INVITATION

The Harris Center for Mental Health and IDD (The Harris Center) is accepting Proposals from vendors experienced in providing clinical and operational software solutions for the provision of services to persons with severe and persistent mental illness, persons with intellectual and developmental disabilities and persons in need of substance abuse services.

The Harris Center invites your company to submit a response to this Proposal. If you are interested in submitting a response, please adhere to the General Instructions and Requirements as outlined in the enclosed Request for Proposal.

Vendors shall pay particular attention to all INSTRUCTIONS, REQUIREMENTS and DEADLINES indicated in the attached documents and should govern themselves accordingly.

A Vendor Conference for those interested in responding to this RFP will be held on Tuesday, August 7, 2018 - 9:00 a.m. to 12:00 noon. Vendors are encouraged to attend.

In accepting Proposals, The Harris Center reserves the right to reject any and all Proposals and to waive any requirements in order to take the action, which it deems to be in the best interest of The Harris Center.

At the time and place established for receipt of the Proposal, The Harris Center will only release the names of the vendors that have responded to the Proposal. No other information will be released until after The Harris Center’s Evaluation Team has evaluated the responses to this Proposal, and an award has been made and approved by Executive staff and The Harris Center’s Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

The Harris Center Mental Health and IDD
EHR/RCM Project Team
Request for Proposal

**********************

THE HARRIS CENTER EHR/RCM PROJECT

September 2018

Job #: 19/0001

The Harris Center for Mental Health and IDD
Purchasing Department
9401 Southwest Freeway
Houston, Texas  77074
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Separate Attachments:

*Exhibit A*—The Harris Center clinical, billing and technical questions to be answered Yes/No with comments.

*Exhibit B*—Pricing Matrix

*(HHS)*—Attachment D - DATA USE AGREEMENT
REQUEST FOR PROPOSAL

SECTION I. OVERVIEW

BACKGROUND AND OBJECTIVES

It shall be the mission of The Harris Center for Mental Health and IDD, within the resources available, to provide or ensure the provision of services and supports that are as high quality, efficient, and cost effective as possible such that persons with mental disabilities may live with dignity as fully functioning, participating and contributing members of our community, regardless of their ability to pay.

- Persons with severe mental illness and substance use disorders should be able to live in homes of their own, develop relationships, work, and remain out of hospitals and criminal justice facilities.
- Persons with intellectual and developmental disabilities should be able to acquire the skills and access community resources to develop networks or human relationships, learn, work and live in environments of their choosing.

Children and adolescents with serious emotional disturbances should be able to live in homes with families, develop normal relationships with their peers, attend school, and remain out of hospitals, residential and juvenile justice facilities.

The Harris Center for Mental Health and IDD provides mental health and intellectual and developmental disability services to Harris County residents through four service divisions: Mental Health Outpatient Services, Mental Health Forensic Services, Intellectual and Developmental Disability Services, and the Comprehensive Psychiatric Emergency Program. As the largest provider of mental health and IDD supports in Texas, we served over 54,037 individuals in Fiscal Year 2017. In addition, we served over 20,199 individuals at the Harris County Jail through our contract with the Harris County Sheriff’s Office.

The Harris Center is the largest community based provider of clinical services to mental health and IDD consumers in Texas. It maintains operations at over 25 facilities throughout all parts of Harris County and operates on an annual budget in excess of $276 million. The Agency has fixed pricing budgets and all pricing quoted should remain fixed for the duration of contract. Our goal is to employ best practices and cost effectiveness.

The Harris Center invites qualified companies herein after referred to as a “provider, contractor or vendor” to submit proposals for an Electronic Health Record (EHR) and Revenue Cycle Management (RCM) System in response to this solicitation.

The contract period is anticipated to begin with five (5) base years and five (5) one-year renewal options at the discretion of The Harris Center, provided the vendor has satisfactory performance and service.
## SECTION II.  PROPOSAL TIMELINE & EVENTS

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<td>Release of Proposal to Prospective Vendors</td>
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| Pre-Proposal Conference                    | **Tuesday, August 7, 2018,** 9:00 a.m. – 12:00 Noon  
|                                           | Onsite at 9401 Southwest Freeway, Houston, TX 77074  
|                                           | or                                        
|                                           | Participants may dial-in from any location using the Access # & PIN code below. |
|                                           | Toll-Free Access# 1-866-206-0240          |
|                                           | Participant PIN Code: 569147#             |
| Deadline for Question from Vendors         | Monday, August 13, 2018, 5:00 p.m. - close of business |
| Deadline for Responses to questions        | Monday, August 20, 2018, 5:00 p.m. - close of business |
| **Proposal Deadline**                      | **Tuesday, September 11, 2018,** 10:00 a.m. |
| (Submission of Signed RFP Response)        | **Tuesday, September 11, 2018,** immediately following receipt of Proposals |
| Proposal Opening                           |                                           |
| Demo/Interview schedule                    | **Monday, September 24 through Friday, September 28, 2018 and Monday, October 1 through Wednesday, October 3, 2018.**  
|                                           | Tentative Demos/Interviews will be scheduled during these dates. |
SECTION III. GENERAL INSTRUCTIONS

A. Pre-Proposal Conference/Questions

A Pre-Proposal Conference will be held on Tuesday, August 7, 2018 at 9:00 a.m.-12:00 noon, at 9401 Southwest Freeway or:

Participants may dial-in from any location using the Access # & PIN code below.

Toll-Free Access #: 1-866-206-0240  
Participant PIN Code: 569147#

Deadline for questions from Vendors: Monday, August 13, 2018 by 5:00 p.m., close of business  
Deadline for Response to Questions: Monday, August 20, 2018 by 5:00 p.m., close of business

All questions concerning the PROPOSAL Specifications must be submitted in writing and emailed or faxed to the following team members:

Sharon Brauner, C.P.M., A.P.P., Senior Purchasing Coordinator  
Ofc: 713-970-7279  
Fax: 713-970-7682  
Email: sharon.brauner@theharriscenter.org

CC:

Nina Cook, MBA, CTPM, CPPB, Director of Purchasing  
Ofc: 713-970-7287  
Email: nina.cook@theharriscenter.org

B. Submittal Procedure

The Proposal, subject to all conditions and specifications attached hereto, must be signed in INK by a person or officer of the company submitting a response to this Proposal that is authorized to enter into contractual agreements on behalf of the company. Proposals received unsigned will be deemed non-responsive and therefore will not be accepted.

Deadline to submit “Final Proposal” is Tuesday, September 11, 2018 @ 10:00 a.m. The original Proposal, signed in ink, twelve (12) additional photocopies and a flash drive (USB), should be submitted in a SEALED ENVELOPE and delivered to the attention of:

THE HARRIS CENTER FOR MENTAL HEALTH & IDD  
Purchasing Department  
Attn: Sharon Brauner, Senior Purchasing Coordinator  
9401 Southwest Freeway, Houston, Texas  77074  
“THE HARRIS CENTER EHR/RCM PROJECT”  
DO NOT OPEN UNTIL TUESDAY, SEPTEMBER 11, 2018 @ 10:00 A.M.

NO PROPOSAL WILL BE ACCEPTED AFTER THE STATED DEADLINE
Respondents may mail or personally deliver their response to this Proposal to the Purchasing Department of The Harris Center at the above address. The Harris Center will not be responsible for any document(s) that is (are) lost in the mail or not delivered to the Purchasing Department by the stated deadline for any reason.

Responses to this Request for Proposal shall include all documentation as requested in the Request for Proposal.

C. Proposal Opening

A Public Proposal Opening will be held immediately following receipt of Proposals on Tuesday, September 11, 2018 at 9401 Southwest Freeway, Houston, Texas 77074.

D. Non-Discrimination Policy Statement

The Harris Center for Mental Health & IDD does not discriminate against any individual or vendor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age, disability, political affiliation, or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a vendor because of race, color, religion, sex, national origin, age, disability, or political affiliation.

E. Immigration Reform and Control Act

The successful vendor shall provide appropriate identification and employment eligibility documents and complete Form W-9 to meet requirements of the Immigration Reform and Control Act of 1986. Vendors are to complete this form and submit with their Proposal documents.

F. References and Experience

All interested parties will be required to submit with their response to this Proposal a minimum of five (5) references where vendors have provided service (within the last year) that pertain to this type of project/service. References shall include company name, address, telephone number, fax number, contact person, email address of primary contact person, website address. The interested parties must agree to authorize clients to furnish any information required by The Harris Center to verify references provided, and for determining the quality and timeliness of previous work performed.

Vendor shall submit with their response to this Proposal, documentation of past performance in projects of similar magnitude, resulting in customer satisfaction particularly in the areas of professionalism, contract performance, quality of the personnel, responsiveness and flexibility, etc.

G. PROPOSAL Guarantee/Award Procedure

It is anticipated that a recommendation for award will be made no more than one hundred twenty (120) days after the PROPOSAL DUE DATE. All interested parties are required to guarantee their fees/pricing as an irrevocable offer valid for one hundred and eighty (180) days after the Proposal due date. The Harris Center in its sole and absolute discretion shall have the right to make an award for any or all items/services listed in this Proposal, shall have the right to reject any and all responses to this
Proposal document as it deems to be in its best interests, to waive formalities and reasonable irregularities in submitted documents, shall not be bound to accept a response of any one vendor.

H. Permits

Any and all permits as required by authorities having jurisdiction; local, state, county, and/or federal, are the total responsibility of the interested parties/vendor/provider.

I. Financial Information

Vendor/Provider must submit a copy of their last AUDITED financial statement. Include a copy of your latest annual report or other comparable document. As evidenced by financial information requested, indication that the vendor is financially stable and able to provide the system and services as indicated in the Proposal response.

J. Payments

Vendor/Provider is to submit properly completed invoice(s) to the address specified on the purchase order. To insure prompt payment, each invoice should indicate purchase order number, description of service provided.

K. Price Adjustments

Vendor/Provider will be required to honor their proposal prices for the term of the contract period.

L. Historically Under-Utilized Business (HUB)

This Agency shall make a good faith effort to utilize Historically Underutilized Businesses (HUB’S) in contracts for services, (including professional and consulting services). Please submit proof of Historically Underutilized Business “HUB” state certificate. Submit the form with your response along with a copy of the subcontractor certificate.

If your company is not certified, please submit Attachment B, if you intend to subcontract services. If not, write “none” on Attachment B and submit it.

M. Minority / Women and /or Disadvantaged Business

This Agency shall make a good faith effort to utilize Minority/Women and/or Disadvantaged Businesses (M/W/DBE’s) in contracts for services, (including professional and consulting services). Please submit proof of City/State M/W/DBE certificate.

N. Direct or Indirect Assignment

The successful vendor will not be permitted to directly or indirectly assign rights and duties under the contract without express approval by The Harris Center.
O. Form W-9

SECTION IV.  PROPOSAL STIPULATIONS AND REQUIREMENTS

A. Modification or Withdrawal

Proposal document may be modified or withdrawn prior to the deadline, provided such modification or withdrawal is submitted prior to the deadline. Any modification received after the deadline shall be deemed late and will not be considered.

B. Offer and Acceptance Period

Responses to this Proposal documents must be an irrevocable offer valid for one hundred and eighty (180) days after due date.

C. Late Proposal Submittals

Responses to this Request for Proposal, documents received after the stated deadline shall be deemed late and will not be considered.

D. Irregularities

Except as otherwise stated in this Request for Proposal, evaluation of all Proposals will be based solely upon information contained in the vendor's response to this Request for Proposal. The Harris Center shall not be held responsible for errors, omissions or oversights in any vendor's response to this Proposal. The Harris Center may waive technical irregularities, which do not alter the price or quality of the services.

The Harris Center shall have the right to reject responses to this Proposal containing a statement, representation, warranty or certification which is determined by The Harris Center and its counsel to be materially false, incorrect, misleading or incomplete. Additionally, any errors, omissions, or oversights of a material nature may constitute grounds for rejection of any response to this Proposal.

The inability of a vendor to provide one or more of the required components or specified features or capabilities required by this Proposal does not, in and of itself, preclude acceptance by The Harris Center of the Proposal. All Proposals will be evaluated as a whole in the best interest of The Harris Center.

E. Oral Presentations

Any vendor that submits a response to this Proposal may be required to make an oral presentation for further clarification upon The Harris Center’s request. See Timeline for tentative dates for Demos/Interviews.

F. Amendments to the Proposal

If it becomes necessary to revise any part of this Proposal package or if additional information is necessary to clarify any provision, the revision and/or additional information will be provided to each vendor via email or faxed amendment.
G.  Availability of the Proposal

After opening, each response to this Proposal, except those portions for which a vendor has included a written request for confidentiality (e.g., proprietary information), shall be open to public inspection.

H.  Retention of Proposals

All responses to this Proposal document considered by The Harris Center shall become the property of The Harris Center and shall not be returned.

