



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ⁰³⁰³

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

September 24, 1999

AGENDA: October 19, 1999

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

**SUBJECT: APPROVAL OF MENTAL HEALTH SHORT-DOYLE MEDI-CAL TECHNICAL
ASSISTANCE CONTRACT AND ACCEPT UNANTICIPATED REVENUE**

Dear Members of the Board:

On June 30, 1999, the State Department of Mental Health allocated \$167,000 in one-time managed care funds to Santa Cruz County. The purpose of this allocation is to provide funding for information systems enhancements needed to improve or maintain Short-Doyle Medi-Cal claiming for California counties. The State chose to allocate these funds to the counties rather than expend them at the State level, because counties can use the funds as match for Short-Doyle Medi-Cal federal funds. This, in effect, doubles the funding available to \$334,000 to accomplish the intended tasks. These funds must be expended by June 30, 2000.

During July and August, County Mental Health staff worked with State staff to establish a list of projects to accomplish the above enhancements, along with identifying needed resources to accomplish them. Attached for your Board's approval is a contract with a consultant with a long and successful relationship working with State and County staff in modifying Medical information systems. This consultant, Aspen Computer Solutions of Rancho Murieta, California, has extensive experience with the State Medical computer system, as well as a strong understanding of software used by counties in accessing the Medical system. The contract proposed begins the planning process for billing enhancements requested by the State and the County, and is intended to assist counties in automating the Medical certification process.

The ultimate goal is to speed up claims processing, claims payment, and improve County cash flow from the Medical program. This contract will lay the foundation for additional enhancements which may be the subject of subsequent contracts. Portions of the State

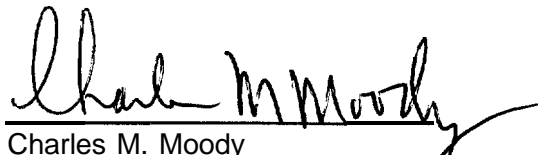
0304
allocation will also support programmers, system enhancements, and training to implement the data system enhancements.

Sufficient State and federal funds exist within the 1999/2000 Community Mental Health budget to fund this contract and no additional County funds are requested.

It is, therefore, RECOMMENDED that your Board:


1. Adopt the attached resolution accepting and appropriating \$334,000 of unanticipated state and federal funds into the HSA Community Mental Health Budget, and
2. Approve the attached agreement with Aspen Computer Solutions (Budget Index 363101, Subobject 3665) for information systems technical assistance effective July 1, 1999 and authorize the Health Services Administrator to sign said agreement.

Sincerely,


Charles M. Moody
Health Services Agency Administrator

CM:GK:ep

RECOMMENDED:


Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
Mental Health & Substance Abuse Services
Contractor

**BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA**

RESOLUTION NO. _____

0305

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds **Short-Doyle Medi-Cal and State General Fund (Managed Care)** _____ program; and

WHEREAS, the County is a recipient of funds in the amount of \$ 334,000
which are either in excess of those anticipated or are not specifically set
in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$ 334,000 into
Department **Mental Health**

			Short-Doyle Medi-Cal	
T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	363101	0624	Short-Doyle Medi-Cal	167,000
001	363101	0626	State General Fund	167,000

and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	363101	3665	--	Professional Services	334,000

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) (has been) (will be) received within the
current fiscal year.

By Charles M. Moody (sg) Date 06/05/1999
Department Head

COUNTY ADMINISTRATIVE OFFICER

KEG
☒ **Recommended** to Board

0306

☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the-county of Santa **Cruz**,
State of California, this _____ day of _____ 19_____
by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: ' SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Rafael Garcia
County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Ronald J. Silva 10/6/99
Auditor-Controller

Distribution:

Auditor-Controller
County Council
County Administrative- Officer
Originating Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0307

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Health Services Agency (Mental Health) (Dept.)

C Morley (Signature) 10/6/99 (Date)

1. Said agreement is between the County of Santa Cruz (Community Mental Health) (Agency)
and, Don Doty, Aspen Computer Solutions, 14813 Guadalupe, Rancho Murieta, CA 95683 (Name & Address)
technical assistance in SDMC systems enhancements.

