

## Budget Exhibit for FY 2013-14

### Item 1: SF-GetCare information system

**Background:** In October 2003, as part of its commitment to streamline discharge planning and increase access to community-based services, the San Francisco Department of Public Health contracted with RTZ to develop a web-based application for Laguna Honda Hospital. This application, called SF-GetCare, initially included a core discharge planning tool, which has since evolved into a comprehensive information system that coordinates services across county programs.

**Item 1a: SF-GetCare discharge component** – This component includes the original information system developed for LHH discharge planning, and later expanded to accommodate TCM case management. Over the past several years RTZ has enhanced this web-based, integrated system to streamline all operational and reporting needs. Core functionality includes (but is not limited to) a billing system that identifies billable encounters based on progress notes, a client tracking system that records clinical information, a reporting system that provides client and operational outcomes, and a detailed discharge assessment and planning system. During the 2006-07 fiscal year, the system was expanded to incorporate and automate linkage plans. End-users simply enter information on intuitive online assessments; the system then uses algorithms to automatically identify problem areas and appropriate best practices. These best practices can be used to create individual service plans, administer expanded case management, and complete discharge reports, all within the system. Although this functionality was designed for use by TCM staff, LHH social workers and MDS coordinators were trained on and have access to this tool. During the 2007-08 fiscal year, two significant enhancements were incorporated: (1) consumer preference assessments were added, and (2) service plans were redesigned to allow disassociation from the MDS-HC, as desirable, and allow an expanded number of authorized end-users (including RNs) to access, edit, and update individual service plans. During the 2010-11 fiscal year (at the request of DPH) RTZ incorporated EMRD90 and ANSA assessments into the system (replacing the legacy MDS-HC assessment) to help achieve department-wide standardization.

**Charge Items:**

- Ongoing application service provider (ASP) costs<sup>1</sup>
- Ongoing technical support
- Weekly import and cleaning of LHH admission and discharge medical record data
- Monthly creation of TCM/LHH reports
- Monthly reports for Joint Conference Committee (JCC) meetings
- Periodic data analysis, as requested
- Periodic training for end-users, as needed

**\$14,500 per month (\$174,000 per year)**

<sup>1</sup> ASP arrangement includes all licensing fees and hosting costs, including (but not limited to): (1) maintaining a secure colocation facility, (2) purchasing and upgrading all hosting software and hardware (including redundant application and database servers for production and development environments, as well as intermediary load-balancing hardware), (3) monitoring system performance and security, (4) backing-up data to a secure, secondary colocation facility, (5) providing unlimited technical support and account maintenance, (6) communicating with administrators and end-users on an ongoing basis to ensure that the system continues to meet local needs, and (7) making minor client-specific customizations (in addition to implementing general system enhancements).

**Item 1b: SF-GetCare DPH housing component** – This component includes an interactive housing placement system. Originally, this tool was envisioned as a searchable directory of housing resources, consolidating all DPH-supported housing for the first time in a single, web-accessible housing database. During the development phase of the project, stakeholders identified additional needs and this housing directory was expanded to include both a housing unit database and a resident database, as well as a reservation system that automatically matches the two according to a number of compatibility variables. This expanded application includes an online interactive directory of local housing (which includes detailed information on the availability, cost, and requirements of each unit), a client database, an interface to match clients with appropriate housing units, and a reservation/waitlist system. The system also produces management reports on bed utilization/availability in real-time. During the 2009-10 fiscal year, additional functionality was incorporated to facilitate DPH billing of state and local programs (and occasionally clients) for housing services. This functionality saves a significant amount of staff time (and eliminates errors) by automating the accounting, invoicing, tracking, and reporting of every activity.

In fiscal year 2012-13, this module was again expanded to include an assessment, with a recording, tracking, community care planning, and billing tool for the “Community-Living Support Benefit” (or “CLSB”) 1915(c) waiver program (Leno Waiver tool). This tool includes separate role-based access that only allows end-users to view those beds and clients that are enrolled in the waiver. It includes: the ability to enroll a client in the waiver database; MDS-HC assessment; Progress Notes; Community Care Plan that will interface with the assessment and the progress notes; Mini Mental Status Exam; Geriatric Depression Scale; and a LOCUS score tracking. All parts of the tool record historical data and allow for updates. Also included is a document management system that allows users to upload hardcopy LOCUS forms within the client record. In addition to operational reports, this tool includes an invoice that can be downloaded monthly in Excel that includes all data required for the State waiver billing. In fiscal year 2013–14, a Waiver Review form will be added for the State to assess specific performance measures required by the waiver.