I.  Notice “Not to Participate” Form

We ask that the prospective provider(s)/vendor(s) who respond to this Request for Proposal invitation whether they can or cannot provide products, supplies and/or service(s) outline in this RFP complete the Notice “Not To Participate” form. Vendors who respond to this RFP invitation will remain on our mailing list. If participating, note that on the form. Vendors making no response may be removed from our mailing list for future projects. (ATTACHMENT D)

J.  Incurred Expenses

The Harris Center shall not be responsible for expenses incurred by a vendor in the preparation and submission of a Request for Proposal response. This provision also includes any costs involved in providing an oral presentation of the Proposal.

K.  Term of Contract

The intent of the Request for Proposal is to award for five (5) base years and five (5) one-year renewal options at the sole discretion of The Harris Center based on satisfactory performance, which will be reviewed on an annual basis.

L.  Licensure

The vendor shall submit, with their Proposal, a copy of any license(s), certifications(s), registration(s), permit(s), etc. as required by authorities having jurisdiction: local, state, county, and/or federal.

M.  Deviation Form

Each proposal shall contain a Deviation Form, which also contains a vendor commitment to operate within the provisions of this Request for Proposal and Sample Contract. The purpose of the Deviation Form is to allow a prospective vendor to note any concerns relative to the form or substance of the Request for Proposal or Sample Contract. Please note that the sample and final contract have provisions that are not subject to negotiation. Those provisions are Indemnification, Jurisdiction, Venue and Damage Limitations. Note further, that the sample contract includes provisions for submitting a Certificate of Insurance. However, all RFP submittals must include an Evidence of Insurance Certificate. A Certificate of Insurance will be requested at the time of final contracting if your Proposal is selected. State all deviations in a clear and concise manner. Thereafter, sign the commitment statement notwithstanding any deviations that you submit. The Commitment Statement must be signed by a duly authorized Agent. (See Attachment C)
N. Subcontractors

All provisions and/or stipulations within this Request for Proposal also apply to any authorized subcontractors.

O. Pricing

Each vendor shall provide responses to “Proposal Reply” page with their proposed costs detailed as per the template provided in Exhibit B.

P. Conflict of Interest Provision

The conflict of interest provision is applicable, in that contractors who develop or draft specifications, requirements, statements of work and/or RFP for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement.

Q. Texas Public Information Act

All information contained in proposal packet is subject to the Texas Public Information Act (the Act), located in the Texas Government Code, Chapter 552. Any member of the public, including the news media and competitors, may submit an open records request for the information contained in the proposal packet. Subject to the Act, Proposers may protect trade secret and confidential information from public release. All information the proposer believes to be confidential, a trade secret or proprietary information must clearly mark such information in boldface type and include the word “CONFIDENTIAL”, “PROPRIETARY” or “TRADE SECRET” at the top of every applicable page. Proposers should consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets, proprietary information or other confidential documents.

Offerors are cautioned that once a response to a solicitation is opened, all information contained therein will be available to the PUBLIC unless the information is excepted from the requirements of Government Code Section 552 pertaining to Open Records.

The Harris Center for Mental Health and IDD cannot guarantee that it will not be compelled to disclose all or part of any proposal, since the information deemed to be confidential by the Proposer may not be considered confidential under Texas law or pursuant to a court order. In the event The Harris Center receives a request for portions or all of a proposal packet marked “confidential”, “trade secret” or “proprietary”, then The Harris Center will forward the request to the office of the Texas Attorney General. The Harris Center will notify the proposer whose proposal is subject to the request. The Harris Center for Mental Health & IDD will assume no obligation for asserting legal arguments on behalf of the Proposer. Proposers are solely responsible for submitting a brief and the documents in issue to the Texas Attorney General. At all times, The Harris Center will comply with the provisions of the Texas Public Information Act as required by State law. The Harris Center must comply with the decision of the Attorney General, including decisions to release information marked “CONFIDENTIAL”, “TRADE SECRET” or “PROPRIETARY”. 
SECTION V. EVALUATION CRITERIA

Not all evaluation factors are equal in importance and each factor is weighted in accordance with its importance to The Harris Center. Each item has been assessed a percentage upon which the final score will determined. A total of 100 points for the following items will be considered a perfect score.

The following will be significant factors in evaluating proposals, but the evaluation will not be limited solely to these items when making a final recommendation, See Exhibit A.

| A. | Clinical workflow 30% | Physician and other clinical specialties have a good hands-on experience, with minimal clicks and data entry. Inpatient and outpatient workflows as well as crisis/emergency and IDD workflow. Goals link to progress notes. E-prescribing, Medication Reconciliation, MAR, interface with internal pharmacy system and Pyxis. Mobile Off-line functionality. |
| B. | Administrative Support functions, Overall Application 10% | Registration, Scheduling, Order Entry with Order Sets, Results, Alerts, Dashboards, electronic Signature, document management, mobility, inpatient and outpatient workflows |
| C. | Revenue Management 20% | High transaction processing for Billing, claims, receivables, collections, insurance verification and clinical solution integration |
| D. | State and Federal Reporting 10% | State (Care, CMBHS–CANS/ANSA, CCBHC, Medicaid MU–Current required version); Federal (MACRA, DSRIP – 1115 Waiver) |
| E. | Compliance and QI Management and Reporting (incl Outcomes) 10% | Ability to meet all regulatory performance and documentation requirements, including state (HHSC) contract requirements. Data entry/collection is accomplished using database fields that can satisfy outcome and QI reporting needs, capability of adhoc reporting, and are supported by a published data dictionary |
| F. | Technical and Overall Program Concept 10% | A well-defined solution (hosted and/or on premise) for all components of the system(s), the implementation services, and the ongoing maintenance and support, (functionality, integration, reliability, scalability, remote access, configuration and technical architecture compatible with current infrastructure). Data dictionary for the complete solution. Standard and adhoc reporting with export capability (Interface Engine, etc.). Coordinate and exchange data with county hospital systems and other internal/external systems. |
| G. | Cost 10% | Cost evaluation will be based on the prices quoted in this RFP and will be based on 7 to 10-year total cost of ownership. The final cost may be further negotiated with the successful Vendor. |

Not all evaluation factors are equal in importance, and each factor will be weighted during the evaluation process in accordance with its importance to The Harris Center.
SECTION VI. SCOPE OF SERVICES

SCOPE OF SERVICES

SUB-SECTION I -- Key Criteria for Selection

For a vendor to be considered, the following criteria must be met:

1. CMS 2014 & 2015 CEHRT Certification
2. Clinical Workflow and IDD (Intellectual or Developmental Disabilities) Functionality
3. State & Federal Reporting
4. Robust, high volume transaction processing Revenue Cycle Management Engine
5. Able to coordinate with and exchange data with other care providers, multiple internal systems, and health information exchanges

The Agency will select vendors based on demonstrated ability to meet key criteria including the following:

- Ability to meet the needs and functional requirements of the Agency’s service areas – mental health, intellectual and developmental disabilities, early childhood intervention, crisis services, and addiction and substance abuse services and revenue cycle management
- Ongoing viability of the vendor and its commitment to support ongoing development of a public sector behavioral health software solution
- Change management processes that allow Agency to accomplish mandated changes on a timely basis
- Outcomes management and cost benefit analysis capabilities
- Service level provisions for maintenance, modifications, enhancements, and high-availability option for 24x7 reliable performance
- Flexibility and scalability to grow (and shrink) as required by the Agency and its funding streams

SUB-SECTION II -- Project Description

The Harris Center for Mental Health and IDD (The Harris Center or Agency) will select, purchase and implement EHR software to support delivery of the services provided in the areas of behavioral healthcare, intellectual and developmental disabilities, early childhood intervention, and addiction services. The system will need to address all aspects of an electronic client data and revenue cycle management system.

Our Agency has the desire to put in place a comprehensive integrated system solution that completely addresses all operational aspects for clinic and community-based services, as well as emergency, residential, inpatient, and long term care services to include, but not limited to, areas listed below, as well as the requirement for the solution to operate and be adhere to the Texas regulatory environment. The system must incorporate a currently 2014 & 2015 Certified Electronic Health Record (EHR), support the administrative and business processes of each service area, provide interfacing and inter-operability to our community partners and all necessary state agency systems, provide decision support that incorporates accepted best practices and provide a multitude of analytic capabilities to enhance effective management of staff and program resources. It is anticipated that the selected vendor will establish a contractual relationship with the Agency.

Harris county has a large and diverse population base of >3.8 million. This large service area requires that our Agency strives to deliver a multitude of services at the optimal level of quality within the available resources. The large and diverse array of services include:

- Mental Health (Child, Adolescent, and Adult)
- Intellectual and Developmental Disorders (serving all ages)
- Addiction Services (Adolescent and Adult)
- Crisis/Emergency Services (provided 24/7)
- Early Childhood Intervention Services (serving ages 0-3)
• A variety of Mobile and Field-based services throughout Harris County

Operational areas supporting the provision of services that the solution will address include:
• General; Administrative Service Organization
• Quality Management
• Registration and Admission; Scheduling
• Assessment; Plan of Care; Case Management
• Services; Crisis Line Services
• Pharmacy
• Billing and Revenue Management
• Reporting, County, State and Federal
• Technical Specifications; Interfaces
• Medical Records Specifications

The Agency is looking for a single system solution, but realizes that this solution may include third-party solutions for some aspects. These should be included in the proposal and integrated into the full solution if they are necessary to deliver the requirements contained within this proposal. We would entertain solutions that speak to our needs with a single solution, an integrated solution of software modules, or an integrated solution of software packages from single vendors, vendor partnerships and/or system integrators as long as presented within the overall solution. We believe that a solution that is flexible, responsive, and adaptable will best meet our needs in an ever-changing service environment.

SUB-SECTION III -- Requirements

Describe (and be prepared to demonstrate) your strategies to meet the functional requirements as described below and listed in Exhibits A. The exhibit contain functional requirements for this project. These exhibits are not intended to be exhaustive lists of all items that will be needed but rather a summary view of these functional areas.

It is the intention of The Agency that these detailed service area functional requirements will become the starting point for and implementation.

• General Requirements

Because the Agency provides a range of health and human services we require a system that affords maximum flexibility of the configuration and customization of the user interface, screens, desktops, forms, etc. A summarization of these requirements can be found in Exhibit A.

• Administrative Service Organization Requirements

The Agency operates and maintains an extensive network of internal (staff) and external (contracted) providers. These include traditional professional services (nursing, OT, PT, physicians, psychologists) and non-traditional service providers (day programs, personal and attendant care, job coaching, etc.). All of the functions associated with authorizing services, billing payers, credentialing, utilization review management, and paying contracted providers must be seamless whether the provider is staff or contract. Electronic interface with major payors is essential. A summarization of these requirements can be found in Exhibit A.

• Quality Management Requirements

The programs and services operated by The Agency are subject to a variety of Local, State, and Federal laws, requirements, and program rules. The solution must be able to accommodate the performance of quality management activities and processes to assure compliance with all that are applicable. A summarization of these requirements can be found in Exhibit A.
• **Registration and Admission Requirements**

The programs and services operated by the Agency share a number of common activities and processes regarding initial screening, registration and admission. There are some data elements that are unique or specific by program and/or funding source. A summarization of these requirements can be found in Exhibit A.

• **Scheduling Requirements**

The Agency is seeking a solution that can accommodate robust scheduling tools for use by clinics, program areas, service providers, managers and others. Requirements also include functionality for alerts and notifications. A summarization of these requirements can be found in Exhibit A.

• **Assessment Requirements**

Often the final determination of eligibility may be dependent on the results of certain assessments and evaluations. Additionally, plans of care and services to be authorized are driven by assessment results. A summarization of these requirements can be found in Exhibit A.

• **Plan of Care Requirements**

Most services and supports provided by the Agency are delivered in accordance with a Plan of Care that is developed by a team of professionals and other service providers, in conjunction with the consumer and family members. The specific requirements, formats, processes and particulars of each Plan of Care are usually dictated by the program, funding source, or professional practice standards. A summarization of these requirements can be found in Exhibit A.

• **Case Management Requirements**

While Case Management functions are similar between the various services and programs provided by the Agency, there are a variety of different requirements, forms, and reporting elements. The location of service delivery may also impact Case Management functional requirements. A summarization of these requirements can be found in Exhibit A.

• **Crisis Line Requirements**

The Agency operates extensive telephone-based crisis screening, intake and referral services. A summarization of these requirements can be found in Exhibit A.

• **Services Requirements**

The Agency provides a very diverse range of human services that are both site based (clinics, day programs, inpatient facilities, residential programs) and community based (in the home, work, at schools or other settings). Additionally, having a large network of internal and contracted service providers creates complex functional requirements relative to service delivery and documentation. A summarization of these requirements can be found in Exhibit A.

