

## Request for Proposals (RFP)

Issue Date: May 14, 2010

RFP#: 10-327

Title: Commonwealth Neurotrauma Initiative Trust Fund  
Development of a Web-Based Brain Injury Case Management Software System  
Issuing Agency: Virginia Department of Rehabilitative Services  
Commonwealth Neurotrauma Initiative (CNI) Trust Fund  
8004 Franklin Farms Drive  
Richmond, Virginia 23229

Where Work Will Be Performed: Statewide

Period of Contract: Upon Contract Signature

Sealed Proposals Will be Received Until **3:00 P.M. EST on Monday, June 14, 2010.** For Furnishing The Services Described Herein.

All inquiries for information should be directed to James Gregory, General Services Manager, at 804/662-7516, TTY 800/552-5019, FAX 804/662-9525. Questions regarding this Request For Proposals (RFP) will not be received later than ten (10) business days prior to the closing of the solicitation. IF PROPOSALS ARE MAILED, SEND DIRECTLY TO ISSUING AGENCY SHOWN ABOVE; IF HAND DELIVERED, DELIVER TO: **James Gregory, General Services/Purchasing Department, 8004 Franklin Farms Drive, Richmond, VA.**

In Compliance With This Request For Proposals And To All The Conditions Imposed Therein And Hereby Incorporated By Reference, The Undersigned Offers And Agrees To Furnish The Services In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiation.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person / Title (*please print*): \_\_\_\_\_

FEI/FIN# \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature in Blue Ink: \_\_\_\_\_

AMOUNT OF FUNDING REQUESTED: \$ \_\_\_\_\_

**Optional Pre-Proposal Conference- Thursday, May 27, 2010 at 8004 Franklin Farms Drive, Richmond VA 23229 in Conference Room 101, 1:30 to 3:30 PM. See page 21 under Optional Pre-Proposal Conference.**

*NOTE: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 11-35.1 or against a bidder or Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.*

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### I. PURPOSE

The purpose of this Request For Proposals (RFP), issued on behalf of the Commonwealth Neurotrauma Initiative (CNI) Trust Fund, is to establish one grant funded contract for the development of a web-based case management software system to assist state-funded Brain Injury Services (BIS) contractors. The case management system will provide a universal application to store statewide case management brain injury data by organization and will provide a web interface to display and allow for data entry. The application must be built so it is secure, allow multiple organizations to utilize the system display data specific to each group, allow access and reporting on all data, and must pass Virginia Standards for Accessibility as defined in Attachment C.

## **II. BACKGROUND AND ELIGIBLE OFFERORS**

### **A. History**

Senate Bill 1132, passed by the 1997 Virginia General Assembly, established the Commonwealth Neurotrauma Initiative (CNI) Trust Fund (The Fund) to support research, education, and treatment relating to traumatic spinal cord or brain injuries resulting in loss of physical and cognitive functions. Originally, the Fund was to consist of grants, donations, and bequests from public and private sources and funds.

In 1998, Senate Bill 484 was passed by the General Assembly and established a funding mechanism for the Commonwealth Neurotrauma Initiative Fund. Section 46.2-411 of the *Code of Virginia* authorizes Virginia Department of Motor Vehicles (DMV) to collect an additional fee of \$30 to have an operator's license reinstated. The additional fee is charged only to persons whose operator's licenses were suspended or revoked upon conviction of specified dangerous driving offenses (e.g., DUI-related offenses, hit and run, reckless driving, failure to comply with conditions imposed upon license probation for driving offenses, etc.) Out of the additional \$30 fee, \$25 will go to the Commonwealth Neurotrauma Initiative Fund. The balance of \$5 will go to DMV; however, if the driving offense was DUI-related, the \$5 will go to the Virginia Alcohol Safety Action Program (VASAP) Commission.

The purpose and parameters of the Fund established pursuant to Section 32.1-73.2 are outlined below:

- The Fund is to be used for the purpose of improving the treatment and care of Virginians with traumatic spinal cord or brain injuries.
- The Fund is to be established on the books of the Comptroller as a revolving fund and to be administered by the Department of Rehabilitative Services and the CNI Trust Fund Advisory Board.
- Any moneys and interest remaining in the Fund at the end of each fiscal year are not to revert to the general fund but shall remain in the Fund.
- The Fund is to be distributed according to the grant procedures established pursuant to Section 32.1-73.4 as amended.
- Moneys in the Fund are to be used solely to support grants for Virginia-based organizations, institutions, and researchers as follows: 47.5 percent shall be allocated for research on the mechanisms and treatment of neurotrauma, 47.5% percent shall be allocated for rehabilitative

services, and five percent shall be allocated for administration.

The Brain Injury Case Management Software System currently in use is separated into nine (9) different applications. There are nine interfaces and nine databases. Following accessibility testing by DRS, the interfaces were deemed not accessible according to minimum federal and state standards. The databases contain all of the same type of data and should be consolidated. DRS is working with the BI Contractors to assure that all applications pass the federal Americans with Disabilities (ADA) 508 Standards for Accessibility, at a minimum. This is a necessary part of the state accessibility guidelines. It is also essential that BI contractors provide information to the BI Manager using the accessible interface and accessible functionality for continued operation of the programs. It is vital that BI Contractors develop a functional web-based Case Management Software System that contains data elements consistent across all of its state-funded programs that can access and provide each program with the functionality it needs to operate. Further, each program must have the ability to maintain its own internal data within a safe and secure environment that is accessible to ongoing web hosting and software system maintenance duties. This assures that client level data are maintained accurately for each group.

#### **B. Eligible Offerors**

Responses to this RFP may be made by **Virginia based and licensed** organizations, institutions, and companies deemed qualified to provide the services.

#### **C. Small, Women-Owned and Minority Business Participation**

It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small business and businesses owned by women and minorities and to encourage their participation in State procurement activities. The Commonwealth encourages Contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, or other contractual opportunities. Submission of a report of past efforts to utilize the goods and services of such businesses and plans for involvement on this contract are required for contracts of (a) \$100,000 or more, or (b) over \$15,000 where subcontracting opportunities exist. By submitting a proposal, Offerors certify that all information provided in response to this RFP is true and accurate. Failure to provide information required by this RFP will ultimately result in rejection of the proposal. For further information please go to: <http://www.dmbe.virginia.gov/services.html>. Additional information regarding *certified* "SWAM" vendors is available at [www.eVA.state.va.us](http://www.eVA.state.va.us).

### **III. STATEMENT OF NEED**

#### **A. Commitment of Commonwealth of Virginia**

The Commonwealth of Virginia has allocated grant funds from the Commonwealth Neurotrauma Initiative (CNI) Trust Fund for the development of a Web-based Case Management System to assist in the provision of case management services. To more accurately track, monitor, and report on the case management services provided through the statewide network of providers, DRS requires an Enterprise Case Management System. This system must be designed so that data are secure; the web interface is

accessible and user-friendly; and the system is designed to meet the needs of the individual program, as well as offering an effective and efficient approach to providing services to individuals with disabilities. It is imperative that this system be designed using the Commonwealth of Virginia standards for technology.

## **B. Duration and Amount of Funding**

All grant contract funds are contingent on the availability of Commonwealth Neurotrauma Initiative (CNI) Trust fund dollars designated for this purpose, and on the demonstrated ability of the contractor to meet established contract goals and objectives as outlined in the contractor's proposal and as reviewed and accepted by the Department of Rehabilitative Services and the Commonwealth Neurotrauma Initiative Trust Fund.

Offerors must provide a year to year estimated timeframe for the implementation of the web-based Case Management Software System. The contract shall not exceed a total of \$180,000 for development, testing, training, and implementation. The contract also cannot exceed \$90,000 per contract year. Upon award of the grant, funds are allocated for a 12 month period, contingent upon the continued availability of funds. Funds that are unexpended at the end of a grant year **do not** automatically roll over to the next year, unless a formal written request for carry over of funds is received by the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. The written request must include the amount of carry over requested, as well as justification for the request (i.e., why the funds were not expended during the grant year as proposed in the submitted budget).

Maintenance of the system shall be provided by the vendor for a one-year period following the expiration of the initial CNI Trust Fund grant project, with the option to renew the maintenance for an additional two one-year periods.

## **C. Use of Funds**

Funds may be used for:

- staff in support of application development;
- supplies needed for the development of the application; and
- other direct and documented costs related to implementation and documentation of this application
- travel upon prior approval by the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. (travel will abide within the guidelines of the Commonwealth of Virginia, which will be provided)

Funds may not be used for:

- construction of new buildings;
- renovation to a facility;
- administrative or indirect costs exceeding 10% of the amount of the total direct expenses, unless justified in the budget / budget narrative; or
- software / hardware expenses.

## **D. Human Research Guidelines**

The Contractor shall comply, as applicable, with all federal (45 CFR 46) and state (Chapter 5.1 of the

*Code of Virginia*, Section 32.1-162.16 et seq.) legislation and agency regulations (22 VAC 30-40-10 et seq. and 12 VAC 5-20-10 et seq.) for human research.

#### **IV. PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS**

Offerors will be required to submit a proposal by **Monday June 14, 2010 at 3:00 p.m. Eastern Standard Time** as specified in this Request For Proposals (RFP). Offerors may be asked to provide additional, clarifying information at any time following submission of a proposal. The Department of Rehabilitative Services and a review panel, if used, will follow the criteria published in this Request For Proposals (RFP) to determine those proposals which most directly and appropriately address the specific funding priorities (see Section IV.B.1-7 below). Proposals should include:

##### **A. RFP Response**

1. Offerors must submit a complete response to this Request For Proposals (RFPs), signed in blue ink by a legally authorized representative of the Offeror. One original and six (6) copies of each proposal must be submitted to DRS. Failure to submit all requested information may result in DRS/CNI Trust Fund Advisory Board requiring prompt submission of missing information, a lower evaluation score, or the rejection of the proposal. In addition to the aforementioned paper copies, an electronic format, compatible with the agency's Microsoft Office Word 2003, must be provided. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
2. All information requested by this RFP on the ownership, utilization, and planned involvement of small businesses, women-owned businesses, and minority-owned businesses (**Attachment A**) must be submitted. If an Offeror fails to submit this information, DRS/CNI Trust Fund, may require prompt submission of missing information after the receipt of vendor proposals.
3. The Vendor Data Sheet (**Attachment B**) must be completed, signed, and returned with the proposal.

##### **B. Proposal Requirements**

1. Proposals must contain and address the following components:
  - a. An accessible interface that will display data that has been predefined by the user group (data elements will be provided).
  - b. Web hosting and database hosting for the BIS Programs as defined by DRS. Provision of security certificates is required on all used servers.
  - c. An interface that will pass ADA (Americans with Disabilities Act) 508 Compliance and is functional and "friendly" for all users. Preference will be given to proposals that develop software meeting Web Accessibility Initiative (WAI) Priority 1 as defined by the World Wide Web Consortium (W3C).
  - d. A secure application to ensure each user group has absolute confidence that its data will not be viewed by other groups. In addition, the following security levels must be provided:

- DRS Security Level will be set so that the Department of Rehabilitative Services (DRS) Brain Injury Services Coordination Unit and the Commonwealth Neurotrauma Initiative (CNI) Trust Fund and other identified agency staff will have access to and rights to all data;
  - Brain Injury Services (BIS) Program Security Level will be set so that each user group can identify administrator staff that will have access privileges to its program-specific data; and
  - Case Management Security Level will be set so that each Brain Injury Services (BIS) Program can identify individual case management staff that will have access privileges to caseload-specific data (at a minimum there will be eighty users at one time).
- e. A reasonable, sustainable maintenance and upgrade plan for future enhancements and expansion.
2. Priority will be given to proposals in which the developer demonstrates an expertise or familiarity with the following:
- a. A third normal form relational database;
  - b. The standards, guidelines, and recommendations of the Institute of Electrical and Electronics Engineers (IEEE); and
  - c. An understanding of quality-based industry standards such as ISO (International Standards Organization).

### **C. Proposal Development, Content, and Format Requirements**

Proposals should be as thorough and detailed as possible so that the Department of Rehabilitative Services and a review panel, if used, may properly evaluate the Offeror's capabilities to provide the required services. Proposals should not be longer than fifteen (15) pages, double-spaced, with page numbers, using Times New Roman 12 Font (the fifteen pages do *not* include the mandatory reporting forms, the RFP cover sheet, resumes, letters of recommendation/support, and other attachments or appendices needed). Address the following in the proposal:

**1. Experience Developing Case Management Applications for Working with People with Disabilities, Preferably to Brain Injuries (*two pages*)**

List the specifications for software systems that have been designed by your group for use by programs providing services to people with brain injury. Provide at least two references for the product and for services rendered.

**2. Secure Hosting Services for the Web Site and for the Database (*two pages*)**

Since the vendor is responsible for the database server, web server and all elements involved in hosting and maintaining the data, please list the name of the hosting provider and describe how the data will be secured, including all certificates and specific standards for securing the data. The following should also be addressed: application back-up and off site storage, secure building, generators, and other environmental safeguards.

**3. Budget, Budget Justification, and Sustainability (three pages)**

Prepare and submit a budget and all costs for the design, development, and implementation of the web-based Case Management Software System. This should include, but not be limited to, design, testing, upgrades specific to regulatory specifications, training, pilot and implementation. Describe how you will ensure that the project will be completed under \$90,000 dollars/contract year. Include a reasonable, sustainable maintenance and upgrade plan for future enhancements and expansion. Though hosting, maintenance and data conversion will not be paid through this contract it may be paid through a separate fund so will need to be addressed in the proposal.

**4. Timetable for Deliverables (three pages)**

Please provide the phases of the project with a timetable as a matrix. The phases should follow a software development lifecycle process and should include testing for each phase of the development process which includes DRS testing and sign-off before moving to the next phase. This application must be operational and implemented within a twelve to fifteen month time period. Describe how you will ensure that the project will be completed within the specified time period.

**5. Adherence to Business Definition and Specified Data Elements (five pages)**

The database must be designed based on the data elements provided in this document (see **Attachment C**). The application will be designed based on the information provided in the Business Definition. Please provide a schema, design and testing schedule based on these elements in the response to the Request for Proposal.

**6. Small, Women-Owned and Minority Business Participation (not counted in 15-page limit)**

The Offeror must submit the following three sets of data for small business, women-owned business, and minority-owned business: (a) ownership, (b) utilization of small, women-owned, and minority-owned businesses for the most recent 12 months, and (c) planned involvement of small businesses, women-owned businesses, and minority-owned businesses on this procurement. **(Forms for submission of this data are provided as Attachment A.)**

**7. Vendor Data Sheet (not included in 15-page limit).**

The Offeror must complete, sign, and submit the Vendor Data Sheet. **(Form for submission of this data is provided as Attachment B.)**

**V. EVALUATION AND AWARD CRITERIA**

The proposal to be funded under this Request For Proposals (RFP) is contingent on the availability of funds and nature of proposals received.

**A. Evaluation**

**1. Proposal Review**

Proposals submitted in response to this Request For Proposals (RFP) may be evaluated by a review panel appointed by the Department of Rehabilitative Services (DRS) and the Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board. As appropriate and when necessary, expert reviewers will assist in the evaluation process.

## **2. Screening Criteria**

Proposals will be evaluated as follows:

1. Experience Creating Disability Case Management Applications	15 Points
2. Secure Hosting Services for the Web Site and for the Database	10 Points
3. Budget, Budget Justification, and Sustainability	20 Points
4. Timetable for deliverable (clear and concise)	15 Points
5. Adherence to Business Definition and Specified Data Elements	20 Points
6. Small, Women-Owned and Minority Business Participation	5 Points
7. Accessibility	10 Point
8. Experience Creating Brain Injury Case Management Applications	<u>5 Points</u>
	100 Points

Offerors will be notified by the Department of Rehabilitative Services (DRS) or the Commonwealth Neurotrauma Initiative (CNI) Trust Fund regarding the status of their proposals. Proposals deemed qualified for further consideration may be asked to provide additional clarifying information prior to the contract negotiation process.

## **3. Final Evaluation and Recommendation for Award**

Following evaluation and rating, The Commonwealth Neurotrauma Initiative (CNI) Trust Fund Advisory Board will award funding to one qualified Offeror whose proposal is deemed most advantageous.

### **B. Award**

Selection shall be made of the Offeror(s) deemed to be fully qualified and best suited based on the evaluation factors included in this RFP, as well as those considered to be in the best interests of DRS and the Commonwealth of Virginia. Negotiations shall be conducted with the Offeror(s) so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each Offeror so selected, DRS/CNI Trust Fund shall select the Offeror which, in its opinion, has made the best proposal, and shall award the contract to that Offeror. Should the Commonwealth determine in writing and at its sole discretion that only one Offeror under consideration is fully qualified, a contract may be negotiated and awarded to that Offeror. The award document will be a contract incorporating by reference all the requirements, terms, and conditions of the solicitation and the contractor's proposal as negotiated.

