Wabanaki Public Health & Wellness

Cultivating the Health of Our Communities

APPENDIX E

SUBMITTED QUESTIONS FORM

RFP# 2022-005

Case Management Software

RFP Section & Page Number	Question
1A	Regarding the clinical information, can you share specifically what information you would like to capture? Do you have an example you could share? **Clinical information will be limited due to the system being primarily used to manage data gathered from the Careline program. If Clinical treatment is recommended, Careline users will be referred to Health Services, where a different EMR software will store all Clinical data.**
1C	How would do you see the data being separated? Via user permissions by different teams or through different data categories? **User permissions teams and data categories.**
4A	Our software does not allow clients to interact via a portal for the requirements, but we have a feature that they could email into their file so that a caseworker could take the correct action. Would this be acceptable? **Yes, this is fine. Please cover this area during the demonstration.**
7B	In practice, during which point in time of a case and what type of information would be exchanged with DocuSign, Outlook, and SharePoint? **Files, policy agreements, notifications of appointments/phone calls, etc.**
N/A	How many users at your organization would need access to Casebook? **Roughly 12 Users to start, with more to be added over time.**

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RFP Section & Page Number	Question
Key Requirements: Data Collection	1. Can you provide the level of detail for clinical information that will need stored in the Case Management system? Ex: In addition to diagnosis, any other clinical details? **See above. Clinical data is limited in scope. If treatment is recommended and accepted, clinical data will be gathered in an EMR at our medical facility.**
Key Requirements: Data Collection	2. Do you have any specific reporting needs? **Cloud-based storage with a report generator that will detail call volume, times, services requested, etc.**
Key Requirements: d. Generate Categorial Reports	3. Can you provide any reporting examples? **Internal vs. external report generation detailing the services used and ways to improve services through anonymous user feedback.**
Company User Interface: b. Case Record Visible	4. Is it your intention to break down reporting based off of funder or Program categories (Youth Programs, Employment vs Funder providing services)? Please give service area examples if possible. **Payment for programs is handled through coding expenses associated with the program used. Therefore, the ability to analyze overall costs related to individual services would be a useful data point.**
General	7. Do you intend on migrating data from your current system? **No.**
Key Requirements 7. SAML Compatibility	8. Can you provide more details for your requirement related to SAML capabilities, multiple SSO systems? **SSO login through Microsoft 365/company domain email. IT will be present at the demonstration call to give additional specifics.**
Key Requirements: Data Collection	9. How many clients do you serve in a year? **Please ask during the conference call as this data is locked in internal use only.**
Client to Provider Interaction	10. For Clients entering in their data into the system for Appointment requests an Emergency Contact information – Do you have a preference for them to have a user name and password to update that information or would you prefer clients to update using an open web form and approval process from staff? **Likely more to discuss here. The idea of patients having free access to their information and the ability to add helpful comments/upload relevant documents is ideal. However, an approval process may be necessary for all care-centric data to avoid insufficient data being entered into a permanent patient record.**
Appendix D – Cost Proposal	11. Do you have a budget that you can share for the cost of implementation of a new system? **No budget is available at this time. All software will be fairly evaluated based mainly on price vis-à-vis functionality.**