



THIS CONTRACT is hereby made, entered into, and effective as of October 01, 2025, by and between GUILFORD COUNTY, a body politic and corporate of the State of North Carolina, hereinafter referred to as the “COUNTY,” and ASEMIO, LLC, hereinafter referred to as the “CONTRACTOR,” and also collectively referred to as the “Parties.”

W I T N E S S E T H:

WHEREAS, for the purpose and subject to the terms and conditions hereinafter set forth, the COUNTY hereby contracts for the items, goods, service or services of the CONTRACTOR and the CONTRACTOR agrees to provide the items, goods, service or services to the COUNTY in accordance with the terms of this Agreement.

WHEREAS, the COUNTY is in need of Integrated Data System Software, and

WHEREAS, the CONTRACTOR has submitted a proposal to provide such goods and/or services.

NOW, THEREFORE, in consideration of promises mutually exchanged the Parties agree as follows:

- 1. GOODS AND/OR SERVICES.** will provide the goods and/or services as set forth in the Specifications (Attachment A) and Proposal (Attachment B) both of which have been memorialized in the Asemio Master Services Agreement, Statement of Work, and Licensing Agreement (Attachment C), which are attached hereto and incorporated herein by reference. All items and/or services shall be provided in a competent, workmanlike and professional manner acceptable to the COUNTY. Should there be any discrepancy between the CONTRACTOR'S Proposal (Attachment B), the Specifications (Attachment A), Attachment C, and/or the Contract, the Contract shall prevail and control.
- 2. PAYMENT AND PRICING.** As full compensation for the CONTRACTOR’S delivery of the goods and/or services, the COUNTY agrees to pay the amounts for the goods and/or services as set out herein and in Attachment B, which is attached hereto and incorporated herein by reference. Payment will be made by the COUNTY to CONTRACTOR within thirty (30) days of receipt of a correct invoice and proper documentation that the goods and/or services have been delivered or provided in accordance with this Contract.
- 3. MAXIMUM EXPOSURE CONTRACT.** The maximum financial exposure to the COUNTY under this Contract will not exceed \$685,000.00. Payment will be made only from budgeted funds in accordance with N.C.G.S. Chapter 159.
- 4. APPROPRIATION.** This Contract is subject to annual appropriation of funds by the GUILFORD COUNTY Board of Commissioners or other funding source, pursuant to N.C.G.S. Chapter §153A-13.
- 5. TERM.** Unless terminated as provided herein, this Contract shall be in effect for three (3) years, beginning October 01, 2025, and ending September 30, 2028, with the option to extend for two (2), one (1) year renewals at the same pricing and terms and conditions upon mutual written agreement of both Parties.

6. AMENDMENTS. The terms of this Agreement may only be modified or revised with a written Contract executed by both Parties.

7. TERMINATION.

TERMINATION WITHOUT CAUSE.

COUNTY may terminate this Contract without cause or penalty upon serving a Thirty (30) Days day written notice to the CONTRACTOR. Subject to this Contract's provisions regarding breach, all goods and/or services provided and accepted as of the date of termination will be paid; similarly, amounts paid in advance, if any, for which deliverables have not been provided and accepted by COUNTY will be promptly refunded to COUNTY by CONTRACTOR within thirty (30) days of date of termination of this Contract.

TERMINATION FOR CAUSE.

If, through any cause, the CONTRACTOR shall fail to fulfill its obligations under this contract in a timely and proper manner, the COUNTY shall have the right to terminate this Contract by giving written notice to the CONTRACTOR and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the CONTRACTOR under this contract shall, at the option of the COUNTY, become its property and the CONTRACTOR shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the CONTRACTOR shall not be relieved of liability to the COUNTY for damages sustained by the COUNTY by virtue of the CONTRACTOR'S breach of this Agreement, and the COUNTY may withhold any payment due the CONTRACTOR for the purpose of setoff until such time as the exact amount of damages due the COUNTY from such breach can be determined. In case of default by the CONTRACTOR, without limiting any other remedies for breach available to it, the COUNTY may procure the contracts services from other sources and hold the CONTRACTOR responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the CONTRACTOR shall be an act of default under this Contract.

8. BREACH. If, through any cause, CONTRACTOR or COUNTY ("the breaching party") shall fail to fulfill its obligations under this Contract in a timely and/or proper manner ("breach"), either in whole or in part, and such breach has continued for a period of more than ten (10) days after the other party ("the non-breaching party") has notified the breaching party of such breach, in addition to the right to terminate the Contract upon notice to the breaching party, the non-breaching party shall have all legal, equitable, and administrative rights available under applicable law. Without limiting other remedies, where COUNTY is the non-breaching party COUNTY may: Withhold any payment due CONTRACTOR for the purpose of setoff until such time as the exact amount of damages due COUNTY from such breach can be reasonably determined (at which time that amount shall be deducted from any payment(s) otherwise due to CONTRACTOR) and/or procure the contracted for services or goods from other sources and hold CONTRACTOR responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by CONTRACTOR shall constitute an act of breach under this Contract.

9. EQUAL EMPLOYMENT OPPORTUNITIES. GUILFORD COUNTY and the awarded Vendor shall comply with Equal Employment Opportunities (EEO) requirements, and shall ensure that all individuals have an equal opportunity for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, or veteran status under the Guilford County EEO Plan, as amended, implemented pursuant to 41 CFR Part 60-2.10(a)(3), 41 CFR §60-741.44(a) and 41 CFR §60-300.44(a), and in accordance with the following laws, as amended: Title VII and Title IX of the Civil Rights Act of 1964; The Equal Pay Act of 1963; the Age Discrimination in Employment Act of 1967; the Rehabilitation Act of 1973, as amended (Section 503); the Americans with Disabilities Act of 1990; the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA); the Civil Rights Restoration Act of 1988; NC General Statutes Chapters 116 and 126 and Title II of the Genetic Information Nondiscrimination Act of 2008, the State of North Carolina Equal Employment Opportunity Policy rev. April 2019, along with all other applicable federal and state laws governing equal employment opportunities.

10. FEDERAL FUNDING – UNIFORM GUIDANCE. The Parties agree that when utilizing federal funding in the performance of this Agreement, the Parties shall comply with all applicable provisions of 2 C.F.R. §200.326 and 2 C.F.R. Part 200, Appendix II, (Uniform Guidance), including, but not limited to: The Equal Employment Opportunity Clause (41 C.F.R. Part 60); Davis-Bacon Act (40 U.S.C. 3141-3148); Copeland “Anti-Kickback” Act (40 U.S.C. §3145, as supplemented by Department of Labor (DOL) regulations, 29 C.F.R. Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”); Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708, as supplemented by DOL regulations at 29 C.F.R., Part 5. See 2 C.F.R. Part 200, Appendix II(E); Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251-1387); Debarment and Suspension (Executive Orders 12549(1986) and 12689(1989) at 2 C.F.R. Part 180 and the DHS’ regulations at 2 C.F.R. Part 3000 (Nonprocurement Debarment and Suspension); Byrd Anti-Lobbying Amendment (31 U.S.C. 1352); Procurement of Recovered Materials (2 C.F.R. Part 200, Appendix II(J) and §200.322); Rights To Inventions by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements (37 C.F.R. Part 401); Record Retention Requirements (2 C.F.R. §200-324); and subsequent amendments, which are incorporated herein by reference.

11. NOTICES. All notices pursuant to this Agreement shall be in writing and delivered personally or mailed by certified mail, registered mail, postage prepaid, with return receipt requested, at the addresses appearing below, but each Party may change such address by written notice in accordance with this paragraph. Notices delivered personally will be deemed communicated as of actual receipt. Mailed notices will be deemed communicated as of three (3) days after mailing.

Victor Isler, Guilford County Manager
GUILFORD COUNTY
P.O. Box 3427 (zip code 27402)
301 West Market Street
Greensboro, NC 27401

ASEMIO, LLC
Aaron Bean
12 N Cheyenne #312
Tulsa, OK 74103

12. INDEPENDENT CONTRACTOR/INDEMNIFICATION CONTRACTOR shall operate as an independent contractor for all purposes. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employer and employee between the COUNTY and either the CONTRACTOR or any employee or agent of CONTRACTOR. CONTRACTOR is an independent contractor and not an employee, agent, joint venture or partner of the COUNTY. The Parties agree to each be solely responsible for their own acts or omissions in the performance of each of their individual duties hereunder, and shall be financially and legally responsible for all liabilities, costs, damages, expenses and attorney fees resulting from, or attributable to any and all of their individual acts or omissions to the extent allowable by law.

13. ASSUMPTION. If CONTRACTOR should undergo merger, acquisition, bankruptcy or any change in their ownership or their name for any reason, CONTRACTOR must immediately notify GUILFORD COUNTY in writing of these changes and provide the COUNTY with legal documentation supporting these changes, such as an Assumption Agreement, Bill of Sale, Articles of Incorporation, Articles of Amendment, sales contract, merger documents, etc. Further, CONTRACTOR will submit the name and address of the assuming CONTRACTOR’S registered agent for service of process and/or all notices required under this Contract.

14. SEVERABILITY. If any provision of this Contract is held unenforceable, then such provision will be modified to reflect the Parties' intention. All remaining provisions of this Contract shall remain in full force and effect.

15. FORCE MAJEURE. Neither Party shall be liable to the other Party for any failure or delay caused by events beyond such Party's control and not due to its own negligence, provided that such Party uses commercially reasonable efforts to resume performance as soon as reasonably practicable. The non-performing Party shall notify the other Party of the force majeure event within twenty-four (24) hours of the onset thereof. In the event that a force majeure event precludes CONTRACTOR from performing services and/or providing goods for a period of ten (10) consecutive business days, the COUNTY shall have the right to: (a) procure replacement goods and/or services from an alternative source and/or (b) terminate the Contract or portion(s) of Contract upon written notice to CONTRACTOR.

16. HEADINGS/TITLES/WORDING. Inclusion of titles of paragraphs or section headings, capitalization of certain words or phrases and/or bold face typestyle of certain words or phrases in this Contract are for convenience purposes only and shall not be used to interpret or construe the provisions of this Agreement. The terms "Contract" and "Agreement" have the same meaning and may be used interchangeably throughout this document. The terms "Attachment" and "Exhibit" have the same meaning and may be used interchangeably throughout this document.

17. GUILFORD COUNTY LIABILITY INSURANCE REQUIREMENTS.

WORKERS COMPENSATION: CONTRACTOR agrees to maintain coverage to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include employer's liability with limits of at least \$1,000,000.00 for each accident, \$1,000,000.00 for each employee, with at least a \$1,000,000.00 aggregate policy limit.

COMMERCIAL PROFESSIONAL LIABILITY: CONTRACTOR does hereby agree to maintain limits of at least \$1,000,000.00 per occurrence, per location, single limit for bodily injury liability and property damage liability, with at least a \$2,000,000.00 aggregate limit, per location. This shall include premises and/or operations, independent contractors, products and/or completed operations, broad form property damage and explosion, collapse and underground damage coverage, and a contractual liability endorsement.

BUSINESS AUTO LIABILITY: CONTRACTOR does hereby agree to maintain limits of at least \$1,000,000.00 per accident combined single limit for bodily injury liability and property damage. This should include owned vehicles, plus hired and non-owned vehicles.

COMMERCIAL GENERAL LIABILITY: CONTRACTOR does hereby agree to maintain limits of at least \$1,000,000.00 per occurrence, per location, single limit for bodily injury liability and property damage liability, with a \$2,000,000.00 aggregate limit, per location. This shall include premises and/or operations, independent contractors, products and/or completed operations, broad form property damage and explosion, collapse and underground damage coverage, and a contractual liability endorsement.

UNDERWRITING, ADDITIONAL INSURED, AND CANCELLATION NOTICE REQUIREMENTS: All insurance shall be written by companies with an AM Best rating "A" or higher. GUILFORD COUNTY shall be named as an additional insured on CONTRACTOR insurance policies, which shall be primary and not contributory to any other insurance that may be available to the COUNTY. Such certificates shall require that the policies shall not be canceled or reduced in coverage until thirty (30) days written notice of such cancellation or reduction has been received by CONTRACTOR and GUILFORD COUNTY.

MAINTENANCE OF INSURANCE COVERAGE AND RENEWAL DOCUMENTATION: CONTRACTOR original insurance policies or certified copies of policies may be required by COUNTY at any time. Current, valid insurance policies meeting the requirements stated herein shall be maintained for the duration of the Agreement. Renewed policies shall be sent to the COUNTY at the above address thirty (30) days prior to any expiration date.

Upon the COUNTY'S offer of award of this Agreement, CONTRACTOR will provide Certificates of Insurance for meeting the required insurance provisions. The Certificate of Liability shall state, "Guilford County is added as an additional insured as evidenced by the endorsement attached to this Certificate." CONTRACTOR will provide copies of insurance certificate(s) Guilford County Purchasing with their award package.

All insurance documents required under this Contract shall be forwarded to:

GUILFORD COUNTY

Attention: Risk Management

301 West Market Street

Greensboro, NC 27401

Reference: GUILFORD COUNTY CONTRACT NO. **90007624**

With CONTRACTOR'S NAME: ASEMIO, LLC

In the event CONTRACTOR fails to maintain and keep in force for the duration of this Contract the insurance required herein, the COUNTY may cancel and terminate this Contract without notice.

18. ENTIRE AGREEMENT. This Contract, including the Exhibits and/or Attachments, if any, sets forth the entire Agreement between the Parties. All prior conversations or writings between the Parties hereto or their representatives are merged within and extinguished. This Contract shall not be modified except by a writing subscribed to by all the Parties.

19. JURISDICTION. The Parties agree that this Contract is subject to the jurisdiction and laws of the State of North Carolina. The CONTRACTOR will comply with bid restrictions, if any, and applicable laws, including N.C.G.S. §143-129(j) regarding E-Verify. Any controversies arising out of this Contract shall be governed by and construed in accordance with the laws of the State of North Carolina. An Affidavit Regarding E-Verify is attached hereto and incorporated herein by reference as Attachment B.

(The remainder of this page is intentionally left blank.
This Contract continues with signatures on the following page.)

WITNESS the following signatures and seals all pursuant to authority duly granted, effective as of the day and year first above written.

GUILFORD COUNTY

ATTEST:

Victor Isler Date
Guilford County Manager

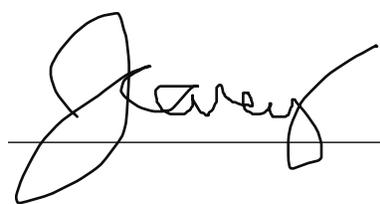
Robin B. Keller Date
Guilford County Clerk to Board

ASEMIO, LLC

ATTEST:

 10.13.2025

Date
Title: Managing Director
Print Name: Aaron Bean

 10.13.2025

Date
Witness
Print Name: Jovanna Carey



GUILFORD COUNTY SBED COMPLIANCE LETTER

Date: Wednesday, December 4, 2024

Prepared By: Ferreli L. McGilvary

SOLICITATION DEVELOPMENT STAGE

Project Description

Bid 20256 - Integrated Data System and Aging and Adult Case Management Request for Proposal (RFP)

Scope Review Compliance

The Small Business and Entrepreneurship (SBE) Department met with project team on Monday, November 18, 2024

To review the scope, scope adjustment was Not Recommended

SBED Established Contracting Goals Review Compliance

There are two (2) Goals for this project:

1. 10 % Established Goal
2. 15 % Aspirational Goal

Per the Board of Commissioners adopted Department Procedure Manual, Section C. Race and Gender Conscious Program Elements, 1.2.1 Approval – *All goals must be approved by the SBED Director before advertising the Solicitation Documents.*

SBED Approval to Advertise Solicitation

The SBE Department Deputy Director Maria Miles has approved the subject solicitation for advertisement. The remainder of this document will be completed for final compliance before the contract award once the Department submits its Recommendation of Award (ROA). The SBE Department shall be included on the Evaluation Team for this Bid.

Maria Miles

Maria Miles, Deputy Director



GUILFORD COUNTY SBED COMPLIANCE LETTER

Department Recommendation of Award Date: Tuesday, August 19, 2025

Prepared By: Ferreli McGilvary, Wednesday, August 20, 2025

Rebid Bid #: N/A

Rebid Date: N/A

SBED Vendor Notification Compliance

The SBE Department conducted outreach efforts ten (10) days prior to the Bid due date. Per the Board of Commissioners adopted Department Procedure Manual, Section C. Race and Gender Conscious Program Elements, 1.10 Project Notification- *At least ten (10) Days before the Opening of Bids/Proposals, a Project Notification shall be provided to SBEDs to inform them of: (i) the applicable Goal; (ii) the description of work being solicited, (iii) date, time, and location where a Bid/Proposal must be submitted; (iv) contact information for any County personnel who could answer questions about the Contract; (v) how to access the Solicitation Documents; and (vi) any special requirements that may exist.*

SBED Pre-Bid/Proposal Inclusion Compliance

Purchasing conducted a Pre-Bid meeting and the SBED was in attendance on Wednesday, February 12, 2025

BID/PROPOSAL EVALUATION STAGE

SBED Evaluation Inclusion Compliance

The bid was issued Request for Proposal (RFP) as such the standard of award is based on the best overall proposal per the criteria outlined. The vendor met that requirement. Bids were received from the following firms:

Bidder Name	NC HUB Certification
Asemio	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Bonterra Tech	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Brite Systems	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Care4software	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
CaseWorthy	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Coresphere	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Creative Information Technology	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
FM Consulting	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Infojini, Inc	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Intelligent Business Solutions	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Jump Solutions	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Mass Tech	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Mercurio Analytics	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE



GUILFORD COUNTY SBED COMPLIANCE LETTER

Bidder Name	NC HUB Certification
Merp Systems	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
MVS360	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Netsmart Tech	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Neudesic	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Nobile Child, Inc	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Northwoods Consulting	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Sapient Corporation	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Social Bridge Technologies	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Stacknexus	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Zeomega	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE

SOLICITATION AWARD STAGE

SBED Goals Review

Per NC GS 143-128.2. Minority Participation goals, Guilford County has adopted the state minority business participation goal of 10%. Guilford County shall establish a 10% minority goal on all projects greater than \$30,000.

On February 2017, Guilford County Board of Commissioners established an aspirational MWBE participation goal of fifteen percent (15%), as recorded in the approved meeting minutes. Guilford County encourages each contractor to meet or exceed the aspirational goals in recruiting MWBE providers.

The following goals were established for the Bid 20256 - Integrated Data System and Aging and Adult Case Management Request for Proposal (RFP)

Established Goal	Aspirational Goal	Vendor Committed Goal
10%	15%	0 % - Self Performance

The following goal(s) were committed to by Asemio on a contract amount of \$685,000.00 with an initial contract term of three (3) years and the option to renew for two (2) additional one (1) year renewals for the Integrated Data System Software Project

The following goal(s) were committed to by Caseworthy on a contract amount of \$1,295,116.00 with an initial contract term of five (5) years on the Aging Adult Case Management Software Project.

Subcontractor Name	N/A
Work Scope	N/A
NC HUB Certification	N/A



GUILFORD COUNTY SBED COMPLIANCE LETTER

NC-HUB Ethnicity	N/A
Percent (%) Committed	0
Amount Committed	0

Good Faith Efforts Review

In accordance with NC GS 143-128.2(f), Minority business participation goals., and NC GS 143-131(b), a review of good faith efforts is not required when the established goal has been met or exceeded. The Bidder has submitted a Self-Performance Affidavit and therefore has satisfied the established goal for this bid. A review of Good Faith Efforts is not required.

