

## **ADDENDUM**

**RFA Number 0704271204**

### **On-Time Quality Improvement for Long Term Care**

Section III G of the RFA has been withdrawn. It is replaced by the following Section III G:

#### **G. Health Information Technology (HIT)**

This section describes the functional requirements or system features of health information technology that nursing homes funded under this RFA need to comply with requirements of this RFA. Each nursing home will decide for itself the vendors that it will contract with to provide the software and hardware. It is anticipated that nursing homes will first contact their current vendors to discuss the functional requirements of this RFA to ascertain whether the vendor currently has the required system features or can make the features available to meet those requirements. This section of the RFA is designed to help facilitate those discussions. Information on two vendors who currently meet requirements for the On-Time program is provided at the end of this section.

The grants from the Department of Health that are awarded to nursing homes under this RFA are capped at \$49,999 and are intended to cover at least in part the costs of the required health information technology (HIT). Nursing homes will use their own funds to cover any HIT costs in excess of this amount. The HIT will have two components: (1) electronic data entry devices used by CNAs to document the daily care that they deliver; and (2) standard reports (based on CNA documentation) per the On-Time specifications.

CNAs will use the devices to document daily care. The devices must support transmission of CNA documentation to a database on a website maintained by the nursing home's software vendor. The vendor then processes and analyzes that data, produces the reports as per On-Time specifications, and posts them on the same website so that the nursing home can immediately access and print them out. Examples of the five basic reports are appended to this RFA.

If the applicant's CNAs already use electronic data-capturing technology and the nursing home wishes to use it in the On-Time project, the nursing home and the vendor should discuss feasibility, costs and timeline to develop or adapt the applicant's current HIT to meet On-Time standardized report specifications within the required timeframes, provided below.

Writing the software required to produce these reports often requires intensive review by the vendor programming team and follow-up discussion of report specifications with original programmers of the On-Time reports; therefore nursing homes that wish to work with their current software vendors should immediately initiate discussions with them on whether they have the capacity to produce such reports within the timeframes required for participation in this initiative.

The required five On-Time reports can be found in Attachment 7. The column headings for each report are in Attachment 8. Both should be shared with the applicant's vendor. Vendors will need to see the five reports and column headings before they can discuss whether they can produce them within the required timeframes. Vendors will be required to produce the CNA Documentation Completeness/Consistency, Nutrition and Priority Reports within three months of signing a sub-contract with the nursing home to do so, and the Behavior and Trigger Summary Reports within six months of signing a sub-contract with the nursing home.

These reports are the **primary deliverables** in **both** the contracts between the Department and nursing homes and the sub-contracts between the nursing homes and their software vendors. The contracts between the Department of Health and the nursing homes will require the reports to be produced as per On-Time specifications before the nursing home can request reimbursement for vendor fees from the Department. The sub-contracts between nursing homes and their vendors will contain a similar provision: the nursing home will not pay the vendor until the reports are produced as per On-Time specifications.

Vendors have reported an estimated cost of \$40,000 - \$60,000 to write and debug the programs required to produce the On-Time reports. If several nursing homes contract with the same vendor, economies of scale are possible. Nursing homes should be able to negotiate a price that decreases as the number of nursing homes contracting with the vendor increases. Applicants should be aware that after installation and implementation of all On-Time HIT, vendors will charge on-going fees to produce the reports.

Conference calls will be scheduled to enable potential software vendors to discuss On-Time report specifications with the consultants so that the vendors can ascertain whether they have the capability to program the reports. Applicants are strongly encouraged to ask their vendors to participate in one of these calls. Dates and times for the conference calls and instructions for registering for them will be posted on the Department's website at <http://www.nyhealth.gov/funding/rfa/0704271204/>.

If the applicant's CNAs are documenting on paper and do not already use a computer program to document daily care, or if the applicant's vendor does not have the capacity to modify data entry screens or produce the reports per On-Time specifications, other vendors that are known to have this capacity can be contracted by the nursing home.

Nursing homes applying for funds under this RFA should reach a tentative decision regarding the vendor(s) they wish to contract with for the hardware and software required to be used under this RFA. They should obtain a firm cost from the vendor(s) and build a project budget, to be submitted as part of their application for funds, based on this cost. Applications will not compete on cost, and in any case grant awards will not exceed \$49,999 regardless of the applicant's total budgeted cost for the two-year project.

Applications will be reviewed and scored as described in Section VI D. For those that score 10 or more points on the technical criteria, and thus are eligible for an award, the consultants will facilitate further discussions between the nursing home and the vendor(s) it identifies in its application. The goal of these discussions will be to understand the vendor's actual capability to program and produce the reports within the required timeframes at a cost that the nursing home is willing to pay. After this discussion, the nursing home will decide whether to sub-contract with the vendor identified in its application or another vendor.

#### Impact of On-Time Technology on the Nursing Home's Current Technology

It is anticipated that many nursing homes will want to understand how the On-Time model, including automation of CNA documentation, interfaces with their MDS software and/or EQUIP. Unless the applicant's MDS software is being used by CNAs to capture daily documentation, there is no role in the short term and no impact on MDS software. There is, however, an impact on MDS data quality. Implementing the On-Time model improves the completeness and accuracy of CNA documentation, provides summarized information accessible via the web, and therefore results in more accurate MDS data. In the longer term, the applicant may decide to explore integrating the automated CNA documentation into the MDS software, but this is not within the scope of this RFA.