The Commonwealth may cancel this Request for Proposals (RFP) or reject proposals at any time prior to award, and is not required to furnish reasons why a particular proposal was not deemed to be the most advantageous (*Code of Virginia, 11-65D*).

## VI. REPORTING AND DELIVERY INSTRUCTIONS

A. If required, the Contractor shall include in the proposal if a security deposit or retainer is required prior to initiation of project activities, including the percentage and amount of such deposit. The Contractor shall submit to DRS an original signed invoice for a required security deposit prior to initiating work on the project.

B. The Contractor shall submit monthly reports describing the financial expenditures and progress toward project completion, according to proposed timeline and goals. The specific format and content of the financial and progress reports will be determined by DRS and/or the Commonwealth Neurotrauma Initiative (CNI) Trust Fund and, as necessary and appropriate, DRS and/or the CNI Trust Fund may change the format or increase the frequency of reporting requirements.

C. Prior to final payment, the Contractor shall submit to DRS/CNI Trust Fund a report on the actual dollars spent with small businesses and businesses owned by women and minorities during the performance of this contract. At a minimum, this report shall include for each firm contracted with and for each such business class (i.e., small, women-owned, minority-owned) a comparison of the total actual dollars spent on this contract with the planned involvement of the firm and business class as specified in the proposal, and the actual percent of the total estimated contract value. Forms for submission of this data are provided as attachments to this RFP. Additional information regarding *certified* "SWAM" businesses is available at [www.eVA.state.va.us](http://www.eVA.state.va.us).

## VII. GENERAL TERMS AND CONDITIONS:

A. **VENDORS MANUAL:** This solicitation is subject to the provisions of the Commonwealth of Virginia *Vendors Manual* and any changes or revisions thereto, which are hereby incorporated into this contract in their entirety. The procedure for filing contractual claims is in section 7.19 of the *Vendors Manual*. A copy of the manual is normally available for review at the purchasing office and is accessible on the Internet at [www.dgs.state.va.us/dps](http://www.dgs.state.va.us/dps) under "Manuals."

B. **APPLICABLE LAWS AND COURTS:** This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Agency and the Contractor are encouraged to resolve any issues in controversy arising from the award of the contract or any contractual dispute using the Alternative Dispute Resolution (ADR) procedures described in Chapter 9 of the *Vendors Manual (Code of Virginia, § 2.2-4366)*. The Contractor shall comply with all applicable federal, state and local laws, rules and regulations.

C. **ANTI-DISCRIMINATION:** By submitting their proposals, Offerors certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and § 2.2-4311 of the *Virginia Public Procurement Act (VPPA)*. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of*

Virginia, § 2.2-4343.1E).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the Contractor agrees as follows:
  - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
  - b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
  - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.
2. The Contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

**D. ETHICS IN PUBLIC CONTRACTING:** By submitting their proposals, Offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

**E. IMMIGRATION REFORM AND CONTROL ACT OF 1986:** By entering into a written contract with the Commonwealth of Virginia, the Contractor certifies that the Contractor does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

**F. DEBARMENT STATUS:** By submitting their proposals, Offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting bids or proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.

**G. ANTITRUST:** By entering into a contract, the Contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.

**H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS**

1. For Request For Proposals: Failure to submit a proposal on the official state form(s) provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms

and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.

**I. CLARIFICATION OF TERMS:** If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.

**J. PAYMENT:**

1. To Prime Contractor:

- a. Invoices for items ordered, delivered and accepted shall be submitted by the Contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number; social security number (for individual Contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
- b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
- c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the Contractor at the contract price, regardless of which public Agency is being billed.
- d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.
- e. Unreasonable Charges. Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, Contractors should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable will be researched, challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the Contractor in writing as to those charges it considers unreasonable and the basis for the determination. A Contractor may not institute legal action unless a settlement cannot be reached within thirty days of notification. The provisions of this section do not relieve an Agency of its prompt payment obligations with respect to those charges which are not in dispute (*Code of Virginia*, § 2.2-4363).

2. To Subcontractors:

- a. A Contractor awarded a contract under this solicitation is hereby obligated:
  - (1) To pay the subcontractor(s) within seven (7) days of the Contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or

(2) To notify the Agency and the subcontractor(s), in writing, of the Contractor's intention to withhold payment and the reason.

b. The Contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the Contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier Contractor performing under the primary contract. A Contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.

3. Each prime Contractor who wins an award in which provision of a SWAM procurement plan is a condition to the award, shall deliver to the contracting Agency or institution, on or before request for final payment, evidence and certification of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the SWAM procurement plan. Final payment under the contract in question may be withheld until such certification is delivered and, if necessary, confirmed by the Agency or institution, or other appropriate remedies may be assessed in lieu of withholding such payment.

4. The Commonwealth of Virginia encourages contractors and subcontractors to accept electronic and credit card payments.

**K. PRECEDENCE OF TERMS:** The following GENERAL TERMS AND CONDITIONS, VENDORS MANUAL, APPLICABLE LAWS AND COURTS, ANTI-DISCRIMINATION, ETHICS IN PUBLIC CONTRACTING, IMMIGRATION REFORM AND CONTROL ACT OF 1986, DEBARMENT STATUS, ANTITRUST, MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS, CLARIFICATION OF TERMS, PAYMENT, shall apply in all instances. If there is a conflict between any General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

**L. QUALIFICATIONS OF OFFERORS:** The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the services/furnish the goods and the Offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect Offeror's physical facilities prior to award to satisfy questions regarding the Offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fails to satisfy the Commonwealth that such Offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.

**M. TESTING AND INSPECTION:** The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to specifications.

**N. ASSIGNMENT OF CONTRACT:** A contract shall not be assignable by the Contractor in whole or in part without the written consent of the Commonwealth.

**O. CHANGES TO THE CONTRACT:** Changes can be made to the contract in any of the following ways:

1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
2. DRS may order changes within the general scope of the contract at any time by written notice to the Contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The Contractor shall comply with the notice upon receipt. The Contractor shall be compensated for any additional costs incurred as the result of such order and shall give the CNI Trust Fund a credit for any savings. Said compensation shall be determined by one of the following methods:
  - a. By mutual agreement between the parties in writing; or
  - b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the Contractor accounts for the number of units of work performed, subject to DRS' right to audit the Contractor's records and/or to determine the correct number of units independently; or
  - c. By ordering the Contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The Contractor shall present DRS /CNI Trust Fund with all vouchers and records of expenses incurred and savings realized. DRS shall have the right to audit the records of the Contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to DRS within thirty (30) days from the date of receipt of the written order from DRS. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia *Vendors Manual*. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this contract shall excuse the Contractor from promptly complying with the changes ordered by DRS/CNI Trust Fund or with the performance of the contract generally.

**P. DEFAULT:** In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.

**Q. INSURANCE:** By signing and submitting a bid or proposal under this solicitation, the bidder or Offeror certifies that if awarded the contract, it will have the following insurance coverage at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with §§ 2.2-4332 and 65.2-800 et seq. of the *Code of Virginia*. The bidder or Offeror further certifies that the Contractor and any subcontractors will maintain these insurance coverages during the entire term of the contract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

MINIMUM INSURANCE COVERAGES AND LIMITS REQUIRED FOR MOST CONTRACTS:

1. Workers' Compensation - Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. Contractors who fail to notify the Commonwealth of increases in the number of employees that change their workers' compensation requirements under the *Code of Virginia* during the course of the contract shall be in noncompliance with the contract.
2. Employer's Liability - \$100,000.
3. Commercial General Liability - \$1,000,000 per occurrence. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. The Commonwealth of Virginia must be named as an additional insured and so endorsed on the policy.

**R. ANNOUNCEMENT OF AWARD:** Upon the award or the announcement of the decision to award a contract over \$50,000/year, as a result of this solicitation, DRS/CNI Trust Fund Advisory Board will publicly post such notice on the DGS/DPS eVA web site ([www.eva.state.va.us](http://www.eva.state.va.us)) for a minimum of ten (10) days.

**S. DRUG-FREE WORKPLACE:** During the performance of this contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "*drug-free workplace*" means a site for the performance of work done in connection with a specific contract awarded to a Contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

**T. NONDISCRIMINATION OF CONTRACTORS:** A bidder, offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the bidder or offeror employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

**U. eVA Business-To-Government Vendor Registration:** The eVA Internet electronic procurement solution, website portal [www.eVA.virginia.gov](http://www.eVA.virginia.gov), streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies.

All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet e-procurement solution either through the eVA Basic Vendor Registration Service or eVA Premium Vendor Registration Service. All Offerors must register in eVA; failure to register will result in the bid/proposal being rejected.

- a. eVA Basic Vendor Registration Service: \$25 Annual Registration Fee plus the appropriate order Transaction Fee specified below. eVA Basic Vendor Registration Service includes electronic order receipt, vendor catalog posting, on-line registration, electronic bidding, and the ability to research historical procurement data available in the eVA purchase transaction data warehouse.
- b. eVA Premium Vendor Registration Service: \$25 Annual Registration Fee plus the appropriate order Transaction Fee specified below. eVA Premium Vendor Registration Service includes all benefits of the eVA Basic Vendor Registration Service plus automatic email or fax notification of solicitations and amendments.
- c. For orders issued prior to August 16, 2006, the Vendor Transaction Fee is 1%, capped at a maximum of \$500 per order.
- d. For orders issued August 16, 2006 and after, the Vendor Transaction Fee is:
  - (i) DMBE-certified Small Businesses: 1%, capped at \$500 per order.
  - (ii) Businesses that are not DMBE-certified Small Businesses: 1%, capped at \$1,500 per order.

**V. AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

## **VIII. SPECIAL TERMS AND CONDITIONS**

**A. AUDIT:** The Contractor shall retain all books, documentation, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The Commonwealth Neurotrauma Initiative Trust Fund, Department of Rehabilitative Services its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period.

**B. AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that the Commonwealth Neurotrauma Initiative (CNI) Trust Fund and Department of Rehabilitative Services shall be bound hereunder only to the extent of the funds available through for this purpose or which may hereafter become available for the purpose of this agreement.

**C. AWARD:** Selection shall be made of the Offeror(s) deemed to be fully qualified and best suited based on the evaluation factors included in this RFP, as well as those considered to be in the best interests of the Commonwealth of Virginia. Following negotiations, The CNI Trust Fund Advisory Board shall select one or more Offeror(s) which, in its opinion, submitted the best proposal(s), and shall

award the contract(s) to such Offeror(s). The Commonwealth may cancel this Request for Proposals or reject proposals at any time prior to award, and is not required to furnish reasons why a particular proposal was not deemed to be the most advantageous (*Code of Virginia, § 2.2-4359D*). The award document is a contract incorporating by reference all the requirements, terms, and conditions of this solicitation and the Contractor’s proposal as negotiated.

**D. CANCELLATION OF CONTRACT:** The Commonwealth Neurotrauma initiative Trust Fund reserves the right to cancel or terminate any contract in part or in whole without penalty, upon sixty (60) days written notice to the Contractor. If the initial contract period is for more than 12 months, the contract may be terminated by either party, without penalty, after the initial twelve (12) month contract period upon thirty (30) days written notice to the other party. Any contract cancellation notice shall not relieve the Contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.

**E. IDENTIFICATION OF PROPOSAL ENVELOPE:** The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

From: \_\_\_\_\_  
Name of Offeror Due Date Time

\_\_\_\_\_  
Street or Box Number City, State, Zip

10-327  
Request For Proposal Number

Commonwealth Neurotrauma Initiative Trust Fund –Development of a Web-based Brain Injury Case Management Software System  
Title of Request For Proposal

Name of Contract Officer: James Gregory, General Services / Purchasing Department

The envelope should be addressed as directed on Page 1 of the solicitation. Proposals may be hand delivered to the designated location in the office of DRS issuing the solicitation. No other correspondence or other bids/proposals should be placed in the envelope.

**F. SMALL, WOMEN, AND MINORITY OWNED BUSINESSES SUBCONTRACTING AND REPORTING:**

Where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the Contractor is encouraged to offer such business to small, women, and/or minority-owned (SWAM) businesses. The Contractor agrees to report the use of SWAM subcontractors by providing DRS at a minimum the following information: name of firm, phone number, total dollar amount subcontracted, category type (small, women, or minority-owned), and type of product/service provided. Names of firms may be available from DRS and/or from the Division of Purchases and Supply. Additional information regarding *certified* “SWAM” vendors is available at [www.eVA.state.va.us](http://www.eVA.state.va.us).

**G. PRIME CONTRACTOR RESPONSIBILITIES:** The Contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that he/she may utilize, using his/her best skill and attention. Subcontractors who perform work under this contract shall be responsible to the prime Contractor. The Contractor agrees that he/she is as fully responsible for the acts and omissions of his/her subcontractors and of persons employed by them as he/she is for the acts and omissions of his/her own employees.

**H. MANDATED REPORTERS FOR ADULT PROTECTIVE SERVICES:**

Contractors who are determined to be mandated reporters for adult protective services according to §63.2-1606(A) of the Code of Virginia, effective July 1, 2004, shall comply with all terms and conditions of the Code. Mandated reporting to adult protective services is required of "...any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive, or direct care capacity..."

**I. NO-COST EXTENSION OF CONTRACT:** Contracts awarded under this Request For Proposal (RFP) may be extended upon approval by the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. Such an extension is subject to the terms of the current contract, and should be done within a reasonable period of time prior to the expiration of the contract (approximately 60 days). No contract funded under this Request For Proposals (RFP) shall exceed a total funding award of \$180,000.

**J. CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The contractor assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Contractors shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

**K. CONFIDENTIALITY (Contractor):** The contractor assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent. Any information to be disclosed, except to the agency, must be in summary, statistical, or other form which does not identify particular individuals. Contractors and their employees working on this project will be required to sign the Confidentiality statement in this solicitation.

**L. DEFINITION - EQUIPMENT:** As used herein, the terms equipment, product, or system shall include hardware and software (when applicable) and any materials or supporting documentation. Such documentation may include but is not limited to: users' guides, operations manuals with part lists, copies of all applicable warranties, and any other pertinent information necessary for the proper operation and maintenance of the equipment being acquired.

**M. DEFINITION - SOFTWARE:** As used herein, the terms software, product, or software products shall include all related materials and documentation whether in machine readable or printed form.

**N. MAINTENANCE:** Upon expiration of the initial three-year Commonwealth Neurotrauma Initiative (CNI) Trust Fund grant and at the Commonwealth's option, the contractor shall provide a one year period of maintenance (including labor, parts, and travel) at the prices set forth in the pricing schedule. Maintenance shall not include external electrical work, providing supplies, and adding or removing accessories not provided for in the contract. Maintenance shall also not include repairs of damage resulting from: acts of God, transportation between state locations, negligence by state personnel, or other causes not related to ordinary use in the production environment in which installed. Each successive year of maintenance may be ordered by the Commonwealth in writing at least 30 days prior to expiration of the existing maintenance period.

**O. RENEWAL OF MAINTENANCE:** Maintenance of the hardware or software specified in the initial three-year CNI Trust Fund contract may be renewed by the mutual written agreement of both parties for an additional two (2) one-year period(s), under the terms and conditions of the original contract except as noted herein. Price changes may be negotiated at time of renewal; however, in no case shall the maintenance costs for a succeeding one-year period exceed the prior year's contract price(s), increased or decreased by more than the percentage increase or decrease in the "other services" \_\_\_\_\_ category of the CPI-W section of the US Bureau of Labor Statistics Consumer Price Index, for the latest twelve months for which statistics are available.

**P. SERVICE PERIOD (ROUTINE):** Contractor shall provide 8 hour toll-free phone support with a one hour return call response time. Maintenance services shall carry a 24-hour response time following initial notification and shall be available during the normal working hours of 8 A.M. to 5 P.M. EST Monday through Friday, excluding state holidays. All necessary repairs or corrections shall be completed within 24 hours of the initial notification.

**Q. SERVICE REPORTS:** Upon completion of any maintenance call, the contractor shall provide the agency with a signed service report that includes, at a minimum: a general statement as to the problem, action taken, any materials or parts furnished or used, and the number of hours required to complete the repairs.

**R. EXCESSIVE DOWNTIME:** Equipment or software furnished under the contract shall be capable of continuous operation. Should the equipment or software become inoperable for a period of more than 24 hours, the contractor agrees to pro-rate maintenance charges to account for each full day of inoperability. The vendor will notify the BI Information Technology Analyst at once as to what type of maintenance will be done and rate it as its overall importance to the system using High (show stopper), Medium (will affect some functions), Low, (will not affect the everyday workings of the system. In the event the equipment or software remains inoperable for more than 3 consecutive calendar days, the contractor shall promptly replace the equipment or software at no charge upon request of the procuring agency. Such replacement shall be with new, unused product(s) of comparable quality, and must be installed and operational within 7 days following the request for replacement.

