

REQUEST FOR PROPOSALS (RFP)

The CENTER FOR HEALTH CARE SERVICES Home Health Agency is accepting formal proposals for **Clinical/Billing software systems for the Center's Home Health Care functions** in San Antonio, Texas (Project #2010-01-01). To obtain a Request for Proposals for these services, contact Scott Trapp at:

The Center for Health Care Services
3031 IH 10 West
San Antonio, Texas 78201
Telephone: (210) 731-1300 ext. 406
E-mail: strapp@chcsbc.org

Or visit the Center's website at www.chcsbc.org

PROCUREMENT TIME LINE:

<u>Date</u>	<u>Event</u>
<u>January 31, 2010</u>	Request for Proposals Issued and Advertised in San Antonio Express-News
<u>February 22, 2010</u>	Last Day to Submit Requests for Clarification
<u>March 4, 2010</u>	<u>4:00 p.m.</u> Deadline for Submitting Proposal Package
<u>March 4, 2010</u>	<u>4:10 p.m.</u> Bid Opening
<u>April 22, 2010</u>	Proposed Date of Potential Contract Award

THE CENTER FOR HEALTH CARE SERVICES
RFP for Clinical/Billing Software Systems for the Center's Home Health Care Functions

The Center for Health Care Services (The CENTER) is a community mental health and mental retardation center established under Section 534.001 of the Texas Health and Safety Code and is operated through a nine person Board of Trustees. The Center does not pay Texas sales or use taxes and such taxes may not be passed on as a cost to the CENTER.

The Center will make positive efforts to utilize local and/or Texas based small business concerns and minority owned business enterprises in the acquisition of supplies, equipment, and services when these enterprises can offer the supplies, equipment and services on a cost competitive basis.

BID DOCUMENTS:

- See EXHIBIT "A", entitled "BUSINESS QUESTIONNAIRE"
- See EXHIBIT "B", entitled "SPECIALIZED SERVICES TO BE PROVIDED"
- See EXHIBIT "C", entitled "COST PROPOSAL"
- See EXHIBIT "D", entitle "SCORING METHODOLOGY"

Scope of Expected Home Health Care Agency Software Systems:

The Center is seeking proposals from appropriate businesses that have developed and support home health care agency, adult, pediatric and psychiatric software systems. This includes professional and related implementation services.

The Center reserves the right to reject, for any reason and at its sole discretion, in total or in part, any and/or all proposals, regardless of comparability of price, terms or any other matter, to waive any formalities, and to negotiate on the basis of the proposals received for the most favorable terms and best service for the CENTER. If a firm is selected, the firm will be required to execute a contract. If CENTER funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No contract shall be deemed to exist between the CENTER and any firm until a mutually acceptable, comprehensive and binding agreement has been executed by the CENTER and that firm. A countersigned copy of this proposal or any other preliminary written agreements shall not suffice to bind the CENTER to any legal obligation of any kind whatsoever with regard to the work considered hereby.

Ten sealed copies of the proposal ("bid") must be delivered to the CENTER'S Central Administration reception at 3031 IH 10 West, San Antonio, Texas 78201 **NO LATER THAN** 4:00 P.M. (CST) ON March 4, 2010. All bids should be labeled "**PROPOSAL FOR HOME HEALTH**

CARE AGENCY SOFTWARE SYSTEMS - CHCS". Submission of bids by telephone, fax or e-mail will not be accepted.

If you have any questions on the bid specifications, please contact Scott Trapp at 210-731-1300, ext. 406, or at strapp@chcsbc.org.

Company Name: _____

Contact Person: _____

Address: _____ **Zip Code** _____

Telephone No.: _____

E-mail Address: _____

Are you a *HUB _____ **Yes or No. If YES, provide Certification.**

Signature: _____

Bidder Representative

18. If a "yes" response is given under questions 15 through 17, please provide a detailed explanation including dates, references to contract information, contracts, etc. (Attach additional pages as necessary).
19. List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

I, individually and on behalf of the business named above, do by my signature below certify that the information provided in this questionnaire is true and correct. I understand that if the information provided herein contains any false statements or any misrepresentations: 1) The CENTER will have the grounds to terminate any or all contracts which the CENTER has or may have with the business; 2) The CENTER may disqualify the business named above from consideration for contracts and may remove the business from the CENTER'S bidders list; or/and 3) The CENTER may have grounds for initiating legal action under federal, state, or local law.

Note: This is a certification form; the information requested is used to determine qualification, size, gender and ethnicity of the business ownership. This information allows the CENTER to report the amount of subcontracting activity with all businesses that offer the commodities and services used by the CENTER.

_____ Title _____
 Print Name

_____ Date _____
 Signature of Owner
 (Owner, CEO, President, Majority Stockholder or
 Designated Representative)

Questions about this document should be directed to Scott Trapp, Systems Analyst, Information Systems @ 210.731.1300, ext. 406, or by e-mail at strapp@chcsbc.org.

**EXHIBIT "B" SPECIALIZED SERVICES AND REQUIREMENTS:
INFORMATION TO BE PROVIDED
TO CENTER BY CONTRACTOR**

1. Describe background of your company, including ownership, structure, names and background of key staff and/or officers, length of existence, level of financial and market stability, etc.
2. Describe platforms your products are available to use (OS, DB, etc.).
3. Describe the programming language(s) your products are developed with.
4. Describe your server and client specifications.
5. Describe remote access capabilities and requirements.
6. Describe the application's security features, and administration processes.
7. Describe **detailed** features of the application including descriptions of what is included with the base package, what can be customized by the customer, what can be customized by the vendor, and what other flexibility and/or options exist. Please include screen shots, other applicable references, and marketing materials as appropriate. Please include at least all of the following areas:
 - a. Discipline specific assessments
 - b. Evidence-based Decision Support
 - c. OASIS functionality
 - d. PAS functionality
 - e. Care Planning
 - f. Medication Administration
 - g. Adverse (falls, medication issues, infections) events documentation
 - h. Physician orders
 - i. Communication and workflows
 - j. Scheduling
 - k. Point of Care
 - l. Billing
 - m. Collections
 - n. Reporting
8. Describe user interfaces and input tools and devices. Include descriptions and options for legal electronic signatures.
9. Describe basic and optional product implementation and other professional services. Include typical timeframes to live productive use.
10. Describe software maintenance and support processes and structures.
11. Describe application service provider (ASP) options in detail, if applicable.

12. Describe license fees, implementation fees, professional fees, and ongoing software maintenance and support fees.
13. Enclose copies of your basic license agreements, implementation service agreements, and maintenance and support agreements.
14. Please provide three recent references for same or similar services, preferably in Texas.

EXHIBIT "C" - COST PROPOSAL

Please provide details on your company's cost methodology and billing practices if different than or in addition to what is described in Exhibit "B".

EXHIBIT "D" – SCORING METHODOLOGY

RFP Scoring Methodology: All accepted RFP's will be reviewed and scored by a multi-disciplinary team. Scoring weights will be:

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| a. Company background, stability, proven abilities: | 10% |
| b. Applicability of platforms and related technology requirements: | 30% |
| c. Software functionality and features: | 40% |
| d. Estimated costs and expenses: | 20% |