Good Faith Efforts Review

In accordance with NC GS 143-128.2(f), Minority business participation goals., and NC GS 143-131(b), a review of good faith efforts where the established goal has not been met is required by statute. Failure to file a required affidavit or documentation that demonstrates that the contractor made the required good faith effort is grounds for rejection of the bid. Form # 3 Good Faith Efforts. Affidavit A should be attached to this form.

SBED Department Award Recommendation

Please accept this as verification and certification that:

1. The bid opportunity, scope review, established goals, solicitation documents, and bid process identified above complied with all requirements set forth in the Board adopted SBED Policy and Procedure Manual.
2. The SBED supports and recommends these contracts for the award as presented.

Maria Miles

Maria Miles, Deputy Director

Request for Proposals
For
**Integrated Data System
and
Aging and Adult Case Management Software**

Bid Number: 20256

Commodity Code(s):
20655, 20820, 20837, 20853, 20938, 20837
69031, 83835, 91821, 95816

Guilford County Purchasing Department
Guilford County Katie S. Cashion Center, Basement-Suite 072
201 South Greene Street
Greensboro, NC 27401

PROPOSAL SCHEDULE

(Note: The dates below are subject to change)

Request for Proposal
for

Integrated Data System and Aging and Adult Case Management Software

Bid Number 20256

Advertisement Date	February 5, 2025
Non-Mandatory Pre-Proposal ZoomGov Meeting	February 12, 2025, at 10:00 A.M., Eastern Time
Last Day for Questions	February 19, 2025, at 2:00 P.M., Eastern Time
Proposal Due Date	February 28, 2025, at 2:00 P.M., Eastern Time

I. Introduction

The Guilford County Purchasing Department is soliciting proposals from qualified firms to support the design, development, and implementation of an Integrated Data System and Case Management Software System that will allow for case intake, case management and reporting. The software solution would also allow workflow management. This software will be exclusive to Guilford County. The County invites all interested and qualified firms who meet the requirements below to submit a response to this RFP. **Respondents can respond to either, or both of the tasks outlined in the Scope of Work.**

II. General Information

A non-mandatory Pre-Proposal ZoomGov Meeting will be held on February 12, 2025, at 10:00 A.M., as instructed below. You may join the ZoomGov Meeting from your computer, tablet or smartphone

For the best results, use Chrome as your web Browser:

<https://www.zoomgov.com/j/1616254474?pwd=DZBEuUYEKeuLgrHSbFjINvZombzbSO.1>

Meeting ID: 161 625 4474

Passcode: 590718

One tap mobile

+16692545252,,1616254474# US (San Jose)

+16468287666,,1616254474# US (New York)

Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 828 7666 US (New York)
- +1 646 964 1167 US (US Spanish Line)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)

Meeting ID: 161 625 4474

Find your local number: <https://www.zoomgov.com/u/arRLwVQaU>

Join by SIP

- 1616254474@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Terms of Contract

The selected Provider will enter into a contract with the County as outlined in this RFP. The initial contract will be for three (3) years with the option to renew for two (2) additional one (1) year renewals for a total contract period of up to five (5) years

A. Causes for Cancellation and/or Termination

1. That the contract was secured by a fraudulent act, statement or material fact or that a fact concerning the firm was not disclosed at the time of the contract award, if known and would have caused the refusal to enter into a contract by the County.
2. The Provider has not complied with all the provisions and requirements set forth in the Request for Proposal or the contract with the County. If non-compliance occurs, the contract may be revoked and will not be reinstated during the current contract cycle.

3. The Provider has violated any of the regulations established by the Federal and State laws.
4. Either party may terminate the agreement for any reason without penalty upon ninety (90) days written notice to the other party.

B. No bid deposit or performance bonds are required

III. Bid Requirements for Electronic Events

1. All Respondents who plan to submit a proposal must register in the Guilford County's Vendor Self Service (VSS) System. Instructions to register as a Vendor, update registration and submit bids are available at: <https://www.guilfordcountync.gov/our-county/purchasing/vendor-self-service-vss-program>.
2. Electronic responses should be made through Guilford County's Vendor Self Service automated bidding system at: <https://guilfordcountync.munisselfservice.com>. **For best results, use Chrome as your web Browser.** Click on Vendor Self Service and use the arrow button in the top righthand corner to Login and submit your bid response. Click on the Bid Number to open it, then Click on Create Bid and follow the instructions for each tab. All responses must be submitted electronically by the event date and close time. There will be **NO EXCEPTIONS**. The system cannot accept late submittals.
3. All questions pertaining to this RFP must be emailed to the Guilford County Purchasing Department at DG_Purchasing@guilfordcountync.gov in accordance with this event schedule. The bid number and title of the project must be referenced in the email. Each question asked will be answered for all Respondents to view by way of an Addendum and posted in the automated bidding system. No question will be considered after the Q&A close date and time. **NO EXCEPTIONS**. Please note it is the Respondent's responsibility to review all questions, answers and attachments prior to submitting their response.
4. Respondents are strongly encouraged to submit their proposal with all required documentation at least twenty-four (24) hours in advance. The County will not be responsible for any technical difficulties that may occur and result in the inability to submit.
5. Respondents are responsible for checking the event for any addendums prior to completion and submission of their response. Addendum acknowledgement and requirements, if any, must be included in each submittal.
6. To complete the items portion of a submittal in Vendor Self Service, open the items tab to enter pricing for each line. Use the provided line description, unit of measure and quantity to complete the entries for each line. Upload all additional documentation required in the RFP document as an attachment(s) to your response.
7. To complete an electronic submittal, be **sure to click the "Submit Bid" button**. Your response will not be part of the submitted responses until submitted via the "Submit Bid" button.
8. To receive future notification, you must be registered as a Vendor in the Guilford County's Vendor Self Service System under Commodity Code 20655, 20820, 20837, 20853, 20938, 20837, 69031, 83835, 91821 & 95816. Please note, Vendors registered under the selected commodity code prior to the opening of this event will receive electronic notification(s) of the activity regarding changes made to the event; however, it is your responsibility to view the event for changes and updates.

IV. Minority and Women Business Enterprise (MWBE) Requirements

One primary responsibility of the County is the proper use of public revenue to purchase the various items, services, construction and repairs needed to operate. All expenditures of County funds must be in accordance with the North Carolina laws. The responsibilities of auditing and compliance with this law is that of the awarding authority, which in this case is the County.

On March 5, 1990, the County established its verifiable minority participation goal of ten (10) percent. In February 2017, Guilford County Board of Commissioners established a standing aspirational MWBE participation goal of fifteen percent (15) percent, as recorded in the approved meeting minutes. The aspirational MWBE goal for this project is fifteen percent (15%). Guilford County encourages each contractor to meet or exceed the aspirational goals in recruiting MWBE providers. Respondents must make good faith efforts to contact minority businesses to allow each an equal opportunity to quote on the particular work involved. Any proposal that does not include MWBE information and documentation may be considered non-responsive.

A minority business is defined as ownership of 51% or more by a minority. Minorities are officially defined as:

- (a) Black, that is, a person having origins in any of the black racial groups in Africa;
- (b) Hispanic, that is, a person of Spanish or Portuguese culture with origins in Mexico, in South or Central America, or the Caribbean Islands, regardless of race;
- (c) Asian American, that is, a person with origins in any of the original peoples of the Far East, Southeast Asia and Asia, the Indian subcontinent, or the Pacific Islands;
- (d) American Indian, that is, a person having origins in any of the original Indian peoples of North America; or
- (e) Female.

V. Evaluation and Selection Process

An Evaluation Committee will have responsibility for reviewing and evaluating all proposals and required documents submitted in response to this RFP. All proposals properly submitted and received will be evaluated against the award criteria outlined in this RFP. The absence of required information may result in exclusion of the proposal from further analysis or evaluation.

The County reserves the right to reject all proposals or waive technicalities in order to award a contract, which may be determined to be in the best interest of the County. The County also reserves the right to make the award in whole or part. The County reserves the right to include outside consultants to assist in the evaluation process.

VII. Award Criteria

It is the intent of Guilford County to make an award to a single Provider or multiple Providers deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in this RFP. Price shall be considered but shall not be the sole determining factor. Once the proposals are ranked and the most qualified Provider(s) are determined, the County may conduct further negotiations, and/or request presentations from Provider(s) to further assist in the clarification of information and selection process. ***An award of a bid is not an acceptance of contract terms provided by Vendor unless expressly accepted by County.***

The Evaluation Committee will be guided by the following point system, which has 120 points as the maximum total:

Category	Points
Experience/Qualifications/References	0 to 30
Technical/Work Requirements	0 to 30
Cost Proposal/Pricing	0 to 20
Staffing Requirements	0 to 10
MWBE Requirements	0 to 30
Financial Stability	Pass/Fail
Possible Total	120

In computing points for MWBE Requirements, the Evaluation Committee will take the following into consideration.

- (Maximum 5 Points) Describe the plan that your firm has developed to encourage inclusion in your employment process. Provide an organization chart showcasing MWBEs/WBEs in leadership roles. Does your firm have a Diversity Equity Inclusion statement? If so, provide it in the proposal response.
- (Maximum 5 Points) Include documentation of MWBE participation you have achieved over the past three years on public and/or private projects.
- (Maximum 10 Points) Outline specific efforts that your firm will take to notify MWBEs of opportunities to participate in this project. Identify MWBE organizations your firm has worked with or will engage on this project.
- (Maximum 10 Points) A firm may submit a Self-Performance Affidavit, points will be awarded in the following manner: 1) if a firm is a WBE or MBE NC HUB certified firm, 10 points will be awarded, and 2) if a firm is not a WBE or MBE NC HUB certified firm, 0 points will be awarded.

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Integrated Data System and Aging and Adult Case Management Software SCOPE OF WORK

This Bid and Scope of Work cover the requirements for services to be performed and will become an integral part of the contract between Guilford County and the Provider. The Provider must comply with the Scope of Work as outlined. All services shall be provided in a competent, workmanlike and professional manner acceptable to the County.

1.0 Purpose: The purpose and intent of the Request for Proposal (RFP) is to solicit proposals from qualified firms to provide (build) a scalable Data Integration System and a Case Management Software System that will allow for case intake, case management, and reporting to support integrated service delivery. The software solution would also allow workflow management and be exclusive to Guilford County. The Guilford County Department of Health and Human Services (DHHS) - Division of Social Services' (DSS) Aging and Adult Services Division will serve as the first deployment of the case management software with the potential for any prospective software to expand to universal intake for all of DHHS-DSS and eventually any relevant County Departments. The Integrated Services Director within Guilford County manager's office will direct this process.

The County is seeking a qualified firm to assist with integrated service delivery with the primary objectives of referrals, access, and viewability of service history. This system should support the sustained engagement of clients to improve health and well-being.

Integrated Data Systems are often used to inform decision-making at the top tiers of local government. Policymakers use analyses based on large numbers of Integrated Data Systems (IDS) records to understand the overlap between users or individuals who receive services from different systems and the impact of one system's policies and programs on the outcomes in another. An important component of current and future IDS is predictive modeling. To accomplish this, large amounts of data sets from disparate systems will need to be stored and linked through the IDS to make the IDS a robust source for carrying out predictive modeling and developing related tools to improve case-worker decision-making.

Guilford County also is interested in implementing a configurable integration platform to implement new Case Management Systems (CMS) for our Adult and Aging Services Division while maintaining the present legacy applications and functionality in other Social Services Divisions. The County will implement the data integration program in phases starting with the initial phase of navigating our Adult and Aging Services division onto a CMS to test the functionality and usability of the case management system for Guilford County.

The CMS should be designed to help intake workers, case managers, social workers, and other service providers gain "situational awareness" of the needs and risks at the client level. In contrast, the IDS should be able to facilitate assessments and identify community needs and service gaps at the population level. A comprehensive CMS should include broad information sharing, identifying client information made available to authorized users, document and image sharing for care coordination and management, partitioning of certain types of data for regulatory compliance, and role-based access controls.

The initial data integration activity is intended to establish the foundation upon which Guilford County can build a full and comprehensive data integration program over the next several years across multiple disciplines. The vendor should be prepared to reference successful implementations of a data integration program with a case management component in entities of comparable size to Guilford County. Guilford County is interested in identifying a vendor who is best able to position us for short-term success in getting this program formally implemented and for long-term success that leads to data integration practices that become part of Guilford County's culture. Guilford County sees the key to its data integration as being driven by human-centered design principles and person/family-centered care. One of the program's objectives is to develop a strategy for engaging community stakeholders and persons with lived experiences to inform both process and design.

Within our governance structure, the data integration program will facilitate work efforts and establish processes and guidelines that enable Guilford County to consistently and collaboratively address:

- Functional duplication, data duplication, integration, interoperability, scalability, and reuse issues.
- Use of existing technologies as efficiently as possible
- Deployment of common service delivery mechanisms
- Provide direct linkage between Case Management Systems in the county and the IDS
- Provide the ability to integrate data from other County and external partner systems and the IDS.
- Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, and which will over time integrate existing disparate business processes and IT systems and provide a platform for the next generation of services and systems.

The County is looking for proposals that are collaboratively designed and released to address the immediate needs for Aging and Adult Services CMS, meet future needs and integrations with additional case management systems within the County Health and Human Services, and meet the long-term integrated data and services goals for the county. These needs, integrations, and goals include:

- Cross-department and cross-organizational holistic case management
- Cross-department and cross-organizational data sharing
- Referral system for services across departments and organizations
- Simplified universal intake
- Resident self-service
- Enhanced data security
- Assured data privacy

2.0 Background: Guilford County Board of Commissioners seeks to improve service delivery and strengthen support to the County's most vulnerable residents to improve economic opportunity and mobility, individual and community recovery, individual and community resiliency, and overall well-being. The work we seek to engage in will achieve these objectives by identifying county residents with complex needs who are experiencing many challenges related to social, economic, health and behavioral health, substance use, unemployment, community/individual violence issues, and criminal justice involvement and will work to provide the help they need.

Per NC State Statute NCAC 71R.0405 Guilford County DHHS-DSS Aging & Adult Services Division (AASD) provides intake of residents and directs them to eight (8) destinations of service (Intake, Guardianship, Special Assistance In-Home Care, Special Assistance In-Home Aide, Rep Payee, Adult Foster Care, Adult Day Services, and Indigent Burial). The current software system utilized by AASD is a DAS system that does not allow for basic functions, such as copy/paste and picture upload. The data within the current system cannot be extracted once it is input, thus making the sharing of information to other necessary divisions (such as Medicaid within Economic Services) extremely difficult. Guilford County is seeking updated software that allows for ease of entry and complete data collection/connection to services needed for each resident served in a manner that improves the experience for both employee and resident. This case management software will provide a foundational test case for the use of case management software that could be implemented throughout the entire system of service for Guilford County. This software should also seamlessly integrate with other county systems and mandated software such as NC FAST and should be able to share information with external partners involved in client care and support

Guilford County is the third most populous county in North Carolina with a population of approximately 550,000. It is situated in the Triad of North Carolina and is anchored by the two largest metropolitan areas of High Point and Greensboro. The county was formed in 1771, and Greensboro serves as the County seat. Approximately 17% of the population is below the poverty line. The County has a rich multi-cultural history. The County is home to 8 different institutions of higher learning including UNC-Greensboro, North Carolina A&T, Guilford College, and High Point University.

3.0 **Work Requirements and General Conditions:**

The Awarded Provider will work with staff who are charged with governance work and work under the supervision of the Integrated Services Director and staff and alongside IT staff for the execution of the tasks and deliverables listed herein.

3.1 Integrated Data System: An ideal IDS will work with designated partners, such as internal departmental champions, DHHS staff, county leadership, and community-based organizations, to support the County's use of data to ensure effective placement of systems to improve data-sharing efforts between county departments and divisions. This system will support data efforts and report outcome data to meet monitoring, evaluation, and quality improvement objectives within the County. The vendor should provide integrated data storage and a business intelligence and analytics platform that will integrate seamlessly with new Case Management tools and existing software and systems. The new system will consolidate and manage data from diverse sources within a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently. The new system should enable staff to assess program evaluation and effectiveness. A multi-tiered system of support is necessary to support a layered approach to providing services and support to residents of Guilford County. Guilford County seeks data analytics, data migration, integration, and implementation and data storage solutions to address the evolving data analytic needs of the county. Accordingly, this RFP seeks proposals from interested vendors that can provide Data Integration Services support by meeting the needs identified in the Statement of Work. We have a pressing need to share client data across agencies and departments and break down organizational silos.

Components of the bid should address the following with regard to the Integrated Data System:

3.1.1 Interoperability:

- How will the system coordinate and integrate with existing and future systems, including mandated systems such as NC FAST?
- How will the system integrate with the system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners?
- How will the technical infrastructure interplay with the operational infrastructure and the legal framework applicable to government agencies and organizations furnishing health care services such as HIPAA?
- The legal parameters of public sector data sharing are very different from private industry systems. We want a firm that can demonstrate they understand those differences and design and deliver a system that meets legal and ethical requirements.

3.1.2 Cloud Based Expertise - Vendors should demonstrate expertise in:

- Analyzing, designing, and developing data warehouse and data mart schemes to support data analytics, data visualization, and reporting including those that comply with legal requirements governing access to sensitive individually identifying information.
- Designing, developing, and deploying data sharing and data protection between multiple agencies and organizations.
- Architecting, designing, integrating, and implementing the above data services with Cloud Service Providers (CSPs), (e.g., **Azure**.)
 - Working with, analyzing, designing, and developing integration and data extraction from Case Management systems.

3.1.3 Automated Data Collection, Data Quality, and Integration Expertise – Vendors should demonstrate expertise in:

- Analyzing, designing, and developing data exchange and integration between different government agencies at the local and/or state levels.
- Analyzing, designing, and developing automated data collection and integration using ETL/ELT solutions.
- What alternatives exist for the system to validate data quality and completeness?

3.1.4 Software Updates and System Backups

- How are system updates and backups handled?
- How often are updates applied, and backups expected?
- Where does the system backup reside?

3.1.5 Data Visualization and Reporting – Vendor should demonstrate expertise in:

- Performing data analysis and developing data visualization and reporting functionality using Commercially Off-the-Shelf (COTS) products, (e.g., **Power BI services**)
- Analyzing, designing, and deploying data visualization and reporting platform supporting multiple source systems
- The system should support both ad hoc and standard reporting functions

3.1.6 Data Matching and Linking:

- What type of matching does the solution support: deterministic or probabilistic?
- If probabilistic, does the system support weighted scores for probability and match and fuzzy linking?
- Support data linkage across multiple systems

3.1.7 Data Sharing:

- How does the system support sharing and transferring of records to external users and systems
- What security features will be implemented to ensure only appropriate users and systems may access or receive records?

3.1.8 Consolidation and Cleaning of Data:

- How will the source data get into the IDS?
- Are there aspects of the collection and processing pipeline that must be taken into account to fully deploy the system?
- How does the system normalize and standardize data?

3.1.9 System Integrity:

- What does the audit trail look like?
- What does the system of tracking changes and entries into the software look like?

3.1.10 Data Integration and Deidentification:

- What are the options for deidentification?
- How is the information and data disaggregated?
- How is the data aggregated and deidentified for reporting, evaluation, and continuous quality improvement
- How is the aggregated data stored?

3.1.11 Access and Security:

- How do you test for and remediate for security vulnerabilities throughout the software development lifecycle?
- How will the IDS protect the data?
- How is the integrated data accessed by different user personas?
- Who gets access to the data infrastructure and by what means?
- What are the privacy controls?

3.1.12 Staffing:

- What are the future staffing suggestions to support the system over the next 5-7 years? Be specific regarding the number of dedicated staff and what positions are necessary to adequately support the system internally.