**S. LIMITATION OF USE:** The Commonwealth's right to use computer software developed entirely at private expense may be limited by the contractor as stipulated in this contract. Notwithstanding any provision to the contrary however, the Commonwealth shall have at a minimum: unlimited use of the software on the equipment for which it is purchased; use of the software on a secondary system for backup purposes should the primary system become unavailable, malfunction, or is otherwise rendered inoperable; use of the software at another Commonwealth site should the system be entirely transferred to that location; the right to make a backup copy for safekeeping; the right to modify or combine the software with other programs or materials at the Commonwealth's risk; and the right to reproduce any and all documentation provided such reproduction is for the sole use of the Commonwealth. These rights are perpetual and

irrevocable; in the event of any actual or alleged breach by the Commonwealth, the contractor's sole remedy shall be to pursue a monetary claim in accordance with § 2.2-4363 of the *Code of Virginia*.

**T. OWNERSHIP OF INTELLECTUAL PROPERTY:** All copyright and patent rights to all papers, reports, forms, materials, creations, or inventions created or developed in the performance of this contract shall become the sole property of the Commonwealth. On request, the contractor shall promptly provide an acknowledgment or assignment in a tangible form satisfactory to the Commonwealth to evidence the Commonwealth's sole ownership of specifically identified intellectual property created or developed in the performance of the contract.

**U. SOURCE CODE:** In the event the contractor ceases to maintain experienced staff and the resources needed to provide required software maintenance, the Commonwealth shall be entitled to have, use, and duplicate for its own use, a copy of the source code and associated documentation for the software products covered by the contract. Until such time as a complete copy of such material is provided, the Commonwealth shall have exclusive right to possess all physical embodiments of such contractor owned materials. The rights of the Commonwealth in this respect shall survive for a period of twenty (20) years after the expiration or termination of the contract. All lease and royalty fees necessary to support this right are included in the initial license fee as contained in the pricing schedule. Therefore the DRS Brain Injury Services will own all data and will be able to request data at any given time.

**V. TERM OF SOFTWARE LICENSE:** Unless otherwise stated in the solicitation, the software license(s) identified in the pricing schedule shall be purchased on a perpetual basis and shall continue in perpetuity. However the Commonwealth reserves the right to terminate the license at any time, although the mere expiration or termination of this contract shall not be construed as an intent to terminate the license. All acquired license(s) shall be for use at any computing facilities, on any equipment, by any number of users, and for any purposes for which it is procured. The Commonwealth further reserves the right to transfer all rights under the license to another state agency to which some or all of its functions are transferred.

**W. TITLE TO SOFTWARE:** By submitting a bid or proposal, the bidder or offeror represents and warrants that it is the sole owner of the software or, if not the owner, that it has received all legally required authorizations from the owner to license the software, has the full power to grant the rights required by this solicitation, and that neither the software nor its use in accordance with the contract will violate or infringe upon any patent, copyright, trade secret, or any other property rights of another person or organization.

**X. WARRANTY AGAINST SHUTDOWN DEVICES:** The contractor warrants that the equipment and software provided under the contract shall not contain any lock, counter, CPU reference, virus, worm, or other device capable of halting operations or erasing or altering data or programs. Contractor further warrants that neither it, nor its agents, employees, or subcontractors shall insert any shutdown device following delivery of the equipment and software.

**Y. WARRANTY OF SOFTWARE:** The contractor warrants the operation of all software products for a period of 12 months from the date of acceptance. During the warranty period, the contractor shall provide free all patches, fixes, revisions, updates, upgrades, and minor releases to both the software and its supporting documentation

**Z. NONVISUAL ACCESS TO TECHNOLOGY:** All information technology which, pursuant to this

agreement, is purchased or upgraded by or for the use of any State agency or institution or political subdivision of the Commonwealth (the "Technology") shall comply with the following nonvisual access standards from the date of purchase or upgrade until the expiration of this agreement:

- (i) effective, interactive control and use of the Technology shall be readily achievable by nonvisual means;
- (ii) the Technology equipped for nonvisual access shall be compatible with information technology used by other individuals with whom any blind or visually impaired user of the technology interacts;
- (iii) Nonvisual Access Technology shall be integrated into any networks used to share communications among employees, program participants or the public; and
- (iv) the Technology for nonvisual access shall have the capability of providing equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

Compliance with the foregoing nonvisual access standards shall not be required if the head of the using agency, institution or political subdivision determines that (i) the Technology is not available with nonvisual access because the essential elements of the Technology are visual and (ii) nonvisual equivalence is not available.

Installation of hardware, software or peripheral devices used for nonvisual access is not required when the Technology is being used exclusively by individuals who are not blind or visually impaired, but applications programs and underlying operating systems (including the format of the data) used for the manipulation and presentation of information shall permit the installation and effective use of nonvisual access software and peripheral devices.

If requested, the Contractor must provide a detailed explanation of how compliance with the foregoing nonvisual access standards is achieved and a validation of concept demonstration.

The requirements of this Paragraph shall be construed to achieve full compliance with the Information Technology Access Act, §§ 2.2-3500 through 2.2-3504 of the *Code of Virginia*.

**AA. OPTIONAL PREBID/PREPROPOSAL CONFERENCE:**

An optional prebid/preproposal conference will be held from 1:30 -3:30 p.m. on Thursday, May 27, 2010 at the Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia 23229, conference room 101. The purpose of this conference is to allow potential bidders/offerors an opportunity to present questions and obtain clarification relative to any facet of this solicitation.

While attendance at this conference will not be a prerequisite to submitting a bid/proposal, bidders/offerors who intend to submit a bid/proposal are encouraged to attend. Bring a copy of the solicitation with you. Any changes resulting from this conference will be issued in a written addendum to the solicitation.

If special needs or accommodations are required please notify within 24 hours of the pre-proposal conference date.

**IX. METHOD OF PAYMENT**

The Commonwealth will pay upon receipt of a valid invoice in accordance with the Virginia Prompt Payment

Act. Invoices shall be submitted to:

Department of Rehabilitative Services  
Commonwealth Neurotrauma Initiative (CNI) Trust Fund  
8004 Franklin Farms Drive  
Richmond, VA 23229

A legally authorized official of the Contractor shall sign all financial and progress reports in blue ink. Financial expenditure reports and progress reports shall be submitted to the above address.

**X. PRICING SCHEDULE**

The Offeror shall provide the services in accordance with the solicitation requirements, terms and conditions contained herein and as reflected in the Offeror's budget proposal. The Offeror agrees to perform all services as described herein for amount noted below:

*Initial two-year CNI Trust Fund grant (not to exceed \$90,000/year)*  
\$ \_\_\_\_\_

**XI. ATTACHMENTS**

- A. Participation in State Procurement Transactions by Small Business and Businesses Owned by Women and Minorities
- B. Vendor Data Sheet
- C. Business Definition
- D. Data Elements
- E. Flow Diagram
- F. Project Management Plan

**ATTACHMENT A: Participation in State Procurement Transactions by  
Small Businesses, Businesses Owned by Women, and Businesses Owned by Minorities**

The following definitions will be used in completing the information required by one or more of the three categories of businesses contained in this Attachment as applicable to your firm: (1) Participation by Small Businesses; (2) Participation by Businesses Owned by Women; and (3) Participation by Businesses Owned by Minorities. *(For additional information on certified “SWAM” business, go to [www.eVA.state.va.us](http://www.eVA.state.va.us).)*

**Definitions**

**Period** is the specified 12-month period for which the information provided in this list is applicable and valid. The period will be specified as month and year.

**Firm Name, Address, and Phone Number** is the name, address, and business phone number of the small business, women-owned business, or minority-owned business with which the Offeror has contracted or done business with over the specified period or plans to involve on this contract, as applicable.

**Contact Person** is the name of the individual in the specified small business, women-owned business, or minority-owned business who would have knowledge of the specified contracting and would be able to validate the information provided in this list.

**Type of Goods or Services** is the specific goods or services the Offeror has contracted for from the specified small, women-owned, or minority-owned business over the specified period of time or plans to use in the performance of this contract, as applicable. The Offeror will asterisk (\*) those goods and services that are in the Offeror’s primary business or industry.

**Dollar Amount** is the total dollar amount (in thousands of dollars) the Offeror has contracted for or has done business with the listed firm during the specified period or plans to use on this contract, as applicable.

**% Total Company Expenditures for Goods and Services** is calculated by dividing the dollar amount of business conducted or contracted for with the indicated firm over the specified period by the total expenditure of the Offeror over the specified period for goods and services.

**% of Total Contract** is calculated by dividing the estimated dollars planned for the indicated firm on this contract by the total Offeror estimated price of this contract.

**1(a). Participation by Small Businesses**

- A. Offeror certifies that it ( ) is/ ( ) is not a small business concern. For the purpose of this procurement, a small business is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is contracting and can further qualify under the criteria concerning number of employees, average annual receipts, or other criteria, as prescribed by the United States Small Business Administration.
- B. List small businesses with which the Offeror has contracted or done business and dollar amounts spent with each of these businesses in the most recent 12-month period for which data are available. Offerors are encouraged to provide additional information and expand upon the following format:

**Period:** From \_\_\_\_\_ To \_\_\_\_\_

<b>Firm Name, Address, and Phone Number</b>	<b>Contact Person</b>	<b>Type of Goods or Services</b>	<b>Dollar Amounts</b>	<b>% Total Company Expenditures for Goods and Services</b>

**1(b). Participation by Small Businesses (Continued)**

C. Describe Offeror's plans to involve small businesses in the performance of this contract, either as part of a joint venture, as a partnership, as subcontractors, or as suppliers. Offerors are encouraged to provide additional information and expand upon the following format:

<b>Firm Name, Address, and Phone Number</b>	<b>Contact Person</b>	<b>Type of Goods or Services</b>	<b>Dollar Amounts</b>	<b>% of Total Contract</b>

**2(a). Participation by Businesses Owned by Women**

- A. Offeror certifies that it ( ) is/ ( ) is not a women’s business enterprise or women-owned business. For the purpose of this procurement, a women-owned business is a concern that is at least 51% owned by a woman or women who also control and operate it. In this context, “control” means exercising the power to make policy decisions, and “operate” means being actively involved in the day-to-day management.
- B. List businesses owned by women with which the Offeror has contracted or done business and dollar amounts spent with each of these businesses in the most recent 12-month period for which data are available. Offerors are encouraged to provide additional information and expand upon the following format:

**Period:** From \_\_\_\_\_ To \_\_\_\_\_

<b>Firm Name, Address, and Phone Number</b>	<b>Contact Person</b>	<b>Type of Goods or Services</b>	<b>Dollar Amounts</b>	<b>% Total Company Expenditures for Goods and Services</b>

**2(b). Participation by Businesses Owned by Women (Continued)**

C. Describe Offeror's plans to involve businesses owned by women in the performance of this contract either as part of a joint venture, as a partnership, as subcontractors, or as suppliers. Offerors are encouraged to provide additional information and expand upon the following format:

<b>Firm Name, Address, and Phone Number</b>	<b>Contact Person</b>	<b>Type of Goods or Services</b>	<b>Dollar Amounts</b>	<b>% of Total Contract</b>

**3(a). Participation by Businesses Owned by Minorities**

- A. Offeror certifies that it ( ) is/ ( ) is not a minority business enterprise or minority-owned business. For the purpose of this procurement, a minority-owned business is a concern that is at least 51% owned and controlled by one or more socially and economically disadvantaged persons. Such disadvantages may arise from cultural, racial, chronic economic circumstances or background, or other similar cause. Such persons include but are not limited to blacks, Hispanic Americans, Asian Americans, American Indians, Eskimos, and Aleuts.
- B. List businesses owned by minorities with which the Offeror has contracted or done business and dollar amounts spent with each of these businesses in the most recent 12-month period for which data are available. Offerors are encouraged to provide additional information and expand upon the following format:

**Period:** From \_\_\_\_\_ To \_\_\_\_\_

<b>Firm Name, Address, and Phone Number</b>	<b>Contact Person</b>	<b>Type of Goods or Services</b>	<b>Dollar Amounts</b>	<b>% Total Company Expenditures for Goods and Services</b>

**3(b). Participation by Businesses Owned by Minorities (Continued)**

C. Describe Offeror's plans to involve minority business in the performance of this contract either as part of a joint venture, as a partnership, as subcontractors, or as suppliers. Offerors are encouraged to provide additional information and expand upon the following format:

<b>Firm Name, Address, and Phone Number</b>	<b>Contact Person</b>	<b>Type of Goods or Services</b>	<b>Dollar Amounts</b>	<b>% of Total Contract</b>

**ATTACHMENT B: Vendor Data Sheet**

Note: The following information is required as part of the response to this solicitation. Failure to complete and provide this sheet may result in finding the proposal nonresponsive.

1. **Qualification**: The vendor must have the capability and capacity in all respects to satisfy fully all of the contractual requirements.

2. **Vendor's Primary Contact**: \_\_\_\_\_  
Name Telephone Number

3. **Years in Business**: Indicate the length of time you have been in business providing this type of good or service: \_\_\_\_\_ Years \_\_\_\_\_ Months

4. **Vendor Information**  
FIN or FEI Number if company, corporation, or partnership: \_\_\_\_\_  
Social Security Number if individual: \_\_\_\_\_

5. Indicate below at least four (4) current or recent accounts (commercial or governmental) that the Offeror's company is servicing, has serviced, or has provided similar goods. Include the length of service and the name, address, and telephone number of the point of contact.

A. Company Name/Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Project: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

B. Company Name/Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Project: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

C. Company Name/Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Project: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

D. Company Name/Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Project: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

I certify the accuracy of this information:  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

## **ATTACHMENT C:**

### **BUSINESS DEFINITION: Definitions and Recommendations for a Brain Injury Case Management Software System**

#### **A. PROJECT DEFINITION**

##### **Introduction**

The scope of this project includes definition, recommendations, system purchase, installation, staff training and ongoing support as a recommendation for the purchase or development of a Brain Injury Case Management Software System.

##### **Assumptions and Constraints**

The following are the major assumptions and constraints relevant to this project:

- The system must service a current group of nine (9) or more groups. The number of users may increase over the years, and the system should be able to address expansion issues. The system must allow the user groups to enter, retrieve, and store data as individual case management systems for each program.
- The application must run in an Internet environment.
- The application must run on IE 6.0 or higher compatible web browsers
- The application must be user-friendly and accessible, per requirements listed above in this RFP.
- The application must print reports through the web interface and the reports must be downloadable.
- The application will be used on non-state sponsored computers so each group must have their own user name and password and will not be VITA supported

##### **Systems Development Methodology**

- This project will conform to the Council on Information Management's "Model Standard for Small Scope Projects" (COV-ITRM Guideline 91-4).
- During the analysis phase of the project, MS Word and MS Excel are used to document project requirements. Visio is used to illustrate flow diagrams and entity relationships diagrams for the attached documentation. MS Project may be used to track progress.
- During the analysis and discovery phase conducted by DRS, the activities listed below were conducted to gain the necessary information and knowledge regarding how the application will be used to carry out business procedures.
- A defined Software Development Life Cycle (SDLC) will be used during the duration of this project

##### **Accessibility Standards**

The application must adhere to at least the 508 web standards. It would be preferable to be at the WAI Level 1 suggested by the W3C. The work will be done in accordance with a web specialist from DRS. Testing for accessibility will be done by the BICMS Information Specialist throughout each phase of development. Feedback will be provided to the vendor after each test is performed. The next phase will not start until all issues are resolved and retested. This will be part of the sign-off process. All sign offs for accessibility will be done by the Department of Rehabilitative Services.

##### **Project Phases**

The project must be done in phases based on a Software Development Life Cycle. The work will be done collaboratively with a BICMS Information Specialist who will be testing and working with the development

group through each phase, right up to implementation.

## **B. FUNCTIONAL AND INFORMATIONAL REQUIREMENTS**

### **1. Functional Requirements – Systems Operation**

- Application must use a graphical user interface (GUI) running in Windows XP/Vista. It needs to accommodate inexperienced users with basic knowledge of Windows XP/Vista.
- Application should incorporate standard GUI features as needed to make system operation easier – check boxes, drop lists, radio buttons, context sensitive help, and drop-down menus to name a few
- Print using commercially available laser printers, such as a HP LaserJet.
- Application must provide for multi-users.
- The application must provide for different browsers.
- Dates must require or store four digit years so that the software functions properly at the turn of the century. (some clients may have been born before 1900)
- The BICMS Information Specialist will provide support based on usability and accessibility testing results.
- Email functional should be built into system based on business logic
- Security Levels will be administrative, BIS Contractors (Programs), Case Managers, etc...these are defined later in detail
- The system must be able to accommodate growth as programs are added

### **2. Functional Requirements – Types of but not limited to Interface and Input data**

(specific fields provided later on an appendix)

- Demographics (name, age, ethnicity, date of injury, type of injury, cause of injury)
- Emergency Contact Information / Emergency Information (allergies, seizure disorder, etc.)
- Date of Initial Contact with Agency (Referral Date); Who Referred?
- Date of Intake / Person Conducting Intake
- Case Manager Assigned to Case
- Intake Review Board Status (priority level)
- Current Status: Active; Inactive; Closed; Pending
- Individual Service Plan (goals, objectives, date to achieve). The goals here should reflect the SCORECARD: Residential Setting; Independent Living; Productive Activity.
- Case Notes / Progress Notes (reflecting contact every 30 days at minimum)
- History: Education; Medical/Rehabilitation/Therapy; Employment; Substance Abuse/Mental Health; Justice System; Other
- Service Providers (name, address, phone, e-mail)
- Support Team Members
- There also needs to be a fourth SCORECARD area called "Community Impact" that reflects the organizational goals of education, outreach, awareness, etc.