3. The agreement is needed. to provide the above.

4. Period the agreement from July 1, 1999 to 2000

5. Anticipated cost is \$ 82,000 through June 30, 2000

6. Remarks: Contract is at an hourly rate with no maximum amount.

7. Appropriations are budgeted in 363101 (Index#) (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. CO9 TBD 91963 Date 10/6/99
are not will be

GARY A. KNUTSON, Auditor - Controller

By Ronald J. Simon Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the Health Services Administrator to execute the same on behalf of the-

HEALTH SERVICES (Agency),

County Administrative Officer

Remarks: SS (Analyst)

By Ch Sch Date 10/7/99

Agreement approved as to form. Date _____

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Conory
- Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

ADM - 29 (6/95)

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order entered
in the minutes of said Board on _____ 19 ____ By _____ Deputy Clerk

9/27 Contract being reviewed by
County Counsel or Risk
Contractor. As soon as
signatures arrive, I'll forward
them to you. Esther

Contract No:
FAM IS: 363101
Subobject: 3665

0308

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

**PERSONAL SERVICES AGREEMENT
CONSULTANT SERVICES**

THIS CONTRACT is entered into this **1st day of July 1999**, by and between the **COUNTY OF SANTA CRUZ**, hereinafter called **COUNTY**, and **Don Doty, Aspen Computer Solutions**, hereinafter called **CONTRACTOR**: The parties agree as follows:

1. **DUTIES.** CONTRACTOR agrees to exercise special skill to accomplish the following result:

Provide technical assistance under the terms and rates listed below to assist the COUNTY and the Department of Mental Health (DMH) in the modifications to various County Services Information Systems. CONTRACTOR duties and responsibilities are detailed in Attachment A, Statement of Work. CONTRACTOR will work on the projects listed in Attachment B, County Services Medi-Cal Projects. Attachments A and B are incorporated into this Agreement by this reference.

2. **COMPENSATION.** In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR at an hourly rate of \$82.00. Compensation includes all airfare, ground transportation, hotel, and food per diem, to accomplish the result contracted for.
3. **TERM.** The term of this Agreement shall be from July 1, 1999 until June 30, 2000.
4. **EARLY TERMINATION.** Either party hereto may terminate this Agreement at any time by giving thirty (30) days written notice to the other party.

5. **INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS.**
CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:

a. Any and all claims, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon them for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.

b. Any and all Federal, State, and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR'S officers, employees and agents engaged in the performance of this Agreement including, without limitation, unemployment insurance, social security and payroll tax withholding.

6. INSURANCE. CONTRACTOR, at its sole cost and expense, and for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be excess of CONTRACTOR'S insurance coverage and shall not contribute to it.

0309

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here ____/____.

a. Types of Insurance and Minimum Limits

1. Worker's Compensation in the minimum statutorily required coverage amounts. (Not required if CONTRACTOR has no employees).
2. Automobile Liability Insurance for each of CONTRACTORS vehicles used in the performance of this Agreement, including owned, non-owned (e.g., owned by CONTRACTOR'S employees), leased or hired vehicles, in the minimum amount of \$500,000 combined single limit per occurrence for bodily injury and property damage.
3. CONTRACTOR represents to COUNTY that it will accomplish the result required by this Agreement by manner and means which will expose no person to reasonably foreseeable risk of personal injury or property damage, namely as follows: information systems technical assistance. In reliance thereon, COUNTY hereby waives the requirement for Comprehensive or Commercial General Liability Insurance.

b. Other Insurance Provisions

1. If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three (3) years after the expiration of this Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonable affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed reasonable.
2. CONTRACTOR hereby covenants and represents that it will notify COUNTY in writing at least thirty (30) days prior to cancellation or non-renewal of any insurance coverage required herein.
3. CONTRACTOR agrees to provide COUNTY, at or before the effective date of this Agreement, with a copy of the face page of any required insurance coverage in force on the effective date of this Agreement and any new or renewal policies effective during the term of the Agreement.
4. Any required notification or copies of documents shall be sent to: Health Services

7. EQUAL EMPLOYMENT OPPORTUNITY. During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:

a. CONTRACTOR will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, disability, physical or mental disability, medical condition (cancer related), marital status, sex, sexual orientation, age (over 18), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation, selection for training (including apprenticeship), employment, upgrading, demotion, and/or transfer. CONTRACTOR agrees to post in conspicuous places available to employees and applicants for employment notice setting forth the provisions of this non-discrimination clause.