3.1.13 Testing:

- A Test Plan should be identified
- All Test Plans shall include the following:
 - Procedures for tracking, reporting, and correcting issues (e.g., defects or bugs) identified during testing and the post-implementation monitoring period (e.g., 1–6 months of stability monitoring post Go-Live);
 - Roles and responsibilities of participants and facilitators;
 - Examples of forms, templates, and/or tools used for testing; and
 - Approaches to address testing failed results and provide for regression testing to ensure reported issues are resolved.

3.1.14 Support:

- What type of support is available for the system?
- How long will support be included under the contract for the current bid?
- The contractor must comply with the maintenance and support obligations set out in this section.
- Such maintenance and support obligations will be deemed to be included as Management & Operation (M&O) Support Services,” as such term is defined in the Agreement.
 - M&O Support Services shall include but are not limited to:
 - Data Services and technical support for the Platform.
 - Assignment of a single-point-of-contact Service Delivery Manager (SDM) for Management & Operations (M&O) support and Managed Services (e.g., managing, coordinating, and communicating changes) for the Platform solution.
 - Ability via configuration to make system changes necessary to support business changes.
 - Emergency support for break-fix situations via alerts and notifications.

3.1.15 Training:

- The Contractor shall develop and maintain an onboarding process and documentation to ensure that project team members have a common baseline understanding of the project scope, roles and responsibilities, schedule, and tools and techniques. The Contractor shall be responsible for onboarding new project team members.
- The Contractor shall deliver a training and knowledge transfer plan that addresses all training, including but not limited to the following:
- Training to provide end users with the required knowledge and skills to use the Platform and new data sets.
- Knowledge transfer training for County support Personnel so that they can independently provide production support (including application and configuration support) for the Platform before the conclusion of the post-implementation support.
- A training curriculum document that outlines the training topics and content to include training videos, and on-demand webinars to be used by new and existing staff integrated into the system.
- A training schedule for training materials and training delivery; and
- Recommended training delivery channel(s) for each training approach.
 - All training materials must be reviewed and approved by the County prior to the start of training delivery. Training materials may include but are not limited to user guides, training manuals, instructor manuals, webinars, and reference guides. The Contractor shall provide all electronic source documents and media used in the development and presentation of training across all training delivery channels. All training material and recorded media should be stored in a knowledge central repository accessible by County Support Personnel. The Contractor should plan to deliver training at the County Work Locations, but in the sole discretion of the County, training may be conducted remotely over Microsoft Teams

3.1.16 Management & Operations (M&O)

- Support Services for the Platform will begin upon a contract start date. Activities associated with the M&O Support Services include repairing defects and providing functional enhancements to the system as well as maintenance and operations support.

3.1.17 Predictive Modeling

- The contract should state how predictive modeling utilizing statistical analysis and machine learning algorithms will be applied and accessed through the IDS.

3.2 Department of Health and Human Services Case Management System Requirements:

Universal requirements for the system must facilitate the collection and management of all necessary data for evaluations in a comprehensive and efficient manner. This includes, but is not limited to:

- Timelining abilities and calendar functions to align with mandated review timelines and schedule client check-ins or reminders.
- Community Evaluation or Facility Evaluation Data: The system should allow for easy input, tracking, and analysis of data related to the community or facility where the client resides that may impact the client's well-being.
- The system must convert the existing 17-page paper Functional Assessment Report into an electronic format that can be seamlessly completed, stored, and managed within the system. This report includes critical information on the client's social, economic, environmental, mental health, daily living activities, and physical health status. Structured forms and fields corresponding to each section of the Functional Assessment Report should be allowed. This will allow for accurate and standardized data entry while minimizing errors or inconsistencies. Each section of the report should be broken into logical data entry fields
- The system should support conditional logic to capture specific data depending on the answers provided. For example, if a client reports a physical health condition, the system should prompt additional details related to their medical history or treatments.
- To reduce redundancy and improve efficiency, the system should allow for auto-population of certain fields based on prior entries or client information already stored in the system. For instance, a client's basic demographic information (name, age, contact details) should auto-populate across relevant sections of the report.
- The system should manage service plans, goals, and expenses, track client visits, and ensure timely reporting, including status updates, Functional Assessment reports, and benefit applications. The system must provide alerts, customizable reports, and prompts for meeting deadlines.
- It is preferred that the system offers secure signature capabilities, as many forms require client, Social Worker, and Supervisor signatures.
- Most service programs will need the ability to track clients' Medicaid status, as this may influence billing codes.

3.2.1 Intake Process:

Intake can result in referrals of services for one of the following categories, which can be provided by Guilford County or Community Partners.

- Intake employees are responsible for completing program-specific intake form(s). These intake forms are then routed to program managers who review the information and initiate the next steps in the process, including social worker assignments.
- The system should enable clear categorization and tracking of referrals based on the service provider.
- For services provided by Community Partners, AASD Social Workers will monitor/assist with services while partnering with the State of North Carolina for regulation enforcement.

Adult Protective Services (APS):

- The APS Intake process consists of receiving communication to DHHS-DSS AASD for a need that could consist of, but not limited to protective inquiry reasons, referral process, and/or informational questions. The steps of the intake process are mapped out as follows: The system must allow for the receipt of communications related to potential APS cases, including protective inquiries, referrals, and informational questions. These communications may come in various formats and must be logged and tracked.
- All incoming inquiries, reports, and referrals need to be logged into the system with unique identifiers and categorized by issue type (e.g., abuse, neglect, exploitation). The system should automatically track the progress and status of each report through the intake process.
- The system must support the entry and tracking of the Intake Report, which is a 7-page collection of information regarding the situation (1 report per victim).
- The Intake report undergoes a screening decision. The intake employee recommends that the report be screened in or out. The report is then reviewed by supervisory staff to determine whether to screen in or out.
- Once a report is screened out, the system should provide an option to close the case or refer it to other service areas if needed.
- For cases screened in, the system must transition them to the next stage of evaluation and investigation.
- Report is assigned to a Social Worker for an evaluation/investigation. The system must support allow supervisors to manually assign cases or automatically assign reports to a Social Worker based on system logic. Supervisors should have the flexibility to assign cases directly to Social Workers, or the system can use predefined rules (e.g., workload balancing, case complexity) to make assignments automatically.
- Post-evaluation the following can occur:
 - a) Unsubstantiated (no findings found)
 - b) Substantiated
 - c) If the resident has capacity, then they can consent to services or sign for refusal.
 - d) If the resident does not have the capacity, then the Power of Attorney or Guardian can consent for services or sign for refusal
- Different levels of access are required based on user roles. For example,
 - Intake staff should have access to create and track intake reports.
 - Social Workers should have access to evaluate cases and update evaluation information.
 - Supervisory staff should have access to make final screening determinations and comprehensive reports.

Given the critical nature of the Functional Assessment Report, the system must maintain a complete audit trail for all data entries and updates made to the report. The ability to include multimedia evidence, such as photographs, videos, or audio recordings, may be required for specific sections of the reports. The system should support the use of electronic signatures for cases where permitted. This includes consent for services or for the client's refusal of services. The report should include fields for signatures, ensuring that both the client (or their representative) and the assigned Social Worker can sign off on the evaluation electronically. Social workers are required to complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review.

3.2.2 Guardianship:

Department of Social Services Guardianship can be requested for clients both within and outside of Guilford County. The Guardianship process always begins through the court system with an Affidavit and Petition for Involuntary Commitment for new clients, or a motion if the client already has a guardian but requires modifications to the arrangement. By law, AASD is the last resort for guardianship, therefore, the intake process begins once a hearing is scheduled. After the hearing, if

DHHS-DSS is appointed as Guardian, specific forms must be completed with a wet signature and notarized. All necessary post-hearing forms should be tracked for completion. A Functional Assessment Form (aforementioned in APS) must be completed. Currently, this assessment is done on paper, but this should be transitioned to electronic form. This report follows the life of the case and is critical for ongoing case management.

Ongoing Case Management then occurs, which involves:

- Internal Documentation for Expenses;
- Quarterly and annual status reports;
- Initial 6- and 12-month status reports;
- Document notes regarding the client's ability to function in the Functional Assessment Form;
- Service plan and goal sheet maintenance;
- Monitoring ongoing medical, mental health, and dental services, including scheduling visits, tracking treatment plans, and providing consent for medical procedures;
- Coordination and tracking of interactions with community services;
- Act as the client's Representative Payee, maintaining and facilitating the tracking of various benefits, including Medicaid, SSI, food stamps, and other public services;

This program will benefit from the ability to efficiently track petitions, hearing dates, and required forms while digitizing functional assessments and case documentation. Additionally, social workers are required to complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review

3.2.3 Special Assistance In-Home:

The program assists Medicaid recipients with the goal of staying in their homes. To qualify, clients must be granted Special Assistance Medicaid benefits. Clients referred to this program through general intake will be directed to apply for benefits through the NCFAST system. Social workers are responsible for:

- Reviewing and tracking receipt of Medical Assessment forms, completed by the client's medical provider to confirm disability status. These forms must be securely stored, tracked, and reviewed throughout the case management process. Social workers continually assess the client's ability to remain in their home safely, and relay their findings to Medicaid eligibility staff, who reassess client's benefit eligibility annually.
- Creating, updating, and maintaining service plans and reports quarterly and annually, which are reviewed by Medicaid eligibility workers to ensure timely recertification of benefits.
- Complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review

The case management system must enable social workers to efficiently track client progress, communicate with Medicaid eligibility workers, and maintain all necessary documentation for compliance and reporting purposes.

3.2.4 In-Home Aide:

The In-Home Aide Program contracts with community home care agencies to provide in-home services to help clients safely remain in their homes. Clients are referred to the program through general intake. The program begins with the completion of a state-mandated intake form, which is then entered into a state system (ARMS) by an office specialist for waitlist management. There are two funding sources, each with their own waitlists and requirements, and it is essential for social workers to track the client's funding type, as this impacts their eligibility for services. The case management system must support the following key functionalities:

- The ability to store and track critical client forms, including State Intake forms, Consent to Obtain & Release Information, Confidentiality Form, Bill of Rights, Emergency Form, and Consumer Contribution Forms;
- State funding type tracking, which determines eligibility for services;

- Coordination with In-Home Aide agencies, enabling the generation and transmission of Purchase of Service Forms and Task Plans to the service agencies;
- Storage and tracking of Task Sheets, which are signed by both the client and the agency's care provider after each service visit. These forms are crucial for service tracking and must be reviewed by both social workers and accounting staff to process payments to agencies.
- The creation, management, and tracking of quarterly and annual reviews, including the client's functional evaluation and any updates to the service plan;
- The ability to track client budgets for additional funds if necessary. If a client's needs exceed their available budget, the system should trigger alerts to indicate that the client may need to be placed back on the waitlist through the state's ARMS system.
- Different levels of access are required based on user roles. For example:
- Office Specialist staff should have access to create and track state intake reports for the purpose of entering information into the ARMS system.
- Social Workers should have access to evaluate cases and update evaluation information.
- Supervisory staff should have the ability to evaluate the budget for additional services, should the client's needs change.

This program requires a comprehensive, secure, and user-friendly platform that facilitates the management of client records, documentation, and coordination with in-home aide agencies. The system should enable social workers to efficiently track client care, manage service plans, and streamline communication between social workers, agencies, and nursing staff while maintaining a high level of accuracy and security in handling client data.

3.2.5 Rep Payee:

The Representative Payee (Rep Payee) Program is voluntary for clients. DHHS-DSS is the default provider but is also equipped with a provider list if a client requests a different rep payee. The CMS must support the following steps:

- Client referrals originate from Social Security. Social Security provides documentation to applicants who in turn bring the application to DHHS-DSS AASD.
- AASD receives applications from Social Security and completes general intake packet and interviews the client to review qualifications for the program.
- State forms as well as County forms to generate a complete packet.
- Client's doctor completes SSA 878 form.
- The Intake packet is sent to the Supervisor for review and assigns to a Social Worker.
TIMELINE: Social workers must be assigned within 7 days of receipt of Intake Packet.
- Social Worker makes contact with clients to schedule in-home functional assessments.
TIMELINE: Contact with client made/attempted within 7 days of case assignment.
- In-Home Functional Assessment paperwork includes Functional Assessment, Service Plan and Consent Forms, Budget forms, fit-for-program evaluation. Forms must be signed by Social Worker and Client.
- DHHS-DSS Supervisor reviews full assessment and approves/denies for Rep Payee Program.
 - Denial: notification to client.
 - Approval: complete 5027 Form to open services. Must be signed by Client. Social Worker completes SSA-11-BK Form if County is serving as Client's Payee.
TIMELINE to complete is 45 days.
- The application is sent from Guilford County DHHS-DSS AASD to the Federal Supplemental Security Income Program (SSI) for processing/approval and must submit regular quarterly reports through their system.
- DHHS-DSS Accounting Team is notified and accountant assigned to case to work with Social Worker on client budget management.

3.2.6 Adult Day Care / Day Health: Facility Monitoring and New Facility Technical Assistance:

The Adult Day Care/Day Health team provide technical assistance to providers interested in opening new facilities and perform monthly/quarterly/annual monitoring to ensure compliance.

- New Facility Technical Assistance
 - Provider contacts DHHS-DSS AASD via General Intake and is routed based on Adult Health Facility or Adult Day Care Facility.
 - If Adult Health – Complete DAS 6225 Packet: Part B
 - If Adult Day Care – Complete DAAS 6225 Packet: Part A
 - Social Worker provides assistance in completing the packet and required pre-work prior to submission of formal application.
- Completed 6225 Application requirements are met and formal application submitted to County DHHS-DSS.
- Adult Day Care/Day Health Staff review application submission for recommendation
 - If denied, provider receives notification of decision, including note of deficiencies.
 - If recommended for certification, application routed to Social Services Director for signature; staff notify provider and State.
- Monitoring
 - Social Workers conduct Annual Monitoring of facilities – Update 6225 Forms with facility changes, including staffing, budget, policies, procedures.
 - Social Workers conduct Monthly/Quarterly Monitoring of facilities – includes a visit and forms.
 - If findings of deficiency during visit, notice given to provider to correct. Issues must be addressed by next meeting.
 - If issues persist at next visit, Social Worker develops Corrective Action Plan (CAP) for facility and CAP is reported to the State.

3.2.7 Unclaimed Bodies:

This program is responsible for disposing of the remains of residents who's next of kin cannot be located or are unwilling to accept responsibility for the remains. Referrals for this program come from external agencies, such as hospitals, and the process of disposition involves thorough documentation, communication, with external service providers, and adherence to strict timelines for locating the next of kin and processing payment for services, Requirements include:

- Referral management and tracking, ensuring that no referrals are missed and that all timelines are met.
- Diligent search documentation, including search methods and results.
- Workflow for review and authorization of cremation and payment.

3.2.8 Adult Placement Services:

The Adult Placement Services program is a voluntary service designed to assist aging or disabled adults who can no longer safely remain in their homes by helping them find appropriate living and healthcare arrangements. These placements may include adult care homes, nursing homes, and other residential health care settings. Clients are referred through general intake or community referrals from external agencies. Social workers are responsible for:

- Reviewing Medical Assessments from the client's physician.
- Visiting with clients and conducting a functional assessment.
- Coordinating with placement facilities to relay the client's needs and identify appropriate placement options.
- After placement, social workers conduct follow-up visits and monitor the transition for 30-90 days, depending on the client's situation. For clients retained for longer periods, quarterly reassessments are required, with annual assessments for long-term placements.

The system should securely store all documentation and provide easy access for social workers to manage case files, communicate with external agencies, and maintain detailed records for reporting and regulatory purposes. The solution must support the complex, ongoing nature of case management, allowing for efficient tracking of client progress and placement status.

3.2.9 Adult Resource Team:

The Adult Resource Team is a collaborative program involving Social Services, Emergency Medical Services (EMS), and Fire partners to provide specialized care and resources to residents whose needs exceed standard EMS capabilities. The program receives referrals from Fire and EMS staff, and program supervisors assess clients' needs based on these referrals. Clients may be referred to Adult Protective Services (APS) if the assessment supports such a need. Upon referral and acceptance into the program, the case will be assigned to a social worker by the supervisor. Social workers are responsible for:

- Contact the client within 72 hours of referral to schedule a functional assessment. The system must allow for documentation of the assessment and provide a 30-day window for completing the assessment, which should be electronically recorded and updated in the intake log.
 - The intake log must remain active and updated throughout the client's interaction with the program, allowing Fire and EMS teams to access updated information as necessary.
- Create, update, and maintain comprehensive service plans, including setting goals to help the clients become self-sufficient.
- Complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review.
- Provide internal and external service referrals.

The system should be capable of generating a report with at least 50 data fields, which will allow supervisors, social workers, and EMS/fire staff to track client progress, program activities, and services. The system must also ensure that all documentation is securely stored, easily accessible, and compliant with necessary privacy and reporting regulations.

3.3 Information Technology Requirements for IDS and CMS systems

3.3.1 Cloud Based Solutions:

Provider shall provide Software as a service (SaaS) cloud-based solution that is HIPAA and SOC2 compliant. The solution must be hosted in a secure data center and should meet all applicable security requirements defined by Guilford County IT Security Team.

3.3.2 Infrastructure:

Guilford County would prefer SaaS providers to host our applications on dedicated infrastructure (single tenant) to ensure the environment is isolated to protect its data and applications. If the Provider provides infrastructure options of both dedicated and multi-tenancy with a cost differential, the multi-tenancy infrastructure architecture needs to be reviewed with the county IT risk assessment team to make sure all required security controls are documented, reviewed, and implemented in creating the same isolation levels and security obtained in a dedicated environment. This includes but is not limited to application servers, webservers, networking, storage, databases, and all other infrastructure that is used to host the solution. The Provider may suggest a hybrid approach (e.g., application multi-tenant with data single-tenant.)

3.3.3 Architecture and Solution Design:

The Provider should provide the documentation related to the infrastructure and solution design as part of the implementation process, for the county IT team to perform their risk assessment and approve the solution and/or recommend changes. Providers should be willing to cooperate with any reasonable changes that county IT requests to improve data protection.

3.3.4 County Integration:

The Provider solution shall provide a mechanism to extract data from the system/solution to use for any other solutions that Guilford County uses OR future systems. The extract mechanism shall be secure and shall meet all applicable data security requirements. To the extent the County implements a future common intake system, the vendors should be able to provide APIs that would integrate to that common intake process.

3.3.5 Provider Utilized Third-Party Software Plugin/Tools:

The Provider shall provide any and all third-party software required for their software to function and operate as documented according to the requirements of the RFP. Licensing costs for these third-party software tools, any installation costs, and ongoing support costs should be incorporated into vendor pricing. The Provider must be accountable for the ongoing operational support of such software plugin/tools and maintaining compatibility with such tools or providing alternative and conversion services if tools need to be changed.

3.3.6 Reporting and Analytics:

The Provider solution shall work with the County to establish provisions and standards for reporting and analytics requirements from the operational data, including generating reports and connecting to County dashboard tools.

3.3.7 Backups:

The Provider solution should include backup procedures with a minimum of weekly full backups and 4-hour incremental backups for the databases. For virtual machines that are hosted for the solution, VM snapshot backups should be taken. All backups should be retained for at least 30 days on the cloud solution including database, application, and VM snapshots. If there is any custom application configuration that plays a critical role in the runtime of the application, configuration backups should be taken according to the schedule defined above (minimum of weekly full of 4-hour incremental backups).

3.3.8 Environments:

Guilford County would require one production and two non-production environments for the application deployed and available. The two non-production environments will be designated as “test” and “training”. All three environments should have dedicated URLs available and independent physical or virtual infrastructure supporting them. The County should have the option to choose the DNS names used for the applications. The vendor should assume all management responsibilities of SSL certificates and DNS records if the names used are not owned by the County.