### **3. Functional Requirements - Interface Design Fields**

- Enter Consumer/ Consumer Profile (Demographics, Contact Information)
- Select Consumer/ Consumer Profile (Demographics, Contact Information)
- Authorizations & Expenses
- Priority Level/ Case Consultation/Closure
- Individualized Services Plan/Community/Scorecard
- Progress Notes

- Archive Data (History)
- Service Providers/Team Members/Resources
- Financial Eligibility
- I&R /Follow-ups
- Reports & Forms

#### **5. Functional Requirements – Users/Roles (85-100 users)**

Staff members who will participate in system development include:

- Representatives from the Brain Injury Services (BIS) Programs, the users of the proposed Brain Injury Case Management Software System.
- Administrators and managers from the Department of the Rehabilitative Services (DRS) and the DRS Brain Injury Services Coordination Unit.
- There will be roles based on your security that will be tracked for audit purposes

#### **6. Functional Requirements - Security and Disaster Recovery**

- At a minimum, a user ID and password must be required to access the software. A master administrator must have the ability to add new users and give them initial passwords. This will be administered through the **DRS BI Services Administrator**.
- Each **Program will have a master administrator**
- Each program will have **a user to add items to specific fields**
- Each program will have **case managers that will access their records and data**
- The software must allow for restrictions on major functions according to each user and role
- Software must track use by user ID and date stamp.
- Back up and recovery procedures need to be in place. A procedure must be established to ensure that the application and data will be backed up hourly from the network to tape or some other external storage process. This needs to be confirmed before installation.

#### **7. Informational Requirements - Database**

- The application must be a multi-user system with record sharing capabilities based on program.
- Unique values will needed based on federal reporting
- Software must include standardized tables for inserting and editing repetitive data.

#### **8. Informational Requirements - Specific Database Requirements**

- Prefer SQL Server or an enterprise database that can provide secure roles, Oracle is okay
- All Nine Programs will be in one database
- The tables will reflect the data from the data elements (Document will be included)
- We would like to have the data normalized and placed into third normal form.
- There will be an ID for each of the nine programs since each program will not be able to view the others data.
- Security will be based on DRS ADMIN, BI ADMIN, BI program Users and BI Case Managers.
- There will be several tables for LU tables that will be maintained by one of the administrators.
- At this point we are thinking we would like all the data in the database and no archived data.
- The data will come from the existing system (Below is the information we have from the existing site)

#### **9. Informational Requirements – Data in Existing Application**

There are 101 tables in the existing application. The figures below reflect the number of individuals served by

five of the nine organizations (additional information from remaining organizations will be available upon award of contract). The actual number of records varies by table - per example, the Progress Notes table has more than 15,000 records just for BIS INC alone. The number varies each day, as the case managers use the system on a continual work day basis. Additionally, the number of fields varies by table. Some have only 4-5 fields while other tables have dozens of fields. The vendor and group that has the data now, will work on giving the data to the new vendor.

Number of Consumers who have Profiles in the current Case Management System:

BIAV: N/A  
BIS INC: 1,000+ (will get specific info)  
BISSWVA: 1,000+ (will get specific info)  
CBIR: 38  
CFF: 27  
CSS (Didlake): 45  
MWS: 55  
VSH: 20

#### **10. Informational Requirements – Reports (additional reporting information below)**

Reports must provide for the following generic reports and provide exportable data for the reports specific to DRS needs.

- History detail reports
- There are additional reports attached with the data elements.

### **C. ANALYSIS DOCUMENTATION**

#### **Impacts on Current Environment**

- Installing an automated system will require increased support by DRS Information Systems personnel.
- Paper document filing has the potential to diminish.
- Data analysis and reporting capabilities for BIS Programs and for DRS will be improved.
- Capability of DRS to conduct program distance auditing will be enhanced.

#### **File and Processing Requirements**

File requirements can be roughly estimated using previous data. The application must be a multi-user system with record sharing capabilities.

## ATTACHMENT D

### **BRAIN INJURY SERVICES (BIS) PROGRAMS CASE MANAGEMENT SOFTWARE SYSTEM DATA ELEMENTS**

(After each item is the type of interface control and additional information that we would like provided)

#### **PART I: INFORMATION / REFERRAL, CONSULTATION, and INTAKE**

1. Contact Number: (**Automatically generated by system**)
2. Contact Date: (**Automatically generated by system**)
3. Contact Method: (Dropdown box **PHONE, INTERNET, WRITTEN, IN PERSON**)
4. If information is taken over the **PHONE or IN PERSON**, the staff person handling the contact **MUST determine if this is a medical emergency or if the individual is at risk of harm to self or others?**  
(Checkbox, YES, NO, or NOT SURE)
5. If YES or NOT SURE, then staff person handling the contact **MUST ask, "Are you able to call 911 or Adult Protective Services for assistance?"** If YES, NO, or NOT SURE, Textbox for documentation that staff directed individual to call 911 or called 911 or Adult Protective Services on behalf of the individual, as appropriate; also, include name of staff person, date and time information was relayed, any other relevant information. *[In program manual, include reference to Code of VA that requires employees to report, etc.]*
6. Staff Person Handling the Contact: (Dropdown box of ALL EMPLOYEES) (***Each program must have "write access" here to enter the names of all their employees into the system and add / delete staff names as needed.***)
7. Reason for Contact? (Dropdown box **INFORMATION/REFERRAL, CONSULTATION, INTAKE/APPLICATION**)
8. Name of Person Making Contact: (Textbox)
9. Referral Source: (Dropdown box to include: Acute Hospital, Brain Injury Association, CSB/MH, CSB/MR, CSB/SA, Detention Facility, DMAS, DRS, DSS, Family, Friend, Guardian, Inpatient Rehab, Legal, Long-term Facility, Mental Health, Outpatient Rehab, Private Insurance, Private Practitioner, School, Self, Shelter, Support Group, Worker's Compensation, Other)
10. Contact / Referring Source Mailing Address: Suite / Apartment Number / Post Office Box (Textbox)
11. Street Number (Textbox)
12. City or Town (Textbox)
13. State (Default to VA, but can change if needed)
14. Zip (Textbox)
15. Phone Number: (Textbox – able to enter multiple phone numbers)
16. E-mail: (Textbox – able to enter multiple e-mail addresses)

17. Name of Potential Consumer: (Textbox)

18. Does Person Meet Program Eligibility Criteria? (**Dropdown box** YES or NO for eligibility criteria data points such as: Age, Physical Residence (is it within service area of program), Citizenship Status, Documentation / Evidence of Brain Injury, Substance Abuse, Mental Health; Person Needs / Wants Case Management Services? etc.)

18. A Club Houses: Eligibility Criteria-need to check clubhouse or case management first

-Clubhouse (drop down yes or no)

--Wants clubhouse services (drop down yes or no)

--Health and Safety Risk (drop down yes or no)

--Independent in ADL(drop down yes or no)

--Ability to independently administer meds (drop down yes or no)

--Over 18 (drop down yes or no)

19. Outcome of Contact: (Textbox)

20. Is this Contact an **Information/Referral**, a **Consultation**, or an **Intake/Application**? (Checkbox: If **Consultation**, “skip” to the *Consultation Form* (“live link?”); if **Intake/Application**, continue to **PART II: CONSUMER PROFILE / NEEDS ASSESSMENT** below)

[ *On-line manual for Definition of “Consultation”*:

- **Professional Consultation**: Staff provides guidance to another professional on specific case.
- **Consumer Consultation**: Individual requires immediate assistance, but may not be eligible for services; staff provides limited case management, i.e., intervention / assistance to prevent institutionalization, etc.]

## **PART II: CONSUMER PROFILE / NEEDS ASSESSMENT**

### **A. Consumer Profile: General / Demographic Information**

1. ID Number (Automatically generated by system)
2. Last Access to this Consumer Profile: (Date and Name of Staff Person automatically generated by system each time the file is accessed)
3. NAME: First name, Maiden / Middle Name, Last Name (Textbox)
4. PHYSICAL RESIDENCE ADDRESS: Suite / Apartment Number (Textbox)
5. Street Number (Textbox)
6. City or Town (Textbox)
7. State (Default to VA, but can change if needed)
8. Zip (Textbox)
9. MAILING ADDRESS: Suite / Apartment Number / Post Office Box (If *same* as PHYSICAL RESIDENCE ADDRESS, *automatically populate* #9 through #14 with PHYSICAL RESIDENCE ADDRESS – maybe have a small checkbox at top that says “Check here if same as PHYSICAL RESIDENCE ADDRESS;” If *different from* PHYSICAL RESIDENCE ADDRESS, then Textbox to allow information to be filled in)
10. Street Number (Textbox)
11. City or Town (Textbox)

12. State (Default to VA, but can change if needed)
  13. Zip (Textbox)
  14. County of Residence: (Dropdown box: Need to decide if each program will have “write access” and can list all the counties of residence within their service areas **OR** if the system should list ALL COUNTIES IN VA and each program can indicate which ones they want to “see” for their program – with ability to check a county outside of their service area if necessary)
  15. Phone Number: (Textbox with ability to enter multiple telephone numbers)
  16. E-mail: (Textbox with ability to enter multiple e-mail addresses)
  17. Emergency Contact: Relationship, Phone (Textbox)
  18. Date of Birth: (Textbox)
  19. Gender: (Checkbox, MALE, FEMALE, OTHER)
  20. Marital status: (Dropdown box SINGLE, MARRIED, SEPARATED, DIVORCED, WIDOWED)
  21. Race: (Checkbox or Dropdown box) *Will conform to DRS info collected*
  22. Ethnicity: (Checkbox or Dropdown box) *Will conform to DRS info collected*
  23. Citizenship: (Checkbox or Dropdown Box) *Will conform to DRS info collected*
  24. SSN (not required): (Textbox)
24. **“Do you have a legal representative?”** (Checkbox YES, NO, or UNKNOWN). If YES, #31 through #44 should “pop up” and allow multiple entries of legal representatives). If UNKNOWN, “skip” to #34; If NO, then “skip” to #45
25. Name: (Textbox)
  26. Relationship: (Textbox)
  27. Type of legal representatives: (Dropdown box) *Find out all types of legal representation – guesstimate of 4-5 types (e.g., medical, financial, estate, etc.) [DRS will research this with assistance of BIS Programs, other agencies]*
  28. Legal documentation received / verified? (Textbox to describe)
  29. Mailing Address: Suite / Apartment / Post Office (Textbox)
  30. Number (Textbox)
  31. Street Number (Textbox)
  32. City or Town (Textbox)
  33. State (Default to VA, but can change if needed)
  34. Zip (Textbox)
  35. County of Residence: (Dropdown box: Need to decide if each program will have “write access” and can list all the counties of residence within their service areas **OR** if the system should list ALL COUNTIES IN VA and each program can indicate which ones they want to “see” for their program – with ability to check a county outside of their service area if necessary)
  36. Phone Number: (Textbox – able to enter multiple phone numbers)
  37. E-mail: (Textbox)
  38. Additional information: (Textbox)
39. **“Do you have an Advanced Medical Directive?”** (Checkbox YES, NO, or UNKNOWN)
40. If NO or UNKNOWN, **“Do you want information on an Advanced Medical Directive?”** (Checkbox YES or NO)
41. If YES, Textbox to document date that information on advanced medical directive was provided and by whom *[All programs should use a uniform Advanced Medical Directive to be provided by DRS from VA Dept of Health and included in the software system]*

42. **“Are you registered to vote?”** (Checkbox YES, NO, or UNKNOWN)
43. IF NO or UNKNOWN, **“Do you want to register to vote or make sure that you are registered to vote?”** (Checkbox YES or NO)
44. If YES, **“Do you need assistance in registering to vote?”** (Checkbox YES or NO)
45. If YES, Textbox to document date that voter registration form was completed or mailed to the person, and name of staff person who provided assistance *[All programs should use a uniform Virginia Voter Registration Form to be provided by DRS and included in the software system]*
46. **“Have you ever been convicted of a misdemeanor or felony?”** (Checkbox YES, NO, or UNKNOWN)
47. If YES or UNKNOWN, Textbox entitled **“Criminal Offender History”** should “pop up” so that case manager can enter descriptive information on known arrests/convictions/dates/outcomes, etc. **OR** plan to find out this information. This textbox should be “updatable”) If NO, “skip” to #47 *[DRS will investigate the information that it collects and will include it in the software system]*
48. Primary Staff Person: (Dropdown box listing NAMES OF ALL STAFF PERSONS, including the name “ADMINISTRATIVE” as an option) **Programs need to have “write access” to that they can enter the names of all their case managers and can add / delete as appropriate)**
49. Date (date field) Primary Staff Person Assigned: (Textbox)
50. Date (date field) of Intake Review Board (IRB) Priority Status Assignment:
51. Intake Review Board Priority Status: 1, 2, or 3 or N/A (Dropdown box with cursor hovering over each number and provide description) **(We can ask for a alt or title description tags here)**
52. Case Status: ACTIVE / CLOSED / PENDING / INELIGIBLE / WAIT LIST / FOLLOW-ALONG / CONSULTATION (Dropdown box with cursor hovering over each number and provide description) **(We can ask for a alt or title description tags here)**

## **PART II: CONSUMER PROFILE / NEEDS ASSESSMENT**

### **A. Consumer Profile: Medical Information**

#### **1) Injury / Disability**

- a) Date and Description of Brain Injury (Textbox to include “who, what, when, where, why”) Need to have ability to include multiple brain injuries as risk of subsequent brain injury is high
- b) Type of Brain Injury (Dropdown Box) to include: Acquired NonTraumatic Brain Injury to include Anoxia/Hypoxia, Arteriovenous Malformation (AVM), Chemical/Toxic Substance Exposure, Infection/Metabolic Disorder/Other Disease, Stroke/Aneurysm; Acquired Traumatic Brain Injury to include Acceleration/Deceleration Injury, Blast/Concussive, Blunt Force, Penetrating
- c) Mechanism of Injury: (Dropdown Box to include: Assault, Moving Vehicle Accident, Near Drowning, Electrical Shock, Fall, Gunshot, Heart Attack, Infection, Medical/Surgical Procedure, Pedestrian Accident, Shaken Baby Syndrome, Sport/Recreation Accident, Stroke/AVM/Aneurysm, Suicide Attempt, Workplace Accident, Other...with a box stating, “if other, explain”)
- d) Loss of Consciousness/Length of Coma (Textbox)

## 2) Medications / Medication Management

- a) “What prescription or over-the-counter medications do you currently take?” (Textbox to list detailed information about prescriptions and over-the-counter medications; date of prescriptions, dosage, etc.)
- b) “Do you feel that you need help to manage your prescription medications?” (Checkbox YES or NO)
- c) If YES, Textbox for information / explanation – If YES, **can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- d) “Do you need assistance with paying for your prescriptions?” (Checkbox, YES or NO)
- e) If YES, Textbox for information / explanation – If YES, **can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- f) “List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

## 3) Hospitalizations / Rehabilitation / Other Treatment

- a) “Were you hospitalized or did you receive any rehabilitation or other treatment for problems related to your brain injury?” (Checkbox YES or NO)
  - a. If YES, Textbox for descriptive information such as pre- or postinjury; date(s) of services; reason for services; types of services (inpatient/outpatient); providers, etc. Include documentation received from other providers to verify.
- b) “At the time of your brain injury, did you have any problems receiving hospital care or getting rehabilitation or other treatment for problems related to your brain injury?” (Checkbox YES or NO)
  - a. If YES, Textbox to describe barriers, if resolved or not, etc.
- c) “Do you currently feel that you need any hospital / rehabilitation / or other treatment for problems related to your brain injury?” (Checkbox YES or NO)
  - a. If YES, Textbox for information / explanation – If YES, **can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- d) “Do you need a neuropsychological evaluation?” (Checkbox YES or NO) **If YES, can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- e) List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

## 4) Medical / Health Issues

- a) “Do you have any medical / health conditions or concerns not related to your brain injury?” (Checkbox YES or NO)
  - a. If YES, Textbox for descriptive information such as specific medical / health issues; whether pre- or postinjury; date(s) of services; reason for services; types of services (inpatient/outpatient); providers, etc. Include documentation received from other providers to verify.