• **Pharmacy Requirements**

The prescribing, purchasing and dispensing of consumer medications is a major activity for the Agency. The Agency requires functionality in the creation of electronic scripts, medication reconciliation, patient education, and script management. A summarization of these requirements can be found in Exhibit A.
• Billing and Revenue Requirements

The Agency operates within a very complex environment of both public and private payer sources. This includes the assessment and collection of co-pays and fees prior to service delivery. The solution must offer functionality to accommodate the various processes needed to operate in this environment and to permit flexibility in responding to new or revised payor opportunities. A summarization of these requirements can be found in Exhibit A.

• Reporting Requirements

The proposed solution must support the Agency’s need for a wide range of analytical and process improvement tools including clinical outcome measures and cost benefit analyses. One aspect of this need is to provide users with a very strong reporting functionality. This includes standard reports as well as extensive user defined ad hoc capabilities. A summarization of these requirements can be found in Exhibit A.

• Interface Requirements

The Agency has multiple funding sources, many of which have extensive reporting and data submission requirements. Additionally, the Agency operates in communities with numerous health and human services providers. The proposed solution must enable the Agency to exchange information seamlessly with funding sources and other providers and health care entities in the community. A summarization of these requirements can be found in Exhibit A.

• Current Technical Environment

The Agency has expended resources to develop the infrastructure to support the technology needs of the Agency and has clear technology preferences. The proposed solution should accommodate those preferences. A summarization of these requirements can be found in Exhibit A.

• Sizing and Growth Estimates

Our current concurrent user base is around 900, has never peaks above 950, during normal clinic hours (8 am through 5 pm) weekdays. 24 hour units create approximately 100 users. Total named user count is approximately 1900, EHR and RMS

Outpatient (Clinic, Referred, SDC) Visits per Year: 610,000

Current Infrastructure
HP Servers and Blades - DL 360, DL 380, BL 460
HP C7000 Chassis
HP C3000 Chassis
Dell Compellent Storage
Brocade Switches - 10 gig, 1 gig
Cisco Switches - 10 gig, 1 gig, 100 mg
Citrix Netscalers 5650 Load Balancers

Site to Site Connectivity
1 gig
100 mg
50 mg
T-1
WiFi
Internet Connectivity
(2) 100 mg Internet links - separate providers, load sharing

Datacenter Software
Windows Server 2003 - 2012 R2
Microsoft SQL Server 2008 - 2012
VMWare 5.5
Citrix 6.5 XenApp and XenDesktop

• Medical Record Requirements

The Agency must maintain legal medical (health) records that are produced to outside sources as the legal business record for services provided to each client. The solution needs provide the ability to define one or more reports as the legal electronic health record for disclosure and other reporting purposes. A summarization of these requirements can be found in Exhibit A.

SUB-SECTION IV -- Technical Specifications

A. Technical Specifications, Capabilities, and Security

Describe technical specifications, platforms, and architecture options for a hosted solution and/or on premise in the areas of:

• Hardware Required (Data Center Equipment as well as end user workstations)
• Database Products
• Operating Systems
• Development Tools
• Languages
• Communication Products
• Internet/WWW Tools
• Documentation Software
• Data Entry Devices/Methods
• Workstation/Server architecture i.e. 2 tier client server, 3 tier, thin client, etc.
• Technical Certifications

Describe technical specifications, platforms, and architecture options for a hosted solution in the areas of:

• Number of existing hosted customers
• Datacenter geographical locations and failover methodology
• Application service provider (ASP)
• Data archiving and restoring process
• System backup and restore process

Describe technical capabilities in the areas of:

• Configuration, modeling, customization tools:
  - User interface
  - Menus, Screens and navigation functions
  - Workflow and Forms
Describe capabilities in terms of interfacing:

- Standards adhered to such as Active-X, HL7, ASTM, and ANSI
- Data Conversion options
- Interface engine
- Approach to integration with other software and options i.e. batch, real-time, Interfaces for further information.

Describe capabilities in terms of application security:

- User roles and Detail access restriction such as caseload access
- Password configuration/expiry enforcement
- Security access violation notification
- HIPAA-level auditing

B. Support & Maintenance, Training, and Implementation

Describe capabilities for providing support, technical assistance, and ongoing software maintenance:

- Support infrastructure, methods, issue tracking
- Service level agreement, Support levels and cost variations between the levels
- Development methodology and change management
- Upgrade process, frequency
- New feature prioritization, user group

Describe capabilities and offerings regarding training and implementation:

- Training options i.e. in person, onsite, offsite, e-learning, etc.
- Levels of training i.e. beginner, specialized by function, advanced, etc.
- Implementation services approach and philosophy
- Implementation methodology

SUB-SECTION V -- Pricing Strategies, Fees, and Projected Costs

The Agency’s goal is to select and implement a comprehensive solution. The solution may come from a single vendor or may be comprised of various “best of breed” applications that require integration, however there should be one RFP response for the entire solution and one vendor should be the primary vendor.

• Response Requirements
The Harris Center for Mental Health and IDD proposes to purchase the Deliverables required to meet the requirements set out in this RFP, including the business and technical requirements specified in Exhibit A. Cost information about the Deliverables proposed to be provided by the Proponent should be captured in the completed version of Exhibit B – Pricing accompanying this RFP.

• General Pricing Requirements
If the Proponent becomes the Selected Proponent, The Harris Center expects that the pricing set out in the Proponent’s Proposal will remain valid during the Timeframe for Negotiations and continuing until the execution of the Agreement. Proponents are advised that any request for modifications to the pricing made by the Proponent during this period may constitute a withdrawal by the Proponent of its Proposal.
Respondents must describe in detail all of their assumptions in developing pricing and the impact on pricing if assumptions are not valid. The inclusion of any assumptions, constraints, or caveats as part of the Proponent’s pricing may result in the disqualification of a Proposal or a lower number of points being awarded to the Proponent’s Proposal.

1. Software licensing approach, for example: per company, per concurrent or named user, per number of users, or per size of company, etc., and a proposed price indication of what the fee is.
2. What is the estimated five-year total costs of ownership of your solution?
3. Describe the licensing terms and structure for the Enterprise setup, the Site setup, User Accounts, Provider Accounts, and all other services and specialty features.
4. Estimated initial cost for this implementation.
5. What type of discounts would be available for this request?
6. Annual support and maintenance fee pricing approach for example percentage of software license fees, flat fee, or per user, etc.
7. List all other Programming/Analyst or Support Cost separate from Initial and Annual cost.
8. Consulting and implementation fees including approach to estimating fees (hours and rates) including ranges of cost for projects of a similar nature and size.

- **Currency**
  All pricing is to be quoted in US Dollars. All transactions will be conducted in US Dollars.

- **Warranty**
  The pricing proposed by the Proponent must include a warranty. The prices for any additional warranty proposed to be provided by the Proponent must be included in the Proponent’s Proposal.

- **Maintenance & Support**
  Please provide example of 24/7 service level agreement.

- **Professional Services**
  1. Proposed installation timelines, with sample project plan, project schedule, and implementation plan. Include implementation and training options (configuration/workflow).
  2. List Support Staffing patterns and personnel numbers.
  3. Provide line item pricing for all components (see Exhibit B-Pricing Matrix). If your solution can be in more than one method (on premises vs. hosted) please provide one pricing proposal for each method.

- **Payment Terms**
  1. All invoices will be paid net 45 days from receipt of invoice.
  2. All one-time (initial) fees will be paid as per #1, such invoice to be issued upon these milestones:
     a. execution of the agreement
     b. software installation
     c. Go Live
     d. Acceptance
  3. Professional services (conversion, implementation, training, etc.) will be paid as per #1, such invoice to be issued upon completion of service or monthly as incurred.
SUB-SECTION VI -- Change Management

The Agency operates in a contractual, regulatory, and economic environment subject to rapid change. The Agency frequently finds itself in situations that demand changes to operating, reporting, and/or service provision procedures on very short notice. The Agency is interested in entering into a relationship that would maximize the ability to respond to these changes.

Please include the following:

- Description of Change Management process and prioritization of change/modify orders
- Examples of recent customer driven change/modification orders and the length of time to accomplish those changes.
- Please describe:
  - Measures to avoid delays when changes are required by contractual and/or regulatory changes
  - Ability for Agency to access source code, under your supervision, to make changes in a timely manner.
  - Other solutions you would propose

SUB-SECTION VII -- Auxiliary Services

The Agency is engaged in a number of activities that support the provision of services to consumers. Some of these activities increase efficiency and ease of work. Others enable the Agency to comply with regulatory requirements. Please describe solutions you could offer in administrative and auxiliary service areas, such as Compliance, Quality Improvement, Medical Records, credentialing, etc.
SECTION VII. PROPOSAL CONTENTS

Title Page:

- Name of vendor, local address, telephone number, fax number, e-mail address and contact name.

Table of Contents:

All Proposals must include the following information:

- Clear identification of information by section and page.
- List of at least Five (5) references, including contact person, telephone number, fax number and Email address.
- A current “CERTIFICATE OF INSURANCE”, must accompany all Proposals. (Evidence of Insurance Certificate)
- A W-9 must accompany all Proposals.

Proposal:

- Vendor must provide a brief introduction/history of company, including but not limited to ownership, date started business, mission statement
- Must bear the original signature of a principal or authorized officer of the interested party
- Submission must be legible (typed, written)
- Proposed Strategies to meet the Requirements
- Information on Technical Specifications
- Proposed Pricing Strategies, Fees, and Projected Costs
- Investment Participation/Partnership Options
- Proposed Change Management Options
- Proposed Auxiliary Services Solutions
- Must make provision to meet and comply with all applicable laws and regulatory criteria
- Interested parties are encouraged to submit along with their response to this Proposal any additional descriptive information about their services, which they believe, might be helpful
- All Proposal responses must be submitted with one (1) original and twelve (12) additional photocopies and a flash drive (USB), mailed or delivered in a sealed envelope to The Harris Center

Additional documents to be submitted:

- Submit proof of Historically Underutilized Business “HUB” State Certificate and/or City of Houston M/W/DBE Certificate. (Attachment B)
- Deviation Form (Attachment C)
- Complete notice “Not to Participate” form, even if participating. (Attachment D)
- W-9 Request for Tax Payer Identification number and Certificate (Attachment E)
- Signature Page: Proposal will not be accepted if this page is not signed by an authorized representative.
- Vendor must submit a copy of their latest AUDITED financial statement. Include a copy of your latest annual report or other comparable document.
- If your pricing is a government/county pricing please provide copy of your agreement with specific state, federal or local organization. (Ex: GSA, DIR, Choice Partners, National IPA, HGAC, Harris County)

**PLEASE INCLUDE ANY ADDITIONAL DESCRIPTIVE LITERATURE, WHICH MIGHT BE OF ASSISTANCE IN THE DECISION-MAKING PROCESS. **
SECTION VIII.  PROPOSAL REPLY PAGE

THE HARRIS CENTER EHR PROJECT

Proposal Opening:
10:00 a.m., Tuesday, SEPTEMBER 11, 2018

Submitted by: ________________________________________________________________

Contract Period:

The initial contract period is anticipated to begin upon award of contract for five (5) base years and five (5) one-year renewal options at the sole discretion of The Harris Center based upon satisfactory performance, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended.

If your pricing is a government/county pricing please provide copy of your agreement with specific state, federal or local organization. (Ex: GSA, DIR, Choice Partners, National IPA, HGAC, Harris County)

The Agency’s goal is to select and implement a comprehensive solution. The solution may come from a single vendor or may be comprised of various “best of breed” applications that require integration, however there should be one RFP response for the entire solution and one vendor should be the primary vendor.

(Please submit cost in Exhibit B)
SECTION IX. SIGNATURE PAGE

REQUEST FOR PROPOSAL

The HARRIS CENTER EHR/RCM PROJECT

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD IN ITS SOLE AND ABSOLUTE DISCRETION SHALL HAVE THE RIGHT TO AWARD VENDORS FOR ANY OR ALL SERVICES LISTED IN EACH PROPOSAL, SHALL HAVE THE RIGHT TO REJECT ANY AND ALL RESPONSES, AND SHALL NOT BE BOUND TO ACCEPT ANY RESPONSE OF ANY ONE VENDOR.

THE SUBMISSION IS GUARANTEED AS AN IRREVOCABLE OFFER VALID FOR ONE HUNDRED AND EIGHTY (180) DAYS AFTER THE PROPOSAL OPENING DATE.