3.3.9 Administrative Controls:

The vendor shall provide a comprehensive set of administrative controls to protect the County solution. These controls shall include, but not be limited to:

- **User Access Management:** The solution should support “Multi-Factor Authentication” for all user accounts. The solution should integrate with the County’s user registry using the “Single Sign On” functionality.
- **Role-Based Access Control:** The solution should have the flexibility to create or modify business roles and assign them to County users responsible for executing and managing the “Work requirements” defined in Section 3.0 of this RFP. The capability to identify and resolve conflicts of duty is encouraged.
- **Auditing:** The solution should provide features to track system access, user, and administrative activity, both configuration changes, and overall usage of the application. Audit logs should be persistent, and easily accessible through built-in reporting tools.

3.3.10 Access and Availability:

The production application should be available 24/7, 365 days. All maintenance work for the application needs to be coordinated with County IT administration teams and steps need to be taken to ensure maintenance happens outside of business hours.

3.3.11 Performance:

The Provider solution should perform per the transaction time specified by the application stakeholders to ensure a seamless and efficient operational environment for day-to-day operations. The application should exhibit fast response times, minimal latency, and high availability. County staff should be able to access all the critical functionality of the application without significant delays or disruptions. The expectation of performance holds true even during peak usage periods of the application.

3.3.12 Service Levels:

The Provider should define service levels such as “Response Time” for incidents reported by County users. Service levels also need to identify “Resolution Time” and “Support Channels” available for County users to report issues. Guilford County expects vendors to resolve all production critical issues within 24 hours of reporting the issue. For critical production issues, the vendor is expected to provide a reasonable update on an hourly basis until the issue is resolved. For non-critical issues, the County expects the issues to be resolved in a timely manner, and an action plan needs to be defined for the next steps to be taken for the solution delivery. Vendors will provide various channels of support for County users to log support tickets, including but not limited to self-service portals, and telephone support lines. KPIs should be reported at least monthly including performance to SLAs. Ideally, these should be available for download to County dashboards.

3.3.13 Configuration Management:

The Provider solution must provide robust configuration management capabilities to effectively control and manage configuration of the application. It should allow application administrators to easily configure and customize the application to align with Guilford County specific requirements. The solution should offer version controls and change tracking.

3.3.14 Change Management:

The Provider solution should facilitate controlled and efficient handling of changes including but not limited to version updates, patches, and feature rollouts, to the application environment. The application environment/vendor should provide the ability to capture and evaluate changes across production and non-production environments. Change rollback processes should be available and in place. Changes to production environments should be restricted to users granted administrative controls.

3.3.15 Recovery Time Objective (RTO) and Recovery Point Objective (RPO):

Guilford County requires an RPO of 4 hours and RTO of 24 hours to support this critical application in the production environment. The Provider shall provide a disaster recovery and business continuity plan to show the solution design on how the RPO/RTO requirements will be met as part of the overall design of the application. The vendor shall provide a price chart for SLA based on RTO and RPO tiered options.

3.3.16 Data Security and Privacy:

The Provider should be able to establish mechanisms for controlling and managing the access to, use of, modification and deletion of, reproduction and disclosure of, and storage and retention of all Data according to an agreed-upon classification standard of Data (e.g., sensitive, restricted, open, etc.). The vendor should have policies procedures, and logging in place to restrict or record vendor employee access to the County’s environment, database and/ or data. The County reserves the right to audit vendor employee activity involving the County’s data

3.3.17 Data Encryption:

The Provider should provide strong encryption protocols to protect and ensure the confidentiality and Integrity of data in transit and at rest. Encryption specifications used by the vendor should be made available to the County Information Security (IS) Team for review. Web portions of the application should be protected using the highest standards of TLS, SSL, and/or HTTPS.

3.3.18 Cyber Security Incident Response:

The Provider should have an incident response plan for the remediation of a security breach. The plan should be available for review by the County's IS Team. Vendor security breaches involving county data should be communicated to the county immediately. Other breaches not involving county data should be communicated in a timely manner.

3.3.19 Security Patching and Vulnerability:

The SaaS vendor is responsible for ensuring all systems are up to date with security patches including but not limited to all server and VM operating systems, applications, and database systems. Security patching policies and procedures should be disclosed to the county for review. The SaaS vendor should perform regular vulnerability scanning including but not limited to operating systems, VMs, database systems, and application components. The SaaS vendor's policies and procedures for the remediation of vulnerabilities should be available for the County to review.

4.0 Deliverables

The following section outlines the anticipated deliverables for the different components of the RFP. The County expects the winning bidder(s) to be able to furnish all components listed below.

4.1 IDS Deliverables

4.1.1 Enabling Technology Deliverables:

- a. Integrated Data Hub: Brings data from each source system creating a unified data model that is HL7 and HIPAA compliant. This portal should be secure and a place to share data with external partners such as researchers. Statistical queries are able to be performed on aggregated and/or unidentified data such that there is no transfer or view of personally identifiable information by the data user.
- b. Client Portal: Allows for a "one-stop" shop for use by clients to search for services, update pertinent personal information, take initial assessments, request services, complete eligibility, referral, and enrollment processes, and communicate with the care providers.
- c. Provider Portal: a tool that allows for collaboration across the full system in Guilford County. The portal should allow for by-directional referrals to and from internal care coordination teams to external providers and provide access to information necessary to provide services that are needed through authorization.
- d. Case Management Portal: A case management tool that allows internal care providers and care coordination teams to develop coordinated care plans, establish team member activities, assign and track tasks for case management activities, track deadlines and case management progress, report on KPIs for each program area, track client progress and outcomes, automate needs assessments, and provide access to key information regarding clients.

4.1.2 Testing Deliverables:

- a. Unit Test Plan – Included as part of each development item. Acceptance criteria are defined by the Specifications. Depending on the Contractor's testing approach, this plan may also include Unit Testing of software module configuration values.
- b. Business Process Test Plan – Includes testing of the business process being implemented, including configured system components, reports, forms, batch job processing, security

roles, and interfaces that apply across functional modules. Includes entrance and exit criteria for the Business Process Testing and documents the basis for County acceptance of the Business Process Testing.

- c. Performance Test Plan – Documents the approach, test protocols, and test cases for conducting Performance Testing to verify the ability of the Platform to perform for the anticipated transaction volume, number of users, and applicable service-level agreements. The Performance Test Plan includes entrance and exit criteria for the performance test and document the basis for County acceptance of the Performance Testing.
- d. User Acceptance Test (“UAT”) Plan – Documents the approach, test protocols, test cases, testing environment setup and refresh scheduling, identified users (e.g., County business unit and external end users), and any required training necessary to complete acceptance testing. The UAT Plan will include entrance and exit criteria for the user acceptance test and document the basis for County acceptance of the application system test.
- e. Security Test Plan – Documents the approach for testing or otherwise establishing that security configuration requirements and all of the County’s IT security policies have been met. The Contractor shall integrate security testing into each phase of testing, as appropriate for that phase of the overall testing effort.
- f. Regression Testing Plan – Documents the approach for defining and running a set of test scripts intended to validate the operation of the Platform throughout the testing process to verify system integrity after functional improvements, fixes, patches, or application updates from testing activities.
- g. During the development process, the Contractor shall perform tests in accordance with the approved test plans. To ensure that the Platform and each tenant has been fully tested, the Contractor must provide comprehensive documentation of test results with all exceptions analyzed, and any Defects must be corrected for review and approval prior to UAT.

4.1.3 Training Deliverables:

- a. Knowledge and Skills Transfer Plan for the County’s Support Staff
- b. Knowledge and Skills Transfer Training Materials
- c. Knowledge and Skills Transfer Training to include training the trainer training, on-demand webinars and training, and key staff training
- d. Formal Knowledge and Skills Transfer Sign-off by the Contractor and County Project Managers

4.1.4 Management and Operations Support Deliverables:

- General Services and Reporting
- Storage Services
- Database Services
- Middleware Services
- Continuity Services

4.1.5 Integrated Database Management System (IDMS) Deliverables:

- Manage, coordinate, collaborate, and execute planning and design sessions with the County’s Enterprise Architects and Subject Matter Experts (SME).
- Manage and perform testing of the integrated systems
- Develop audit reports and other means for County personnel to validate.
- Manage and resolve all integration issues, bugs, and defects.
- Training and knowledge transfer to Guilford County IT and partners

4.1.6 System Design Deliverables:

- System design and development plan
- Business process documents for the business requirements related to the Platform.
- System Design documents including comprehensive configurations and setup of data marts, data warehouse schemas, data collection, and ETL/ELT processes.
- Technical Design Specification should follow the Unified Modeling Language (UML) standard, defining the interfaces, functions, processes, attributes, workflows, etc., and business logic to implement the functionality.
- Delivery of Requirements Traceability Matrix (RTM) – Requirements and traceability of each requirement delivery is documented in the matrix checklist, including test validation approvals throughout the project.
- Physical Data Model includes model elements (such as tables, views, stored procedures, triggers, indexes, functions, and constraints) representing the physical structure of the database and model elements (such as schemas and tablespaces) representing the underlying data storage design of the database.

4.1.7 Development and Configuration Deliverables:

- System design and development strategy documents.
- Software configuration management plan.
- Detailed software application technical specification document.
- System architecture design specifications document.
- Configured/customized application software and testing.
- Development/Configuration: The Contractor shall provide professional services and lead the configuration in accordance with the System Design. The Contractor must provide access. The Contractor's approach will be an informative implementation of the software configuration throughout the project life cycle and the Contractor shall validate the design of business processes, provide knowledge transfer, and identify organizational change impacts. The Contractor must also follow established continuous integration/continuous deployment (CI/CD), DevOps/DataOps, and automated environment best practices utilizing modern SDLC techniques for all new development efforts including enhancements and defect fixes.

4.1.8 Project Management Deliverables

- Project Charter
- Project Schedule/Work Breakdown Structure (WBS)
- Quality Management/Assurance Plan
- Communication Plan (which includes stakeholder management)
- Issues and Risk Management Plan
- Staffing Plan
- Project control, standards, and procedures (Change Management Plan)
- Release Management Plan

4.2 Case Management System Deliverables

4.2.1 Intake System Deliverables

- Digital Queue to record individuals requiring a follow-up for services and interview for potential services
- Ability to assign residents to social workers for a full assessment
- Ability to link intake submissions to case worker files and documentation
- Ability to replicate and complete State and Social Security Administration forms
- Ability to scale up intake from Aging and Adult Services to all HHS programs and divisions

4.1.2 Guardianship Deliverables

- Case Management Platform with the ability to manage case worker's client load
- Completion and retention of State and County forms linked to each case record
- Audit trail identifying changes within client records

4.1.3 Special Assistance In-Home Deliverables

- Completion and retention of State and County forms linked to each case record
- Ability to retain documents completed for the application process
- Audit trail identifying changes within client records

4.1.4 In-Home Aide Deliverables

- Ability to manage case worker client load
- Ability to process narrative-based recorded entries
- Completion and retention of State and County forms linked to each case record
- Audit trail identifying changes within client records

4.1.5 Rep Payee Deliverables

- Ability to manage case worker client load
- Completion and retention of State and County forms linked to each case record
- Ability to automate data recorded for clients to SSI
- Audit trail identifying changes within client records

4.1.6 Adult Day Services Deliverables

- Ability to manage at the facility level as well as at the individual level
- Case Management Narrative Recording Abilities
- Location-based referral and Facility Location System
- Automated scheduling to facilities for service recommendations and facility reporting

4.1.7 Indigent Burials Deliverables

- Document workflow solution to track requests and link to APS intake as occurs.

5.0 Assignment and Subcontracting:

The Contractor may not subcontract, transfer, or assign any portion of the Contract awarded as a result of this RFP without the prior written approval of Guilford County. The County reserves the right to refuse approval, at its sole discretion, of any subcontract, transfer, or assignment. The County requires that all systems accessed, and data accessed and stored be within the U.S. A contractor must have a U.S. presence, and offshore personnel may have read-only access and must use a virtual desktop.

If the respondent intends to use subcontractors, the response to this RFP must specifically identify the scope and portions of the work each subcontractor will perform. Subcontractors identified within a response to this RFP will be deemed as approved by Guilford County when the County expressly approves of one or more of the proposed subcontractors before signing the Contract. After the contract award, a Contractor may only substitute an approved subcontractor at the discretion of the County and with the County's prior written approval

QUALIFICATIONS AND SUBMISSION REQUIREMENTS

In order to facilitate the analysis of responses to this RFP, all Respondents are required to prepare their proposals in accordance with the instructions outlined in this section. To be considered for selection, upload your proposed package into the County's Vendor Self Service System and submit all required supplemental information electronically. Proposals should be prepared as simple as possible and provide a straightforward, concise description of the Respondents' capabilities to satisfy the requirements of the RFP. All pages in your response must be properly formatted and provide the following basic information:

Failure to return all required supplemental information and attachments as outlined in Tabs 1 - 7 may result in a Provider being deemed non-responsive.

Tab 1: Cost Proposal and Attachments

To complete the Items portion of a submittal in Vendor Self Service, open the Items tab to enter pricing for each line. In addition, be sure to download and complete the Cost Proposal Form - **Attachment 1** back in the system to your online response. Should there be any discrepancy between the Cost Proposal Form-Attachment 1 and the submission of pricing entered in the items portion of Guilford County's Vendor Self Service automated bidding system, the online submission of pricing shall prevail and control. Therefore, please review your pricing information carefully prior to submission.

Tab 2: Executive Summary

This section of the response to the RFP should be limited to a brief narrative highlighting the Provider's proposal. Within this section, the Provider should highlight briefly their abilities and inabilities upon the requirements requested.

Tab 3: Provider's Qualifications

Complete the Provider Qualifications Form - **Attachment 2** to provide specific information as requested and upload as an attachment to your response.

Tab 4: Proposed Services to be Provided

The Provider shall present, in detail, features and capabilities of their proposed services to be provided as outlined under Section 3.0 – Work Requirements and General Conditions. The Provider should state what implementation services will be provided, processes, control points and time frames for the on-going services. In addition, please describe all the services that their company provides. If other ancillary services are available that may be deemed pertinent to the process, please describe them in full detail.

Tab 5: References

Utilize the References Form – **Attachment 3** to provide a listing of references to include phone numbers and contact names.

Tab 6: MWBE Participation Requirements

Respondents are required to submit information about participating MWBEs on the MWBE Affidavit forms provided with this RFP. Utilize the MWBE Affidavit Forms - **Attachment 4**

Documents to provide with the bid proposal – Under North Carolina General Statutes (N.C. GS 143-128.2 (c) the undersigned bidder shall identify **on its bid** (Identification of Minority Business Participation Form) the minority businesses that it will use on the project with the total dollar value of the contract that will be performed by the minority businesses. **Also** list the good faith efforts (**Affidavit A**) made to solicit minority participation in the bid effort **OR** (**Affidavit B**) the Provider's statement of the intent to self-perform all work under the contract and sign and notarize the form.

NOTE: A Provider that performs all the work with its own workforce shall submit an Affidavit (B) to that effect **in lieu of Affidavit (A) required above.** The Provider's intent to fulfil contract with own workforce does not require the Provider to make good faith efforts and the self-performing Provider will not need to submit additional affidavits after the bid opening.

The Minority Business Participation Form must still be signed, notarized and submitted in lieu of Affidavit A even there is zero participation.

Documents to provide after the bid proposal evaluation - Upon notification of being recommended as the most qualified firm for award of a contract, the Provider, if they are not self-performing all of the work, must submit the following to the MWBE Director within 72 hours of the notification:

An Affidavit (C) that includes a description of the portion of work to be executed by minority businesses, expressed as a percentage of the total contract price, which is equal to or more than the established goal of ten (10) percent and documented evidence of all good faith efforts made to meet the ten (10) percent goal and Affidavit D is not necessary **OR** if less than the 10% goal, Affidavit (D) of the Provider's good faith effort to meet the ten (10) percent goal.

The document must include **evidence** of all good faith efforts that were implemented including those identified on Affidavit A. Include any advertisements, solicitation phone, email and/or fax logs, and other specific actions demonstrating recruitment and selection of minority businesses for participation in the contract. Because faxing may be less reliable than email, solicitation outreach via fax should include a follow-up phone call to the potential subcontractor.

All respondents, regardless of their MWBE designation, must respond to each question to be compliant with the MWBE requirements.

- Describe the plan that your firm has developed to encourage inclusion in your employment process. Provide an organization chart showcasing MWBEs/WBEs in leadership roles. Does your firm have a Diversity Equity Inclusion statement? If so, provide it in the proposal response.
- Include documentation of MWBE participation you have achieved over the past three years on public and/or private projects.
- Outline specific efforts that your firm will take to notify MWBEs of opportunities to participate in this project. Identify MWBE organizations your firm has worked with or will engage in this project.
- A firm may submit a Self-Performance Affidavit, points will be awarded in the following manner: 1) if a firm is a WBE or MBE NC HUB certified firm, 10 points will be awarded, and 2) if a firm is not a WBE or MBE NC HUB certified firm, 0 points will be awarded.

Tab 7: Other Bid Event Forms

Please download to complete, sign and date the attached forms. Be sure to upload the forms back in the system to your online response. If no Addendum was issued, please indicate N/A for Not Applicable on the Addendum form.

W-9 Form - **Attachment 5**

Addendum Acknowledgement Form - **Attachment 6**

Non-Collusion Affidavit - **Attachment 7**

Affidavit of Compliance (E-Verify) - **Attachment 8**

Tab 8: Other Attachments

Please refer to the following attachments for information purposes only:

- Basic Insurance Requirements
- Federal Contract Provisions
- Sample Contract
(Note: An award of a bid is not an acceptance of the contract terms provided by vendor unless expressly accepted by County. The County will assume acceptance of the contract terms with the responsive bid unless the Vendor makes an exception with the Contract)
- RFP Proposal Checklist
- Exhibit A – Process Map of the Adult and Aging Services Department
- Exhibit B – Requirements for Provisions of Services by County Departments of Social Services
- Exhibit C – HIPAA: Business Associate Addendum
(Since the applicant will have access to PHI and PII while performing obligations under the contract, the contractor must enter into a BAA with the County and potentially a QSOA as well since the data may pertain to substance use disorder data under 42 CFR Part 2. A template for the BAA is included under Exhibit C.)