- b) “Do you have any food, medication, or other allergies?” (If YES, Textbox)
- c) “Do you have a seizure disorder?” (If YES, Textbox to describe nature / protocol)
- d) “Do you currently feel that you need a primary care physician or healthcare specialists who can treat your medical / health conditions or concerns not related to your brain injury?” (Checkbox YES or NO)
  - a. If YES, Textbox for information / explanation – If YES, **can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- e) List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

5) **Mental / Behavioral Health Issues**

- a) “Before your brain injury did you ever receive counseling or psychological or psychiatric help for emotional or behavioral problems?” (Checkbox YES or NO)
  - a. If YES, Textbox for descriptive information such as date(s) of services; reason for services; types of services (inpatient/outpatient); providers, etc. Include documentation from other providers to verify, e.g., indicate date of a neuropsychological assessment received from a provider
- b) “After your brain injury, did you receive counseling or psychological or psychiatric help for emotional or behavioral problems?” (Checkbox, YES or NO)
  - a. If YES, Textbox for descriptive information such as date(s) of services; reason for services; types of services (inpatient/outpatient); providers, etc. Include documentation from other providers to verify, e.g., indicate date of a neuropsychological assessment received from a provider
- c) “Do you currently feel that you need any counseling or psychological or psychiatric help for emotional or behavioral problems?” (Checkbox YES or NO)
  - a. If YES, Textbox to describe – If YES, **can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- d) List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

6) **Substance Abuse**

- a) “Have you ever been hospitalized or received treatment for substance abuse problems such as drinking too much or using marijuana or any other recreational drugs? (Checkbox YES or NO)
  - a. If YES, Textbox for descriptive information such as pre- or postinjury; date(s) of services; reason for services; types of services (inpatient/outpatient); providers, etc. Include documentation received from other providers to verify.
  - b. If NO, “Has *anyone* ever told you that you might have a substance abuse problem such as drinking too much or using marijuana or any other party drugs? (Checkbox YES or NO)
- b) “At the time of your brain injury, were you drinking or using marijuana or any recreational drugs? (Checkbox YES or NO)

- a. If YES, Textbox to describe alcohol/drugs used, circumstances of injury, etc.
- c) “Do you – or does anyone close to you – currently feel that you have a substance abuse problem such as drinking too much, using marijuana or other recreational drugs, or using prescription medications in ways other than how prescribed? (Checkbox YES or NO)
  - a. If YES, Textbox to describe – **If YES, can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- d) List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

**PART II: CONSUMER PROFILE / NEEDS ASSESSMENT**

**B. Consumer Profile: Financial Information (financial elements need to populate the Financial Eligibility Form - FEF)**

- 1. Employment income amount (Textbox—populates FEF)
- 2. SSI (Checkbox YES or NO)
- 3. SSI Amount (Textbox—populates FEF)
- 4. SSDI (Checkbox YES or NO)
- 5. SSDI Amount (Textbox—populates FEF)
- 6. Insurance (Checkbox YES or NO)
- 7. Insurance Company (Textbox)
- 8. Insurance Policy # (Textbox)
- 9. Medicaid # (Textbox)
- 10. Medicaid Waiver (Checkbox YES or NO) If YES, (Dropdown Box) for type of Waiver: Elderly or Disabled with Consumer Direction (EDCD); Individual and Family Developmental Disabilities Supports (IFDDS); HIV/AIDS; Technology Assisted (Tech); Mental Retardation (MR); Day Support; Alzheimer’s Assisted Living (AAL)
- 11. Medicare # (Textbox)
- 12. Workers Comp Workers Comp # (Textbox—populates FEF)
- 13. Military Benefits (Textbox) IF YES, what kind? If monetary, how much (populate FEF)
- 14. Pension amount (Textbox—populates FEF)
- 15. FAMIS #
- 16. Do you have any dependents (i.e., do you claim anyone on your state or federal income tax form)? (Textbox)
- 17. Other sources of income? (Textbox—populates FEF)
- 18. Are there any financial issues? (Checkbox—YES or NO) **If YES, can system automatically insert this into Trigger Sheet Form as a possible “goal?”**
- 19. **Financial Eligibility Form needed? (Checkbox—YES or NO) If YES, open form automatically, part of which is populated.**
- 20. List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

**PART II: CONSUMER PROFILE / NEEDS ASSESSMENT**

**C. Consumer Profile: Residential Information**

- 1) What is your current residential situation? (Textbox)
- 2) Do you rent or own? (Dropdown)

- a. Does the current living situation meet your needs and preferences? (Checkbox YES or NO) If no, can system automatically insert this into TRIGGER SHEET Form as a possible goal?
  - b. Do you need assistance securing safe housing? If YES, can system automatically insert this into TRIGGER SHEET Form as a possible “goal”?
- 3) Directions to current residence (Textbox) (Link to mapquest of yahoo maps)
  - 4) Who lives in your household? (Textbox)
  - 5) How many people in your household are dependent on your income? (Enter number—populate FEF)
  - 6) Are you dependent on someone else’s income? (Textbox)
  - 7) Are there any needs related to your family / support system? (Checkbox YES or NO) If YES, can system automatically insert this into TRIGGER SHEET Form as a possible “goal”?
  - 8) Describe your social and recreational activities (Textbox: strengths, weaknesses, and educational needs) (Textbox)
  - 9) Are there any needs related to your social and recreational activities? (Checkbox YES or NO) If YES, can system automatically insert this into TRIGGER SHEET Form as a possible “goal”?
  - 10) Describe your family / support system (include strengths, weaknesses and educational needs) (Textbox)
  - 11) List any agencies with whom you are working (Textbox: Name of agency, contact person, etc.)

**PART II: CONSUMER PROFILE / NEEDS ASSESSMENT**

**D. Consumer Profile: Education Information**

1. Are you currently attending school? (Checkbox YES or NO)
  - i. If YES (Textbox: name of school, public or private, address, phone, fax, contact persons) (Ability to list multiple schools)
  - ii. If YES, grade in school (Dropdown: Pre-K...)
2. If NO, what is your highest level of education ? (Dropdown: Pre-K...)
3. Do you have an Individualized Education Plan (IEP)? (Checkbox YES or NO)
4. If YES, (Textbox: members of IEP team, contact information)
5. Do you have 504 accommodations? (Textbox)
  - i. What is your special education category? (Textbox)
  - ii. What is your classroom setting? (Textbox)
  - iii. Is your school placement appropriate? (Checkbox)
  - iv. Are your classroom supports adequate? (Checkbox)
  - v. List your educational strengths/needs (Textbox)
  - vi. Is your school transportation adequate? (Checkbox)
  - vii. Are you participating in school-sponsored extra-curricular activities? (Checkbox YES or NO)
  - viii. Do you want to participate in school-sponsored extra-curricular activities? (Checkbox YES or NO) If YES, can system automatically populate TRIGGER SHEET as possible “goal”?
5. List any other areas of concern related to school (Textbox)

**PART III: CONSUMER PROFILE / NEEDS ASSESSMENT**

**A. Consumer Needs Assessment: Functional Assessment Information**

**1) Physical / Sensory**

- a. Do you have problems with strength/coordination on the right side? (Checkbox YES or NO)
- b. Do you have problems with strength/coordination on the left side? (Checkbox YES or NO)
- c. Do you have problems with strength/coordination? (Checkbox YES or NO)
- d. Do you have problems with balance? (Checkbox YES or NO)
- e. Do you have problems with mobility? (Checkbox YES or NO)
- f. Do you have problems with vision? (Checkbox YES or NO)
- g. Do you have problems with hearing? (Checkbox YES or NO)
- h. Do you have problems with taste? (Checkbox YES or NO)
- i. Do you have problems with smell? (Checkbox YES or NO)
- j. Do you have problems with speech? (Checkbox YES or NO)
- k. Do you have problems with swallowing? (Checkbox YES or NO)
- l. Do you have problems with sleeping? (Checkbox YES or NO)
- m. Do you have problems with pain? (Checkbox YES or NO)
- n. Describe any additional areas of concern (Textbox)

**2) Cognitive**

- a. Do you have problems with attention/concentration? (Checkbox YES or NO)
- b. Do you have problems with memory? (Checkbox YES or NO)
- c. Do you have problems with making decisions? (Checkbox YES or NO)
- d. Do you have problems with judgment? (Checkbox YES or NO)
- e. Do you have problems with learning new information? (Checkbox YES or NO)
- f. Do you have problems with initiating or starting activities? (Checkbox YES or NO)
- g. Do you have problems with following through with plans? (Checkbox YES or NO)
- h. Describe any additional areas of concern (Textbox)

**3) Emotional / Behavioral**

- a. Do you feel anxious? (Checkbox YES or NO)
- b. Do you feel confused? (Checkbox YES or NO)
- c. Do you feel sad? (Checkbox YES or NO)
- d. Do you feel lonely? (Checkbox YES or NO)
- a. Do you feel irritable? (Checkbox YES or NO)
- b. Do you feel angry? (Checkbox YES or NO)
- c. Do you feel aggressive? (Checkbox YES or NO)
- d. Have you had any explosive episodes? (Checkbox YES or NO)
- e. Describe any additional areas of concern (Textbox)

**4) Independent Living**

- a. Do you need assistance with bathing? (Checkbox YES or NO)
- b. Do you need assistance with dressing? (Checkbox YES or NO)
- c. Do you need assistance with grooming/hygiene? (Checkbox YES or NO)
- d. Do you need assistance with eating? (Checkbox YES or NO)
- e. Do you need assistance with using the toilet? (Checkbox YES or NO)
- f. Do you need assistance with preparing meals? (Checkbox YES or NO)
- g. Do you need assistance with shopping? (Checkbox YES or NO)
- h. Do you need assistance with household chores? (Checkbox YES or NO)
- i. Do you need assistance with managing your time? (Checkbox YES or NO)
- j. Do you need assistance with planning / organization? (Checkbox YES or NO)
- k. Do you have any concerns with safety? (Checkbox YES or NO)
- l. What is your current transportation? (Dropdown: Drive own car; family, friends, or relatives; public transportation; specialized transportation; bicycle; motorcycle; walking)
- m. Do you have any transportation needs? (Checkbox YES or NO)
- n. If you ride a bike or motorcycle, do you wear a helmet? (Checkbox YES or NO)
  - i. If NO, do you need assistance purchasing a helmet? (Checkbox YES or NO)
- o. Describe any additional areas of concern (Textbox)

**5) Employment**

- a. Are you presently working (Checkbox)
- b. Describe work (Textbox)
  - i. If not working are you interested in working (Textbox)
  - ii. Describe interests (Textbox)
  - iii. Do you have a goal to return to work (Checkbox)
  - iv. Describe goal (Textbox)
  - v. Department of Rehabilitative Services, family employment agency friends self  
Community Services Board Clubhouse Case manager Supported Employment agency, One-  
Stop Employment Office—(Textbox)
    - 1. If you have selected “YES” above describe assistance. Also describe any other  
issues strengths and/or weaknesses related to employment. (Textbox)
- c. Job History (Table format)
  - i. Occupation Dates (Textbox)
  - ii. Pre or Post Case Management (Textbox)

- iii. Pre-Injury (Textbox)
- iv. Post-Injury (Textbox)
- v. Outcome/Description/Comments (Textbox)

**Additional Information for data elements**

Support Team ---Any field that has names of people with the exception of client name will have a radio button to add them as a member of the support team

Doctors and therapists (to include under Health, but distinguish from Professionals that could include Social Workers so as to access necessary Medical info easier)—for the fields doctor and therapist, we want to auto-populate these fields once data has started to be entered

List of Agencies and Contact Persons – we want to auto-populate these fields once data has started to be entered

Consent to Exchange Information Form—automatically populate based on the we want to auto-populate these fields once data has started to be entered—based on client from consumer profile

## Post Injury Survey

<b>HEALTH ISSUES POST-INJURY</b>			
<b>PHYSICAL</b>	<b>Consumer</b>	<b>Family</b>	<b>Case Manager</b>
	(YES or NO only option)	(YES or NO only option)	(Textbox to add notes, detailed information)
Do you lack strength/ coordination on the right side?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you lack strength/ coordination on the left side?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you lack strength/ coordination?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with balance?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have mobility problems?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have visual problems?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have auditory problems?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with taste?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with smell?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with speech?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with swallowing?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have seizures?	Radio button for yes or no	Radio button for yes or no	Textbox
If yes, describe your seizures:	Radio button for yes or no	Radio button for yes or no	Textbox
Describe your seizure protocols:	Textbox	Textbox	Textbox
Do you have problems sleeping?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with pain?	Radio button for yes or no	Radio button for yes or no	Textbox
If yes, describe physical needs:	Textbox	Textbox	Textbox
Describe any "yes" answers above in more detail:	Textbox	Textbox	Textbox
Can you provide all of your own self-care?	Radio button for yes or no	Radio button for yes or no	Textbox
Describe areas of concern:	Textbox	Textbox	Textbox
<b>COGNITIVE</b>	<b>Consumer</b>	<b>Family</b>	<b>Case Manager</b>
Do you have problems with attention?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have problems with concentration?	Radio button for yes or no	Radio button for yes or no	Textbox

Do you have problems with memory?	Radio button for yes or no	Radio button for yes or no	Textbox
Are you unable to manage time?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have difficulty with planning and/or organization?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you have any other cognitive needs?	Radio button for yes or no	Radio button for yes or no	Textbox
If yes, describe:	Textbox	Textbox	Textbox
Describe cognitive strengths and weaknesses:	Textbox	Textbox	Textbox
<b>BEHAVIORAL</b>	<b>Consumer</b>	<b>Family</b>	<b>Case Manager</b>
Do you feel irritable?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you feel anxious?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you feel angry?	Radio button for yes or no	Radio button for yes or no	Textbox
Do you feel aggressive?	Radio button for yes or no	Radio button for yes or no	Textbox

## Financial Reporting

	A	B	C	D	E	F	G	H	I	J	K	L		
1	Commonwealth of Virginia Department of Rehabilitative Services													
2	Vocational Rehabilitation Program													
3	Client Financial Statement													
4														
5	<b>Important Information:</b> Use this form before the client receives any fee-based service. (see policy for use of RS-13													
6	and RS-25 for school training beyond high school.) Use RS-13 Part 1 for who clients who receive General Relief, TANF,													
7	SSI or SSDI, even if client/family has other income, too. Use RS-13 Part 2 for all other clients, even if family members,													
8	but not client, receive SSI or SSDI. Update Part 2 annually using a separate RS-13 each year. Attach proof of income.													
9	<b>PART 2 - Client Share of VR cost</b> (Complete only if Part 1 does not apply. Round to the nearest dollar.)													
10	1. Primary Financial Support (check one):			Self <input type="checkbox"/>		Parent <input type="checkbox"/>		Spouse <input type="checkbox"/>		Guardian <input type="checkbox"/>				
11	2. # People Dependent on Family Income (if family filed tax return, use # from tax return):										2.			
12	3a. Unadjusted Gross Total Annual Taxable Income of Family in Line 2										3a.			
13	3b. Exclusion for Annual Taxes, Health Insurance, and Retirement Savings.													
14	If Line 3a is under \$10,000, multiply Line 3a by 15%.													
15	If Line 3a is \$10,000 to \$14,999, multiply Line 3a by 20%.													
16	If Line 3a is \$15,000 to \$24,999, multiply Line 3a by 25%.													
17	If Line 3a is \$25,000 to \$34,999, multiply Line 3a by 30%.													
18	If Line 3a is \$35,000 and Over, multiply Line 3a by 35%.													
19	(Line 3a times exclusion)										3b.		\$0.00	
20	3c. Adjusted Annual Taxable Income (Line 3a - Line 3b):										3c.		\$0.00	
21	4. Non-taxable Income (Workers' Comp., Veterans Disability, Child Support, etc.)													
22	5. Total Adjusted Annual Income (Line 3c + Line 4):										5.		\$0.00	
23	6a. Total Cash Assets (see Note 1 below)										6a.			
24	6b. \$5000 Exclusion for Cash Assets										6b.		\$5,000.00	
25	6c. Net Cash Assets (Line 6a - Line 6b. If Line 6a is \$5,000 or less, enter \$0)										6c.		\$0.00	
26	7. Adjusted Annual Income and Net Cash Assets (Line 5 + Line 6c.)										7.		\$0.00	
27	8. Annual Living Expenses Exclusion Based on Family Size													
28	(enter amount from Family Size Table on page 3)										8.			
29	9. Annual Disability-Related Expenses (itemize on Page 3)										9.			
30	10. Total Annual Exclusions (Line 8 + Line 9)										10.		\$0.00	
31	11. Client Resources (Line 7 - Line 10. If Line 7 is less than Line 10, enter \$0)										11.		\$0.00	
32	12. Client Percentage (enter % from Percent Contribution Table on Page 4)										12.			
33	All of the information on this form is true and complete to the best of my knowledge. I agree to give proof of this													
34	information. Proof may include a copy of my most recent tax return or other satisfactory proof (see Note 2). If I													
35	don't give proof when asked or I give false information, I may lose DRS assistance. DRS and I will review my													
36	financial condition annually, or sooner if I notify DRS of a change in my financial condition or family size. My													
37	counselor and I must look for comparable benefits (medical insurance, student financial aid, etc.) for certain													
38	services. My share of the annual cost (after deducting available comparable benefits) of fee-based													
39	services received is the percent shown in Line 12 above, but no more than the dollar amount in Line 11 above.													
40	<b>Parent/guardian must sign below if the client is a minor/ward or is on the parent's/guardian's tax return:</b>													
41	Client Name								Social Security #					
42	Client/parent Signature								Date					
43	Counselor Signature						Case load #		Date					
44	Proof of income is attached (check the box) <input type="checkbox"/>													
45														
46	<b>Note 1:</b> Line 6a, Cash Assets includes checking, savings, money market accounts; CDs and bonds maturing within													
47	6 months; stocks; life insurance net cash value; mutual funds; and other liquid assets. Do not include KEOGH, SEP													
48	and Individual Retirement Accounts.													
49														
50	<b>Note 2:</b> When not required to file a tax return, proof of income may include I.R.S. Form 1099-G for unemployment													
51	compensation or copy of monthly benefit check, W-2 form or copy of a pay stub from employer, copy of direct													