8. NONASSIGNMENT OF AGREEMENT. CONTRACTOR shall not assign this Agreement to a third party without the written consent of COUNTY. Any assignment without such written consent shall automatically terminate this Agreement.

9. PRESENTATION OF CLAIMS. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.

10. RETENTION AND AUDIT OF RECORDS. CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first. CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.

11. ATTACHMENTS. Statement of Work, County Services Medi-Cal Projects

12. INDEPENDENT CONTRACTOR STATUS: CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (worker's compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST: The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY: (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) in the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) the skill required in the particular occupation is substantial

rather than slight; (e) the CONTRACTOR rather than the COUNTY supplies the instrumentality's, tools and workplace; (f) the length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) the method of payment of CONTRACTOR is by the job rather than by the time; (h) the work is part of a special or permissive activity, program or project, rather than part of the regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent relationship rather than an employer-employee relationship; and (j) the COUNTY conducts public business. 0311

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors, which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each party certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

In witness whereof, the parties hereto have set their hands the day and year first above written.

COUNTY OF SANTA CRUZ

CONTRACTOR

By: _____
Charles Moody
Health Services Administrator

By: _____
Don Doty
Aspen Computer Solutions
14813 Guadalupe Drive
Rancho Murieta, CA 95683

Telephone: (916) 654-5231
E-mail: doty@calweb.com

Tax ID number: 523-17-8693

Approved as to Insurances:

Liability Program Manager

Approved as to form:

Assistant County Counsel

Distribution:
County Administrative Officer
Auditor-Controller
County Counsel
Health Services Agency
Community Mental Health
Contractor

Don Doty, Aspen Computer Solutions / 9.24.99



Request for Taxpayer
Identification Number and Certification

0312
Give this form to the
County of Santa Cruz
Do NOT send to the IRS

Please print or type	Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2. <i>Your name has changed.</i>)	
	Business name (Sole proprietors see instructions on page 2.)	
	Please check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	

YOU ARE PAID FOR:

<input type="checkbox"/> Health Care Service	<input type="checkbox"/> Goods
<input type="checkbox"/> Other Service	<input type="checkbox"/> Interest
<input type="checkbox"/> Rent	
<input type="checkbox"/> Freight	
<input type="checkbox"/> Other (Explain)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How To Get a TIN below.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--

Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)

Sign Here	Signature	Date
-----------	-----------	------

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with me IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such

payments under certain conditions. This is called 'backup withholding.' Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate instructions for the Requester of Form W-9.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form S-S-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

Statement of Work
Don Doty, Aspen Computer Solutions
Professional Consulting Services For Technical Assistance

Scope of Services within:

Don Doty will provide technical assistance to assist Santa Cruz County and the Department of Mental Health (DMH) in the modifications to various County Services Information Systems. This will include and be not limited to: the Provider System (PRV), County of Fiscal Responsibility Reporting System (CFRRS), Therapeutic Behavioral Services (TBS), Inpatient Consolidation System (IPC), County Cost Reporting System (CCR), Short-Doyle/Medi-Cal System (SD/MC), Short-Doyle/Medi-Cal Explanation of Balances and Error Correction Report (EOB-ECR), Medi-Cal Eligibility Database System (MEDS), New Institutions for Mental Disease (NIM), Information Technology Web Server (ITWS), Bulletin Board System (BBS), and the County Decision Support System (DSS).

Consultant Task Description:

Don Doty will deliver technical assistance under this contract. The DMH Project Manager(s) will provide project supervision to him. Don Doty will retain administrative responsibility for himself.

Assumptions:

1. Don Doty will work under the general direction of the DMH Project Manager(s). The work will be performed under the existing DMH ITSD development environment. To the extent possible, existing technologies, methodologies, modules etc., will be leveraged and used to achieve the desired results.
2. Under this contract Don Doty will not work on any material directly resulting in an FSR or recommendation to DMH for the procurement of products and services that would disqualify him from participating in a future procurement.
3. Work performed under this contract is on a time and materials basis.
4. DMH will retain overall responsibility and ownership of any mentioned project(s).
5. Don Doty is not providing hardware or software under this contract (other than the programming design, development, and modifications listed herein).
6. Any changes to the Consultant Task Descriptions will be subjected to the Project Change Request Procedure to be mutually agreed upon by the DMH and Don Doty.