In fiscal year 2013-14, if the optional Public Direct Access to Housing (DAH) tool described below is approved and becomes operational, RTZ may further expand the DPH Housing Placement tool to include a small number of new data elements and functions that are not in the current system).

**Charge Items:**

- Ongoing application service provider (ASP) costs
- Ongoing technical support
- Ongoing assistance in managing/updating housing list
- Periodic updates to accommodate revised billing and reporting standards
- Periodic data analysis, as requested
- Periodic training for end-users, as needed

**\$7,000 per month (\$84,000 per year)**

**Item 1c: SF-GetCare SFGH placement component** – This tool securely imports client-level data from the LCR/Invision system and supports the identification and disposition of discharge-ready patients. RTZ uses these data to provide analytic reports on non-acute/admin days for senior DPH staff. Placement Team staff document progress notes in this tool and SFGH Social Worker progress notes are imported into this tool from the LCR for Placement Team information. This component includes an online tool that allows RN, UR, social work, psychiatry, and eligibility/placement team staff to monitor and manage the discharge of patients from SFGH, and identify settings that best meet their needs and preferences. This tool also includes a number of management reports to measure the efficacy of discharge and diversion activities.

**Charge Items:** Ongoing application service provider (ASP) costs  
 Ongoing technical support  
 Periodic revisions to data importation scripts, as needed  
 Periodic data analysis, as requested  
 Periodic training for end-users, as needed  
 Monthly Utilization Review reports  
**\$2,500 per month (\$30,000 per year)**

**Item 1d: SF-GetCare “Administrator on Duty” component** – This component includes a custom module designed to replace the legacy “Administrator on Duty” reports at LHH. This module supports hospital-wide communication/documentation of issues, allows administrators to monitor/manage problems until resolution, and facilitates transitions between each of the three daily shifts. During the 2009-10 fiscal year, RTZ developed and pilot tested this module. (RTZ covered all development/implementation costs during this period as an in-kind contribution.) During the 2010-11 fiscal year, LHH deployed this module hospital-wide to more than 100 end-users.

The project was scaled back due to budget constraints. LHH staff will assume RTZ’s responsibility for initial and ongoing end-user training and support. The expanded user group will be limited to view-only access. RTZ technical support will only include bug fixes. Data analysis, planned system enhancements, and Phase 2 operational development will be put on hold. Given RTZ’s commitment to the overall SF-GetCare project, RTZ will also discount a portion of the remaining cost of this component to allow continuation of core functionality until funding for the full component is found.

**Charge Items:** Ongoing application service provider (ASP) costs  
**\$1,000 per month (\$12,000 per year)**

**Optional**

**Item 1e: Public DAH application** –Complementing the housing component used by DAH staff, RTZ will add an online Housing application form to its public San Francisco Resource Directory website. Specifically, website visitors (i.e. hospital discharge planners and community-based case managers) will have the option to create a free account that allows them to complete an application for DAH housing, which will populate the housing component and alert DAH staff that an application has been submitted. As discussed above, RTZ will also enhance the DPH housing component to include the DAH client database and tracking. RTZ will add this application for a monthly fee of \$2,500. The monthly fee will begin at the start of the contract period (July 1, 2013). During the project planning period, this fee will be used to help offset development costs, and will thereafter be used to cover ongoing ASP costs (including maintenance activities and technical support).

**Item 2: DCIP information system**

**Background:** In July 2008, DAAS contracted with RTZ to develop an information system to support the operational needs of the newly developed DCIP program, and to meet the reporting requirements of a recent settlement agreement (*Chambers, et al. v. CCSF*).

**Item 2: DCIP component (SF-GetCare *Chambers Settlement* incorporation)** – This component includes a discrete sub-system within SF-GetCare that pulls information from LHH/TCM and Community Living Fund (CLF) datasets on an ongoing basis to create an integrated client management system. This component meets all operational/reporting requirements outlined in the *Chambers Settlement* agreement, and simplifies the management of institutional discharges and diversions from LHH. During the 2010-11 fiscal year, RTZ added a “service” tab that integrates OOA and IHSS data.

**Charge Items:**

- Ongoing application service provider (ASP) costs
- Ongoing technical support
- Ongoing import, filtering, and integration of LHH and CLF information
- Quarterly analysis of DCIP data for *Chambers Settlement* reporting
- Monthly creation of TCM/LHH reports
- Periodic data analysis, as requested
- Periodic training for end-users, as needed

**\$10,000 per month (\$120,000 per year)**

### Item 3: CA-GetCare information system

**Background:** In September 2009, DAAS contracted with RTZ to provide the Office on the Aging (OOA) with a web-based, off-the-shelf system (CA-GetCare) designed to meet local data collection/management needs, as well as state/federal reporting requirements for NAPIS, FCSP, and NSIP Title III C1/C2-funded programs.