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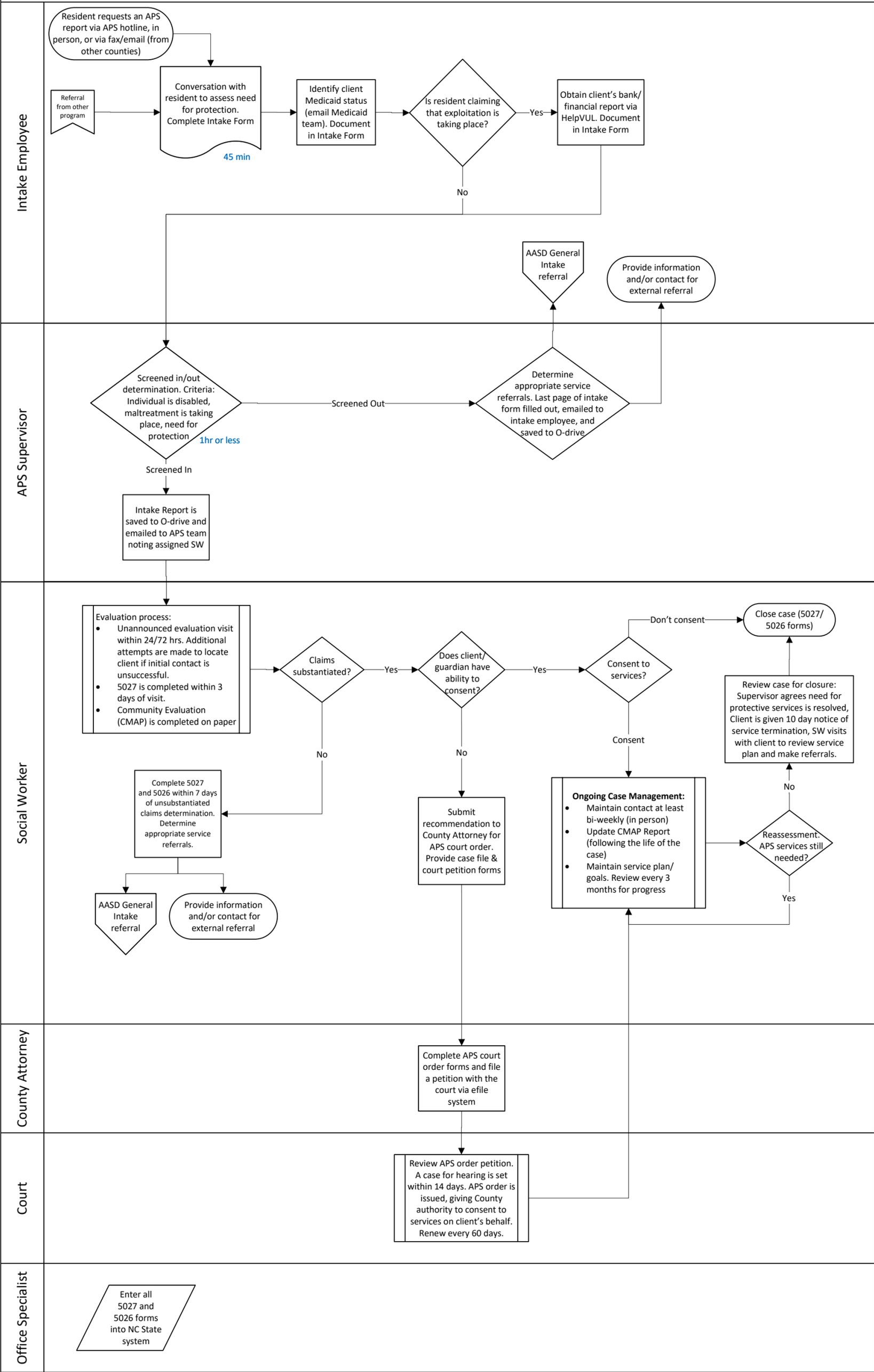
Exhibit A

Adult and Aging Services Division - Business Process Maps

Validated as of September 2024

APS (Including Intake)

Last Updated: 8/16/24



Parking Lot/Notes

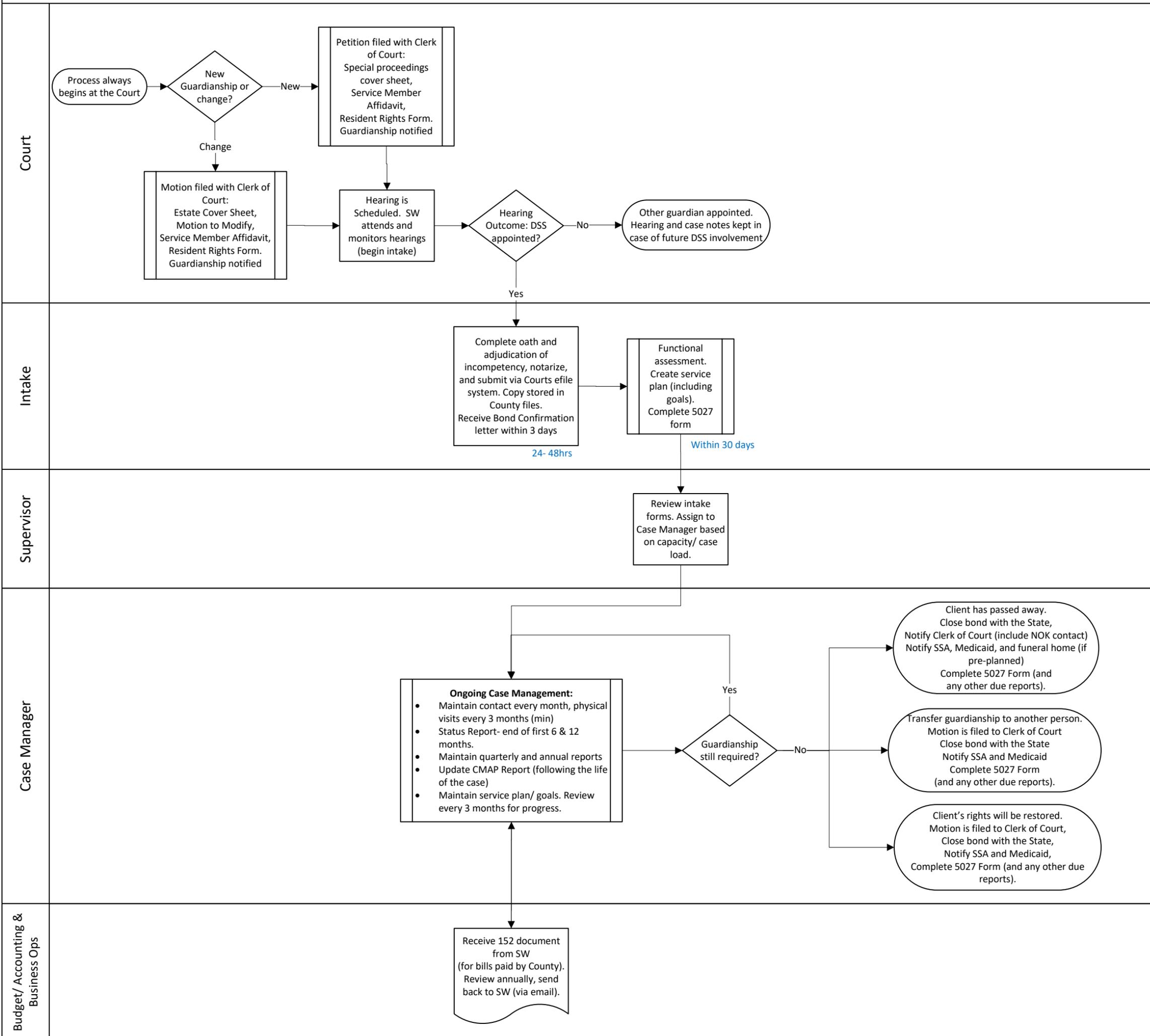
- Intake reports can be found online and faxed/ emailed from other counties, given via walk-in, or info can be taken over the phone (APS Hotline 336-641-3137) (most frequent).
- Intake form is sometimes printed and scanned, but most often completed electronically
- SW must respond immediately (within 24hrs if there's immediate danger / 72hrs). Continue attempt to locate adult for 30 (abuse/neglect) or 45 days (exploitation).
- Teams: APS Log excel sheet logs SW case assignment, referrals made, response times. Input by intake

Wish list:

- Exploitation case: System prompt SW to check bank statements & medical records
- Ability to search by name and flag certain individuals
- Assignment logic is input into system, system auto-assigns cases with ability to override assignment.
- System provides report for weekly supervisor review (flagging checklist items)
- System auto-generates template referrals
- System notifies SW when deadlines approaching
- Reports are flagged for deletion after requirement to keep file has been exceeded
- Move to electronic CMAP report (17pgs on paper following the life of the case.)

Guardianship

Last Updated: 7/23/24

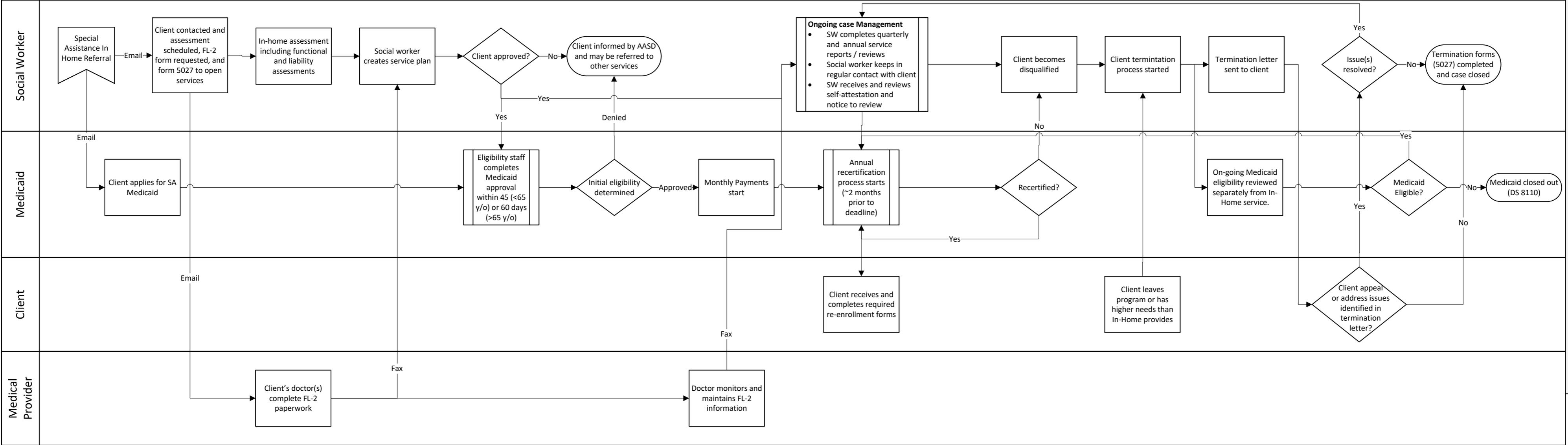


Parking Lot/Notes

- By law DSS is always the last resort for Guardianship.
- Guardianship can be for people who live in or out of Guilford County
- Petitions come from APS, family members, hospitals, group homes, community individuals and agencies
- Guardianship SWs cannot be petitioner; APS is considered separate "individual"
- APS reports for Guardianship clients come directly to Guardianship SW from APS intake
- Documentation: Stored on paper at Guardian's desk

Special Assistance In-Home (SA In-Home)

Last Updated: 8/9/24



Parking Lot/Notes

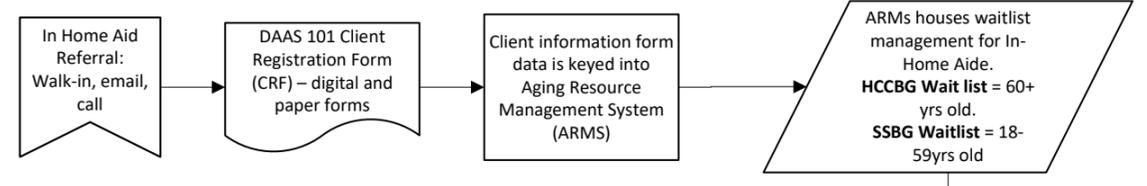
Needs Assessment covers:
 - food and household needs
 - medical services
 - functional assessment
 - other potential services

Provides Medicaid-eligible clients with a Special Assistance payment that will supplement their income in order to safely remain in their homes. Must meet eligibility requirements.

In Home Aide

Last Updated: 8/5/24

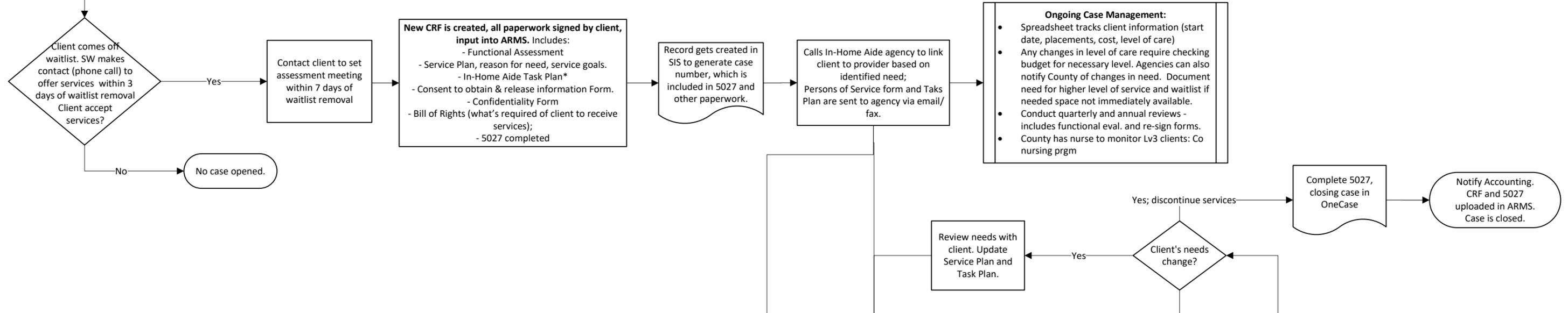
Universal Intake Employee



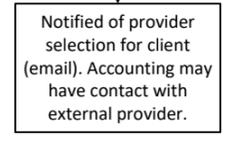
Program Supervisor



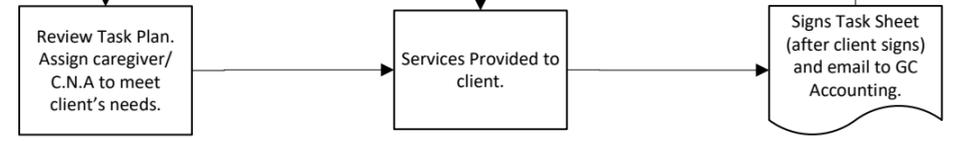
Social Worker



Budget/ Accounting & Business Ops



In Home Aide Vendor



NOTES:

Program contracts with community home care provide in-home services when there is a need for housekeeping and personal care services (bathing, washing, toileting) that assists clients/customers remaining in their homes.

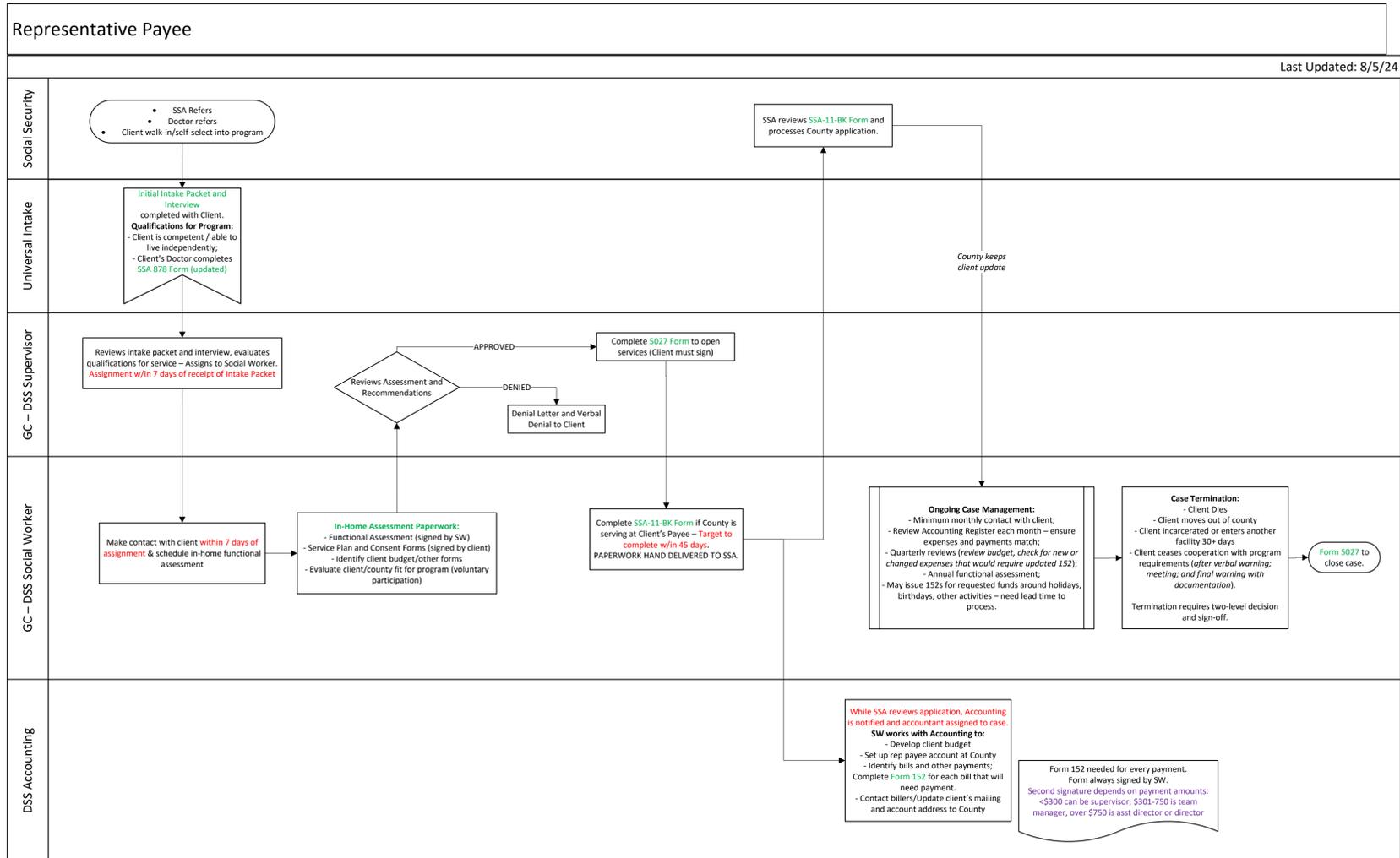
- Medicaid - level 1 (home mgmt) only; Medicaid levels 2 and 3 services fully
- Hospice - any level w/ SSBG; no HCCBG
- VA aid & attendant = no in-home aid
- Community Alternative Program - through temporary/time limited; cannot have IA
- Quarterly reports maintained (and signed) recorded in One Case. Include new funding assessments and ensure funds are available for level of care if needed.

Internal Tracking Documents:

- Spreadsheet #1: List of clients, when annual quarterly reports are due
- Spreadsheet #2 tracks: Funding available vs budget
- Spreadsheet #3: Hours
- Spreadsheet #4: Key data for management

Future State/Wishlist:

- Electronic files and pre-populated forms for information.
- Ability to track client placements and needs; useful to generate expended vs actual hours; end reconciliation; calculate attrition rate; client start/end dates
- Electronic signatures and document management, especially for task plan updates (version management)
- Automatic creation of case summaries from input (AI summary?)

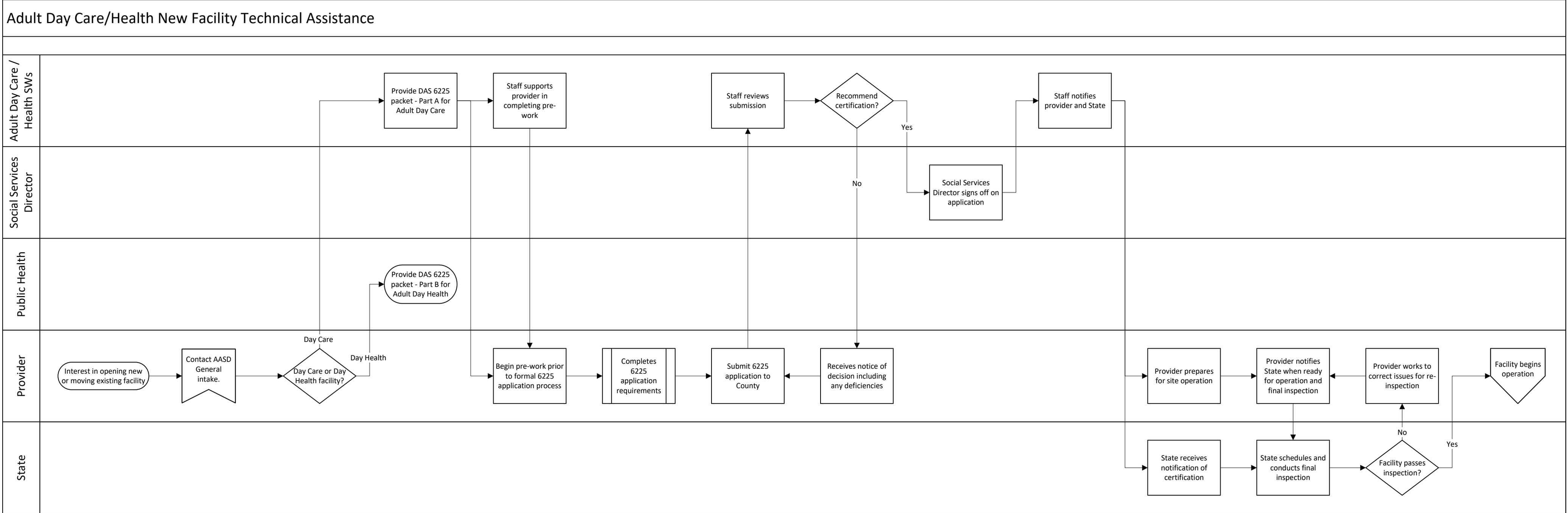


NOTES:
Program is all voluntary, clients can choose another provider that isn't DSS (DSS is the default)
 - If client has another rep-payee in mind, or needs suggestions, team has a provider list that they can share.
 - DSS has the benefit of additional social work and case management with rep-payee.