________________________________________________

E-Mail Address

This PROPOSAL Will NOT Be Accepted If This Page is NOT Signed By an Authorized Representative
SECTION X. ATTACHMENTS

A. Sample Contract / Business Associates Agreement
A sample contract is included for your review (Attachment A). The sample contract is included as a form reference only. The insurance requirements of the final contract may or may not be the same as in the attached Sample Contract. All respondents must submit an Evidence of Coverage Certificate with your initial response. In the event you are awarded this contract the Contracts Department will request a Certificate of Insurance at that time. The COI must demonstrate that you have appropriate insurance coverage as requested from the Contracts Department. Additionally, The Harris Center must be listed as an Additional Insured on the certificate, along with the proper and required subrogation provision(s).

As an Agency of the State, The Harris Center does not Indemnify or execute contracts with damage limitations. Contract jurisdiction lies within the state of Texas and venue shall be Harris County.

B. HUB Subcontracting Plan (Historically Underutilized Business)
C. Deviation Form and Commitment Statement
D. Notice – Not To Participate Form
F. The HARRIS CENTER Common Acronyms and Abbreviations / Additional Resources

SEPARATE ATTACHMENTS:

Exhibit A-The Harris Center clinical, billing and technical questions to be answered Yes/No with comments.
Exhibit B-Pricing Matrix

TEXAS HEALTH AND HUMAN SERVICES ENTERPRISE (HHS) – ATTACHMENT D - DATA USE AGREEMENT BETWEEN THE TEXAS HEALTH AND HUMAN SERVICES ENTERPRISE AND THE HARRIS CENTER
ATTACHMENT A.  Sample Contract / BUSINESS ASSOCIATE AGREEMENT UNDER THE HIPAA OMNIBUS RULE / 1295

SAMPLE

Contract ID No. _______

STANDARD PROFESSIONAL SERVICES CONTRACT

THIS AGREEMENT is made and entered into the _______day of __________, 2019 by and between The HARRIS CENTER For Mental Health and IDD (formerly known as MHMRA of Harris County), (the “Agency” or “The HARRIS CENTER”) a Community Center and an Agency of the State of Texas, with offices at 9401 Southwest Freeway, Houston, Texas 77074, under the provisions of Chapter 534 of the Texas Health & Safety Code Ann. (Vernon 1992), as amended, and ___________________ (“Contractor”), with offices at ______________-, ______________, Texas __________, for the purpose of providing specialized services currently not available to the Agency through its present staff of employees.

RECITALS

WHEREAS, Agency is the state designated Mental Health and Intellectual Developmental Disabilities (IDD) Community Center established to provide, arrange for, and coordinate mental health and IDD for the residents of Harris County, Texas; and

WHEREAS, the Agency is committed to providing services that are customer friendly and consumer focused;

WHEREAS, Contractor desires to contract with Agency to provide Electronic Health Records and Revenue Cycle Management System Software, License and Support Services;

WHEREAS, this Agreement sets forth the terms and conditions evidencing the agreement of the parties hereto;

NOW THEREFORE, in consideration of the mutual covenants, rights, and obligations set forth herein, the benefits to be delivered therefrom, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

I. PERSONNEL

The Agency staff member authorized to approve billing is Maria Richardson, Director of EHR Services. The Agency staff member responsible for overseeing this Agreement is Maria Richardson, Director of EHR Services.

II. INDEPENDENT CONTRACTOR RELATIONSHIP BETWEEN THE PARTIES

1. **Independent Contractor.** The relationship between the Agency and Contractor shall be that of an Independent Contractor. It is agreed that Contractor and Contractor’s personnel will not be considered an employee, agent, partner, joint venturer, ostensible or apparent agent, servant or borrowed servant of the Agency.

Contractor understands and agrees that Agency:

a) Will not withhold on behalf of Contractor any sums for income tax, unemployment insurance, social security, or any other withholding;

b) Will not give to Contractor any of the benefits given to employees of Agency.

2. Professional Judgment. Contractor and its personnel shall exercise its own professional judgment in the performance of services to the persons served.

III. OBLIGATIONS OF CONTRACTOR

1. Services. The Electronic Health Records Software, License and Support Services to be provided by Contractor to persons referred by the Agency; the schedule of hours Contractor will deliver such services; and the locations where such services shall be delivered by Contractor are set forth in Exhibit A.
2. Qualifications. Contractor will comply with relevant Texas Health and Human Services Commission (HHSC) rules and community standards, certifications, accreditations, and licenses and any other professional and educational qualifications.

3. Agency Approval of Contractor Personnel. Contractor agrees not to contract any services until approval of such subcontractor is obtained from the Agency. Any subcontractor or employees of Contractor are the direct responsibility of Contractor.

4. Representations.

(a) Contractor represents and warrants that it is not currently an employee of the Agency.

(b) Contractor agrees that it shall comply with all applicable federal and state laws, rules and regulations including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA) and the Age Discrimination in Employment Act of 1967.

5. Receipts and Records. Contractor agrees to provide the Agency, upon request, with original receipts for the purchase of all goods and services involving the use of Agency funds as well as all other financial and supporting documents and statistical records. Contractor shall retain these and any other records pertinent to the services for which a claim or cost report was submitted to the Agency, for a period of seven (7) years.

6. Disclosure. Contractor declares that neither Contractor nor any of its subcontractors or employees rendering services pursuant to this Agreement is held in abeyance or barred from the award of a federal or state contract at the time of executing this Agreement; and Contractor will give immediate notification to the Agency if such occurs anytime during the term of this Agreement.


8. Required Reporting Regarding Licensure. Contractor shall report to Agency any allegation that a professional licensed or certified by the State of Texas and employed by the Contractor has committed an action that constitutes grounds for the denial or revocation of the certification or license. Contractor will further report to Agency if any professional has had his/her professional license revoked. If Contractor's employee has such a denial or revocation, and Contractor fails to remove such employee, then this Agreement may be terminated without prior notice.

9. Contractor's Governing Body. Contractor agrees to provide Agency with a list of the members of Contractor's governing body, if applicable.

10. Access. Contractor agrees, pursuant to Texas Health and Safety Code, Section 534.060, that the Agency and its representatives, including independent financial auditors, shall have unrestricted access to all facilities, service providers, records, data, and other information under the control of the contracting entity or its Contractors/subcontractors as necessary to enable the HHSC or the Agency to audit, monitor, and review all financial or programmatic activities and services associated with this Agreement.

In compliance with Section 2262.003, Government Code, as amended by House Bill 905 of the 79th Regular Session of the Texas Legislature, effective on June 18, 2005, The HARRIS CENTER for Mental Health and IDD and the Contractor do hereby agree that:

(a) The State Auditor’s Office (SAO) may conduct an audit or investigation of any entity receiving funds from the state directly under the contract or indirectly through a subcontract under the contract;

(b) Acceptance of funds directly under the contract or indirectly through a subcontract under the contract acts as acceptance of the authority of the state auditor, under the direction of the legislative audit committee, to conduct an audit or investigation in connection with those funds; and

(c) Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the SAO must provide the state auditor with access to any information the state auditor considers relevant to: (A) evaluating the entity’s performance under the contract or subcontract; (B) determining the state’s rights or remedies under the contract; (C) evaluating whether the entity has acted in the best interest of the state.
SAMPLE

IV. OBLIGATIONS OF THE AGENCY

1. Payment.

(a) In consideration of the obligations undertaken by Contractor, the Agency agrees to pay Contractor, in accordance with the fee schedule attached as Exhibit A an amount not to exceed ___TO BE DETERMINED___ and No/CENTS ($_,000.00) for the Agency fiscal year 2018/2019.

(b) The payment amount will be based on a monthly invoice, which shall reflect the services provided by the Contractor, and is approved by the Agency employee(s) authorized to approve billing(s) as set forth above. Invoices or claim forms for services rendered are to be submitted by the fifth (5) calendar day of the month following that in which the services were rendered.

(c) Invoices or claim forms for services must be received no later than 45 calendar days after the end of the month in which services were rendered. Invoices or claim forms for services received later than 45 days after the end of the month in which the services were rendered will not be paid.

   Invoices shall be submitted in duplicate as follows:
   (i) Weekly invoices must include The HARRIS CENTER purchase order number, which will be indicated on the final fully executed copy of the contract.
   (ii) Original sent to Agency staff member authorized to approve billing
   (iii) Duplicate to be marked “Duplicate” sent to Accounts Payable as follows:

   The HARRIS CENTER for Mental Health and IDD
   P.O. Box 25381
   Houston, Texas 77265
   Attn: Accounts Payable
   Fax (713) 970-7681

(d) Payment shall be made 45 days after receipt of goods, services, or invoice, whichever is latest. Payment may be delayed, adjusted or withheld, where a deficiency is noted in goods, services, or invoices received. The HARRIS CENTER retains the right to offset payments for prior invoices paid where a deficiency is noted after payment has been processed.

2. Staff and Facilities. The Agency agrees to allow Contractor the use of its staff and facilities necessary for carrying out the services provided by the Contractor.

3. Franchise Tax. If Contractor is a corporation and is or becomes delinquent in the payment of its Texas franchise tax, then payments to the Contractor due under this Agreement may be withheld until such delinquency is remedied.

V. INSURANCE

A. Policies, Coverages, and Endorsements.

Contractor agrees to maintain, or to cause its personnel providing services under this Agreement to maintain, at its sole cost and expense or the cost and expense of his personnel, the following insurance policies, with the specified coverages and limits, to protect and insure the Agency and Contractor against any claim for damages arising in connection with Contractor’s responsibilities or the responsibilities of Contractor's personnel under this Agreement and all extensions and amendments thereto.

1- Commercial General Liability
   General Aggregate $2,000,000
   Each Occurrence $1,000,000
2 - Professional Liability
   General Aggregate $3,000,000
   Each Occurrence $1,000,000

3 - Workers’ Compensation & Employers’ Liability if applicable
   Medical & Indemnity Statutory Requirements
   Bodily Injury by Accident $1,000,000 Each Accident
   Bodily Injury by Disease $1,000,000 Each Employee
   Bodily Injury by Disease $1,000,000 Policy Limit

4 - Business Automobile if transporting our consumers
   Combined Single Limit Bodily Injury & Property Damage $1,000,000

5 - Umbrella/Excess Liability $5,000,000

6 - Cyber Security & Privacy Liability Insurance.
   Corporate Liability $3,000,000 per Occurrence/$3,000,000 Aggregate
   Data Breach Fund $250,000 per Occurrence/$250,000 Aggregate
   Network Security Liability $3,000,000 per Occurrence/$3,000,000 Aggregate
   Internet Media Liability $3,000,000 per Occurrence/$3,000,000 Aggregate
   Network Extortion $3,000,000 per Occurrence/$3,000,000 Aggregate

B. Insured Parties.

All policies excluding professional liability, employer’s liability and worker’s compensation shall contain a provision naming the Agency as Additional Insured on the original policy and all renewals or replacements of policy during the term of this Agreement.

C. Subrogation.

All policies must contain a Waiver of Subrogation endorsement to the effect that the issuer waives any claim or right in the nature of subrogation to recover against the Agency, its officers, agents or employees.

D. Primary and Non-Contributory Wording

All policies will provide the Primary and Non-Contributory Wording. This wording will be included on the Certificate of Liability Insurance.

E. Thirty (30) day Written Notice of Cancellation will be included on all policies required by the Agency.

F. Proof of Insurance.

The policies, coverages and endorsements required by this provision shall be shown on a Certificate of Insurance on which the Agency must be listed as an Additional Insured party (excluding professional liability or employer’s liability) and the Certificate Holder and which should be furnished to the Agency prior to the commencement of this Agreement. All such insurance shall be secured and maintained with an insurance company, or companies, licensed to do business in the State of Texas. The Agency may withhold payments under the terms of this Agreement until the Contractor furnishes the Agency copies of all Certificates of Insurance from the insurance carrier, or carriers, showing that such insurance is in full force and effect.

G. Cancellation.

New Certificates of Insurance shall be furnished to the Agency at the renewal date of all policies named on these Certificates. Contractor shall give the Agency thirty (30) days prior written notice of any proposed cancellation of any of the above described insurance policies.
VI.
INDEMNIFICATION

Contractor hereby agrees to hold harmless and indemnify the Agency and all of its directors, officers, employees, and agents from all suits, actions, claims, or cost of any character, type, or description brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any negligent acts of Contractor or Contractor's personnel, if any, or its agents or employees whether occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

VII.
TERM AND TERMINATION

1. Term. This Agreement is effective from ___________ 1, 2018 to August 31, 2019.

2. Renewal Options. This Agreement may be renewed at the sole discretion of Agency for up to three (___) one (_) year renewal options at rates and placement fees specified in Exhibits A and B.

3. Immediate Termination. Agency may terminate this Agreement immediately if
   (a) Agency does not receive the funding to pay for designated services under this Agreement from the Texas Legislature;
   (b) Agency has cause to believe that termination of the Agreement is in the best interests of the health and safety of the mentally disabled persons served under this Agreement,
   (c) Contractor has become ineligible to receive Agency funds;
   (d) Contractor has its Texas license or certification suspended or revoked;
   (e) In the case of the Contractor providing direct services to clients, failure to disclose a criminal conviction;
   (f) If the Contractor submits falsified documents or fraudulent billings, or if the Contractor makes false statements.