**Item 3a: CA-GetCare service management component** – This component supports four operational areas: (1) Managing client data: The system allows authorized end-users to record consumer identification/demographic information (including all NAPIS-required data elements), as well as nutritional assessment and functional assessment (i.e. ADL/IADL) information. (2) Managing service data: The system allows authorized end-users (i.e. OOA staff and/or contracted service providers) to manage program enrollments and record delivered services using either a daily or monthly input screen. (3) Generating operational/outcome reports: The system contains a library of standard reports designed to support common AAA business needs, as well as an ability to create custom report templates and export select client data elements. (4) Interfacing with the California Aging Reporting System (CARS): The system allows seamless integration with the statewide CARS reporting system (obviating the need to upload quarterly files), and meets all current and future CDA specifications for data reporting.

**Charge Items:** Ongoing application service provider (ASP) costs  
 Ongoing compliance with NAPIS reporting requirements  
 Ongoing integration (file transfers) with the statewide CARS system  
 Ongoing technical support  
 Periodic training for end-users, as needed  
**\$5,400 per month (\$64,800 per year)**

**Item 3b: Barcode scanning component** – This component supports barcode scanning functionality and other file importation options to streamline client-level service recording. End-users can print barcode rosters or labels (e.g. to affix to ID cards) and scan attendees. Once the barcode scanner is connected to a workstation, CA-GetCare will automatically upload and populate service counts. In fiscal year 2013-14, RTZ will upgrade the scanning system to accommodate 64-bit operating systems.

**Charge Items:** Ongoing application service provider (ASP) costs  
 Ongoing technical support  
 Ongoing replacement of defective scanners, as necessary  
 Periodic training for end-users, as needed  
**\$1,837.50 per month (\$22,050 per year)\***

\* Actual charge based on \$15.00/mo. per barcode scanner for the first 100 units and \$13.50/mo. for the next 100 units; cost estimate assumes the deployment of 125 scanners.

**Item 3c: HDM clearinghouse component** – This component supports the day-to-day operational needs of an HDM clearinghouse. This component spans intake, assessment, priority scoring / waitlist management, and reporting.

**Charge Items:** Ongoing application service provider (ASP) costs  
 Ongoing technical support  
 Periodic training for end-users, as needed  
**\$1,250 per month (\$15,000 per year)**

**Item 3d: HDM mapping and routing component** – This component enhances the HDM clearinghouse module by allowing automated routing/mapping of home-delivered meals.

**Charge Items:** Ongoing application service provider (ASP) costs  
 Ongoing technical support  
 Periodic training for end-users, as needed  
**\$475 per month (\$5,700 per year)**

**Item 3e: Integrated Intake component** – In fiscal year 2010-11, RTZ began developing an I&A/Intake module as a seamless extension of the local GetCare service recording system. Beginning in fiscal year 2011-12, intake staff began to use this module to document contacts with consumers, conduct basic assessments, identify appropriate services, and make referrals. Service listings from the RTZ San Francisco Resource Directory are incorporated into the intake module, at no additional cost, to enable staff to look up and track referrals as they are made. Referrals to CLF and Home-Delivered Meals are made from the module directly to the programs. For consumers already in GetCare, intake staff can access these records in real-time, providing context to encounters and eliminating the need for the same information to be entered multiple times. Because this module is part of the integrated GetCare database, staff can view service enrollments, CLF data and more. Intake staff use the tool to create automated “follow-up” reminders and to track client call history; snapshots of completed and pending follow-up tasks can be viewed at any time.

In May 2012, DAAS determined that expanding this I&A module into a full-fledged single-point-of-entry intake system (i.e. a system that spans more programs, offers improved integration and feedback mechanisms, and enables consumers to complete application forms online) would dramatically improve operational efficiency by eliminating duplicated assessment and data entry activities, streamlining eligibility determination processes, and ultimately decreasing the amount of time from initial contact to service enrollment.

Beginning in June 2012, RTZ began to design, develop, and implement a comprehensive, single-point-of-entry intake system that significantly expands upon the intake-related functionality currently in the GetCare ‘I&A’ module. This new system, launched in March 2013, allows DAAS staff to complete a single assessment for consumers interested in receiving multiple community-based services, i.e., CLF, home-delivered meals, IHSS, and transitional care. The system provides DAAS staff with a real-time status update for each referral, closing the feedback loop and eliminating the need to make and document follow-up inquiries.