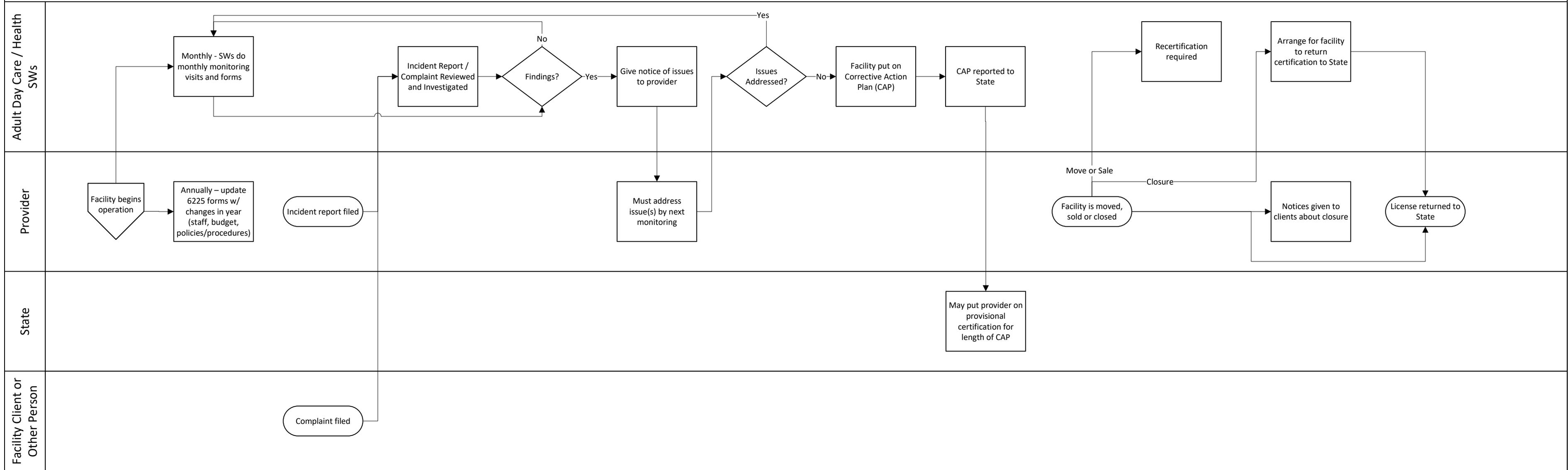
While SSA reviews and processes County application (SSA-11-BK Form):
 - County can be denied from submitting any applications if in suspension b/c funds not returned to SSA per SSA records until funds returned.
 - Funds can be from ANY agency program.
 - May be incorrect records - always hand deliver returned funds, get receipt.
 - County will follow up w/ clients on any delays/issues/rejections.

Future State / Wishlist:
 - Electronic forms in the system
 - Ability to sign electronic forms (especially in client interactions - easier to sign during contact, rather than after)
 - Electronic transmission of intake packets to Social Work Supervisor (currently, forms are on paper)
 - Intake and Termination checklists including details of SSA / SSI funds return steps.
 - Standard letter templates (currently shared at the SW level)
 - Ability to cross reference monthly accounting registers with list of active 152s
 - System reminders for holidays, birthdays, and other significant dates (built-in lead time for 152 processing)
 - System signing awareness based on 152 amounts (<\$300 can be supervisor, \$301-750 is team manager, over \$750 is asst director or director)

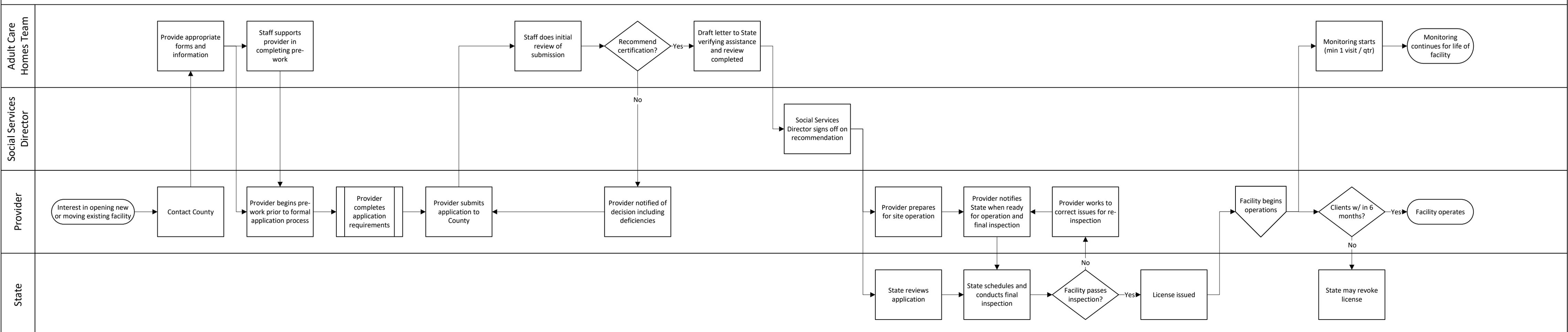
assistance for providers interested in opening new facility or moving existing facility.



Adult Day Care/Health Facility Monitoring

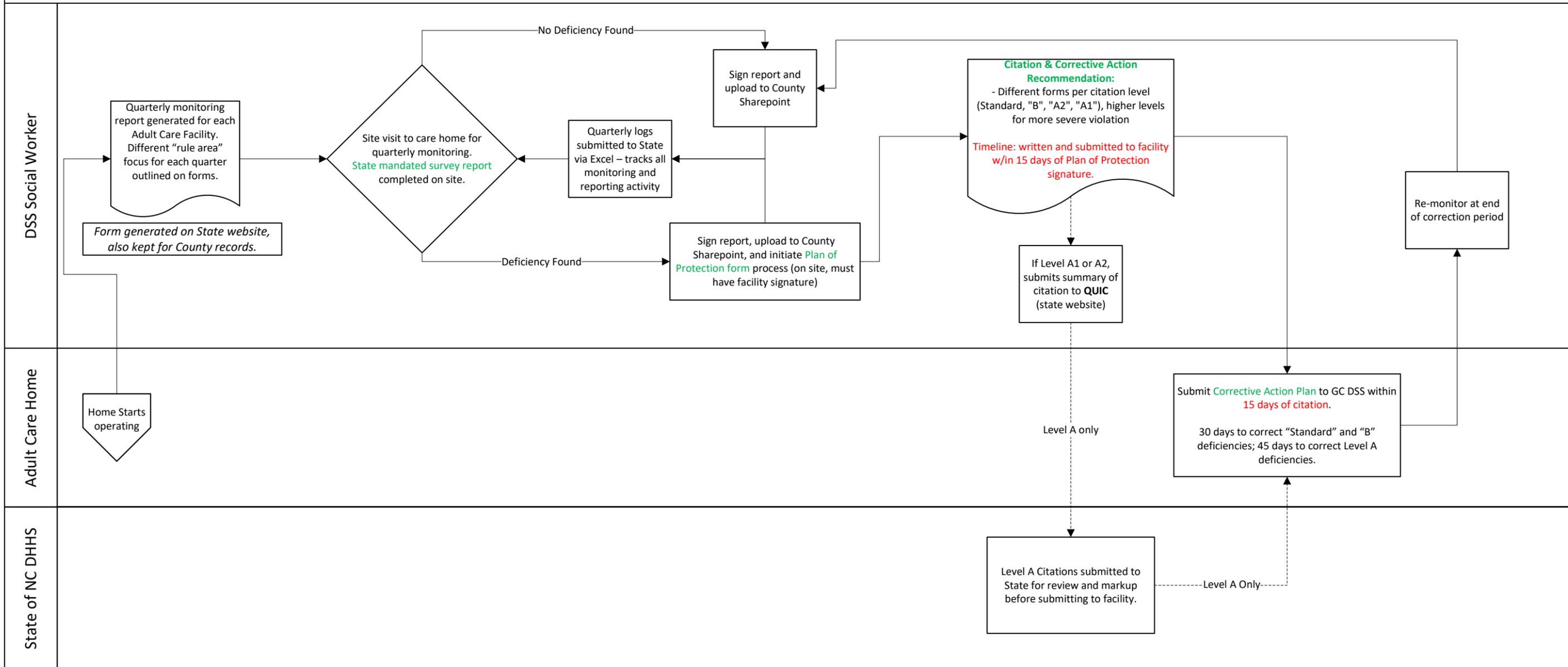


Adult Care Homes New Facility Technical Assistance



Adult Care Homes (Monitoring)

Last Updated: 8/5/24



Core Function:
Responsible for monitoring adult Assisted Living facilities to ensure licensure compliance, investigation of licensure related complaints. Assisted living = family care home (2-6 beds) and facilities (7+ beds).

State requires quarterly monitoring and site visits, but GC is moving to monthly visits/monitoring for homes that need more oversight.

Additional Functions:

- Investigating Complaints
- Assisting community toward licensure of new adult care homes.

Termination:

- If Facility closes;
- If State terminates/does not renew license - State will notify facility and county w/ timeline.

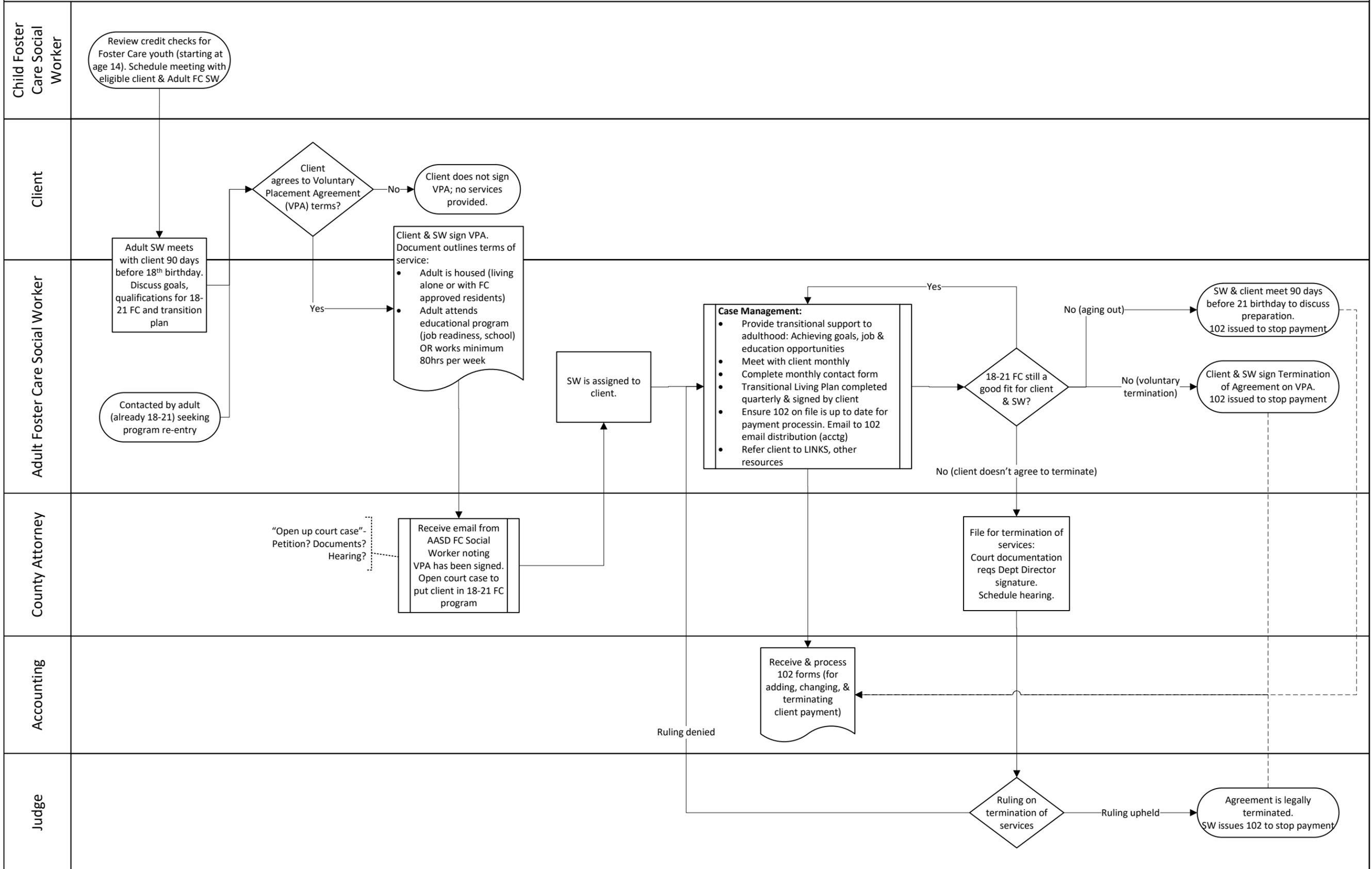
Facility will notify residents, family members, and County with closure timeline. Facility and county are responsible for placing residents in new location. County must do last walkthrough of facility to ensure no residents and no belongings left, notify State + County staff via email (likely also fill out "closure" monitoring report for County records)

New Facilities:

- County provides technical assistance and initial review for new providers (same as day health / care);
- Staff submits letter to State verifying assistance provided and review completed;
- Monitoring starts when facility is licensed - usually monitor sooner than quarter;
- State requires new facilities to have residents w/in 6 months to keep license

18-21 Foster Care

Last updated: 8/2/24



Notes

LINKS- Acronym for ____?

-Most notes reference LINKS as voluntary program teaching independent living skills (all clients invited to participate).

-Medicaid & free tuition to state schools part of LINKS or 18-21 FC?

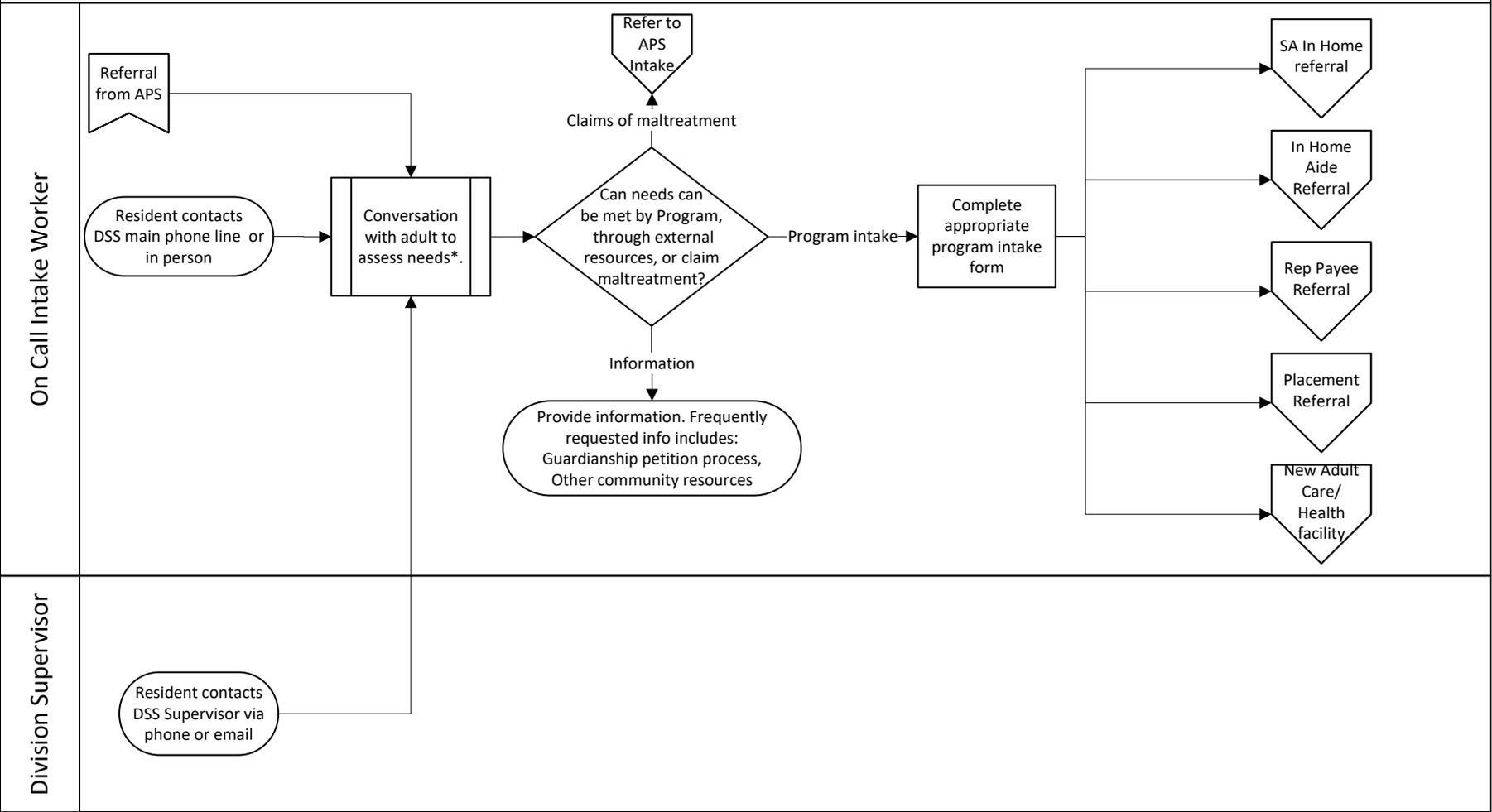
-Some notes refer to intake being done via LINKS coordinator;
"LINKS will flag and connect Foster Care 18-21 with other AASD services based on case needs"

Documentation & case management maintained in NC FAST system- program is considered Children's Services at the State level

Acronyms
 FC= Foster Care
 CSD= Children's Services Dept
 VPA= Voluntary Placement Agreement

General Intake

Last Updated: 8/16/24



Parking Lot/Notes

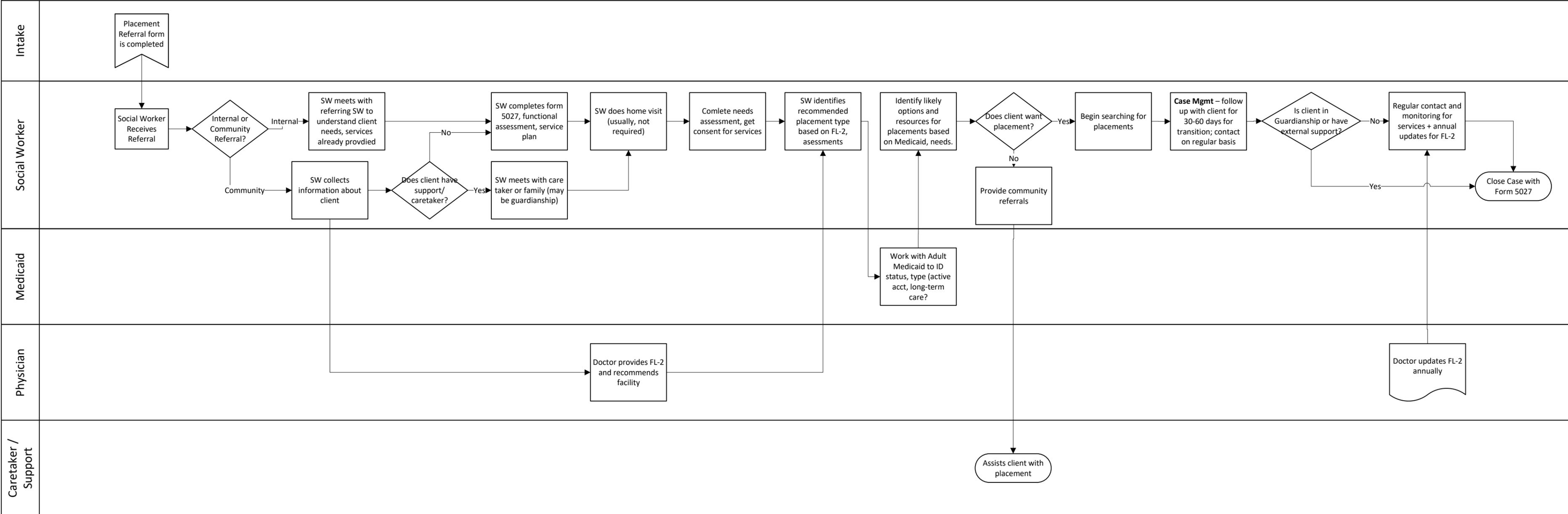
GC DSS Phone# 336-641-3000

*Safety risk: if client indicates there is a safety risk, intake worker assesses the level of risk to determine what the precautions should be (additional SW on visit, police, etc.)