4. Termination Upon Default. Either party may terminate this Agreement after sixty (60) days written notice if the other party is in default of any of the provisions herein and/or any of the provisions in the bid forms or specifications, which are attached hereto and incorporated herein by reference as if set out in full. Such termination shall be ineffective if within said sixty (60) day period Contractor cures such default to the satisfaction of the Agency. The Agency at its sole discretion may extend the period to cure the default for a reasonable time if the Agency determines that the Contractor has initiated action to cure the default within the sixty (60) day period. The Agency reserves the right to suspend services provided by the Contractor and payment for services not authorized during the sixty (60) day cure period, if at the Agency’s sole discretion it is determined that suspension is in the best interest of the Agency and/or its consumers.

5. Termination Without Cause. This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

6. Termination by Mutual Consent. This Agreement may be terminated by the mutual consent of both parties after thirty (30) days written notice to the other party.

VIII.
MISCELLANEOUS

1. Nondiscrimination. Each party to this Agreement agrees that no person, on the basis of race, color, national origin, religion, sex, age, handicap, or political affiliation, will be excluded from participation, be denied the benefits of, or be subject to discrimination in the provision of any services hereunder. The parties hereto agree to comply with the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 and the Civil Rights Act of 1991 as amended.

2. Business Ethics. During the course of pursuing contracts, and the course of contract performance, The HARRIS CENTER will maintain business ethics standards aimed at avoiding real or apparent impropriety, abuse, fraud, waste, or conflicts of interest. No substantial gifts, entertainment, payments, loans or other considerations beyond that which would be collectively categorized as incidental shall be made to any employees or officials of Contractor by The HARRIS CENTER employees, directors, officers and agents. At any time Contractor believes there may have been a violation of this obligation or any business ethics standard, Contractor shall notify The HARRIS CENTER of the possible violation.
3. Certification of Non-Violation. Under Texas Government Code §2261.053, Contractor certifies that Contractor has not been convicted of violating federal law in connection with contracts relating to relief, recovery, or reconstruction as a result of Hurricane Rita, Hurricane Katrina, or any other disaster occurring after September 24, 2005.

4. Certificate/Disclosure of Interested Parties. Effective as of January 1, 2016, pursuant to Texas Government Code §2252.908, a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least $1 million. This applies to any The HARRIS CENTER contract with a not to exceed value of $20,000 or more. Interested party means a person who has a controlling interest in a business entity with whom the Agency contracts with or who actively participates in facilitating the contract, or negotiating the terms of the contract, including a broker, intermediary, advisor, or attorney for the business entity. This provision does not apply to an institution of higher education. For more information see https://www.ethics.state.tx.us/whatsnew/elf_info_form_1295.htm.

5. Lobbying and Political Activity. Contractor shall not use funds received under this Agreement to pay any person for influence or attempting to influence an officer or employee or any agency, federal or state, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any contract or grant or the extension, continuation, renewal, amendment, or modification or any contract or grant.

6. Amendment. Unless otherwise specifically provided herein, this Agreement may be amended or changed only by mutual written consent of an authorized representative of the Agency and Contractor.

7. Entire Agreement. This Agreement constitutes the sole and only agreement of the parties hereto and supersedes any prior understandings, written or oral agreement between the parties respecting the subject matter herein.

8. Electronic or Facsimile Signatures and Duplicate Originals. Pursuant to the requirements of the Uniform Electronic Transactions Act in Chapter 322 of the Texas Business and Commerce Code and the Federal Electronic Signatures in Global and National Commerce Act (beginning at 15 U.S .C. Section 7001), the Parties have agreed that the transactions under this Agreement may be conducted by electronic means. Pursuant to these statutes, this Agreement may not be denied legal effect or enforceability solely because it is in electronic form or because it contains an electronic signature. This Agreement may be executed in duplicate counterparts and with electronic or facsimile signatures with the same effect as if the signatures were on the same document. Each multiple original of this document shall be deemed an original, but all multiple copies together shall constitute one and the same instrument.

9. Additional Requirements. If Contractor is required to comply with an additional requirement pursuant to compliance with HHSC rule, state or federal law, or community standard, regulations, resolutions, settlements, or plans, and compliance results in a material change in Contractor's rights or obligations under the contract or places a significant financial burden on the Contractor, the Contractor may, upon giving sixty (60) day notice of such intention, be entitled to renegotiate the Agreement.

10. Governing Law and Venue. This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and venue shall lie in Harris County, Texas.

11. Notices. Any required notice shall be in writing and shall be sent, postage prepaid, by certified mail, return receipt requested, to Agency or Contractor at the address below. The notice shall be effective on the date of delivery indicated on the return receipt.

If to the Agency:
Wayne Young, MBA, LPC, FACHE
Chief Executive Officer
The HARRIS CENTER for Mental Health and IDD
PO Box 25381
Houston, Texas 77265-5381

If to Contractor:

_______________________
_______________________

12. Remedies. All rights, powers, and remedies granted either party by any particular term of this Agreement are in addition to, and not in limitation of, any rights, powers, or remedies which it has under any other term of this agreement, at common law, in equity, by statute, or otherwise, and all such rights, powers, and remedies may be exercised separately or concurrently, in such order and as often as may be deemed expedient by either party. No delay or omission by either party to exercise any right, power, or remedy shall impair such right, power, or remedy or be construed to be a waiver of any breach or default or an acquiescence therein. A waiver by either party of any breach or default thereunder shall not constitute a waiver of any subsequent breach or default.

13. Dispute Resolution. In the event a dispute arises between the parties involving the provisions or interpretation of any term or condition of the Agreement, and if both parties desire to attempt to resolve the dispute prior to termination or expiration of the Agreement, or withholding payments, then the parties may refer the issue to a mutually agreeable dispute resolution process.

14. Severability. The invalidity or unenforceability of any term or provision hereof shall not affect the validity or enforceability of any other term(s) or provision(s).

15. Exhibits. All Exhibits referred to in this Agreement and attached hereto are incorporated herein as if fully set out.

<table>
<thead>
<tr>
<th>Exhibit</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Exhibit A</td>
<td>Services and Fees</td>
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<tr>
<td>Exhibit A1</td>
<td>___________________</td>
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<tr>
<td>Exhibit A2</td>
<td>Rate Schedule</td>
</tr>
<tr>
<td>Exhibit A3</td>
<td>Support Services</td>
</tr>
</tbody>
</table>

The Contractor warrants and assures The HARRIS CENTER that it possesses adequate legal authority to enter into this Agreement. The Contractor’s governing body, where applicable, has authorized the signatory official(s) to enter this Agreement and bind the Contractor to the terms of this Agreement and any subsequent amendments hereto.

CONTRACTOR

Signature
Printed/Typed Name: ________________________________
Title: ____________________________________________
Date: ____________________________________________

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Wayne Young, MBA, LPC, FACHE . Date
Chief Executive Officer

APPROVED AS TO FORM BY

The HARRIS CENTER
Kendra Thomas, Managing Attorney
Date

UNIT(S) TO BE CHARGED:
______ - 543005
SAMPLE

EXHIBIT A

CONTRACTOR:

CONTRACT ID#:

CONTRACT PERIOD: __________, 2018 – __________

SERVICE: Electronic Health Records (EHR) Software and Support Services to support delivery of the services provided in the areas of behavioral healthcare, intellectual and developmental disabilities, early childhood intervention, and addiction services. The system will address all aspects of an electronic client data and revenue cycle management system.

SERVICE DESCRIPTION: Contractor shall provide support, maintenance, training and implementation of a comprehensive, integrated system that completely addresses all operational aspects of the Agency as described in the specifications attached as Exhibit___. This includes clinic and community based services, crisis services, residential, inpatient and long term care all operating and being maintained within the Texas regulatory environment. The system will incorporate an EHR with revenue cycle management, support the administrative and business processes of each service area, provide decision support that incorporates accepted best practices and provide a multitude of analytic capabilities to enhance effective management of staff and program resources.

PERFORMANCE: This contract requires the confidential The HARRIS CENTER documents such as patient records, PHI and other documents protected by state and federal law. Contractor shall provide the necessary means, methods and facilities to ensure secure custody and strict accountability of all job materials while in the contractor’s possession.

RATE AND RATE DESCRIPTION: As described on the attached Exhibit ___

NOT TO EXCEED: __________

UNITS INVOLVED: ____ – ________

PAYMENT DOCUMENTATION: Contractor will be paid through submission of an invoice for approval by the Director of _________ or designee.

Contract Compliance

• Pursuant to Government Code section 2252.908;T.A.C section 46.3 (a) all parties are required to complete Form1295 (disclosure of Interested Parties) contemporaneously with the submission of the executed contract.
• All selected parties must submit all required documentation (1295 and COI) within 15 days of notification of being awarded the contract. (The W-9 is provided with the RFP)
• As an Agency of the state we do not execute contracts with indemnification provisions pursuant to multiple statutory provisions. In the event a request is made to our contracts department that request will be vetted against statutory law and responded to accordingly.
BUSINESS ASSOCIATE AGREEMENT UNDER THE HIPAA OMNIBUS RULE

This Business Associate Agreement ("BAA") between _____________ ("BUSINESS ASSOCIATE") and THE HARRIS CENTER FOR MENTAL HEALTH AND IDD (formerly known as MHMRA of HARRIS COUNTY), ("The HARRIS CENTER") a Community Center and an Agency of the State of Texas, with offices at 9401 Southwest Freeway, Houston, Texas 77074, under the provisions of Chapter 534 of the Texas Health & Safety Code Ann. (Vernon 1992), as amended, establishes specific legal obligations regarding the terms of the relationship between the BUSINESS ASSOCIATE and The HARRIS CENTER, as it relates to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the HITECH Act of American Recovery and Reinvestment Act of 2009, the Office of the Secretary of the Department of Health and Human Services has issued regulations governing the Standards for Privacy, Security and Breach Notification of Individually Identifiable Health Information at 45 CFR Parts 160 and 164 ("Privacy Rule", "Security", "Breach Notification" Rules) collectively the ("HIPAA Omnibus Rule") and

The HARRIS CENTER and BUSINESS ASSOCIATE each may be referred to as a “Party” and together may be referred to as the “Parties” to the BAA. Both Parties agree that there shall be no third party beneficiaries to this Agreement, including but not limited to individuals whose protected health information is created, received, used, and/or disclosed by BUSINESS ASSOCIATE in its role as Business Associate.

WHEREAS, BUSINESS ASSOCIATE and The HARRIS CENTER are Parties to the BAA pursuant to which BUSINESS ASSOCIATE provide certain computer software and related support services to The HARRIS CENTER as outlined in the original Contract, between The HARRIS CENTER and BUSINESS ASSOCIATE in connection with the provision of those support services, The HARRIS CENTER discloses to BUSINESS ASSOCIATE certain Protected Health information ("PHI") (as defined in 45 C.F.R. § 164), that is subject to protection under HIPAA and the HIPAA Omnibus Rule;

WHEREAS, the Office of the Secretary of the Department of Health and Human Services has issued regulations requiring certain transmissions of electronic data be conducted in specified standardized formats at 45 CFR Parts 160 and 162 ("Electronic Transactions Rule"); and

WHEREAS, ________________ as a recipient of PHI which receives under a BAA from The HARRIS CENTER, a Covered Entity, and therefore, is a "Business Associate" as that term is defined in the Privacy Rule;

WHEREAS, pursuant to the Privacy Rule, all Business Associates must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI; and

WHEREAS, the purpose of this BAA is to comply with the requirements of the Privacy Rule, including, but not limited to, the BAA requirements at 45 C.F.R. §160.103.

NOW, THEREFORE in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

DEFINITIONS. Unless otherwise provided in this BAA, the terms used in this BAA shall have the same meanings as set forth in HIPAA, the HITECH Act, and the HIPAA Rules including, but not limited to the following: Availability, Confidentiality, Data Aggregation, Designated Record Set, Health Care Operations, Integrity, Minimum Necessary, Notice of Privacy Practices, Required By Law, Secretary, and Subcontractor. Specific definitions are as follows:

1. “Breach” shall have the same meaning as the term “breach” at 45 CFR 164.402.

2. “Business Associate” shall have the same meaning as the term “business associate” at 45 CFR 160.103 and in reference to the party to this BAA, shall mean the first party listed in the first paragraph of this BAA.

3. “Compliance Date” shall mean, in each case, the date by which compliance is required under the referenced provision of the HIPAA, the HITECH Act or the HIPAA Rules, as applicable; provided that, in any case for which that date occurs prior to the effective date of this BAA, the Compliance Date shall mean the effective date of this BAA.