See Appendix A for Project Activities and task descriptions.

Deliverables:

0314

- Weekly Status Report
- Detailed Work Plan and Task Descriptions
- Analysis & Design Specifications
- Program Documentation (including flowcharts and diagrams)
- Unit Test Plan, System Test Plan and test results

Completion Criteria:

This work order will be considered complete upon the first occurrence of:

- Don Doty to provide professional services until Santa Cruz County has stated that no additional assistance is needed; or
- the total hours allocated to this work effort has been expended; or
- upon reaching the estimated work order end date of June 30, 2000.

State Responsibilities

DMH will designate a Project Manager(s) to whom all technical communications will be addressed and who has the authority to act for Santa Cruz County in all technical aspects of this Agreement. The DMH Project Manager(s) responsibilities include:

- Serve as the interface between Don Doty, DMH and county participants on these projects.
- With Don Doty, administer the DMH Project(s) Change Control Procedure(s).
- Help resolve project issues and escalates issues within the DMH organization, as necessary.
- Review all work products.
- Provide project direction and supervision to Don Doty.

DMH will designate a Project Manager(s) to whom Don Doty's communications will be addressed and who has the authority to act for Santa Cruz County in all technical aspects of this Agreement. The DMH Project Manager's responsibilities include:

- Serving as the interface between the Don Doty, DMH and county participants in these projects.
- Authorizing all changes in project functionality, cost and timeline with approval from DMH County Services and Santa Cruz County management.
- Acceptance testing of the completed project(s).

DMH will have the responsibility to provide:

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- I/T equipment, terminals, software and hardware necessary for Don Doty to accomplish his tasks. This will include desk space and materials.
- Timely access to state staff with special knowledge of date impacts on business and I/T systems as well as appropriate solution approaches to resolve any problems.
- Timely access to all current methodologies, source code(s), related documentation, and related test and production environments required to perform the activities specified in this work effort.

Estimated Schedule:

These project(s) are estimated to begin on July 1, 1999 and complete on June 30, 2000.

Professional Fees/Payment Terms:

Don Doty, (Aspen Computer Solutions..) will invoice Santa Cruz County monthly for the hours expended on the contract. The estimated project cost summary for Don Doty consulting and technical assistance is as follows:

Project Cost Summary			
Classifications	Hourly Rate	Estimated Total Hours	Estimated Total Cost
Consultant	\$82.00	2080	\$170,560.00
Project Total:		2080	\$170,560.00

Approvals (Required Signatures):

0316

The respective responsibilities of each organizational representative are hereby acknowledged and accepted by:

Don Doty
Consultant, Aspen Computer Solutions...

Date

Gary Renslo, Information Systems Manager
Information Technology Services Division, DMH

Date

Carol Hood, Assistant Deputy Director
Systems of Care, DMH

Date

Glenn Kulm, Assistant Director/Admin.
Santa Cruz County Mental Health

Date

Appendix A:

Project Activities: Don Doty shall assist Santa Cruz County and DMH with the following activities in accordance with the scope of services listed above. Currently and continuing, The Provider System is described and outlined below. A Phased approach has already begun and includes the following. Phase I is a conversion process from SAS/VSAM and non-Y2K to ADABAS/NATURAL and Y2K compliance. Phase II is a modification and redesign to interfaces and full automation of the paper processes. Phase III will allow desired Counties and entities to process their Provider Information in an interactive fashion. Other Projects will follow a similar template and be defined as they are prioritized and scheduled.