Complementing the intake system designed for professional staff, RTZ will add application forms and intake functionality to its public San Francisco Resource Directory website. Specifically, website visitors (i.e. hospital discharge planners, and later consumers and caregivers) will have the option to create a free account that allows them complete an intake for specific community-based service programs. In Phase 1, launched April 1, 2013, hospital discharge planners use this online application to submit intakes for transitional care, followed by the ability to create an integrated intake which will also include IHSS, CLF and HDM.

**Charge Items:** Ongoing application service provider (ASP) costs  
Ongoing technical support  
Periodic data analysis, as requested  
Periodic training for end-users, as needed  
  
**\$5,000 per month (\$60,000 per year)**

**New** **Item 3f: Case management component** – This component supports the day-to-day operational needs of DAAS-funded community-based case managers. This component includes caseload management, progress notes, assessments, service plans and medication management, as well as operational reports. This component is currently operational. It was funded separately and its ongoing funding is being added to the contract

**Charge Items:** Ongoing application service provider (ASP) costs  
Ongoing technical support  
Periodic training for end-users, as needed  
  
**\$2,700 per month (\$32,400 per year)**

#### Item 4: Transitional Care Program (TCP) system

**Background:** In April 2012, DAAS contracted with RTZ to develop an information system to support the operational needs and reporting requirements of the newly developed Transitional Care Program (TCP). The TCP provides short-term coaching and/or care coordination for clients being discharged from acute settings.

**Item 4: TCP system component**– This component incorporates client data from the TCP Intake, captured on the Integrated Intake Tool, and includes the ability for Transition Specialists to track coaching and/or care coordination services. The system includes assessments, service plans, progress notes, and purchase of service request, authorization, verification and reconciliation. Automatic e-mail notifications facilitate communication between intake staff, supervisors, and Transition Specialists.

**Charge Items:**

- Ongoing application service provider (ASP) costs
- Ongoing technical support
- Periodic data analysis, as requested
- Periodic training for end-users, as needed

**\$3,000 per month (\$36,000 per year)**

**New**

**Item 4a: TCP list bill administration** – RTZ processes TCP information on a monthly basis and submits list bills to CMS (Centers for Medicare & Medicaid Services) for reimbursement of TCP cases. RTZ communicates with TCP staff, as well as the CMS vendors that accept and process the list bills, to clarify submissions, rectify errors in the data, and ensure that invoices are accepted so that DAAS receives payment for each case.

**Charge Items:**

- Data processing, cleaning and conversion
- Monthly file transmission
- Communication with CMS vendors
- Regular data analysis and reporting

**2% of revenue, minimum \$500 per month (minimum \$6,000 per year)\***

\*DAAS and RTZ have agreed to review the \$500 per month minimum after the first six months of operations. In September 2013 the volume of cases will be reviewed to ensure that the 2% charge is adequate, as expected.



## Summary of costs

The table below summarizes costs for the 2013-14 fiscal year. It includes an optional component that RTZ is currently discussing with DPH.

	One-time development costs	Ongoing monthly costs	Total costs for FY 2013-14
<b>Existing components</b>			
Item 1a: SF-GetCare discharge component (DPH)		14,500. <sup>00</sup>	174,000. <sup>00</sup>
Item 1b: SF-GetCare DPH housing component (DPH)		7,000. <sup>00</sup>	84,000. <sup>00</sup>
Item 1c: SF-GetCare SFGH placement component (DPH)		2,500. <sup>00</sup>	30,000. <sup>00</sup>
Item 1d: SF-GetCare "Administrator on Duty" module (DPH)		1,000. <sup>00</sup>	12,000. <sup>00</sup>
Item 2: DCIP information system (DAAS)		10,000. <sup>00</sup>	120,000. <sup>00</sup>
Items 3a-d: CA-GetCare information system (DAAS)		8,962. <sup>50</sup>	107,550. <sup>00</sup>
Item 3e: CA-GetCare intake module (DAAS)		5,000. <sup>00</sup>	60,000. <sup>00</sup>
Item 4: Transitional Care Program (TCP) system		3,000. <sup>00</sup>	36,000. <sup>00</sup>
<b>New components</b>			
Item 3f: CA-GetCare case management component		2,700. <sup>00</sup>	32,400. <sup>00</sup>
Item 4a: TCP list bill administration		*500. <sup>00</sup>	*6,000. <sup>00</sup>
		\$ 55,162. <sup>50</sup>	\$ 661,950. <sup>00</sup>

<b>Optional components</b>			
Item 1e: Public DAH application		2,500. <sup>00</sup>	30,000. <sup>00</sup>

\* Variable cost; minimum amount included.