4. “Electronic Protected Health Information” ("Electronic PHI") shall have the same meaning as the term “electronic protected health information” at 45 CFR 160.103.

6. “Protected Health Information” (“PHI”) shall have the same meaning as the term “protected health information” at 45 CFR 160.103.


8. “Security Incident” shall have the same meaning as the term “security incident” at 45 CFR 164.304.


10. “Unsecured PHI” shall have the same meaning as the term “unsecured protected health information” at 45 CFR 164.402.

11. “Services” shall mean the services to be provided by BUSINESS ASSOCIATE which are identified in the Underlying Contract and its Exhibits.

SECTION 1
SCOPE OF USE AND DISCLOSURE

1.01 Contractual Obligations: BUSINESS ASSOCIATE shall be permitted to use and disclose PHI that is disclosed to it by The HARRIS CENTER as necessary to perform its obligations under the Underlying Contract.

1.02 Proper Management and Administration: Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this BAA or required by law, BUSINESS ASSOCIATE may:

(a) BUSINESS ASSOCIATE/MITIGATION Use. Use the PHI in its possession for its proper management and administration and to fulfill any legal responsibilities of BUSINESS ASSOCIATE;

(b) Disclosure to Third Party. Disclose the PHI in its possession to a third party for the purpose of BUSINESS ASSOCIATE’S proper management and administration or to fulfill any legal responsibilities of BUSINESS ASSOCIATE; provided, however, that the disclosures are required by law or BUSINESS ASSOCIATE has received from the third party written assurances that:

(1) the information will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the third party; and

(2) the third party will notify the BUSINESS ASSOCIATE of any instances of which it becomes aware in which the confidentiality of the information has been breached.

SECTION 2
OBLIGATIONS OF BUSINESS ASSOCIATE

In connection with its use and disclosure of PHI, BUSINESS ASSOCIATE agrees to comply with the following standards:

2.01 Limited Disclosure: Use or further disclose PHI only as permitted or required by this Business Associate BAA and agrees to make uses and disclosures and requests for PHI consistent with the or as required by law.

2.02 Required Safeguards: Use reasonable and appropriate safeguards and comply with Subpart C of 45 CFR Part 64 with respect to Electronic Protected Health Information to prevent use or disclosure of PHI received from or created or received on behalf of, other than as provided for by this Business Associate BAA or as required by law. These safeguards will include but not limited to:
A. Create a training plan that includes HIPAA and internal policies and procedures pertaining to HIPAA;
B. Provide training to all employees, contractors and subcontractors on HIPAA and how the regulations help prevent the improper use or disclosure of PHI;
C. Document training completion and testing outcomes. Retain all training records;
D. Update and repeat training on a regular (annual) basis;
E. Adopting policies and procedures regarding the safeguarding of PHI, including a Risk Analysis; and
F. Enforcing those policies and procedures including sanctions for everyone found not in compliant in accordance to the Privacy Rule.

2.03 Mitigation of Improper Uses or Disclosures: To the extent practicable, mitigate any harmful effect that is known to BUSINESS ASSOCIATE of a use or disclosure of PHI by BUSINESS ASSOCIATE in violation of this Business Associate Agreement.

2.04 Report Unauthorized Disclosures: Promptly report in writing but no later than forty eight (48) hours to The HARRIS CENTER of first learning of any use or disclosure of PHI not provided for by this BAA of which BUSINESS ASSOCIATE becomes aware as required by 45 CFR 164.410.

2.05 Contracts With Contractors and or Subcontractors: Require contractors, subcontractors and or agents to whom BUSINESS ASSOCIATE provides PHI to agree to the same restrictions and conditions that apply to BUSINESS ASSOCIATE pursuant to this BAA.

2.06 HHS Access: Make available to the Secretary of Health and Human Services ("HHS") BUSINESS ASSOCIATE'S internal practices, books and records relating to the use and disclosure of PHI for purposes of determining The HARRIS CENTER's compliance with the Privacy Rule, subject to any applicable legal privileges.

2.07 Accounting of Disclosures: Upon notice by The HARRIS CENTER that it has received a request for an accounting of disclosures of PHI regarding an individual during the six (6) years prior to the date on which the accounting was requested, but not for information created prior to April 14, 2003, BUSINESS ASSOCIATE shall make available to The HARRIS CENTER such information then currently in BUSINESS ASSOCIATE'S possession, custody or control (including such information, if any, in the possession, custody or control of BUSINESS ASSOCIATE’S subcontractors) that is required for The HARRIS CENTER to make the accounting required by 45 C.F.R. Section 164.528. The HARRIS CENTER shall reimburse BUSINESS ASSOCIATE for all time and costs incurred to comply with any such requests made under this section.

2.08 Designated Record Set: To the extent that The HARRIS CENTER does not already have in its possession the Consumer's PHI in a Designated Record Set, BUSINESS ASSOCIATE shall provide copies to The HARRIS CENTER of all or a portion of the PHI in the Designated Record Set then currently in BUSINESS ASSOCIATE’S possession within a reasonable time after The HARRIS CENTER's request in order for The HARRIS CENTER to:

(a) make the PHI in the Designated Record Set available in accordance with 45 C.F.R. Part 164.524; and
(b) amend the PHI in the Designated Record Set in accordance with 45 C.F.R. Part 164.526. In the event an individual requests access to, or an amendment of, the PHI in a Designated Record Set, and any covered entity informs The HARRIS CENTER of an amendment, The HARRIS CENTER shall inform BUSINESS ASSOCIATE of the amendment. Upon receipt of such amendment, BUSINESS ASSOCIATE shall be responsible for making any changes in the Designated Record Set maintained by BUSINESS ASSOCIATE to reflect the amendment. The HARRIS CENTER shall reimburse BUSINESS ASSOCIATE for all time and costs incurred to comply with any request made under this section.

2.09 Compliance With Security Regulations: BUSINESS ASSOCIATE shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains or transmits on behalf of The HARRIS CENTER as required to comply with the HIPAA Security Regulation. Upon written request from The HARRIS CENTER, BUSINESS ASSOCIATE shall make available during normal business hours at BUSINESS ASSOCIATE’S offices, all records, books, agreements, policies and procedures relating to the use and/or disclosure of PHI to The HARRIS CENTER within three (3)
business days for purposes of enabling The HARRIS CENTER to determine BUSINESS ASSOCIATE’S compliance with the terms of this BAA.

2.10 Compliance with Security Audit: In compliance with HIPAA’S Security Audit Regulations, BUSINESS ASSOCIATE shall allow The HARRIS CENTER the ability to audit and review the security controls and policies that BUSINESS ASSOCIATE has in place for the locations housing The HARRIS CENTER’s electronic protected health information, including providing The HARRIS CENTER copies of the reports for any standard security audits that BUSINESS ASSOCIATE performs annually such as 3rd party HIPAA Security Audit reports etc.

SECTION 3
OBLIGATIONS OF THE HARRIS CENTER

The HARRIS CENTER agrees that it will comply with the following standards:

3.01 Notice of Privacy Practices: To inform BUSINESS ASSOCIATE of any changes in the form of notice of privacy practices that is forwarded by a Covered Entity to The HARRIS CENTER.

3.02 Restrictions on PHI: Will promptly notify BUSINESS ASSOCIATE in writing of any restrictions on the use and disclosure of PHI about Individuals that The HARRIS CENTER is required under the terms of its BAA with any Covered Entity to implement that may affect BUSINESS ASSOCIATE’S ability to perform its obligations under the Underlying Contract or this BAA.

3.03 Notice of Revocation: Will promptly notify BUSINESS ASSOCIATE in writing of any changes any changes in, or revocation of, permission by an Individual to use or disclose PHI which is received by The HARRIS CENTER from any Covered Entity, if such changes or revocation may affect BUSINESS ASSOCIATE’S ability to perform its obligations under the Underlying Contract or this BAA.

SECTION 4
TERM AND TERMINATION

4.01 Terms: This Contract is effective from and after the date of its execution until terminated as detailed in this Section 4 of the BAA.

4.02 Termination for Breach: In the event that BUSINESS ASSOCIATE materially breach a material term of this BAA, The HARRIS CENTER must provide BUSINESS ASSOCIATE with notice of the existence of the alleged material breach and afford BUSINESS ASSOCIATE an opportunity to cure the alleged material breach. In the event BUSINESS ASSOCIATE fails to cure the breach in a reasonable period of time to the satisfaction of The HARRIS CENTER, The HARRIS CENTER may terminate this BAA.

4.03 Automatic Termination: This BAA will automatically terminate upon the termination or expiration of the Underlying Contract, except where otherwise agreed.

4.04 Effect of Termination:
(a) Termination of this BAA will result in termination of the Contract;
(b) Upon termination of this BAA or the underlying Contract, BUSINESS ASSOCIATE will return or destroy all PHI received from The HARRIS CENTER or created or received by BUSINESS ASSOCIATE on behalf of The HARRIS CENTER that BUSINESS ASSOCIATE still maintains and retain no copies of such PHI; provided that if such return or destruction is not feasible as determined solely by The HARRIS CENTER, BUSINESS ASSOCIATE will continue to protect the PHI pursuant to the terms of this BAA and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
(c) BUSINESS ASSOCIATE shall be responsible for all time and costs incurred as a result of identifying and destroying PHI as may be required under this section.
SECTION 5
GENERAL TERMS AND CONDITIONS

5.01 Amendment: BUSINESS ASSOCIATE and The HARRIS CENTER agree to amend this BAA from time to time as is necessary for The HARRIS CENTER to comply with the requirements of the Privacy Rule and its BAA(s) with Covered Entities.

5.02 Survival: The respective rights and obligations of the Parties under this Business Associate Contract shall survive the termination of this BAA.

5.03 No Third Party Beneficiaries: Nothing expressed or implied in this BAA is intended to confer, nor shall anything herein confer, upon any person other than the Parties and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

5.04 Indemnification Provision: Each party will indemnify and hold harmless the other party to this BAA from and against any and all losses, liabilities, costs and other expenses incurred as a result, or arising directly or indirectly out of, or in connection with, any breach of any obligation on the part of the responsible party under this BAA.

5.05 Entire Contract: This Contract contains the entire Contract between the Parties with respect to the subject matter hereof and supersedes any previous or contemporaneous proposals, understandings, commitments or representations whatsoever oral or written. The Parties may only modify or change the terms of this Contract by a written document signed by duly authorized representatives of both Parties.

5.06 Governing Law; Jurisdiction: This Contract shall be governed by and construed in accordance with the laws of the state of Texas without regard to Texas's conflict of law principles. The Parties agree that Harris County, Texas shall be the sole proper venue regarding any dispute relating to or arising out of this Contract.

5.07 Term: The Term of this Contract shall commence on and this Contract shall be effective as of the date of the Contract. This Contract shall terminate in accordance with the terminations provisions of this Contract.

In witness whereof, each Party has caused this BAA to be executed and delivered by its duly authorized representative as of the date first listed above.

The HARRIS CENTER

By: _________________________
Name: Wayne Young, MBA, LPC, FACHE
Title: Chief Executive Officer
Date: _________________________

BUSINESS ASSOCIATE

By: _________________________
Name: ________________________
Title: _________________________
Date: _________________________
CERTIFICATE OF INTERESTED PARTIES

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

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<th>OFFICE USE ONLY</th>
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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

<table>
<thead>
<tr>
<th>Name of Interested Party</th>
<th>City, State, Country (place of business)</th>
<th>Nature of Interest (check applicable)</th>
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<td>Controlling</td>
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<td>Intermediary</td>
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5 Check only if there is NO Interested Party. 

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

______________________________________________
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said __________________________, this the ______ day of __________, 20______, to certify which, witness my hand and seal of office.