## Client Financial Statement

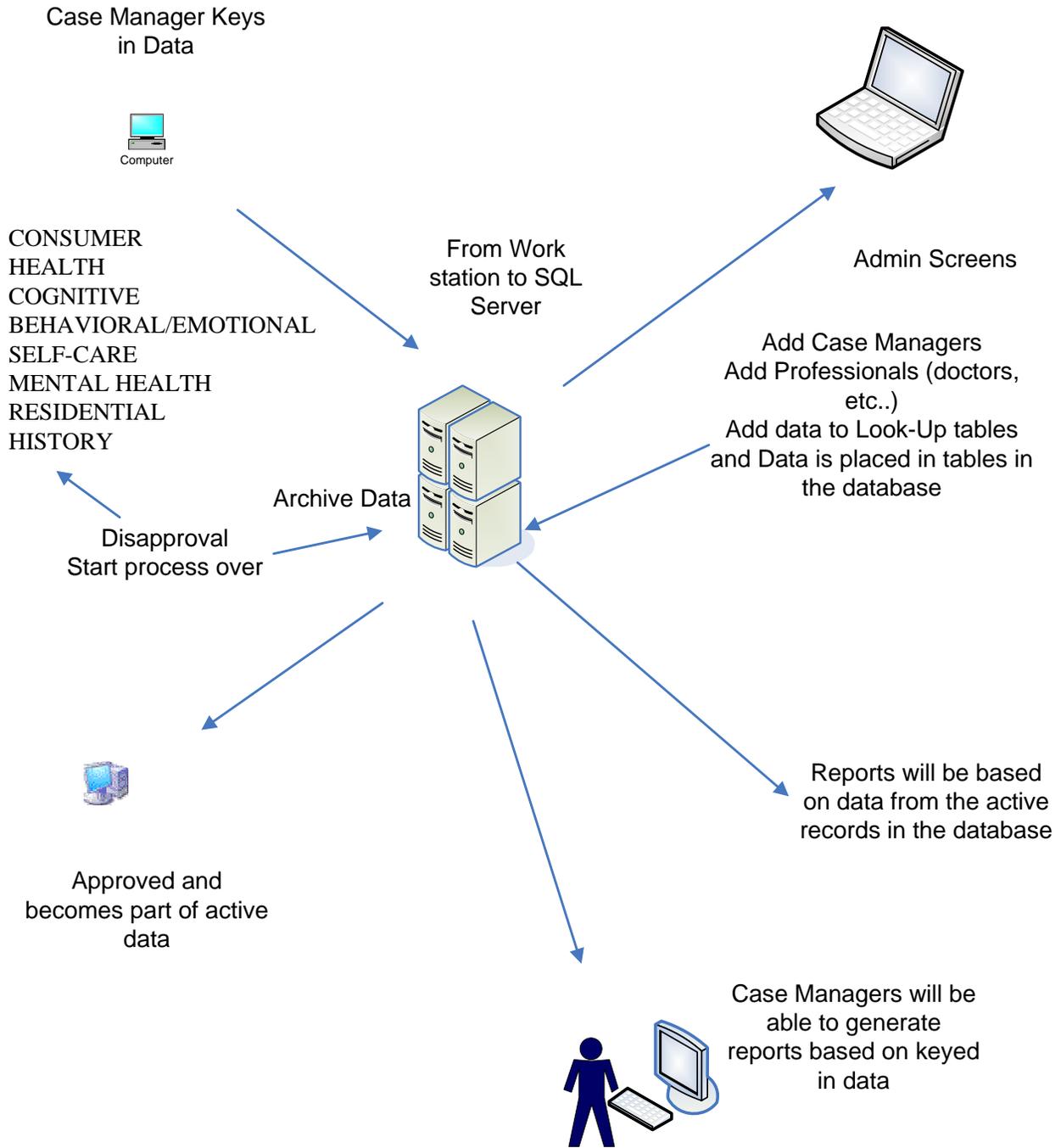
	A	B	C	D	E	F	G	H	I	J
1	RS-13 (8/08)	<b>Commonwealth of Virginia Department of Rehabilitative Services</b>								
2	<b>Vocational Rehabilitation Program</b>									
3	<b>Client Financial Statement</b>									
4										
5	<b>Important Information:</b> Use this form before the client receives any fee-based service. (see policy for use									
6	of RS-13 and RS-25 for school training beyond high school.) Use RS-13 Part 1 for clients who receive									
7	General Relief, TANF, SSI, or SSDI, even if client/family has other income too. Update Part 1 annually									
8	using Section C. Use RS-13 Part 2 for all other clients, even if family members, but not client, receive									
9	SSI or SSDI. Update Part 2 annually using a separate RS-13 each year.									
10	<b>PART 1 - For Clients Who Receive GR, TANF, SSI or SSDI</b>									
11	A. I receive General Relief (GR), Temporary Assistance for Needy Families (TANF), Supplemental									
12	Security Income (SSI), or cash benefits from Social Security Disability Income. (This includes									
13	parent/guardian receiving GR or TANF for DRS client.) I may lose DRS funding if I do not give proof of this									
14	aid when asked or I give false information. My counselor will ask for proof at least once a year. I									
15	agree to tell my counselor of any changes in my financial situation. My counselor and I must look									
16	for comparable benefits (medical insurance, student federal financial aid, etc.) for certain services.									
17										
18	Client Name								SSN	
19										
20	Counselor Name								Date	
21										
22	Caseload #									
23										
24	B. Proof of aid is in file (check the box) <input type="checkbox"/>									
25	(Proof is a recent award letter, check stub, or direct deposit statement/receipt showing type of aid.									
26	Even if client receives more than one of the above types of aid, it is only necessary to document									
27	one type on the RS-13.)									
28										
29	C. Annual Review									
30	Enter date client gives updated proof of aid to DRS each year. Keep copy of proof in client file.									
31										
32	1. Date		Proof is in file <input type="checkbox"/>			2. Date		Proof is in file <input type="checkbox"/>		
33	3. Date		Proof is in file <input type="checkbox"/>			4. Date		Proof is in file <input type="checkbox"/>		
34	5. Date		Proof is in file <input type="checkbox"/>			6. Date		Proof is in file <input type="checkbox"/>		
35	7. Date		Proof is in file <input type="checkbox"/>			8. Date		Proof is in file <input type="checkbox"/>		

Financial for Family Size

1	RS-13 (8/08)	<b>Commonwealth of Virginia Department of Rehabilitative Services</b>		
2		<b>Vocational Rehabilitation Program</b>		
3		<b>Client Financial Statement</b>		
4				
5	<b>Continued from Part 2, Line 8. Annual Living Expenses Based on Family Size</b>			
6	DRS allows an exclusion for normal living expenses based on family size. To find the exclusion			
7	amount, match the family size (from Part 2, Line 2 of the RS-13) to the appropriate Living Expense			
8	Exclusion amount shown on the Family Size Table below. Record the amount on Line 8.			
9				
10				
11	<b>Family Size Table</b>			
12				
13	<b>Effective July 1, 2008</b>			
14				
15		Size of Family	Living Expense Exclusion	
16		1	\$21,200	
17		2	\$24,800	
18		3	\$28,400	
19		4	\$32,000	
20		5	\$35,600	
21		6	\$39,200	
22		7	\$42,800	
23		8	\$46,400	
24		For each additional dependent, add \$3,600		
25				
26		Source: Annual Update of the HHS Poverty Guidelines		
27		Federal Register, January 23, 2008, Volume 73, Number 15		
28				
29	<b>Continued from Part 2, Line 9. Annual Disability-Related Expenses</b>			
30				
31	Client Name			Social Security #
32	Annual Disability-Related Expenses must be specifically related to the disability, "an out-of-pocket			
33	cost", and not covered by comparable benefits. (You may include special nursing care, attendant fees			
34	extraordinary transportation costs incurred by the significantly disabled, incurred medical expenses for			
35	purposes other than the ordinary maintenance of good health, tutors, tape recorders, rehabilitation			
36	technology devices, hearing aids, assistive listening devices (i.e. personal loop), alerting devices,			
37	telecommunication systems (i.e. TDD), etc.)			
38				
39	<b>9a.</b> Description:		Cost:	
40	<b>9b.</b> Description:		Cost:	
41	<b>9c.</b> Description:		Cost:	
42	<b>9d.</b> Description:		Cost:	
43	<b>9e.</b> Description:		Cost:	
44	<b>9f.</b> Description:		Cost:	
45	<b>9g.</b> Description:		Cost:	
46	Total (enter total on Part 2, Line 9)		Total	<b>\$0.00</b>
47				
48	<b>Attach receipt or other proof of payment for all items listed (check box)</b>			<input type="checkbox"/>

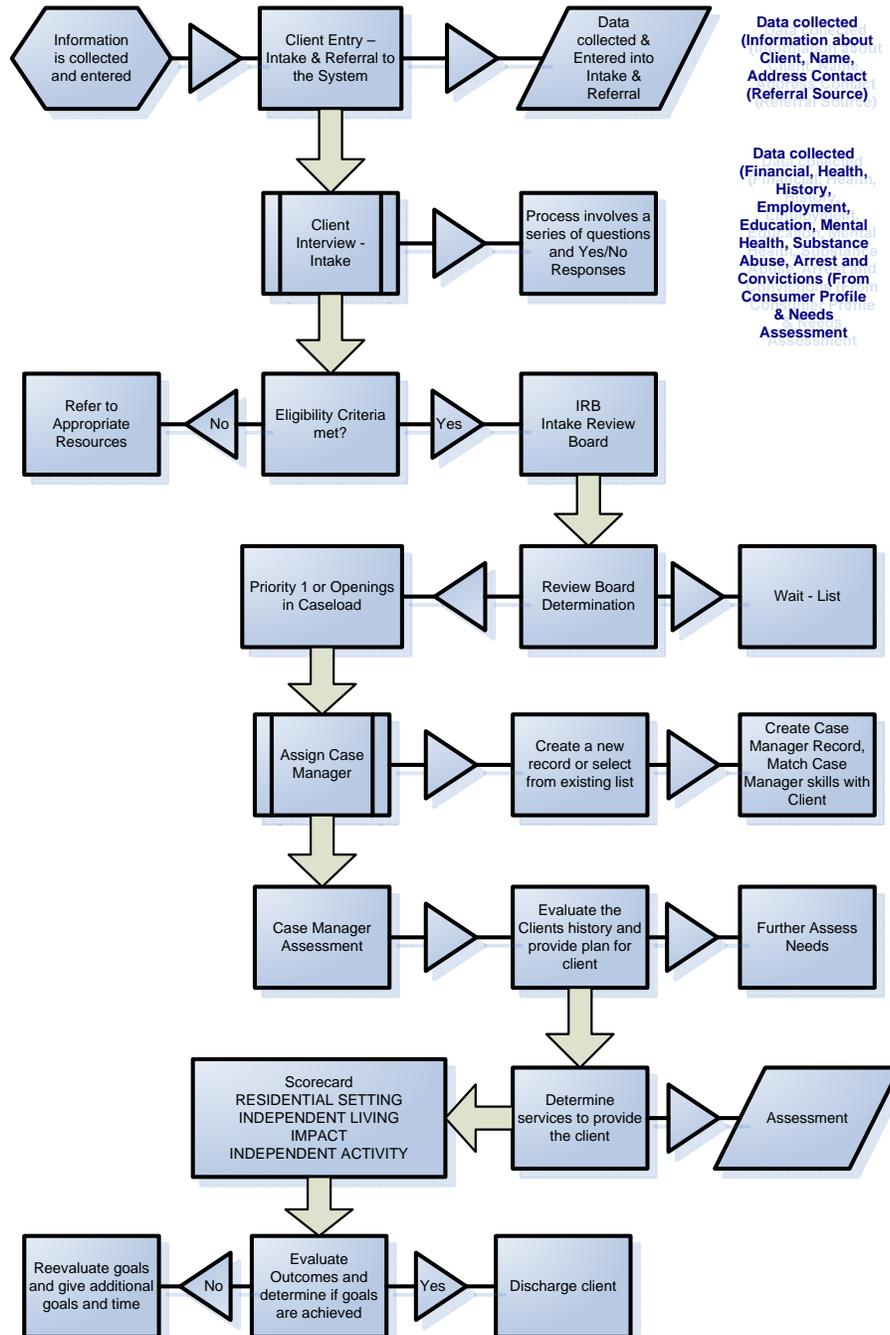
# ATTACHMENT E

## Business Flow



# WorkFlow for the Case Management System

Tuesday, November 20, 2007



## **ATTACHMENT F: Project Management Plan**

### ***Description***

This is an ongoing task throughout the project. Activities are used to provide control and quality assurance for the project, establish project reporting and milestones. Deliverables include initial and updated project plans.

### ***Project Plan and Schedule***

At minimum, the project plan should include phases, tasks, activities, and deliverables with estimated time. Each activity should have a description, projected start, end date, revised start and end date, assigned resources, estimated, ongoing and actual costs in hours, percentage complete. Activities should be rolled into tasks. Tasks should be rolled into phases.

The project plan should be updated on a monthly basis as part of a project status report, or other schedule, established in writing by the project manager.

The updated project plan shall be highlighted with appropriate color to indicate:

- not initiated (black)
- in progress - on schedule (green)
- in progress-possible delay (yellow)
- in progress-overdue (red)
- completed (blue)

### **Status Reporting**

A project status report shall be provided to the BICMS Information Specialist on a bi-weekly or other basis as mutually agreed upon. The first status report is due two weeks after the contract initiation. Documents shall contain appropriate identifying information. Any changes from previous status should be noted with reason for change. Any decision points should be described with alternatives, recommendations and outcome impacts expected from decisions.

#### **Current period activity status**

Provide a list of activities. Activities should have clear links to the project plan, issue resolution, risk mitigation, and identified in the previous report as appropriate.

#### **Significant accomplishments for the current period**

Summarize what was achieved from the activities undertaken during the past period.

#### **Planned activities for the next period**

This is a review of the project schedule. Describe any possible deviations.

#### **Non-technical project issues**

List and describe management issues that have been identified and not resolved. Identify progress toward resolution of the issues or actions required to resolve the issues.

### **Technical project issues**

List and describe technical issues that have been identified and not resolved. Identify progress toward resolution of the issues and the actions required to resolve the issues.

### **Action items**

Report on actions assigned and executed to resolve issues. Describe what the issue was, what action was taken, who was responsible, and results.

### **Risk status**

Identify changes in probability of occurrence or impact. List and describe any new risk event identified during the reporting period. Identify mitigation plans and assign responsibility for monitoring risk.

### **Resource Usage**

Provide staff hours expended during the past reporting period.

### **DSA Project Team Hierarchy**

The project team consists of more than 4 DSA staff personnel.

- The BICMS Information Specialist, BICMS Manager, and IS Designee will review documentation, phases and discuss potential problems. They will also address how to move to the next Phase. The BICMS Manager will designate three Program Users to work with this team.
- The BICMS project is coordinated through the BICMS Information Specialist. Requirements, decisions, and other information is passed (in either direction) as based on the information above. The Department of Rehabilitative Services IS Project Manager will be kept informed by the DSA Project Team of all developments.
- Any communication between the Vendor and the BICMS project team shall first be coordinated between the Vendor and BICMS Information Specialist. As necessary to gather further requirement details or similar activity, the Vendor may meet directly with the one or more specific customer analysts and evaluators. Final approval of contractual decisions shall be routed through to the BICMS Information Specialist.

### **Accessibility Requirements**

#### **Overview**

The Disability Services Agencies are committed to complying to, and maintaining the required additions and/or modifications to electronic information provided both to the end user, as well as internal personnel as defined by The Center for Information Technology Accommodation (CITA), under the Rehabilitation Act Section 508 Guidelines. (RAS508). <http://www.webaim.org/standards/508/checklist> This document is intended to provide information pertaining to the specifications and application of these guidelines as pertains to all technology related to applications. The BICMS system shall meet or exceed each level of standards as described. If the product does not pass accessibility requirements (as stated by the aforementioned *Section 508*), this may result in nonpayment to the vendor.

