Pharmacy Claims Data Layout

Field Contents	Type	Length	Start	Stop	Field Description
Tape Batch Number	NUM	5	1	5	YYDDD - of period ending YY - Year DDD - Julian date
Pharmacy Number	NUM	6	6	11	XXYYYY- NABP # (no check digit) XX - State Code YYYY - Number
Rx Number	NUM	8	12	19	
Rx Date	NUM	8	20	27	CCYYMMDD
National Drug Code	NUM	11	28	38	XXXXXXYYYYZZ –NDC or Drug XXXXXX - Manufacturer YYYY - Product Name ZZ - Package Size
Product Name	A/N	25	39	63	Drug Name
New/Refill Indicator	NUM	1	64	64	0 - New Prescription 1 - Refill Prescription
Metric Quantity	NUM	5	65	69	Quantity of pills dispensed
Days Supply	NUM	3	70	72	
CR-DB	A/N	2	73	74	CR – Total Amount Paid credit DB – Total Amount Paid debit
Total Amount Paid	NUM	8	75	82	S99999V99 This is not sent as a signed field. The 'S' is a place holder.
Patient Name	A/N	27	83	109	Last, First, MI
Member Birthdate	NUM	8	110	117	CCYYMMDD
Member Sex	NUM	1	118	118	1 - Male 2 - Female
Cardholder Number	NUM	10	119	128	Social security or cardholder #
Member Number	NUM	2	129	130	00 - Cardholder Only Clients XX - Full Member Clients 01 - Cardholder 02 - Spouse 03 - Oldest Dependent 04, 05,...Next oldest & so on
Member Relationship	NUM	2	131	132	0 - Cardholder 1 - Spouse

					2 - Male Child 3 - Female Child 99 - Other
Facility	A/N	4	133	136	Kalos Facility Number
Inst	A/N	4	137	140	OSS Institution
Ward	A/N	4	141	144	OSS Ward
Bill-date	NUM	8	145	152	CCYYMMDD Date records transferred to OSS
Physician Number	A/N	14	153	166	DEA number or number sent by the pharmacy
Stock	A/N	10	167	176	OSS stock number 210380000 CPO Credits from PDMI type PDM- 210390000 CPO Issues from PDMI type PDM+
Generic Code	A/N	1	177	177	Drug status code of NDC
Period Ending	NUM	8	178	185	CCYYMMDD- claim cycle cut-off
Mail Order Indicator	A/N	1	186	186	M – Mail R - Retail

Exhibit 17.11 State Hospital (ODMH) Monthly Extract of Admissions & Discharges

- Emergency PDMI and CP Outpatient

File layout for the monthly PCS data extract

Variable number	Description	Maximum length	Format type
1	Client name	30	Character
2	Client id	6	Character
3	Admission date	8	Numeric (ccyyymmdd)
4	Movement date	8	Numeric (ccyyymmdd)
5	Hospital name	34	Character
6	UCI number	7	Character
7	Client age	8	Numeric
8	Net days – month	8	Numeric
9	Net days – year	8	Numeric

File layout for the monthly PCS data extract

Variable number	Description	Maximum length	Format type
1	Client name	30	Character
2	Client id	6	Character
3	Admission date	8	Numeric (ccyyymmdd)
4	Movement date	8	Numeric (ccyyymmdd)
5	Hospital name	34	Character
6	UCI number	7	Character
7	Client age	8	Numeric
8	Net days – month	8	Numeric
9	Net days – year	8	Numeric
10	Board name	30	Character
11	Case mgr agency	16	Character
12	Community LOS	8	Numeric
13	Case mgr name	20	Character
14	Resident county	33	Character
15	Primary dx	6	Character
16	Secondary dx	6	Character
17	Date of birth	8	Numeric (ccyyymmdd)
18	Legal status	8	Character
19	LOS	8	Numeric
20	Marital status	1	Character
21	# prior admits	8	Numeric
22	Race	1	Character
23	Res days month	8	Numeric
24	Res days year	8	Numeric
25	Sex	1	Character
26	Client status	1	character

Exhibit 17.12 RFP 11.0 Functional Requirements Worksheet (separate Excel file)

The Excel worksheets can be downloaded from the HealthCare Perspective, LLC website:

www.hcpllc.com/SHARES_RFP.htm

Exhibit 17.13 SHARES RFP Cost Worksheet (separate Excel file)

The Excel worksheets can be downloaded from the HealthCare Perspective, LLC website:

www.hcpllc.com/SHARES_RFP.htm

Exhibit 17.14 Notification of Intention to Respond to Request for Proposal

To: Becky Novak
Healthcare Perspective, LLC
Telephone: 614-496-4214
Email: BNovak@hcpllc.com

We acknowledge receipt of the Request for Proposal dated 12/05/11 for the SHARES system and plan to respond.