Placement

Last Updated: 7/16/24

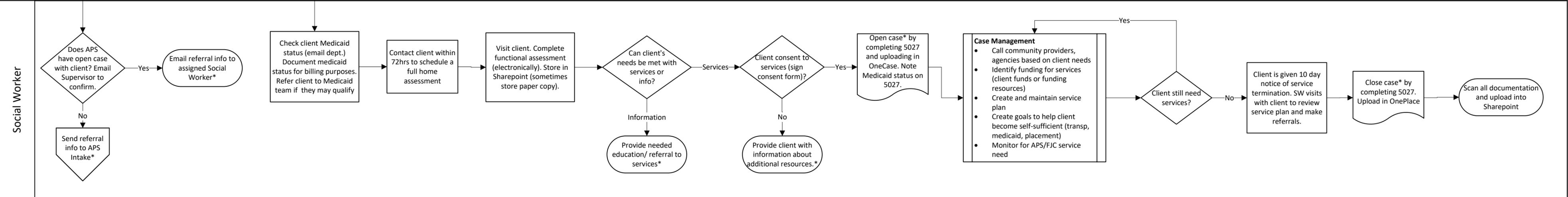
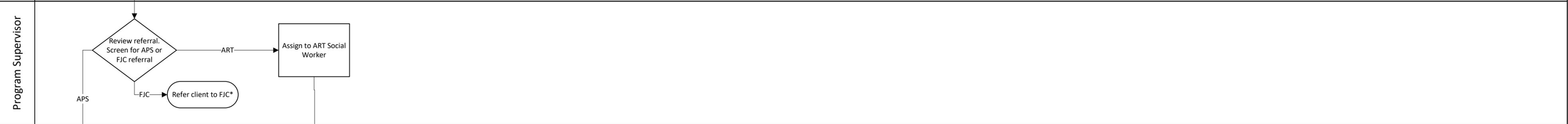
Parking Lot/Notes



Parking Lot/Notes

Adult Resource Team

Last Updated: 7/24/24



Parking Lot/Notes

Not a continuous program. Aim to stabilize clients within 6 months.

If client has full Medicaid benefits, bill Medicaid MAX services. 8040, 8021 (Day sheet purposes)

If client doesn't have Medicaid, bill individual family and adjustment services – Considered 330

***Update EMS/ FD referral source on client's program status (APS/ FJC referral, open/ close case, etc.) through email.**

Future State:

Report that collects ~50 information fields

Mobile friendly

Check referral and existing case status

- Reduce duplicates to ART
- Check history of referrals/DSS engagement such as APS

Auto notify EMS that case status updates (open, close)

Pt record sharing from EMS - need data use agreement b/t depts

Automatically fill / transfer form data from other existing records

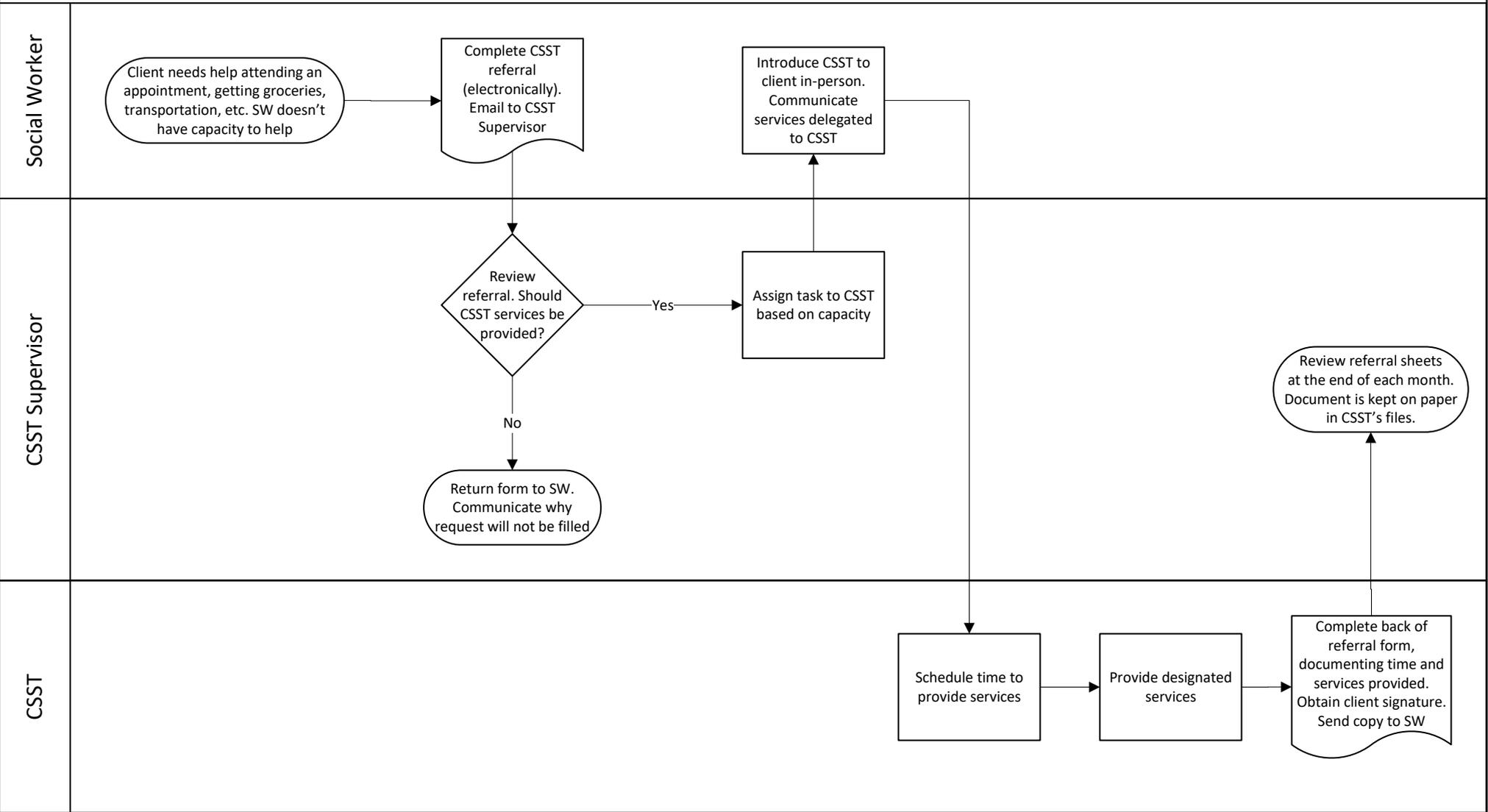
Electronic signatures

Ability for ES to add case notes

Directly integrate w/ ES pt records and fire RMS?

Community Social Services Tech

Last Updated 8/7/24



- CSST's have access to OneCase, but don't use it
- Referral form is initially filled out electronically, then printed for CSST to complete back/ obtain signatures.
- If we move away from paper norms, CSST's will need a queue/ backlog tracker. Paper forms help them visualize requests/ workload.

Exhibit B

Requirements for the Provision of Services by County Departments of Social Services

Division of Aging and Adult Services Manual

**Developed in Conjunction with
NC Division of Social Services
NC Division of Child Development and
NC Division of Services for the Blind**

Effective Date: November 1, 2007

Last Update: April 24, 2008

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I. Statement of Philosophy and Purpose

A. Legal Philosophy and Purpose

North Carolina's program of social services consists of an array of core and supportive services that may be provided alone or in various combinations best suited to addressing the particular levels of need of adults, children and families. The social services program is designed to address the following broad goals and priorities:

- Ensure that children and adults are protected from abuse, neglect, exploitation;
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- Strengthen family life in order to nurture children so that they may become productive, healthy and responsible adults;
- Assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies; and
- Ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

County departments of social services form a statewide network of agencies with primary responsibility for the delivery of services necessary to assist individuals and families in meeting these goals.

Services may be provided under a number of specific Federal, State, County or combined funding sources. Some services are defined exclusively for provision with certain funding sources. Other services are uniformly defined and may be provided with more than one funding source. A list of current services and applicable funding sources can be located in the Services Information System (SIS) Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Efforts have been made to create uniform policies governing the general requirements for the provision of services. However, there are additional specific requirements applicable to certain funding sources that must be met in order that reimbursement may be received from these sources.

This manual outlines *general* requirements for service delivery. Procedures addressed in this manual are not all inclusive. *Specific* requirements imposed by Federal regulations or State law on the provision of services under certain funding sources are addressed in specific service manuals. In order to assure that all service, funding and reporting requirements are met, this manual should be used in concert with the SIS Manual

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>; the appropriate chapters of the Family Services Manual <http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>; Division of Aging and Adult Services Manual; the Fiscal Manual <http://info.dhhs.state.nc.us/olm/manuals/ooc/fsc/man/>; Child Care Subsidy Services Manual, <http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/>; administrative letters <http://www.ncdhhs.gov/aging/admltrs/admltrs.htm>; and Medicaid Bulletins <http://www.dhhs.state.nc.us/DMA/bulletin.htm>.

B. Services Impacted

The Requirements for the Provision of Services by County Departments of Social Services replaces Volume VI, Chapter II (Conditions for the Provision of Social Services) of the Family Services Manual, and as such applies to the delivery of all social services provided by county departments of social services.

II. Application for Social Services

A. Application Requirements

The application for services shall be made through a form provided by the Department of Health and Human Services or an equivalent form. [NCAC 71R .0405]

All applicants for social services must initiate entry into the social services system via a written application except that no application shall be required for the following:

Evaluation of the need for protective services for adults;

<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/>

Guardianship services for adults; <http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/>

Protective services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Foster care services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Employment program services;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

[10A NCAC 71R 0401]

In all circumstances other than those listed above, an application must be signed and dated by the applicant or the applicant's representative, or in instances where the applicant executes his/her signature by making a mark (x), the application shall include a signature of a witness.

[10A NCAC 71R .0405]

When an individual makes an application for services, it is expected that the individual will sign the application. In some instances, the application may be signed by a member of the applicant's family or by some other representative of the applicant. If there is no one else that can sign, the applicant's representative may be agency staff, if necessary, to obtain the service for the client. Agency staff should document why no other family member or representative could sign for the services.

Although a signed application is not required for adult protective service evaluations, guardianship services for adults or child protective services, there are other documentation

requirements prior to the initiation of services. See Part D (Application Documentation Requirements) of this section for additional State policy.

While the DSS-5027 or an equivalent form approved by the appropriate State agency is considered the application form, the DSS-5027 has multiple uses. See <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.htm#P68.815> for a discussion of the uses of the DSS 5027.

B. Opportunity to Apply

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date. [10A NCAC 71R .0402]

Application for social services may be made by:

An adult or emancipated minor on his/her own behalf or on behalf of others in his/her family;

A parent, custodian or guardian acting on behalf of a minor;

Someone for the applicant if the applicant is believed to be incompetent or incapacitated; or

Agency staff on behalf of an individual in the event of an emergency, or when there is some urgency to provide services, or if arranging for the individual to make application would create a barrier to the receipt of services.

[10A NCAC 71R .0403]

Each individual for whom services are requested should have a separate application (DSS-5027 or an equivalent form approved by the appropriate State agency). The same person may sign all the applications as needed, for example a parent may sign on behalf of all family members who are not able to sign for themselves.

C. Methods for Making Application

When the application is made through a mailed or electronically transmitted request for service(s), the agency shall transfer the information to the application form and maintain the written request in the service record. [10 A NCAC 71R .0405]

An applicant or his/her representative may sign the application in the agency office, in the client or representative's home or any other designated location.

If there is insufficient information provided through a mailed or electronically submitted written request, agency staff should call or visit the applicant to complete the information. The applicant needs to sign the application when it has been completed.

D. Application Documentation Requirements

The application form must include at a minimum:

Identification of the individual for whom the service(s) is (are) requested;

Identification of the specific service(s) requested for both initial requests and additional requests;

Date of the request;

Signature of the applicant or his/her representative, the date of the signature and for situations where the person making the application executes his/her signature by making a mark (X), the signature of a witness;

Signature of the social worker determining eligibility and date that determination was made; and

Documentation that the application is voluntary and that the individual has been informed of the following rights and responsibilities associated with applications for social services:

The right to request and obtain a fair hearing if his/her application is not acted on by the rules of this Subchapter [see 10A NCAC 71R .0402] or if (s)he disagrees with the agency's action in response to his/her application for services;

The right to confidentiality and that the information given to the agency will be confidential and not be released without written consent except for information necessary to establish eligibility, information that may be revealed in the course of agency audits and monitoring and as otherwise required by law; and

His/her responsibilities to provide accurate and complete information necessary to determine eligibility and, if requested, to provide documentation of such information; to notify the agency within five days of any change in address, employment, income, living arrangement or family size; and that failure to provide accurate and complete information may subject him/her to prosecution.

[10 A NCAC 71R .0405]

The date of the application is when the applicant signs the application, the date of request for guardianship for adults or the date of the report for Adult Protective Services or Children's Protective Services.

[10 A NCAC 71R .0405]

When an applicant executes his/her signature by making a mark (X), the worker may serve as a witness if there is no other family member, friend or other staff available. The worker should document in the record that no other person was available to serve as a witness.

The signature of the worker and the date the eligibility decision was made are necessary for determining prompt service provision, appeals and fair hearings procedures and fiscal accountability.

E. Exceptions to Application Documentation Requirements

When a signature of the applicant or his/her representative is not obtained because obtaining the signature would create a barrier to the receipt of the service, the social worker shall document the request indicating the service(s) requested, the date of the request and the circumstances that prevented the worker from obtaining the signature.
[10 A NCAC 71R .0405]

The social worker must sign and date the application to indicate the date eligibility was determined.
[10 A NCAC 71R .0405]

In the case of applications for Health Support Services-Family Planning Component, the signature of the applicant is always required and must not be waived.
[10 A NCAC 71R .0405]

For purposes of Protective Services for Adults-Evaluation and Protective Services for Children, the DSS copy of the accepted report of abuse, neglect or exploitation should be maintained in the case record in addition to the DSS 5027 (or an equivalent form approved by the appropriate State agency).

III. Citizenship and Residency Requirements

A. U.S. Citizenship

The Personal Responsibility Work Opportunity Reconciliation Act of 1996 provides that U.S. Citizens and qualified aliens are eligible for a broader range of public benefits than are nonqualified aliens [Federal PL 104-193]. The Act states that a nonqualified alien is not eligible for Federal, State or Local Public Benefits except in some specific situations. See http://www.ssa.gov/OP_Home/comp2/F104-193.html for guidance.

Resources that will provide policy and guidance for specific issues about citizenship are:

Adult Medicaid Manual, Section MA-2504

[<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/index.htm>];

Child Care Subsidies Manual, Chapter 4

[<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>];

Special Assistance for Adults Manual, Section 3240

[<http://info.dhhs.state.nc.us/olm/manuals/doa/sa/man/index.htm>];

DSS Administrative Letter No. Adult and Family Services 03-2002

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/adm/aps_032002.htm#P10_0];

Personal Responsibility Work Opportunity Reconciliation Act of 1996 - PL104-193

[http://www.ssa.gov/OP_Home/comp2/F104-193.html];

Work First Manual, Section 111

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm>]; and

Work First User Manual, Section WF-500

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-96/man/index.htm>].

B. State Residence

An individual must first meet the U.S. citizenship requirements outlined above.

[Federal PL 104-193]

In order to apply for social services, individuals must be residents of North Carolina.

[10A NCAC 71R .0404]

Unless otherwise defined by federal regulation, a resident of North Carolina is defined as:

A person who is living in North Carolina at the time of application with the intent to remain permanently or for an indefinite period;

**A person who enters North Carolina seeking employment or with a job commitment; or
[NCGS 108A-24 (6)]**

**A child living in North Carolina on other than a temporary basis.
[10A NCAC 71R .0403]**

No requirements as to the duration of the residence should be imposed as a condition to the receipt of services.

Notwithstanding state residence as an eligibility criterion, there are times that county departments are required or allowed to provide services to adults and children who do not meet this definition of resident, e.g., in protective services cases, in some adult placement circumstances, under the terms of the Interstate Compacts, in response to court orders, etc. Whenever services are provided in accordance with State program policy, costs should be reimbursable regardless of a client's status as a state resident.

C. County Residence

Legal residence in a county determines which county is responsible for social services required by the person.

Except as modified below, a person has legal residence in the county in which (s)he resides:

A legal residence continues until a new one is acquired, either within or outside this State. When a new legal residence is acquired, all former legal residences terminate.

If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, (s)he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located.

A minor has the legal residence of the parent or other relative with whom (s)he resides. If a minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility or similar institution or facility, (s)he has the legal residence of the person with whom (s)he resides.

Any other minor has the legal residence of the mother, or if her residence is not known, then the legal residence of his/her father. If his/her mothers or father's residence is not known, the minor is a legal resident of the county in which (s)he is found.

[NCGS 153A-257]

If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect or dependency case, any one of the county departments of social services may refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question.

[NCGS 153A-257]

Legal residence in a county determines which county is responsible for the provision of services required by an individual to the extent of the availability of services and the individual's eligibility for services; however, there are exceptions to which county is responsible for provision of services that are dictated by specific service policies.

No requirements as to the duration of residence may be imposed as a condition to the receipt of services.

If a person is in a hospital, mental institution, nursing home, confinement facility, or similar institution or facility, his/her legal residence is generally considered the county in which he/she last had legal residence.

An individual may make application for services at any county department of social services.

The county that assumes case management responsibilities is responsible for the cost of providing the services it authorizes for the individual.