All federal Information is cited from the Rehabilitation Action Section 508 Web site (<http://www.section508.gov/index.cfm?FuseAction=Content&ID=12> )

*Section 508 requires that when Federal agencies develop, procure, maintain, or use electronic and*

*information technology, Federal employees with disabilities have access to and use of information and data that is comparable to the access and use by Federal employees who are not individuals with disabilities, unless an undue burden would be imposed on the agency. Section 508 also requires that individuals with disabilities, who are members of the public seeking information or services from a Federal agency, have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency.*

**If the product does not pass accessibility requirements (as stated by the aforementioned Section 508), this may result in nonpayment to the vendor.**

## **Federal Standard**

### ***Applications and operating systems***

- (a) When software is designed to run on a system that has a keyboard, product functions shall be executable from a keyboard where the function itself or the result of performing a function can be discerned textually.
- (b) Applications shall not disrupt or disable activated features of other products that are identified as accessibility features, where those features are developed and documented according to industry standards.
- (c) Applications also shall not disrupt or disable activated features of any operating system that are identified as accessibility features where the application programming interface for those accessibility features has been documented by the manufacturer of the operating system and is available to the product developer.
- (d) A well defined on-screen indication of the current focus shall be provided that moves among interactive interface elements as the input focus changes. The focus shall be programmatically exposed so that assistive technology can track focus and focus changes.
- (e) Sufficient information about a user interface element including the identity, operation and state of the element shall be available to assistive technology. When an image represents a program element, the information conveyed by the image shall also be available in text.
- (f) When bitmap images are used to identify controls, status indicators, or other programmatic elements, the meaning assigned to those images shall be consistent throughout an application's performance.
- (g) Textual information shall be provided through operating system functions for displaying text. The minimum information that shall be made available is text content, text input caret location, and text attributes.
- (h) Applications shall not override user-selected contrast and color selections and other individual display attributes. When animation is displayed, the information shall be displayable in at least one non-animated presentation mode at the option of the user.
- (i) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.
- (j) When a product permits a user to adjust color and contrast settings, a variety of color selections capable of producing a range of contrast levels shall be provided.
- (k) Software shall not use flashing or blinking text, objects, or other elements having a flash or blink frequency greater than 2 Hz and lower than 55 Hz.
- (l) When electronic forms are used, the form shall allow people using assistive technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.

### ***Web-based Intranet and Internet information and applications (if applicable)***

- (a) A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content).
- (b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.

- (c) Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.
- (d) Documents shall be organized so they are readable without requiring an associated style sheet.
- (e) Redundant text links shall be provided for each active region of a server-side image map.
- (f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.
- (g) Row and column headers shall be identified for data tables.
- (h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.
- (i) Frames shall be titled with text that facilitates frame identification and navigation.
- (j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.
- (k) A text-only page, with equivalent information or functionality, shall be provided to make a web site comply with the provisions of this part, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.
- (l) When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by assistive technology.
- (m) When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page shall provide a link to a plug-in or applet that complies with §1194.21(a) through (l).
- (n) When electronic forms are designed to be completed on-line, the form shall allow people using assistive technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.
- (o) A method shall be provided that permits users to skip repetitive navigation links.
- (p) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.

***Information, documentation and support***

- (a) Product support documentation provided to end-users shall be made available in alternate formats upon request, at no additional charge.
- (b) End-users shall have access to a description of the accessibility and compatibility features of products in alternate formats or alternate methods upon request, at no additional charge.
- (c) Support services for products shall accommodate the communication needs of end-users with disabilities.

**Virginia Standard for Web-Based Intranet and Internet Information and Applications:**

(includes Federal standard and extensions cited within this section)

**Overview**

Any BICMS form shall meet the standards established by the Commonwealth of Virginia. This has been recently announced as part of the Technology Plan. (See <http://www.vita.virginia.gov/docs/pubs/covStrategicPlan/index.cfm> and <http://vita.virginia.gov/docs/websiteStandards.cfm> )

**Word Wide Web Consortium (W3C) Web site references:**

A more comprehensive checklist, to which the DSA complies, may be found at the World Wide Web Consortium Web Site at: <http://www.w3.org/TR/1999/WAI-WEBCONTENT-19990505/full-checklist.html>

DSA Web Sites are designed specifically to obtain the highest possible level of Web Accessibility as defined by

the standards set by W3C at: <http://www.w3.org/TR/1999/WAI-WEBCONTENT-19990505/wai-pageauth.html>

### **Cascading Style Sheets (CSS)**

The DSA will adopt CSS as a standardized backbone for all HTML and ASP. This will allow implementing the template without the use of HTML tables. This method has been tested within DSA with much success.

For more information on CSS, visit the W3C CSS page at: <http://www.w3.org/Style/CSS/> or view accessibility specific page at: <http://www.w3.org/TR/CSS-access>

### **Web Page Certification / Approval Process**

In addition to meeting the standards created by W3C for Web Accessibility, the DSA has chosen to provide users of our web sites with links to W3C in order to facilitate further understanding of our initiative for Web Accessibility. The following are listings and descriptions of the common approvals and links for and from any DSA Web Site:

#### **W3C HTML 4.01 Approval**

This approval is specific to the actual code used to create and render the document for the end user. More information can be found at: <http://www.w3.org/TR/html401/>

#### **W3C AA Approval**

<http://www.w3.org/WAI/WCAG1AA-Conformance>]

*Pages bearing this logo indicate a claim of conformance by the page author or content provider to conformance level Double-A of the W3C Web Content Accessibility Guidelines 1.0, including all Priority 1 and Priority 2 checkpoints defined in the Guidelines. The Web Content Accessibility Guidelines 1.0 explain how to make Web content accessible to people with disabilities. Conformance to these Guidelines will help make the Web more accessible to users with disabilities and will benefit all users.*

### **COV Standard for Screen Reader (JAWS Compatibility)**

#### ***Assistive Technology/Screen Reader***

All electronic display information shall be 100% readable by the Commonwealth of Virginia (COV) standard screen reader. JAWS is the COV current standard screen reader. The system shall be 100 % compatible with the current COV standard assistive technology software version or greater. JAWS shall be able to clearly interpret all displayed and input information. Any modification of the assistive technology software or the BICMS system to reach 100% compatibility is the responsibility of the Contractor.

#### ***Description/Overview/General Information***

The following documents are required project deliverables. The DRS Project Manager shall determine whether any such document is a “deliverable” as that term is defined in the Contract and shall notify Contractor of such determination. Documents are deliverables used in partial completion of project phases, tasks and/or activities. Each document or document group addresses different aspects of the project. Minimum document deliverables include, but are not limited to – Project Plan and Project Plan updates, bi-weekly status reports, design/systems manual, document, program specifications, implementation document, data migration planning document, training/user manual, and testing sheets.

All documents should be available as appropriate per subject, in electronic MS Word format or MS Excel (current DSA standard version) (Adobe, Project, Visio), as well as WEB based (to be hosted by the DSA) suitable for modifications as needed by the Vendor and the DSA.

At a minimum, each document should be assigned a unique identification number, a document name, and the date the document was printed (hard coded date). If the document is part of a series, the series shall be identified, and the document given a series sequence number. If the document is an update, the document shall refer to the original document number it is updating, and the update sequential number for the original document (revision number). If the document contains information about a problem, or problem resolution, the unique problem log number shall be referenced. All content of manuals is subject to review and approval by the DSA.

### **Requirements**

#### ***The System Must:***

- have the ability to email items directly from the system (via an email function) and if possible upload Outlook Contacts.
- be able to generate a daily work log for managers/administrators of the caseloads that are being worked on any given day.
- tie specifically into the Scorecard (*each of the nine (9) state-funded Brain Injury Services (BIS) Programs collects information on individual service goals for the people served. That information is then “rolled up” and reported in aggregate to DRS. This is reported on the SCORECARD website at <http://www.vadrs.org/cbs/apps/outcomes>.)*) by having outcomes and indicators added to the client screen with check boxes and cleared at the end of each quarter when a report is run.

#### ***Issues:***

- Each program should be able to look at a client on a search and only see specific data as designated by the group. If the client was to move from one state funded Brain Injury Services program to another the designated brain injury service provider will receive an email and release the client from one group to another. The email should come only from the DRS Administrator. The rest of the data can be viewed only by the designated programs as agreed.
- Ad Hoc reporting can only be done on existing data elements.

#### ***Brain Injury Specific Issues for this System:***

- It is expected to test against each requirement –after each phase with the Brain Injury Case Management Software System (BICMS) Information Specialist and the Information Technology Customer Analyst from the Department of Rehabilitative Services will sign off once it is approved.
- Change management software such as SourceSafe should be in place so that changes can be tracked by the Brain Injury Case Management Software System Information Specialist.

#### ***Scanning Capabilities***

- The cost of the following item should be included in the Request for Proposals response but written as a separate cost item as it will be ongoing beyond the life of the work on the implementation of the application:
  - scanning capability

**Other Issues**

- The Department of Rehabilitative Services is interested in discussing the following cost items that would be funded out of a separate fund (not the CNI Trust Fund). Please include in your narrative a cost estimate for each of these items, these items cannot be a part of the \$180,000 CNI Trust Fund award:
  - hosting (web and database)
  - maintenance (will begin after implementation of the two year grant at year 3)
  - data conversion activities

**Testing**

**Overview**

All testing will be in accordance with the BICMS Information Specialist. AccVerify will be used as the approved Agency Test Tool. The unit will be tested and evaluated for all requirements including, but not limited to the following criteria:

- Security
- Local site access
- Remote site access (as appropriate)
- Mobile site access (as appropriate)
- Simultaneous access for multiple sites (as appropriate)
- Accessibility pertaining to section 508 guidelines
- Process load
- Response time
- Program area content, workflow and business rules
- Business function content, workflow and business rules
- Printing (as appropriate)
- Simultaneous printing (as appropriate)
- Sequential printing (as appropriate)
- Documentation and Reporting

For each criterion, the unit will go through the following stages:

- The BICMS Information Specialist will test each unit as defined by the Software Development Life Cycle.
- The BICMS Information Specialist will work with the user test groups with the Brain Injury Services (BIS) Programs set up by the DRS Director of Brain Injury & Spinal Cord Injury Services.
  - Each phase will be tested and approved by the BICMS Information Specialist.
  - Final testing approval will be provided by the BICMS Information Specialist.
  - Final approval will be provided by the BICMS Information Specialist, the Information Technology Customer Analyst and the Director of DRS Brain Injury Services Coordination Unit.

On unsuccessful testing at any level, an explanation of reason for failure will be provided to the Contractor along with any appropriate test results or scripts and or error logs. A problem log entry should be entered and number assigned. The Contractor will then return the unit to development. On successful testing, the unit will be moved into the training environment. The vendor will have a defect tracking system that will provide reports by dates and will allow access to the BICMS Information Specialist.

### ***Contractor Testing***

Prior to delivery of any partial or whole component to the DSA, the Contractor shall test the product, meeting or exceeding the levels as outlined in this section. On delivery of module, testing criteria for the product as well as results should be provided.

### ***Training of Test Group Users***

Prior to testing of Level 2, 3 or 4, the Contractor should provide training similar to the standard training for production. This will ensure that the testing staff will understand the proper use of the product. Employees who receive this training will not need to repeat the training for this area unless significant changes are implemented after levels 2, 3 or 4 testing.

### ***BICMS Testing Organization***

Testing activities are coordinated with the BICMS Information Specialist. Each program area is represented by an IS customer analyst and a functional program representative. For each area, testing scripts, schedules, and all other testing activities shall be coordinated through the BICMS Information Specialist and the functional program customer analyst and representative. The DRS Brain Injury Manager has final review and approval authority.

### ***Testing Scripts***

Depending on the module, there are at least two levels of testing that are required before acceptance.

- Level one tests specific functions of the unit module. At this level, specific screen edits are tested for completeness.
- Level two tests the interaction between modules for a complete functional program. At this level, a complete case is processed from pre-intake to post closure (as applicable). Testing varies according to requirements of a specific functional program. Testing also includes authorization, invoice, payment, budgets, and management information. Testing shall also include print functions. Testing shall also include simultaneous processing from multiple remote locations.
- Level three tests the integration of the Vendor system with any external system. At this level, interactions / data exchanges between different systems are tested. Testing varies according to requirements specific for the external exchange. This may not exist for all functional programs
- Level four tests the integration between modules for all functional programs. At this level, complete cases are processed simultaneously for all functional programs. Testing varies according to requirements of a specific functional program. Testing also includes invoice, payment, budgets, interfaces, internal and external and management information. Testing shall also include print functions. Testing shall also include simultaneous processing from multiple remote locations.

For each level, the Contractor shall supply at minimum a document which outlines specific requirements met by a

given testing level and expected results. The testing shall cover normal and error conditions, recovery, security factors, and timing requirements.

### ***Training Responsibilities***

The Contractor shall provide all training and manual and will coordinate activities with BICMS Information Specialist

### ***BICMS Training Organization***

Training activities may be coordinated with the BICMS Information Specialist. Each program area is represented by an Information Systems (IS) customer analyst and a functional program representative. For each area, schedules, and all other training activities shall be coordinated through the BICMS Information Specialist, the functional program customer analyst and the customer representative. The DRS Brain Injury Case Manager has final review and approval authority.

### ***Training Guidelines***

Recommendations of the Vendor are requested and will be taken under advisement. Training should cover all activities necessary to complete entire system workflow and configuration. All business processes, functional program, management information, ad hoc reporting, obtaining help and support, as well as specialized areas such as security, configuration, file/parameter setups, etc shall be included. Training presentations shall be grouped by functional program, specialized business processes and technical areas, as well as staff role(s). If requested by the DRS Project Manager the Contractor will work with the DRS Brain Injury Services (BIS) Programs (user groups), as well as the Director of Brain Injury and Spinal Cord Injury Services, to determine appropriate and sufficient training formats and methods.

### ***Training/User Manual***

There should be one training manual for the entire system. Where programs or functions are different, there should be a reference to another section in the manual. Manual should be detailed to walk functional program staff through each specific business process from pre-intake through post closure activities. Authorization, invoicing and management information functions also shall be detailed. There shall be an overview of the system to all users and training will be based on a one on one informal process by the purchasing agency.

## **Security**

### **Security**

- You must secure your Database /Web Interface.
- Each program will have their own ID and roles for security purposes to access the application.
- The only person that can look at all program data will be the purchasing agency.
- You will host the database and web Interface.
- Please add the cost of the hosting service for the database and web interface as a separate appendix item as mentioned above.
- Maintenance and upgrade plan for three years upon completion as mentioned above

## REPORTS AND FORMS

(That can be produced in MS OFFCIE Applications such as Excel)  
(They also want to do in-house emailing of reports and data)

### Form 1 ) Substance Abuse Agreement

#### **Substance Abuse Policy and Agreement**

The use of alcohol/drugs is dangerous for individuals with brain injuries. Brain injury causes damage to the brain and nervous system, often making an individual more susceptible to the effects of alcohol and other drugs. In other words, one glass of beer or wine could actually have the effect of three to five glasses. In addition, seizures may be caused by alcohol/other drugs in head injured individuals.

There is no question that alcohol and drugs will SLOW RECOVERY from your injury. This is because nerve cells in the brain are killed or damaged as a result of a traumatic brain injury; alcohol and drugs affect brain cells that are a part of the brain's reserve capacity. As more brain cells are killed or damaged, the brain has a harder time making up for the losses.

If a BIS staff member, contracted agency, or other reliable source has reason to believe that you have a problem with alcohol or other drugs, you will be required to see a substance abuse counselor for an evaluation. We may also request that you agree to be screened for the use of alcohol, marijuana, cocaine, amphetamines, barbiturates, or other drugs while being served by the BIS program. Case management services may be discontinued if you refuse to see a substance abuse counselor as requested.

The results of the evaluation will determine whether or not you should be referred for substance abuse treatment services. If you are referred to a treatment program, case management services will continue as long as you comply with the treatment program. Failure to participate in a treatment program will be grounds for BIS to discontinue case management services.

I, \_\_\_\_\_, have read the above and understand that BIS will refer me to a substance abuse counselor if it is believed that I have a problem with alcohol or other drugs. Participation in any recommended treatment or counseling will mean that BIS will continue case management services.