<i>Activity</i>	<i>Tasks</i>	<i>Hours</i>
1) Analysis & Design	<ul style="list-style-type: none"> • Hold Kickoff Meeting(s) • Gather Requirements (Interviews) • Prepare System Flow Diagrams • Identify External Interfaces • Assess Impact to Current System • Prepare Analysis & Design Specifications • Conduct Analysis & Design Walkthrough 	200
2) Program Development & Modifications	<ul style="list-style-type: none"> • Develop Programs per Specifications • Develop Record Layout(s), JCL etc. for external interfaces • Create Unit Test Plan • Perform Unit Test • Prepare Program Documentation • Conduct Program Walkthrough 	400
3) Testing/Training	<ul style="list-style-type: none"> • Create System Test Plan • Perform System Test • Prepare Test Results • Conduct Test Results Walkthrough • Conduct and continue ongoing Training and Knowledge Transfer Sessions. 	200
4) Implementation	<ul style="list-style-type: none"> • Preparation of documents Production Control and Data Guidance • Turnover Program Documentation 	100
5) Project Management	<ul style="list-style-type: none"> • Conduct Status Meeting • Prepare Weekly Status Report • Prepare Detailed Work Plan • Track & Resolve Project Issues • Monitor Project Work Plan(s) 	100
6) Other Projects and Tasks	<ul style="list-style-type: none"> • As defined and scheduled • Creation and development of these to follow System Development Life Cycle 'templates' as above 	1080
Total		2080

**County Services Medi-Cal Projects
in Support of County Mental Health Plans and DMH Programs**

0318

The County Services Unit of the Department of Mental Health (DMH), Information Technology, supports DMH program staff through the new development and enhancement of automated information systems to meet federal and state reporting requirements and to facilitate the management and oversight of community mental health care. In order to create the most effective systems possible, the County Services staff work directly with the county mental health plan program and technical staff to develop and improve county level applications that interface with DMH systems including on-line, real-time access to DMH Headquarters' systems. The following is a list of current and planned Medi-Cal related projects for development by County Services.

1. **Provider System (PRV)** - DMH is building an integrated, on-line application for inquiry and update of provider and legal entity data. Such a system has not existed before and will include Medi-Cal certification information for furnishing current provider validation information to the CSI and SD/MC systems, and for generating reports and files required by external entities such as EDS, DHS and all county mental health plans. This system will allow for faster and easier correction of data, and well as automate and accelerate the claims payment processes and provider authorization process for the Point-of-Service devices.

Scope: Approximately 5 months for technical staff with very strong analysis skills.

2. **County of Fiscal Responsibility Reporting System (CFRRS)** - This on-line reporting application will allow county staff to produce reports to verify and reconcile services for their beneficiaries, which were provided by other counties. This includes reports of county submitting data, county of financial responsibility, and county of Medi-Cal eligibility establishment (from the beneficiary identification code).

Scope: Approximately 2 months for technical staff with strong integration skills.

3. **Therapeutic Behavioral Services (TBS)** - On-line application for inquiry and reporting which will provide Internet functionality for the counties to submit initial and quarterly information to DMH on provision of TBS services to beneficiaries. This information will be integrated with the SD/MC and CSI systems.

Scope: Approximately 2 months for technical staff with strong system integration skills.

- 4. Inpatient Consolidation System (IPC)** - Allows counties to view and report the inpatient claims data files provided by the fiscal intermediary (EDS) under Managed Care Phase I. Counties use this information to verify realignment offsets by DMH and reconcile paid claims with their associated TAR's. DMH Managed Care and Accounting use this system for resolving county inpatient claim issues and to calculate the realignment offset.

Scope – Currently working on an Access 97 version of the /PC that is Y2K compliant. On-going maintenance believed to be minimal but there will always be questions from the counties due to staffing or equipment changes. There are also frequent requests for data from counties when they are unable to retrieve data from EDS, as well as requests for technical assistance with modem communication problems. DMH Accounting and Managed Care staff have ongoing requests for accounting studies to resolve invalid claims issues.

- 5. County Cost Reporting System (CCR)** - This new system will provide DMH County Financial Program Support section with a system to process Local Mental Health Program Cost Reports showing SD/MC, realignment, and other cost revenues by legal entity and mode of service; and enable the program to have the capability to provide several data analysis reports showing summary and aggregate information. This will simplify and shorten the cost report data validation processes with County staff. These reports are needed by SD/MC and realignment auditors, the State legislature, and local, state, and national interest groups.

Scope: approximately 18 person months the first year for development and county support; 3-4 person months each subsequent year to incorporate yearly changes. Scope of county use: It is anticipated that all 58 Counties would utilize this system.