______________________________________________
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY
ATTACHMENT B

HUB SUBCONTRACTING PLAN
HISTORICALLY UNDERUTILIZED BUSINESS

(HUB-LOI IS USED BY POTENTIAL VENDOR/VENDOR TO IDENTIFY SUBVENDORS SELECTED FOR WORK ON THE CONTRACT)

Vendor_________________ Vendor Identification Number: ________________

Address: ________________________________________________________________

Phone: ____-____-____ Proposal Number: ___________ Contract Amount: __________

Description of commodities/specifications: ___________________________________

Duration of Contract: ______________________________________________________

Name of Subvendor/Supplier: _______________________________________________

Address: __________________________________________________________________

Phone: ____-____-____ is the subvendor a certified HUB? _____Yes______No

If yes, enter the GSC Certificate (VID) number: ________________________________

Dollar amount of contract with subvendor/supplier: $________________________

Percentage amount of contract with subvendor/supplier: %____________________

Description of materials/services performed under agreement with the sub-vendor for amount indicated above:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PLEASE SUBMIT A SEPARATE FORM FOR EACH SUB-VENDOR/SUPPLIER
ATTACHMENT C

DEVIAITION FORM AND COMMITMENT STATEMENT

Commitment Statement

As a prospective contractor and representative Agent of ________________________________ (Company Name) I hereby state my commitment to comply with all the Contract terms, conditions or specifications contained in the RFP and proposed Contract. (ATTACHMENT C)

**THIS COMMITMENT STATEMENT MUST BE SIGNED BY THE PROSPECTIVE CONTRACTOR WHETHER THERE ARE DEVIATIONS LIST OR NOT, AND SUBMITTED WITH THIS RESPONSE**

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</table>

Company Name    Authorized Signature    Date
ATTACHMENT D

NOTICE “NOT TO PARTICIPATE”

Dear Provider

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled Date and Time:

☐ Our company cannot provide the products, supplies and/or services listed in this request.
   Please MOVE our name and address to the following category (ies) so that we may Proposal at a later date:

   Category(ies): __________________________________________________________

☐ We have chosen NOT to submit a PROPOSAL at this time, but would like to remain on your list for this PROPOSAL category. We did not submit an PROPOSAL because:

   Reason(s): __________________________________________________________
   __________________________________________________________

Please REMOVE our name from all The Harris Center lists until further notice.

   Reason(s): __________________________________________________________
   __________________________________________________________

Company Name: __________________________________________________________
Representative: __________________________________________________________
Address: __________________________________________________________ Phone (   ) __________
E-mail: __________________________________ Fax (   ) __________

PLEASE RETURN THIS FORM ONLY TO:
THE HARRIS CENTER for MENTAL HEALTH AND IDD Purchasing Department
Notice “Not To Participate” – The HARRIS CENTER EHR/RCM PROJECT
9401 Southwest Freeway
Houston, Texas  77074

Authorized Signature: __________________________________________________________
Title: __________________________________________ Date: ______________________

PROVIDERS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST. PROVIDERS MAKING NO RESPONSE MAY BE REMOVED FROM THAT LISTING.

Thank you for your time and assistance.

Page 39 of 54
ATTACHMENT E

FORM W-9, Rev. November 2017, FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Form W-9, Pages 1 – 4

Attached

Vendors are to complete this form and submit with their PROPOSAL documents. Go to attached link for W-9, if PROPOSAL is mailed.

ATTACHMENT F

Additional Resources:

Texas Health and Human Services Commission (HHSC)
https://hhs.texas.gov/
Texas Department of Aging and Disability Services (DADS)
https://www.dads.state.tx.us/
Texas Department of State Health Services (DSHS)
http://dshs.texas.gov/
Texas Health and Human Services Department of Assistive and Rehabilitative Services (DARS)
https://hhs.texas.gov/dars
Texas Health and Human Services Early Childhood Intervention Program (ECI)
https://hhs.texas.gov/services/disability/early-childhood-intervention-services
Texas Council on Offenders with Medical and Mental Impairments (TCOOMMI)
https://www.tdcj.state.tx.us/divisions/rid/rid_tcoommi_contract_vendor_documents.html
Projects for Assistance in Transition from Homelessness (PATH)
http://dshs.texas.gov/mhprograms/path.shtm

The Harris Center Common Acronyms and Abbreviations:

A
A&O – Alert and Oriented
A/VH – Auditory / Visual Hallucinations
AA – Achievement Age
AA / NA – Alcoholics Anonymous / Narcotics Anonymous
AACAP – American Academy of Child & Adolescent Psychiatry
AAMD – American Association on Mental Deficiency
AAPI – Adult Adolescent Parenting Inventory
ABA – Applied Behavioral Analysis
ABL – Adaptive Behavior Level
abn – Abnormal
ABS – Acute Brain Syndrome
ABW – Actual Body Weight
ac – before meals
ACSW – Academy of Certified Social Workers
ACT – Assertive Community Treatment
ad lib – as desired
ADA – Americans with Disabilities Act or American Diabetes Association
ADD – Attention Deficit Disorder
ADHD – Attention Deficit Hyperactivity Disorder
Adj – Adjustment
ADL – Activities of Daily Living
Adm – admission
AdS – Addiction Services
Aeq – Age Equivalent
AF – Asian Female
AFCD – Aid to Families with Dependent Children
AH – Auditory hallucinations or Auditorially Handicapped
AI – Auditory Impairment
AIMS – Abnormal Involuntary Movement Scale
AKA – Also Known As
AM – Asian Male or Before Noon
ALOS – Average Length of Stay
AMA – Against Medical Advise
amb - ambulatory
CAPES – Child / Adolescent Psychiatric Emergency Services
cap(s) – Capsule(s)
CAPS – Child and Adolescent Psychiatric Services
CARE – Client Assessment and Registration
CARF – Commission on Accreditation of Rehabilitation Facilities
CAS – Child and Adolescent Services
CBC – Complete Blood County or Comprehensive Behavioral Care (CompCare)
CBCL – Children’s Behavioral Checklist
CBHN – Community Behavioral Health Network
CBS – Chronic Brain Syndrome
CBT – Cognitive Behavioral Therapy
CBZ – Carbamzepine
CCBHC – Certified Community Behavioral Health Clinics
CCSI – Chronic Consumer Stabilization Initiative
CD – Chemical Dependency
CDC – Center for Disease Control
CD&E – Comprehensive Diagnosis and Evaluation
CEA – Children’s Evaluation and Assessment or Carcinoembryonic Antigen
CES – Clinical Evaluation Services
chem – chemistry
CHF – Congestive Heart Failure
CHIP – Children’s Health Insurance Plan
CIA – Comprehensive Individual Assessment
CIDC – Chronically Ill and Disabled Children
CIRT – Crisis Intervention Response Team
ck- cheek
CM – Case Management
CMAP – Children’s Medication Algorithm Project
CMH – Children’s Mental Health
CMHC – Community Mental Health Center
CMS – Centers for Medicare and Medicaid Services
CMV – Cytomegalovirus
CN – Cranial Nerve
CNR – Clinical Network Resource
CNS – Central Nervous System or Clinical Nurse Specialist
COC – Continuity of Care
COD – Co-occurring Disorders
COGN – Cognitive or Cognition
Comm – community
comp – complaint
cont – continue
COPD – Chronic Obstructive Pulmonary Disease
CP – Cerebral Palsy
CPEP – Comprehensive Psychiatric Emergency Program
CPOE – Computerized Prescriber Order Entry
CPR – Cardiopulmonary Resuscitation
CPS – Children’s Protective Services
CPT – Cognitive Processing Therapy
CPZ – Chlorpromazine (Thorazine)
CRC – Chimney Rock Center
CRCG – Community Resource Coordination Group
CSC – Community Service Center
CT - Computerized Axial Tomography (CAT Scan)
CTA – Clear to Auscultation (physical exam)
CTI – Critical Time Intervention
Ctr - Center
CQAIMH – Center for Quality Assessment and Improvement in Mental Health
CQI – Continuous Quality Improvement
CRU – Crisis Residential Unit
CSSR-S – Columbia Suicide Severity Rating Scale
CSU – Crisis Stabilization Unit
CV – cardiovascular
CVA – Cerebrovascular Accident (stroke)
CYS – Community Youth Services

**D**
D&C – Dilation and Curettage
D&E – Diagnosis and Evaluation
D/C – Discharge
d/c – Discontinue
D/O - Disorder
DADS – Department of Aging and Disabled Services
DAGP – Data, Assessment, Goal, Plan (progress note format)
DAP – Draw A Person Test
db – decibel
DD – Developmental Disability
DDx – Differential Diagnosis
Dep – Depression
detox – Detoxification
dev – Development or Developmental
DH – Day Habilitation
DHHS – Department of Health and Human Services
DID – Determination of Intellectual Disability
Diff – Differential (blood count)
disp – dispense (medication orders / prescriptions)
dl – Deciliter
DM – Diabetes Mellitus
DOA – Date of Admission
DOB – Date of Birth
DOR – Date of Report
DPRS – Department of Protective and Regulatory Services
DPT – Diphtheria, Pertussis, Tetanus
DQ – Developmental Quotient
DSHS – Department of State Health Services
DSM – Diagnostic and Statistical Manual of Mental Disorders
DTR – Deep Tendon Reflexes
Dts – Delirium Tremens
DUI – Driving Under Influence (alcohol or drugs)
DWI – Driving While Intoxicated
DX – Diagnosis

**E**
each – Each
EC – Eye Contact
Enteric-Coated (tablets)(medication orders / prescriptions)
ECG – Electroencephalogram (procedure / neurology)
ECI – Early Childhood Intervention
ECT – Electroconvulsive Therapy
Ed – Education
ED – Emotionally Disturbed
EEG – Electroencephalogram (procedure / neurology)
EENT – Eyes, Ears, Nose and Throat
eg – for example
EHR – Electronic Health Record
EI – Early Intervention
EIS – Early Intervention Specialist
EKG – Electrocardiogram (procedure / physical medicine)
Elem Sch – Elementary School
EMG – Electromyogram (procedure / physical medicine)
Emp – Employment
EMS – Emergency Medical Services
ENT – Ear, Nose and Throat
EOM – Extraocular Movements
EOMI – Extraocular Movements Intact
EPS – Extrapyramidal Symptoms
EPSDT – Early Periodic Screening Diagnosis and Treatment
ER – Emergency Room
ESR – Erythrocyte Sedimentation Rate (laboratory / hematology)
etc – Et Cetera (and so on)
ETOH – Ethyl Alcohol
Eval – Evaluation
  Evaluate
Ext – External
  Extremity
Extr – Extreme
  Extremity

F
F (in a circle) – Father
F – Female
F/F – Face to Face
f/u – Follow-up
FACT – Forensic Assertive Community Treatment
FAS – Fetal Alcohol Syndrome
FHx – Family History
Fin Resp – Financial Responsibility
FM – Fine Motor
Fost – Foster
freq – Frequent
FSIQ – Full Scale Intelligence Quotient
FT – Family Therapy
ft – foot
FTO – First Time Offender
FTT – Failure to Thrive (ECI)
Fx – Fracture

G
GAF – Global Assessment of Functioning
GED – Graduate Equivalent Degree
Gen – Generation
GF (in a circle) – Grandfather
GI – Gastrointestinal
GM – Gross Motor
  Gluteus Maximus
gm - Gram
gr - Grain
grav - Gravida (pregnancy)
Grp - Group
GTT - Glucose Tolerance Test (diabetes detection)
gtts - Drops (medication orders / prescriptions)
GU - Genitourinary
GYN - Gynecology

H
H&P - History and Physical (examination)
h/o - History of
HC - Head Circumference (physical exam)
HCADA – Houston Commission on Alcohol and Drug Abuse
HCHD - Harris County Hospital District
HCJP - Harris County Juvenile Probation
HCPC – Harris County Psychiatric Center
HCPI – Harris County Psychiatric Intervention
HCS – Home and Community Services
HCS-O – Home and Community Services – OBRA
Hct - Hematocrit (laboratory / hematology)
HCYV - Harris County Youth Village
HDL - High-Density Lipoproteins
HEDIS – Healthcare Effectiveness Data and Information Set
HEENT – Head, Eyes, Ears, Nose, Throat
HF - Hispanic Female
HFRC - Humble Family Resource Center
Hbg - Hemoglobin
HHSC – Health and Human Services Commission
HI – Homicidal Ideation
HIV - Human Immunodeficiency Virus
HM - Hispanic Male
HMO - Health Maintenance Organization
hosp - Hospital
HPD - Houston Police Department
HPI - History of Present Illness
hr - Hour
HR - Heart Rate
HRC - Houston Recovery Campus
HS - High School
hs - At bedtime
Ht - Height
HTLV-III – Human T-Lymphotropic Virus Type III
htn - Hypertension
HV - Home Visit
Hx - History
Hz - Hertz, Cycles Per Second (electrical measurement)