Signed: \_\_\_\_\_  
(Consumer's Signature and Date)

Parent/Guardian: \_\_\_\_\_  
(Parent/Guardian's Signature and Date)

Witness: \_\_\_\_\_  
(Witness's Signature and Date)

## Form 2 (1 of 2) Consent to Exchange Information

Uniform Consent to Exchange Information 3/06 CBS DIV

*Return the requested information to:*  
 Patricia Goodall, Ed.S.  
 Director, Brain Injury Services Coordination Unit  
 8004 Franklin Farms Drive  
 Richmond, VA 23229  
 Phone: (804) 662-7615 or (800) 552-5019  
 Fax: (804) 662-7663; E-mail:  
[patti.goodall@drs.virginia.gov](mailto:patti.goodall@drs.virginia.gov)

Important Information: I understand that different agencies provide different services and benefits. Each agency has specific information needs. By signing this form, I am allowing the agencies listed to work more effectively to provide or coordinate services or benefits. I understand that if I have reached the age of 18 and am not under a legal guardianship conferred by the court, that my parents cannot have access to my case file or to any confidential information related to me and cannot discuss my case with DRS or make decisions regarding my case without my express, written consent. I also understand that the release of information provided by other agencies is subject to that agency's terms of release.

(1) I, *(consenting person's name)* \_\_\_\_\_, am signing this form for  
*(full name of consumer)* \_\_\_\_\_ of  
*(consumer address)* \_\_\_\_\_  
 (2) *(consumer birthdate)* \_\_\_\_\_ (3) *Consumer SSN (optional)* \_\_\_\_\_  
 (4) Relationship to consumer *(check one)*: Self  Parent  Power of attorney  Legal Guardian

(5) I want the following information about the consumer to be exchanged. Drug and alcohol treatment information cannot be released through signature on this form. The release of such information requires use of the Interagency Consent to Release Information for Alcohol or Drug Patients. A "yes" or "no" response must be indicated for each category.

- |                          |   |   |   |   |   |
|--------------------------|---|---|---|---|---|
| 1. Assessment Info       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 4. Medical Diagnosis  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 8. Educational Records  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2. Financial Info        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 5. Mental Health Diagnosis  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 9. Psychiatric Records  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Benefits/Services Needed | 6. Medical Records  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 10. Criminal Justice Records  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 3.  |
| Planned, or Rec'd.       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 7. Psychological Records  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 11. Employment Records:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Other Information *(write in)* \_\_\_\_\_

(6) I want the Virginia Department of Rehabilitative Services through Patricia Goodall, Director of Brain Injury & Spinal Cord Injury Services and the following other agencies and/or individuals to be able to exchange/provide the following information *(attach extra sheets if necessary)*:

Name of Agency/Individual	Address/Phone	Type of Info
Patricia Goodall, DRS Brain Injury Services Coordination Unit and Brain Injury Direct Services (BIDS) Fund; <u>and</u> Carolyn Turner, DRS Community Rehabilitation Case Management (CRCM) Services	8004 Franklin Farms Drive Richmond, VA 23229 804/662-7615; 800/552-5019	#1 above through #11
Family Members (list all with whom information can be shared):		#1 above through #11

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(7) I want information to be shared through the following means or mechanisms (*check all that apply*):

Written Information  In Meetings or by Phone  Computerized Data

**Form 2 (2 of 2): Uniform Consent to Exchange Information**

(8) I want this information to be exchanged only for the following purpose(s) *(check all that apply)*:

Service Coordination and Treatment Planning

Eligibility Determination

Job Placement *(release of information to employers)*

Coordination with Vendors/Providers

Other *(write in)* \_\_\_\_\_ as needed by the DRS Brain Injury Direct Services (BIDS) Fund to solicit and coordinate specialized treatment and rehabilitation services.

(9) I want to share additional information received and/or included in my records after this consent is signed *(check one)*:  
 Yes  No

(10) I want to place the following restrictions on information to be shared *(specify)*:  
 \_\_\_\_\_

(11) This consent is good until *(date no later than one year from the date of signature)* \_\_\_\_\_

I can withdraw this consent at any time by notifying my DRS counselor. My DRS counselor will notify the listed agencies that my consent has been withdrawn which will stop the agencies from sharing information. I have the right to know what information about me has been shared and why, when, and with whom it was shared. Unless prohibited by law or regulation, each agency will show me this information if I ask to see it. I would like all of the listed agencies/individuals to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them the information they need or complete a separate consent form for each information request.

(12) Consenting person's signature	Date
_____	_____
(13) Person explaining form, title	Phone
_____	_____
(14) Witness signature (if required)	Phone
_____	_____
Witness Address _____	

**For DRS Use Only**

Consent has been: Revoked in entirety  Partially revoked as follows  *(specify below)*

\_\_\_\_\_

Revoked on <i>(date)</i>	By <i>(check one)</i> : Letter <input type="checkbox"/> <i>(attach copy)</i>	Phone <input type="checkbox"/>	In Person <input type="checkbox"/>
Received by	Title	Phone	
_____	_____	_____	
Office address		Fax	
_____		_____	

### **Form 3 Directions for Filling out and Returning the Release of Information Form**

The **Virginia Department of Rehabilitative Services (DRS)** may provide services to you through the Brain Injury Direct Services (BIDS) Fund, part of the DRS Community Based Services Division. We need your written permission to share information among family members and service providers to help plan for and provide services. Please review the enclosed *Uniform Consent to Exchange Information* (release of information) form carefully and do the following:

- ☒ If you **agree with all** of the information on the form – *including the boxes that are already checked* – simply fill out the highlighted areas. Sign/date the form on page 2.

**OR**

- ☒ If you **want to change any** of the information on the form – *including any of the boxes that are already checked* - make any changes that you wish and put your initials beside it. Then, sign and date the form on page 2.

Return the form to:

DRS Brain Injury Services Coordination Unit, 8004 Franklin Farms Drive,  
Richmond, VA 23229, **ATTN:** Patricia Goodall

Questions?

Call Patti Goodall at (804) 662-7615 or (800) 552-5019

or

E-mail [Patti.Goodall@drs.virginia.gov](mailto:Patti.Goodall@drs.virginia.gov)

Thank you!

**Form 4) Closure Form** Auto Populate if Possible

<b>Consumer:</b>					
<b>Status:</b>					
<b>Date Case Opened:</b>					
<b>Date of Closure/Transition:</b>					
<b>Date Closure/Transition Letter Sent:</b>					
<b>Summary:</b>					
<b>Financial Resources Utilized:</b>					
<b>BIS:</b>		<b>DRS:</b>		<b>FAMILY:</b>	
<b>CSB:</b>		<b>DSS/DFS:</b>		<b>MEDICAID/CARE:</b>	
<b>HEALTH INSURANCE:</b>		<b>PRIVATE PAY:</b>		<b>OTHER:</b>	
<b>Description if "Other":</b>					
<b>Reason for Closure/Transition:</b>					
<b>Assessment of Current Functioning and Continued Needs:</b>					
<b>Recommendations and Referrals:</b>					
<b>Recommendation</b>	<b>Referral</b>	<b>Contact</b>	<b>Phone</b>		
No recommendations or referrals on file.					

\_\_\_\_\_

**Case Manager**

\_\_\_\_\_

**Date**

## Form 5) Scorecard Assessment

Each of the nine (9) state-funded Brain Injury Services (BIS) Programs collects information on individual service goals for the people served. That information is then “rolled up” and reported in aggregate to DRS. This is reported on the SCORECARD website at <http://www.vadrs.org/cbs/apps/outcomes>.

---

These are the areas that are scored:

Add Scorecard (data elements) Number of Goals Achieved & Total Number of Goals

Individualized Service Plan with Short term w/long-term goals and incorporating the scorecard Progress Notes

–

Community:

### **Goals**

#### **CI1: Education**

The program conducts or sponsors presentations, workshops, and/or conferences designed to expand or improve services.

#### **CI2: Outreach**

The program develops or expands support groups; forms relationships and builds coalitions with community partners; identifies and facilitates development of and referral to community resources; develops or improves access to written and on-line information.

#### **CI3: Public Awareness**

The program develops, conducts, sponsors, or participates in activities that increase the community’s general knowledge of brain injury (print / broadcast activities, health fairs, awareness events, etc) .

#### **CI4: Advocacy**

The program develops and provides information, training, and resources that assist survivors, caregivers and others to become effective self and systems advocates.

Independent

### **Goals**

IL1: Individual increases his / her ability to access the community through public or other transportation.

IL2: Individual increases his / her ability to perform instrumental activities of daily living.

IL3: Individual increases his / her ability to successfully manage basic activities of daily living.

IL4: Individual manages basic activities of daily living.

Productive:

### **Goals**

PA1: Individual is competitively employed in an integrated work setting earning minimum wage or higher or is self-employed.

PA2: Individual is employed in a modified work setting earning a commensurate wage.

PA3: Individual attends school or receives vocational training.

PA4: Individual engages in volunteer activities.

PA5: Individual engages in activities in the community (outside of their residential setting).

Residential:

### Goals

RS1: Individual moves to a less restrictive residential setting.

RS2: Individual in an at-risk situation moves to, or receives supports that provide, a safer, more stable setting.

RS3: Individual who is homeless or in a shelter moves to a more stable residential setting.

An example of the community data after it was collected:

Goals	Exceeds Expectation	Meets Expectation	Below Expectation
<b>CI1: Education</b> The program conducts or sponsors presentations, workshops, and/or conferences designed to expand or improve services.	The program achieved <b>greater than or equal to 75 %</b> of its goal to provide educational activities for a specified number of people by the target date.	The program achieved <b>50-74%</b> of its goal to provide educational activities for a specified number of people by the target date.	The program achieved <b>less than 50%</b> of its goal to provide educational activities for a specified number of people by the target date.
<b>CI2: Outreach</b> The program develops or expands support groups; forms relationships and builds coalitions with community partners; identifies and facilitates development of and referral to community resources; develops or improves access to written and on-line information.	The program achieved <b>greater than or equal to 75 %</b> of its goal to provide outreach activities for a specified number of people by the target date.	50-74% of its goal to provide outreach activities for a specified number of people by the target date.	The program achieved <b>less than 50%</b> of its goal to provide outreach activities for a specified number of people by the target date.
<b>CI3: Public Awareness</b> The program develops, conducts, sponsors, or participates in activities that increase the community's general knowledge of brain injury (print / broadcast activities, health fairs, awareness events, etc) .	The program achieved <b>greater than or equal to 75 %</b> of its goal to provide public awareness activities for a specified number of people by the target date.	The program achieved <b>50-74%</b> of its goal to provide public awareness activities for a specified number of people by the target date.	The program achieved <b>less than 50%</b> of its goal to provide public awareness activities for a specified number of people by the target date.
<b>CI4: Advocacy</b> The program develops and provides information, training, and resources that assist survivors, caregivers and others to become effective self and systems advocates.	The program achieved <b>greater than or equal to 75 %</b> of its goal to provide advocacy activities for a specified number of people by the target date.	The program achieved <b>50-74%</b> of its goal to provide advocacy activities for a specified number of people by the target date.	The program achieved <b>less than 50%</b> of its goal to provide advocacy activities for a specified number of people by the target date.

This is reported on the SCORECARD website at <http://www.vadrs.org/cbs/apps/outcomes>

**Form 6: SAMPLE Application Intake/Referral Form**

*Note: This is a Sample: Application Intake Form and is not the final to be used for the case management system. Vendor will receive actual data points upon award of the contract. This is to provide an example of what will need to be created.*

Note: #s in “( )” correspond to the item # on the VRIS screen. #s in “[ ]” are the codes.

Case No. \_\_\_\_\_ Applicant Name \_\_\_\_\_ Caseload No \_\_\_\_\_  
 SSN (if not obtained at referral) \_\_\_\_\_ (01) **Date** (mm/dd/yy) \_\_\_\_\_  
 (02) **Date of Birth** (mm/dd/yy) \_\_\_\_\_ (03) **City County** code (of residence) \_\_\_\_\_

(04) **Race:** (use applicant self-report or staff best judgment. Multiple “Y” may be checked).  
 White Y  N  Black/African American Y  N  As  
 Am. Indian or Alaskan Native Y  N  Native Hawaiian or Other Pacific Islander Y  N   
**Ethnicity:** Hispanic/Latino Y  N  If “Y”, must also check at least one race category

**These items are optional now, but must be filled in at or before status 06 or 10.**

(05) **Marital Status** (enter/circle 1 code from list below) \_\_\_\_\_  
 Married [1] Widowed [2] Divorced [3] Separated [4] Never Married [5]  
 (06) **Drivers License** Y  N  (07) **Transportation** (public or private) Y  N

(08) Highest **Education** (enter/circle 1 code from list below for **highest** level earned) \_\_\_\_\_  
 None or before Grade 1 [0] Grade 1-8 [1] Grade 9 - 12, no diploma [2]  
 Spec. Ed. (not H.S. regular diploma) [3] H.S. grad./GED [4] Some college, no degree [5]  
 Assoc. degree/VoTech certificate [6] Bachelors degree [7] Masters degree or higher [8]

(09) **Work Status** last week (enter/circle 1 code from list below) \_\_\_\_\_  
 Employed w/o supports, integrated setting [1] Extended employ[2] Self employment [3]  
 DBVI vending facility [4] Homemaker [5]  
 Unpaid family worker [6] Employed w/ supports, integrated setting [7]  
 Not employed, in secondary education [8] Not employed, all other students [9]  
 Not employed, unpaid trainee/intern/volunteer [10] Not employed, other [11]

(10) # **Hours Worked** for pay in typical wk (enter “0” if unpaid work or not employed) \_\_\_\_\_

(11) **Weekly Earnings** (gross pay in typical wk. Must exceed \$0 if Work Status code is 1, 3, or 7) \_\_\_\_\_

(12) **Primary Financial Support** (enter/circle 1 code from list below, blank if unknown) \_\_\_\_\_  
 Applicant income [1] Spouse, family, friends [2] Gov’t (see description in item 20) [3] Other [4]

(13) Ever had an Individualized Education Plan (**IEP**) Y  N  (must be Y if Education is code 1 or 2)

(14) **Living Arrangement** (enter/circle 1 code from list below) \_\_\_\_\_  
 Private residence (including apartment buildings, etc.), alone or with others [1]  
 Community residential/Group home Rehabilitation facility [3] Mental health facility  
 Nursing home [5] Adult correctional facility Halfway house [7]  
 Substance abuse treatment center | Homeless or in a shelter Other [10]

(15) Medical **Insurance Co.** name (leave blank if none) \_\_\_\_\_

(16) **Policy No.** \_\_\_\_\_ (17) **Medicaid #** \_\_\_\_\_ (18) **Medicare #** \_\_\_\_\_

(19) Has: **Medicaid** Y  N  **Medicare** Y  N  **Workers’ Comp** Y  N   
 Private insurance thru **Employer** Y  N  **Private insurance, Other** Y  N

**Form 7: SAMPLE Authorizations and Expenses Form**

*Note: This is a sample authorization and expenses form and is not the final to be used for the case management system. Vendor will receive actual data points upon award of the contract. This is to provide an example of what will need to be created.*

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Case No. \_\_\_\_\_ Authorization No. \_\_\_\_\_ Date \_\_\_\_\_

<b>Service Provider</b>	<b>Provide To</b>

Service Provider No. \_\_\_\_\_

**Services: You are hereby authorized to provide the client named above the following services not in excess of the amounts specified and under the conditions set forth.**

AFC	Service Item No	Description	Effective Date	No. Units	Unit Meas.	Unit Cost	Total Authorized

**Conditions**

1. An invoice and proof of receipt of services or items is required for payment.
2. DRS payment for services will be rendered according to the provider’s contract with the consumer’s insurance company. When the provider has contractually agreed to accept the insurance company’s payment as payment in full (i.e., reasonable and customary payment), DRS shall not be responsible for the uncovered balance. Where the provider has no contractual agreement, DRS shall pay the difference between DRS’ established fees and benefits paid

other sources, including required consumer contributions. If payment made by others is greater than or equal to the amount of this authorization, DRS will make no payment.

- 3. There will be no charge to or acceptance of any payment from the consumer or his family for any service authorized by DRS unless the amount is previously known to and approved by DRS.
- 4. Services will be provided in accordance with Title VI of the Civil Rights Act of 1964.

**Void After** (180 days) \_\_\_\_\_

**Payers of First Resort:** (see condition 2 above)

Other \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Medicaid No. \_\_\_\_\_ Medicare No. \_\_\_\_\_

Counselor \_\_\_\_\_ Authorized Signature (required) \_\_\_\_\_

Caseload No _____	Current Status _____	Total Auth Amt _____
Credit Card Yes <input type="checkbox"/> No <input type="checkbox"/>	Cardholder _____	

Case No. \_\_\_\_\_ Client \_\_\_\_\_ Authorization \_\_\_\_\_

**Please submit bills within 30 days. In the absence of a company invoice for billing, page 2 of this authorization form must be completed, signed, and attached to page 1.**

**Service Provider Request For Reimbursement  
For Authorized Services**

Invoice Number (optional) \_\_\_\_\_

I, the undersigned, have provided the services or items detailed on page 1 of this authorization on (date) \_\_\_\_\_  
 \_\_\_\_\_ If applicable, I have billed the other payers (insurance companies, Medicaid, Medicare, etc.) indicated on the authorization and I am hereby billing you for:

the balance of \$ \_\_\_\_\_

the following items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature

\_\_\_\_\_

Date

\_\_\_\_\_