- 6. Short-Doyle/Medi-Cal System (SD/MC)** - This system is currently under process improvement to shorten and simplify the claim submission, correction, and approval processes through new electronic file transfer processes. This is important to the counties since it will provide faster reimbursement and require fewer resources.

Scope: On-going maintenance and enhancement issues. Working toward full DMH/DHS table integration (aid code, service rate, FFP rate, provider, etc.).

7. Short-Doyle/Medi-Cal Explanation of Balances and Error Correction Report 0320

(EOB-ECR) – A significant improvement to SD/MC processing is the automation of the error correction process, which will replace vast amounts of paper mailings with a electronic correction process. Currently, county staff mark corrections on extremely voluminous reports and send them to the Department of Health Services (via DMH), which, in turn, key enters the data into the system. In addition to the excessive staff time used to process this paper, there is considerable time delay using the paper processing over the proposed electronic process.

Another request from the counties is to enhance the current Access 97 EOB application to produce several summary reports from their EOB files, which contain detailed adjudicated claims information.

Scope: The new ECR process will take approximately 18 person months to develop. The EOB application will take approximately 2 person-months to enhance.

8. Medi-Cal Eligibility Database System (MEDS) - Provides county mental health programs with Medi-Cal eligibility data files to conduct analyses of their risk under capitation or block grant contracts; plan allocation of their resources; and identify clients who are eligible for Medi-Cal and identify their third party insurance coverage, if any. This system also provides counties with non-resident beneficiary information upon submission of a MEDS ID. Currently, staff are analyzing the county request to perform real-time queries of the MEDS information from their county based integrated systems.

Scope: Y2K changes complete to the Access 97. On-going maintenance believed to be minimal but there will always be questions from the counties due to staffing or equipment changes. We have county requests to develop an on-line application for the counties to access the data real time at the data center.

9. New Institutions for Mental Disease (NIM) - The Department of Health Services (DHS) is required to provide the Health Care Financing Administration (HCFA) information on Medi-Cal beneficiaries in Institutions for Mental Disease (IMD). This requirement is to ensure compliance with Medicaid requirements involving Federal Financial Participation (FFP) and Fee-For-Service/Medi-Cal (FFS/MC) ancillary services. In order to facilitate this requirement, this system collects the IMD information from the counties in Excel or Access format. To reduce the county reporting redundancy, IMD information will be collected from CSI once counties report to CSI.

Scope: Approximately 1 person month of IT staff support required ongoing and 1 person month to create the IMD process for CS.

10. Information Technology Web Server (ITWS) / Bulletin Board System (BBS) – ⁰³²¹

Allows file transfer and data exchange for all County Mental Health and Department of Mental Health Systems. Online interactive access to real-time County information. Ongoing development and improvement to these systems. Online documentation for all systems including: SD/MC (Short-Doyle/Medi-Cal), MEDS (Medi-Cal Eligibility Database System), CSI (Client and Services Information System), PRV (Provider System), EOB (SD/MC Explanation of Balances), etc. This access capability greatly decreases the time required for handling and errors in the initial processing steps.

Scope: The mechanisms to facilitate the file transfers have been evolving. The BBS took 2 person years to bring to its current state. On-going moderate level of support is required to maintain its operation. The ITWS development is just beginning and will eventually replace the BBS. The ITWS is the 'portal' for which all Counties may view, access and exchange information and data with DMH Systems.

11. County Decision Support System (DSS) - Development of a county Decision Support System (DSS) including linkage to legacy and current service and eligibility information. Integrating CSI data with other DMH systems is anticipated to be extremely useful to staff in the counties and state hospitals as well as headquarters staff. The DSS will enable staff to query for related information in the Client Data System (CDS) and Fee For Service (FFS) legacy databases, the Medi-Cal Eligibility Database System (MEDS), the Short/Doyle Medi-Cal (SD/MC) - Explanation of Balances (EOB) system, the Inpatient Consolidation (IPC) system, and the CSI system. The DSS database will be created on the department's LAN with the goals of fast and simple access to pertinent business information with minimal query processing cost. Department staff will use this critical business information to improve the mental health service delivery system.

Scope: Approximately 18 person months the first year for development and county support; 3-4 person months each subsequent year to incorporate changes and for ongoing maintenance, data summarization, file extractions, modifications or enhancements due to changes in federal or state programs.