We acknowledge receipt of the Request for Proposal and do not plan to respond for the following reason: (please explain)

Our point of contact for this proposal will be _____

Their e-mail address is _____

Company name and mailing address	Signature, printed name, title and date

Exhibit 17.15 SOURCE CODE ESCROW AGREEMENT

THIS SOURCE CODE ESCROW AGREEMENT ("Escrow Agreement") is made and entered into this ____ day of _____, by and among the Three C Recovery and Health Care Network (the "COG" or "Project Sponsor") and _____ (hereinafter referred to as the "Contractor"), and _____, a _____ corporation (the "Escrow Agent").

BACKGROUND INFORMATION

- A. [Need to insert information on issuance of RFP in (A) and then information on contract award in (B)]
- C. The Contractor and the COG have mutually agreed to place the source code and associated documentation with another escrow agent according to the terms of this Escrow Agreement.

PROVISIONS

NOW THEREFORE, in consideration of the foregoing, the mutual promises hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

Section 1. **Definitions.** Unless the context otherwise provides, the terms defined below shall, for the purposes of this Escrow Agreement, have the following meanings:

- (a) ***Escrow Agreement*** shall mean the Original Escrow Agreement, as amended and restated by this Source Code Escrow Agreement, including any exhibits, addenda, amendments, and modifications thereto.
- (b) ***Source Code*** shall mean the human-readable computer programming code, associated procedural code, and related and supporting documentation, corresponding to the Licensed Programs and all subsequent versions thereof furnished to the COG, pursuant to the Contract Award, as hereinafter defined.
- (c) ***Contract Award*** shall mean the Contract Award, as may be amended from time to time between the COG and the Contractor under which the Contractor granted the COG the perpetual, non-exclusive and non-transferable right to use the Licensed Programs in object code form corresponding to the Source Code defined above.
- (d) ***Licensed Programs*** shall mean the proprietary computer programs listed in the Contract Award.

Section 2. **Contractor's Representations and Warranties.** Contractor warrants and represents the following to the COG and the Escrow Agent:

- (a) ***Ownership of Source Code.*** (i) It is the owner of and holder of all rights in the Source Code or has all requisite third-party rights in any portion of the Source Code for which it is not the owner to perform its obligations under this Escrow Agreement, (ii) the Source Code embodies highly valuable trade secret information, the design and development of which has required significant expenditures of time and money, and (iii) it has the right and authority to grant to the COG a perpetual, non-exclusive and nontransferable right to use and possess the Source Code, subject to the terms of the Contract Award, and to deposit a copy of the Source Code with Escrow Agent pursuant to the terms of this Escrow Agreement.
- (b) ***Licensed Program Correspond With Source Code.*** The Source Code to be deposited with the Escrow Agent is the most current version of the Source Code of the Licensed Programs, as of the date of each such deposit.

Section 3. **Deposit Of Source Code.**

- (a) ***Deposit of Source Code.*** Within thirty (30) days thereafter, Escrow Agent agrees to accept from the Contractor, and the Contractor agrees to deposit with Escrow Agent, a copy of the Source Code. The initial Deposit and future quarterly Deposits shall be partial Deposits of the RMS and shall not be a fully functional and complete expression of the RMS until

Acceptance under the Contract Award, but shall be accurate, complete and operational as to completed work on the Licensed Software at the time of the Deposit. The Contractor shall also furnish to Escrow Agent a list describing the Source Code so deposited. Contractor shall update the Deposit Materials at least quarterly during the term of this Agreement only if there have been modifications or additions made to the source code, otherwise the Deposited Material will remain as originally deposited. Notwithstanding the foregoing, the parties hereto agree that the Source Code initially deposited with Escrow Agent will be subsequently supplemented and updated by the Contractor, pursuant to and subject to the terms of this Escrow Agreement. For each deposit, the Escrow Agent will issue receipts to the Contractor.