I
I&O - Intake and Output (of fluids)
IBW - Ideal Body Weight
ICAP - Inventory for Client and Agency Planning
ICC – Interim Care Clinic
ICD-9-CM – International Classification of Disease, 9th Revision for Clinical Modification
ICD-10 - International Classification of Disease, 10th Revision
ICF - Intermediate Care Facility
ICF-IDD – Intermediate Care Facility for the Intellectually and Developmentally Disabled
ICF-IDD(RC) - Intermediate Care Facility for the Intellectually and Developmentally Disabled (Related Conditions)
ID - Identification
Intellectual Disability
IDD - Intellectual and Developmental Disabilities
IDT - Interdisciplinary Team
ie - That is
IEP - Individual Education Plan
IFSP - Individual Family Support Plan
IHFS - In Home Family Support
ILS - Independent Living Skills
IM - Intramuscular (injection site)
Imp - Impression
In - Inches
IND-NA – Independent – No Assistance
IND-WA/MH – Independent – With Assistance – Mental Health
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
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<tbody>
<tr>
<td>OASS</td>
<td>Overt Agitation Severity Scale</td>
</tr>
<tr>
<td>OB</td>
<td>Obstetrics</td>
</tr>
<tr>
<td>OBRA</td>
<td>Omnibus Reconciliation Act</td>
</tr>
<tr>
<td>OBS</td>
<td>Organic Brain Syndrome</td>
</tr>
<tr>
<td>OD</td>
<td>Every Day</td>
</tr>
<tr>
<td>OD</td>
<td>Right Eye</td>
</tr>
<tr>
<td>Overdose (drugs)</td>
<td></td>
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<tr>
<td>ODD</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>OPC</td>
<td>Order of Protective Custody</td>
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<tr>
<td>org</td>
<td>Organization</td>
</tr>
<tr>
<td>OS</td>
<td>Left Eye</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Health and Safety Administration</td>
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<tr>
<td>OT</td>
<td>Occupational Therapy / Occupational Therapist</td>
</tr>
<tr>
<td>OTC</td>
<td>Over The Counter (medications)</td>
</tr>
<tr>
<td>OTR</td>
<td>Occupational Therapist Registered</td>
</tr>
<tr>
<td>OU</td>
<td>Both Eyes / Each Eye</td>
</tr>
<tr>
<td>OV</td>
<td>Office Visit</td>
</tr>
<tr>
<td>oz</td>
<td>Ounce</td>
</tr>
<tr>
<td>P</td>
<td>Pulse</td>
</tr>
<tr>
<td>PPHx</td>
<td>Past Psychiatric History</td>
</tr>
<tr>
<td>P/O</td>
<td>Phone Order</td>
</tr>
<tr>
<td>PANSS</td>
<td>Positive and Negative Syndrome Scale</td>
</tr>
<tr>
<td>Pap</td>
<td>Papinolaou Smear</td>
</tr>
<tr>
<td>PASARR</td>
<td>Preadmission Screening and Annual Residential Review</td>
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<tr>
<td>PATH</td>
<td>Projects to Assist in the Transition from Homelessness</td>
</tr>
<tr>
<td>PC</td>
<td>Personal Care</td>
</tr>
<tr>
<td>pc</td>
<td>After Meals (after food)</td>
</tr>
<tr>
<td>PCH</td>
<td>Personal Care Home</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Physician</td>
</tr>
<tr>
<td>Phencyclidine HCL (psychedelic drug / “angel dust”)</td>
<td></td>
</tr>
<tr>
<td>PDD</td>
<td>Pervasive Developmental Disorder</td>
</tr>
<tr>
<td>PDP</td>
<td>Person Directed Plan</td>
</tr>
<tr>
<td>PE</td>
<td>Physical Examination</td>
</tr>
<tr>
<td>pedi</td>
<td>Pediatric</td>
</tr>
<tr>
<td>PEERS House</td>
<td>Peer Respite Program</td>
</tr>
<tr>
<td>PERRLA</td>
<td>Pupils Equal, Round, React to Light and Accommodation</td>
</tr>
<tr>
<td>PES</td>
<td>Psychiatric Emergency Services</td>
</tr>
<tr>
<td>PET</td>
<td>Positron Emission Tomography</td>
</tr>
<tr>
<td>PGF</td>
<td>Paternal Grandfather</td>
</tr>
<tr>
<td>PGM</td>
<td>Paternal Grandmother</td>
</tr>
<tr>
<td>PGOI</td>
<td>Problem, Goal, Objective, Intervention</td>
</tr>
<tr>
<td>PHCRU</td>
<td>Post Hospitalization Crisis Residential Unit</td>
</tr>
<tr>
<td>PHP</td>
<td>Partial Hospitalization Program</td>
</tr>
<tr>
<td>PHx</td>
<td>Past History</td>
</tr>
<tr>
<td>PI</td>
<td>Public Intoxication</td>
</tr>
<tr>
<td>PID</td>
<td>Pelvic Inflammatory Disease</td>
</tr>
<tr>
<td>PKU</td>
<td>Phenylketonuria</td>
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<tr>
<td>PM</td>
<td>Afternoon</td>
</tr>
<tr>
<td>PMAB</td>
<td>Prevention and Management of Aggressive Behavior</td>
</tr>
<tr>
<td>PMedHx</td>
<td>Past Medical History</td>
</tr>
<tr>
<td>PMI</td>
<td>Patient Medication Instruction</td>
</tr>
<tr>
<td>Point of Maximal Impulse (Physical exam – heart sounds)</td>
<td></td>
</tr>
<tr>
<td>PMR</td>
<td>Psychomotor Retardation</td>
</tr>
<tr>
<td>PMS</td>
<td>Premenstrual Syndrome</td>
</tr>
</tbody>
</table>
po - By mouth
POC - Plan of Care
POCO - Plan of Care Oversight
POE - Point of Entry
pos - Positive
post - Posterior
PPA - Palpitation, Percussion, Auscultation
Pres - Present
pri - Private
prn - Whenever Necessary
Prob - Problem
PSHx - Past Social History
PT - Physical Therapy
PT - Prothrombin Time (lab value)
pt - Patient
PTA - Prior to Admission (arrival)
PTSD - Post Traumatic Stress Disorder
PTT - Partial Thromboplastin Time (lab value)
Px - Prognosis

Q - Every
q2h - Every Two Hours
QAIS - Quality Assurance and Improvement System
qam - Every morning
qd - Every day
QDC - Quality Data Code
qh - Every hour
qhs - At bedtime
qid - Four times a day
QIDS-C - Quick Inventory of Depressive Symptoms - Clinician
QIDS-SR - Quick Inventory of Depressive Symptoms - Self Report
QM - Quality Management
qod - Every Other Day
qoh - Every Other Hour
qon - Every Other Night
qpm - Every Night
qty - Quantity

R - Right
R - Respiration
R/O - Rule Out
RAM - Rapid Alternating Movements
RBC - Red Blood Cell
RC - Residential Care
re - Regarding
recd - Received
Rehab - Rehabilitation
Resp - Respiration
Rh - Rhesus (with reference to blood factors)
RLQ - Right Lower Quadrant (of the abdomen)
RN - Registered Nurse
ROM - Range of Motion
ROP - Retinopathy of Prematurity
ROS - Review of Systems
RPR - Serology Test for Syphilis
RRR - Regular Rate and Rhythm (physical)
RS - Resource Specialist
RTC - Return to Clinic
RUDM – Right Upper Deltoid Muscle (medication administration)
RUQ - Right Upper Quadrant (of the abdomen)
RV - Return Visit
Rx - Prescription

S
S&S - Signs and Symptoms
S/E - Side Effects
S/H - Suicide / Homicide
S/P - Status Post
SA – Substance Abuse
SAI - Single Accountable Individual
SAM - Service Authorization and Monitoring
SC - Service Coordination
SESCSC South East Community Service Center
Sev - Severe
SFTP – Secure File Transfer Process
SGOT - Serum Glutamic Oxaloacetic Transaminase
SGPT - Serum Glutamic Pyruvic Transaminase
SH - Self Help (ECI)
State Hospital
SHEC - South Houston Employment Center
SHx - Social History
SI – Suicidal Ideation
Sensory Impairment (ECI)
sib - sibling
SIB - Self Injurious Behavior
SLP - Speech Language Pathologist
SMAC - Sequential Multiple Analysis tests
SNF - Skilled Nursing Facility
SOAP - Subjective, Objective, Assessment, Plan (progress note format)
SOCS - State Operated Community Services
Sp Ed - Special Education
SQ - Social Quotient
SS - Social Security
State School
SSDI - Social Security Disability Income
SSSI - Supplemental Social Security Income
SSLC - State Supported Living Center
SSN - Social Security Number
STAT - Immediately
STD - Sexually Transmitted Disease
SUD – Substance Use Disorders
SV - School Visit
svcs - Services
SW - Social Worker
Social Work
SWA - Social Work Associate
SWFRC – South West Family Resource Center
Sx - Symptom

T
T - Temperature
T/C - Telephone Contact
tab - Tablet
TANF - Temporary Assistance for Needy Families
TAT - Thematic Apperception Test
TB - Tuberculosis
Tbsp - Tablespoon
TC - Thought Content
TCA - Tricyclic Antidepressant
TCADA – Texas Commission on Alcohol and Drug Abuse
TCP - Thiophene Analog of Phencyclidine
TD - Tardive Dyskinesia
TDC - Texas Department of Corrections
TDH - Texas Department of Health
TDHS - Texas Department of Health Services
TDMHMR – Texas Department of Mental Health and Mental Retardation
TDPRS – Texas Department of Protective and Regulatory Services
TFT - Thyroid Function Test
THKC - Texas Health Kids
THSteps – Texas Health Steps
tid - Three times a day
TM - Tympanic Membrane
TMAP - Texas Medication Algorithm Project
TONI - Test of Non-Verbal Intelligence
T/O - Telephone Order
TP - Thought Process
TRC - Texas Rehabilitation Commission
TRF - Teacher's Report Form
TRR – Texas Resiliency and Recovery
TSH – Thyroid Stimulating Hormone
tsp - Teaspoon
TTD - Telecommunication Device (for the deaf)
TV - Television
TX - Texas
Tx - Treatment
TXMHMR – Texas Mental Health and Mental Retardation
TYC - Texas Youth Commission

U
UA - Urinalysis
Uniform Assessment
UAP - Uniform Assessment Packet
UDS - Urine Drug Screen
UE - Upper Extremity
Unk - Unknown
UR - Utilization Review
URI - Upper Respiratory Infection
UT - University of Texas
UTD - Up to date
UTHMS – University of Texas Medical School at Houston
UTI - Urinary Tract Infection
UTMB – University of Texas Medical Branch
UTMSI – University of Texas Mental Science Institute

V
V/O - Verbal Order
V/S - Vital Signs
VA - Veterans Administration
VD - Venereal Disease
VDRL - Venereal Disease Research Laboratory Test
VH - Visual Hallucinations
Visually Handicapped
VI - Visual Impairment
VIQ - Verbal Intelligence Quotient
Vit - Vitamin
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>VO</td>
<td>Value Options</td>
</tr>
<tr>
<td>Vol</td>
<td>Voluntary</td>
</tr>
<tr>
<td>vol</td>
<td>volume</td>
</tr>
<tr>
<td>VPA</td>
<td>Valporate Acid or Valporic Acid</td>
</tr>
<tr>
<td>VPN</td>
<td>Virtual Private Network</td>
</tr>
<tr>
<td>vs</td>
<td>Versus</td>
</tr>
<tr>
<td>VS</td>
<td>Vital Signs</td>
</tr>
<tr>
<td>W</td>
<td>Wechsler Adult Intelligence Scale</td>
</tr>
<tr>
<td>WAIS</td>
<td>Wechsler Adult Intelligence Scale</td>
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<tr>
<td>WAIS-R</td>
<td>Wechsler Adult Intelligence Scale – Revised</td>
</tr>
<tr>
<td>WBC</td>
<td>White Blood Cell</td>
</tr>
<tr>
<td>WD / WN</td>
<td>Well Developed, Well Nourished</td>
</tr>
<tr>
<td>WF</td>
<td>White Female</td>
</tr>
<tr>
<td>WIC</td>
<td>Women, Infant, Children (Texas Health Department Nutrition Supplemental Program)</td>
</tr>
<tr>
<td>WISC</td>
<td>Wechsler Intelligence Scale for Children</td>
</tr>
<tr>
<td>WISC-III</td>
<td>Wechsler Intelligence Scale for Children – Revised (3rd edition)</td>
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<tr>
<td>WISC-R</td>
<td>Wechsler Intelligence Scale for Children – Revised</td>
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<tr>
<td>wk</td>
<td>Week</td>
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<tr>
<td>wkly</td>
<td>Weekly</td>
</tr>
<tr>
<td>WL</td>
<td>Waiting List</td>
</tr>
<tr>
<td>WM</td>
<td>White Male</td>
</tr>
<tr>
<td>WNL</td>
<td>Within Normal Limits</td>
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<tr>
<td>WPSSI-R</td>
<td>Wechsler Preschool and Primary Scale of Intelligence – Revised</td>
</tr>
<tr>
<td>WRAT-R</td>
<td>Wide Range Achievement Test – Revised</td>
</tr>
<tr>
<td>wt</td>
<td>Weight</td>
</tr>
</tbody>
</table>

**SYMBOLS**

- ✓: Check
- ↑: Increase
- ↓: Decrease
- ♀: Female
- ♂: Male
- Ψ: Psychiatric
- ☝: None
- ≈: Approximately
- ∆: Change
- 1*: Primary
- 2*: Secondary
- : Negative
- #: Number
- %: Percent
- %tile: Percentile
- &: And
@ At
+ Positive
< Less than
> Greater than
= Equal to
μg Microgram
c With
s Without