(b) ***Update and Maintenance of Source Code.*** During the Term (as hereinafter defined), the Contractor shall, on a annual basis commencing on the date of first deposit and continuing on the same day of each year, deposit with the Escrow Agent a fully current Source Code by depositing the listings and all supporting documentation and related materials, including problem log fixes, for each and every update, correction, or new release of the Licensed Programs. Simultaneously with each such deposit, the Contractor shall deliver a written statement to Escrow Agent and to the COG specifically identifying all items deposited and stating that the deposited materials have been inspected by the Contractor and are complete and accurate.

(c) ***Verification and Testing of Source Code.*** The COG may engage, at its sole cost and expense, the Escrow Agent to inspect, test, and review the Source Code at the time of the initial deposit and at the time of each subsequent deposit of the Source Code in escrow to verify that it corresponds to the Licensed Programs. Escrow Agent shall conduct such testing promptly upon the COG's request. Further, Escrow Agent shall notify the Contractor and the COG of the location where such testing shall occur.

(d) ***Duplication By Escrow Agent.*** Escrow Agent may make one copy of the deposited materials by any means for backup or disaster recovery purposes (the "Backup Copy") in order to comply with the terms and provisions of this Escrow Agreement, provided that the COG shall bear the expense of duplication and further provided that Escrow Agent notifies the Contractor and the COG where the Backup Copy is kept.

Section 4. ***Title To Source Code.*** Title to the Source Code shall remain in the Contractor throughout the term of this Escrow Agreement, unless and until the Source Code is delivered to the COG in accordance with the terms of subsections 5(a), 5(b), or 5(c) of this Escrow Agreement, at which time the Contractor transfers to the COG, without any further action, a perpetual, non-exclusive and nontransferable right to use and possess the Source Code, subject to the terms of the License Agreement. In such event, the Contractor grants to the COG the right to use, modify, maintain, and update the copy of the Source Code as may be necessary for the COG's continued use of the Licensed Programs, provided such rights remain subject to the terms of the License Agreement.

Section 5. ***Release of Source Code to the COG.***

- a. Contractor and the COG agree that a Work Request for the release of the Deposit Material shall be based solely on one or more of the following conditions (defined as **"Release Conditions"**):
- i. Contractor's material breach of the License Agreement or other agreement between the Contractor and the COG regulating the use of the Deposit Material covered under this Agreement; or
 - ii. Failure of the Contractor to function as a going concern or operate in the ordinary course or if the Contractor has ceased the sale, licensing, maintenance of other support of the Deposited Material; or
 - iii. Contractor is subject to voluntary or involuntary bankruptcy; or
 - iv. Contractor fails to pay any fees due Escrow Agent hereunder; or
 - v. Contractor fails to maintain the Deposited Material, as required under the Contract Award or License Agreement; or
 - vi. The sale of all or a substantial portion of Contractor's business to a third party who is in the business of selling any of the same or similar products as a competitor within the Ohio region; or if the Contractor enters into a cooperative arrangement with a competitor within the Ohio region which is the functional equivalence of an acquisition, merger or consolidation; or
 - vii. If any other event or circumstances occurs which demonstrates with reasonable certainty the inability or unwillingness of the Contractor to fulfill its obligations to the COG under the Contract Award, the License Agreement or this Agreement or any software maintenance agreement between the parties, including, without limitation, the correction of defects in the Deposited Material; or
 - viii. The expiration of the fourth anniversary of paid support by the COG to Contractor under the RMS and the COG's election to maintain the software which is the subject of the RMS without further support from Contractor.
- (b) Release Work Request. The COG may submit a Work Request to Escrow Agent to release the Deposit Material covered under this Agreement. Escrow Agent will send a written notice of this Work Request within five (5) business days to the Contractor's Authorized Person.
- (c) Contrary Instructions. From the date Escrow Agent mails written notice of the COG's Work Request to release Deposit Material covered under this Agreement, the Contractor's Authorized Person(s) shall have ten (10) business days to deliver to Escrow Agent contrary instructions. Contrary instructions shall mean the written representation by Contractor that a Release Condition has not occurred or has been cured (**"Contrary Instructions"**). Contrary Instructions shall be on company letterhead and signed by a Contractor Authorized Person. Upon receipt of Contrary Instructions, Escrow Agent shall promptly send a copy to the COG's Authorized Person(s). Additionally, Escrow Agent shall notify both Contractor's and the COG's Authorized Person(s) that there is a dispute to be resolved pursuant to the Disputes provisions of this Agreement. Escrow Agent will continue to store Deposit Material without release pending (i) joint instructions from Contractor and the COG with instructions to release the Deposit Material; or (ii) dispute resolution pursuant to the Disputes provisions of this Agreement; or (iii) withdrawal of Contrary Instructions from Contractor's Authorized

Person or legal representative; or (iv) receipt of an order from a court of competent jurisdiction.

(d) Release of Deposit Material. If Escrow Agent does not receive timely Contrary Instructions from a Contractor Authorized Person, Escrow Agent is authorized to release Deposit Material to the COG. Escrow Agent is entitled to receive any undisputed, unpaid Service Fees due Escrow Agent from the Parties before fulfilling the Work Request to release Deposit Material covered under this Agreement. Any Party may cure a default of payment of Service Fees.

(e) Termination of Agreement Upon Release. This Agreement will terminate upon the release of Deposit Material held by Escrow Agent.

(f) Right to Use Following Release. The COG has the right under this Agreement to use the Deposit Material for the sole purpose of continuing the benefits afforded to the COG by the License Agreement. Notwithstanding the foregoing, the COG shall not have access to the Deposit Material unless there is a release of the Deposit Material in accordance with this Agreement. The COG shall be obligated to maintain the confidentiality of the released Deposit Material.

Section 6. **Continued Ability To Perform Obligations**. Each of the parties hereto represent and warrant to the other parties that it has full power and authority to undertake the obligations set forth in this Escrow Agreement, and that it has not entered into any other agreements nor will it enter into any other agreements that would render such party incapable of satisfactorily performing its respective obligations under this Escrow Agreement or that would place such party in a position of conflict of interest or that would be inconsistent or in conflict with their respective obligations.

Section 7. **Term of Escrow Agreement**. The term of this Escrow Agreement shall commence on the date first set forth above and shall terminate upon the earlier of: (a) the date on which the Source Code is transferred to the COG pursuant to the terms hereof; (b) the expiration or termination date of the Hardware And Software Procurement Agreement or (c) termination for non-payment of Escrow Agent's fees.

Section 8. **Indemnification of Escrow Agent**. Contractor shall indemnify and hold harmless Escrow Agent and each of its directors, officers, agents, employees, and stockholders ("Escrow Agent Indemnitee") absolutely and forever, from and against any and all claims, actions, damages, suits, liabilities, obligations, costs, fees, charges, and any other expenses whatsoever, including reasonable attorneys' fees and costs, that may be asserted against any Escrow Agent Indemnitee in connection with this Escrow Agreement or the performance of Escrow Agent or any Escrow Agent Indemnitee, arising out of or attributable to the acts or omissions of the indemnifying party, except for the Escrow Agent's gross negligence, willful misconduct, or failure to perform its obligations under this Escrow Agreement and provided that the Escrow Agent Indemnitee promptly notifies Contractor and the COG of each such claim, cooperates in the defense thereof and Contractor and the COG shall have the sole right to defend and/or settle each such claim.

Section 9. **Fees.**

(a) **Fees.** Contractor shall pay to Escrow Agent all applicable fees, as more fully described in **Exhibit B** attached hereto, as compensation for its services under this Escrow Agreement. The first year's fees are due upon receipt of this signed Escrow Agreement or the Source Code, whichever comes first and shall be paid in U.S. Dollars.

(b) **Payment.** At least sixty (60) days prior to each anniversary date of this Escrow Agreement during the Term hereof, Escrow Agent shall issue an invoice to Contractor (the "Invoice") for services to be performed during that next calendar year. Payment of such fees are due upon receipt of invoice. All fees and charges are exclusive of, and designated party is responsible for the payment of, all sales, use and like taxes.

(c) **Nonpayment.** In the event of non-payment of any fees or charges invoiced by Escrow Agent, Escrow Agent shall give notice of non-payment of any fee due and payable to the Contractor and the COG, in such event, the COG shall have the right to pay the unpaid fee within thirty (30) days after receipt of notice from Escrow Agent. Upon payment of the unpaid fee by either the Contractor or the COG, as the case may be, this Escrow Agreement shall continue in full force and effect until the end of the applicable term. Failure to pay the unpaid fee under this paragraph by both Contractor and the COG shall result in termination of this Escrow Agreement and return of the Source Code to the non-defaulting party without any breach by the Escrow Agent or liability to the defaulting party.

Section 10. **Compliance With Law.** The parties agree that they will comply with all laws of the State of Ohio.

Section 11. **No Undisclosed Agency, No Assignment.** Each party represents that it is acting on its own behalf and is not acting as an agent for or on behalf of any third party and agrees that it may not assign its rights or obligations under this Escrow Agreement without the prior written consent of the other parties hereto.

Section 12. **Governing Law/Venue.** This Escrow Agreement shall be governed by the laws of the State of Ohio (regardless of the laws that might be applicable under principles of conflicts of law) as to all matters, including but not limited to matters of validity, construction, effect and performance. The parties expressly agree that either the Common Pleas Court for Franklin County, Ohio or the United States District Court for the Southern District of Ohio, Eastern Division, shall have jurisdiction and venue over all matters and parties relating to this Agreement and that any action to interpret or enforce any provision of this Agreement shall be brought and maintained in one of those Courts..

Section 13. **Waivers.** Any waiver of a right under this Escrow Agreement must be in writing. Any waiver of a particular default shall constitute a waiver of such default only and not of any other default by the nonwaiving party and any waiver of a specific right or remedy under this Escrow Agreement shall constitute a waiver of such right or remedy only and not of any other right or remedy of the waiving party.

Section 14. **Disputes and Interpleader.** In the event of any dispute between any of the Parties relating to the delivery of the copy of the Source Code by the Escrow Agent or to any other matter arising out of this Escrow Agreement, Escrow Agent may submit the matter to any court of competent jurisdiction in an interpleader or similar action. Any and all reasonable costs that the Escrow Agent may incur in connection with the submission of such matter, including reasonable attorneys' fees and costs, shall be borne by the non-prevailing party.

Section 15. **Force Majeure.** Notwithstanding any other provision of this Escrow Agreement to the contrary, if any party's performance of this Escrow Agreement is delayed or rendered impractical due to circumstances not within the reasonable control of such party, including but not limited to natural disaster, fire, epidemic, labor dispute, complete or partial destruction of facilities, riot, civil insurrection, acts of terrorism, or entities providing goods or services, or similar causes, such party shall not be in default hereunder or have any liability on account of such delay or failure.

Section 16. **Interpretation of Provisions.** In the event any term or provision of this Escrow Agreement shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Escrow Agreement, and this Escrow Agreement shall be interpreted and construed as if such term or provision, to the extent which it is invalid, illegal or unenforceable, had never been contained in this Escrow Agreement.

Section 17. **Entire Agreement.** This Escrow Agreement and any Exhibits referenced therein constitute the entire understanding of the parties hereto with respect to the subject matter hereof and supersede all prior negotiations, discussions, undertakings and agreements between the parties. This Escrow Agreement may be amended or modified only by a writing executed by all of the parties hereto. Escrow Agent is not a party to the License Agreement and has no knowledge of the terms or provisions of any such License Agreement. Escrow Agent's duties and obligations to Contractor and the COG are as set forth in this Escrow Agreement.

Section 18. **Confidential.** Escrow Agent will hold and release the Source Code only in accordance with the terms and conditions of this Escrow Agreement, and will at all times maintain, preserve and protect the confidentiality of the Source Code. The Escrow Agent also agrees that it will take all necessary steps to ensure that the Source Code will not be disclosed to, or used by any person, association or entity except as provided herein or by the terms of any other agreement between the Contractor and the Escrow Agent.

Section 19. **Remedies.** Except for actual fraud, gross negligence, intentional misconduct, or breach of Section 18 of this Escrow Agreement, the Escrow Agent shall not be liable (a) to the Contractor or to the COG for any act or failure to act by the Escrow Agent in connection with this Escrow Agreement or (b) for special, indirect, incidental, or consequential damages hereunder.

Section 20. **Notice.**

- a. All notices with respect to Section 5 and any Source Code that may or are required to be given hereunder must be in writing and shall be deemed duly given if sent by overnight express courier or by certified mail, return receipt requested, to the address set forth below or such other address as the other party hereto may designate in written notice transmitted in accordance with this provision. If either overnight express courier or United States mail delivery is not available or delivery is uncertain, then notices may be given by telecopier (with transmission confirmed electronically or by follow-up telephone call) or by e-mail. All other communications including invoices, payments and other documents shall be delivered First Class US Mail, postage pre-paid:

To the Contractor:	
With a copy to:	
If to the COG:	
With a copy to:	
With a copy to:	
If to Escrow Agent:	

The notice and other correspondence shall be deemed duly received on the date of receipt or next day following deposit with overnight express service.

IN WITNESS WHEREOF, the parties has caused this Escrow Agreement to be executed in multiple originals, each of which shall be deemed an original by their respective duly authorized officers.

COG:

CONTRACTOR:

[will insert signatures]

ESCROW AGENT

APPENDIX A: AFFIDAVITS AND DECLARATIONS

The following pages contain the Affidavits and Declaration required for this bid:

NON-COLLUSION AFFIDAVIT, Exhibit A-1

(Must be Completed and Notarized)

**NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY AFFIDAVIT,
Exhibit A-2**

(Must be Completed and Notarized)

DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT, Exhibit A-3

(Must be Completed and Notarized)

HOMELAND SECURITY - DMA, Exhibit A-4

(Must be Completed and Signed)

EXHIBIT A-1: NON-COLLUSION AFFIDAVIT

STATE OF OHIO,

COUNTY OF _____, SS:

_____being first
duly SWORN,

deposes and says that they are the _____or authorized representative
of _____

or is the party submitting this bids; that such bids is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any other bidder or person to submit a sham bids, or refrain from bidding; has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the bids price of affiant or any other bidder; to fix any overhead, profit or cost element of said bids price, or of that of any other bidder; to secure any advantage against the County of Franklin or any person or persons interested in the proposed contract; that all statements contained in said bids of bids are true, and that, such bidder has not, directly or indirectly submitted this bids, or the contents thereof, or divulged information or data relative thereto to any other potential bidder. Further, Affiant affirms that no county employee has any financial interest in this company or the bids being submitted.

Affiant and Title

SWORN to before me and subscribed in my presence this

_____day of _____, 20_____.

Notary Public

My Commission expires _____, 20_____ (Seal)

**EXHIBIT A-2: NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY
AFFIDAVIT**

STATE OF _____

COUNTY/PARISH OF _____

_____ being first

Printed Name

duly sworn, deposes and says that they are

(President, Secretary, etc.)

of _____, the party who made the foregoing bids; that such party as contractor does not and shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, or national origin. If awarded a contract under this bid, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex, or national origin. If successful as the lowest and best bidder under the foregoing bids, this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment, setting forth the provisions of this affidavit.

Signature

Affiant

Company/Corporation

Address

City/State/Zip Code

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission expires _____, 20____. (Seal)

EXHIBIT A-3: DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT

This sworn affidavit should be properly completed by the authorized representative of your firm and will be incorporated as a portion of the bids and resulting contract for the following:

Project:

Department:

Bid Number:

State of _____ County of _____, ss:

_____ Being first duly sworn, deposes and says that he/she is the
(Name)

_____ of _____
(Title)

with offices located at _____,

and as it's duly, authorized representative states that effective this day of _____, 2011.

() is not charged with delinquent property taxes on the general list of personal property in Franklin County, Ohio, or any other counties containing property in the taxing districts under the jurisdiction of the Auditor of Franklin County, Ohio.

() is charged with delinquent personal property taxes on the general list of personal property in Franklin County, Ohio, or any other counties containing property in the taxing districts under the jurisdiction of the Auditor of Franklin County, Ohio.

<u>County</u>	<u>Amount</u> (include total amount and any penalties and interest thereon)
---------------	---

Franklin	\$ _____
----------	----------

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

(Affiant)

Sworn to and subscribed this _____ day of _____, 20____.

(Notary Public)

Section 5719.042 O.R.C.

My Commission expires _____, 20____ (Seal)

EXHIBIT A-4: HOMELAND SECURITY - DMA Form HLS 0038

The Word Document containing the instructions and form can be downloaded from the Franklin County Purchasing website:

www.franklincountyohio.gov/commissioners/prch
Subject: Shared Health and Recovery Enterprise System "Proposal Request" #ADAMH 2011-01

The file name is HLS0038.docx.