When a county DSS has custody or guardianship of a child or guardianship of an adult, that county retains responsibility for service provision and case management regardless of where the individual resides. Additional guidance may be found in the following manuals:

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS-6510 III.B.3.b. (Receiving and Screening Reports)

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510-01.htm#P25_1981],

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS 6510, Appendix, U. (Adult Protective Services Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510xU.pdf>],

Family Services Manual Chapter VIII: Guardianship, Section III. A.5. (Inter-County Cooperation) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-11.htm#P1207_111272], and

Family Services Manual Chapter VIII: Guardianship, Section II.D.1. (Venue) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-05.htm#P471_32676].

For additional guidance involving adults, see the following manuals:

Family Services Manual, Volume V, Chapter IX: Adult Care Home Case Management Services, Section 9040, IX [http://info.dhhs.state.nc.us/olm/manuals/doa/achcm/man/ACHCM-08.htm#P729_91750] and

Family Services Manual, Volume V, Chapter III: Adult Placement Services, Section 5 (5520), A.2.b. (Residency Requirements) [<http://www.dhhs.state.nc.us/aging/manual/ncfast/AdultServices.pdf>].

For additional guidance involving minors, see the following manuals:

Chapter V: Cross County Issues and Chapter VIII: Protective Services, Conflict of Interest, Section 1410 [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/index.htm#TopOfPage>] and

Chapter VIII: Protective Services, Conflict of Interest, Section 1410 (Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1410.htm#TopOfPage>].

For additional guidance about applying for child care subsidies, see Child Care Subsidy Services, Chapter 4: Application, Eligibility Determination and Documentation Child Care [<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>].

IV. Eligibility Determination and Redetermination

A. Eligibility Determination Process

An eligibility determination means a decision pursuant to an application for social services which is based on information necessary to determine whether an individual meets the conditions of eligibility for the service(s) requested. Conditions of eligibility include:

basic eligibility criteria applicable to the program or funding source under which the service is made available; and

conditions of need specified in the target population for the services requested.

[10A NCAC 71R .0601]

The individual making application shall provide information which will enable the agency to reach an eligibility decision. Failure on the part of the individual making application to provide such information or to cooperate with the agency in determining eligibility are grounds for delay in processing an application and reaching an eligibility decision or for denial of services.

[10A NCAC 71R .0601]

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date.

[10A NCAC 71R .0402]

The agency has 30 calendar days from the date the applicant signed the application to make an eligibility decision on the service(s) requested. If the application is received through the mail the beginning date is the date the agency received the request.

Acceptable grounds for a delay beyond the thirty (30) calendar days occurs when the applicant delays in providing necessary information to reach an eligibility decision. The social worker should document the reasons for the delay.

B. Basis for Establishing Eligibility for Services

Eligibility for services is established on the basis of:

a signed, dated application, if required;

the agency's determination that the individual meets the conditions of eligibility;

availability of the service in the county in which the individual has legal residence; and

availability of the service to the individual's category of eligibility.

[10A NCAC 71R .0602]

Each service may have additional eligibility requirements, such as specified target populations and income requirements. Refer to the program manual that governs the specific requested service to see if there are additional eligibility requirements. For services funded with Social Services Block Grant (SSBG) funds, see section XI of this manual.

C. Basis for Denial, Modification and/or Termination

Reasons for the denial of an application for services and reasons for the termination of services include the following:

the individual has failed to cooperate with the agency in determining (or redetermining) eligibility;

the individual cannot be located to allow for determination (or redetermination) of eligibility;

the individual has been determined to be not eligible for the services requested on the basis that (s)he does not meet (or because of changing circumstances, no longer meets) the conditions of eligibility for the program funding sources under which the service is provided or the definition of the target population for receipt of the service;

the service is not available in the county in which the individual has legal residence;

the service will not be available in sufficient time to ensure its prompt provision;

the agency has exhausted its funds for the provision of the service for that program year;

the individual has notified the agency that (s)he no longer wants or needs the service;

the agency has determined that the individual is no longer able to avail himself/herself of the service because (s)he has moved to another county or is in an institution;

the individual has failed to utilize the service or to cooperate in service delivery;

the individual is residing in a facility or institution and the funding source prohibits provision of the service to clients in facilities or institutions; or

the individual fails to meet any other conditions set forth in Chapters 70 and 71 of 10A NCAC governing the delivery of the service. [10A NCAC 71R .0603]

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required as set forth in [10A NCAC 71R.0603]

Termination and modification should involve a discussion with the client/family prior to his/her receipt of a written notice. This discussion should be documented in the record.

D. Documentation of Eligibility Decision

The agency shall document information pertinent to meeting conditions of eligibility in the individual's service record.

The agency shall document the eligibility decision, the date of the decision and the service worker/case manager making the decision on the application form.

The agency shall document the beginning and ending date for all services provided with regard to income.

For all services provided without regard to income, except for child care services, the agency shall document the beginning date, which is the eligibility date. [10A NCAC 71R .0605]

If eligibility documentation is in the narrative recording, the date of the narrative should be noted in the comments section on the DSS-5027 or an equivalent form approved by the appropriate State agency. See SIS Manual <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>.

The date of the worker's signature should be the date of the eligibility decision unless the DSS 5027 is auto-generated by the DSS 5104.

Document the eligibility decision in Section B.8 of the DSS 5027; document the period of time covered by the eligibility decision in Section C of the DSS 5027.

For additional information about documentation of the period of time covered for child care services, see the Child Care Subsidy Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

E. Redetermination of Eligibility

Redetermination of eligibility and need must be made at least every twelve months for services available with regard to income.

The agency shall make a redetermination of eligibility and need for the following services every 12 months:

- **child care services;**
- **transportation; and**
- **health support – abortion and sterilization components which are federally funded.**

Requirements and procedures for a redetermination are the same as those for eligibility determination for services provided with regard to income.

Eligibility for services provided without regard to income is based on need, and services shall continue until determined no longer appropriate.

The agency shall make a redetermination of eligibility and need when there is new information provided to the agency about changes in the client's circumstances that affect his/her eligibility. [10A NCAC 71R .0604]

Some programs have specific documentation requirements at the time of redetermination. Refer to program specific manuals for these requirements.
<http://info.dhhs.state.nc.us/olm/manuals/default.aspx>

V. Notices of Action for Service Applications

A. Notification Requirements

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required. [10A NCAC 71 R .0603]

Except as otherwise provided by applicable program specific federal regulations, the county department of social services does not need to provide notification of action to the client when:

the agency is terminating services based on factual information confirming the death of the client;

the provision of protective services to children or protective services-evaluation to adults is initiated or terminated;

the county department of social services has applied for services in behalf of an individual for whom they have custody or guardianship for adults;

the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

When notice is required, all notices of action shall be documented in the record and at a minimum contain a clear statement of:

the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

B. Notification Time Frames

The agency shall ensure that the notice of the eligibility decision on the applicant's request for service(s) is delivered to the client or mailed and postmarked no later than 15 calendar days after the eligibility decision is made or within 30 calendar days of the date of application, whichever comes first.

For additional services requested after the initial application, but while the recipient is still receiving service(s), the agency shall deliver notice to the client or mail and postmark the notice no later than 15 calendar days after the date the mailed request is received in the agency.

[10A NCAC 71R .0801]

Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

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the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

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When notice is required, all notices of action shall be documented in the record and at a minimum contain a clear statement of:

the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

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the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

VI. Prompt Provision of Services

When an individual's eligibility for a service is established in accordance with 10A NCAC 71R .0602, the service must be provided as follows:

Initial service(s) requested must be provided within fifteen (15) calendar days of the date the notice of eligibility is given or sent to the client.

For additional service(s) requested during an ongoing period of eligibility, the service must be provided within thirty (30) calendar days of the date the request was received by the agency.

When a requested service cannot be provided within timeframes above, the application for the service must be denied unless, for services funded with Social Services Block Grant (Title XX) funds administered by the Division of Social Services, the agency has adopted a local waiting list policy that provides otherwise as follows:

Local waiting list policies must be in writing and must be approved by the county board of social services.

Local waiting list policies must designate whether the waiting list is used for purposes of meeting prompt provision requirements or to respond to inquiries about services or both.

Local waiting list policies must assure that all individuals are treated equitably in terms of the manner in which they are advised of the upcoming availability of services.

Local waiting list policies must ensure that an individual's name does not remain on the waiting list indefinitely without the individual being notified of the status of his/her request and the anticipated availability of the service. To this extent, the waiting list policy must designate a reasonable time period, not to exceed 90 days, that an individual's name can remain on the waiting list prior to providing the service or notifying the individual that the service cannot be provided. [10A NCAC 71R .0803]

Provision of the service means the delivery of the service by agency staff, arranging for delivery of the service by agency staff or delivery of the service by another provider who is authorized by the agency to provide the service.

A county may decide not to maintain a waiting list, but instead choose to keep an inquiry list. The purpose of the inquiry list is to keep a list of names and contact information for individuals that expressed an interest in a particular program or service provided by the

county Department of Social Services. The inquiry list is an informal process and not subject to the same requirements for the maintenance of a waiting list. Best practice approach suggests that the agency utilizing inquiry lists needs to consider some important basic principles. When deciding whether to use a waiting list or inquiry list consider the following:

Prospective clients need to have the most current information in order to make informed decisions. It is important that individuals on an inquiry list know when a service or program will not be available to them due to limited funding or discontinuance of the service.

The agency may also provide alternative approaches or referrals to other services.

It is recommended that people on an inquiry list be contacted every ninety days to update them on the current availability of the service(s) in which they have an interest and/or to determine if they have an interest in remaining on the list.

It is also recommended that local policies and procedures governing the agency's use of inquiry lists be in writing and approved by the county board of social services.

VII. Policies and Procedures Governing Quarterly Reviews

The agency shall review and document the client's situation and service plan at least quarterly from the date of application except for clients whose only service(s) is (are):

transportation; <http://www.ncdhhs.gov/aging/transp.htm>

child care; <http://ncchildcare.dhhs.state.nc.us/general/home.asp>

foster care; <http://www.ncdhhs.gov/dss/fostercare/index.htm>

adoptions; and <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-50/man/>

housing and home improvement <http://www.dhhs.state.nc.us/aging/services/himprove.htm>

The agency shall conduct the review in the month it is due. The month the quarterly review is due is determined by the month in which the application was made.

The agency must label and date the quarterly review in the record.

[10A NCAC 71R .0606]

An annual re-assessment may take the place of the fourth quarterly review at the end of each twelve months of service provision.

The quarterly review includes an assessment of the client's progress since the last review, need for continued service or additional services and any significant changes in the client's situation/functional domains.

If possible, the review should be done with a face-to-face visit with the client.

If a face-to-face visit is not possible, collateral sources knowledgeable of the client's situation may be contacted to complete the quarterly review. Documentation should indicate the reasons the review was not done with the client.

The quarterly review is a minimum requirement. Reviews may occur more frequently than quarterly if needed.

VIII. Policies and Procedures Governing Appeals and Fair Hearings

A. Requirement to Provide Information to the Client

Each applicant or recipient shall be notified in writing (except when exempt from notice) of his/her right to appeal upon denial of his/her application for assistance and at the time of any subsequent action on his/her case. [NCGS 108A-79]

The client copy of the DSS-5027 <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/dss5027.pdf> contains information that advises the applicant/recipient of his/her right to a fair hearing. It includes procedures on how to obtain a fair hearing and documents that the information was provided to the applicant/recipient. (If another form is used, the agency is responsible for documenting that the same information contained on the DSS-5027 is provided to each applicant/recipient. See Notices Section)

B. Time Frames and Documentation of Requests

Failure to notify the agency before the end of the 60th day constitutes a waiver of the right to a hearing, except that for good cause shown, the county department of social services may permit an appeal notwithstanding the waiver. The waiver shall not affect the right to reapply for the service(s). [NCGS 108A-79]

The applicant /recipient may give notice of appeal verbally or in writing. The request should be documented in the record and referenced on the form developed by the local Department of Social Services.

The request for appeal should be made within sixty (60) calendar days from the effective date of the action.

In the case of approval or denial, the effective date of the action is the date the notice is sent or given to the client.

In the case of a termination or modification, the effective date of the action is the date the service(s) will be terminated or modified as specified on the notice of action.

For purposes of counting elapsed days to establish the period during which an appeal can be made, day one is the first day after the effective date of the action.

C. Right to Continued Service Provision Pending a Fair Hearing

If a recipient appeals a termination or modification of a service(s) (other than the lack of public funds to pay for the service(s)), (s)he has the right to continue to receive the service(s) at the present level pending the local hearing decision, providing the appeal is made prior to the effective date of the termination or modification (i.e., at least ten (10) work days after the notice is sent).

The individual may waive his/her right to continue to receive the service(s) during the period prior to the hearing. If so, it must be documented in the record. [G.S. 108A-79]

The client should be notified at the time (s)he requests continued service(s) that (s)he may be required to pay the cost of the service should (s)he lose the appeal.

D. Client Access to Records

The applicant/recipient shall have adequate opportunity prior to and during the hearing to review all documents and records that will be used at the hearing, including the right to have access to information in his/her case file.

Provisions for the client's access to his/her service record shall be made in accordance with policies governing confidentiality and access to client records.

[NCGS 108A-79; 10A NCAC 69; NCGS 108A-73; and NCGS 108A-80]

E. Procedures for Fair Hearings

For purposes of services appeals and fair hearings, the policies and procedures set forth in the Office of Administrative Hearings (OAH) must be followed <http://www.oah.state.nc.us/>.

For additional guidance see the Handbook on Public Assistance
<http://www.ncdhhs.gov/dss/county/docs/handbookonpublicassistanceappeals.pdf>

IX. Services Fraud

A. Obtaining Property by False Pretenses

If any person shall knowingly and designedly by means of any kind of false pretense whatsoever, whether the false pretense is of a past or subsisting fact or of a future fulfillment or event, obtain or attempt to obtain from any person within this State any money, goods, property, services, chose in action, or other thing of value with intent to cheat or defraud any person of such money, goods, property, services, chose in action or other thing of value, such person shall be guilty of a felony: Provided, that if, on the trial of anyone indicted for such crime, it shall be proved that he obtained the property in such manner as to amount to larceny or embezzlement, the jury shall have submitted to them such other felony proved; and no person tried for such felony shall be liable to be afterwards prosecuted for larceny or embezzlement upon the same facts: Provided, further, that it shall be sufficient in any indictment for obtaining or attempting to obtain any such money, goods, property, services, chose in action, or other thing of value by false pretenses to allege that the party accused did the act with intent to defraud, without alleging an intent to defraud any particular person, and without alleging any ownership of the money, goods, property, services, chose in action or other thing of value; and upon the trial of any such indictment, it shall not be necessary to prove either an intent to defraud any particular person or that the person to whom the false pretense was made was the person defrauded, but it shall be sufficient to allege and prove that the party accused made the false pretense charged with an intent to defraud. If the value of the money, goods, property, services, chose in action, or other thing of value is one hundred thousand dollars (\$100,000) or more, a violation of this section is a Class C felony. If the value of the money, goods, property, services, chose in action, or other thing of value is less than one hundred thousand dollars (\$100,000), a violation of this section is a Class H felony.

Evidence of non-fulfillment of a contract obligation standing alone shall not establish the essential element of intent to defraud.

For purposes of this section, "person" means person, association, consortium, corporation, body politic, partnership, or other group, entity, or organization. (33 Hen. VIII, c. 1, ss. 1, 2; 30 Geo. II, c. 24, s. 1; 1811, c. 814, s. 2, P.R.; R.C., c. 34, s. 67; Code, s. 1025; Rev., s. 3432; C.S., s. 4277; 1975, c. 783; 1979, c. 760, s. 5; 1979, 2nd Sess., c. 1316, s. 47; 1981, c. 63, s. 1; c. 179, s. 14; 1997-443, s. 19.25(I.)) [NCGS 14-100]

In situations where there is evidence that leads an agency to believe that an individual has been fraudulent in providing information used to establish eligibility for the receipt of services, the agency may take steps to seek recovery for the cost of the services provided to the individual.

The Attorney General has given the following guidance that may be helpful. Elements of civil fraud, for purposes of the services program are:

The material misrepresentation or concealment of a past or existing fact; which representation is definite and specific; made with knowledge that is false; or made recklessly and as a positive assertion, without knowledge of its truth; or which concealment is done with knowledge that there is an affirmative duty to reveal; and with intent that the misrepresentation or concealment is reasonably acted upon to his/her detriment by the person (agency) sought to be defrauded.

Consultation among the agency director, agency attorney, and district attorney may be helpful in establishing a clear understanding of what constitutes fraud in the services program; how to evaluate evidence and make recommendations; and ensure that proceedings are handled in an equitable manner.

When there is evidence of fraud, the agency director and the county board of social services would examine the situation and, based on evaluation of the evidence, determine the manner in which to proceed.

Recommendations for action should be made in consultation with the agency attorney, particularly in determining the most appropriate means by which recovery is to be sought.

Decisions should be made on an equitable basis.

Discretion should be exercised in making a decision to seek prosecution under criminal statutes as the means to recover.

The agency may seek voluntary repayment from the client; or may seek recovery through court action, under civil or criminal proceedings, or both.

Both civil and criminal proceedings can be initiated; however, the agency can collect repayment only once.

X. Policies and Procedures Governing Record Keeping

A. Requirements to Establish and Maintain Service Records

An agency must open and maintain a service record for each individual for whom an application for social services is made and for each recipient of protective services.

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in 10A NCAC 69.

The service record must be updated and documented as necessary to reflect changes in a client's circumstances and to keep all information in the record current.

All changes must be documented in the service record. These include the addition of a service to a client's service plan, termination of service, redetermination of eligibility, changes in the recipient's circumstances that affect his/her need for or use of services, and any action taken by the agency that affects the client's receipt of a service and termination of the recipient's service. [10A NCAC 71R .0303]

In order to comply with the budgeting, planning and reimbursement requirements of G.S. Chapter 108A and 45 CFR 228.17, each county department of social services shall complete all forms specified and approved by the Department of Health & Human Services. [10A NCAC 67A .0107]

For certain services (e.g., adoptions, protective services), confidentiality requirements are such that separate case files must be maintained.

Service records include basic data, information necessary for determining eligibility and need for the services, providing case management and complying with documentation requirements set forth in policies governing the program funding source for the specific service(s).

An individual's case file may be maintained separately, maintained in a separate section or may be grouped in a family record provided appropriate documentation of eligibility and service provision is maintained for each individual, and provided confidentiality requirements can be accommodated.

Documentation is required in order to establish a record of changes for the client in the service system, to establish a record for fiscal accountability and to document agency action related to appeals, fair hearings and other legal proceedings.

If changes are documented in the quarterly review, additional documentation is not required. There may be additional service specific documentation requirements for updating recipient service records <http://info.dhhs.state.nc.us/olm/manuals/>.

B. Eligibility Documentation Forms

Use of the Department of Health and Human Services specified and approved forms is required. [10A NCAC 67 .0107]

The Division of Social Services, the Division of Child Development, the Division of Services for the Blind and the Division of Aging and Adult Services make available standardized forms that are designed to address documentation requirements applicable to all of the service programs and funding sources outlined in this Chapter. Standardized forms issued by the Divisions will assure compliance with Federal regulations and State law when the forms are used in accordance with eligibility and service policies and when completed in accordance with form instructions.

C. Narrative Recording

Narrative case recording includes any report, social work assessment or study that is prepared by the social worker or received by the social worker. Such may include summaries of an individual's adjustment and utilization of care outside his/her own home, information prepared for court, summaries prepared for purposes of consultation, etc. Regardless of whether the narrative is in the form of a summary report or in the form of general case dictation, recording should include only that information which contributes to a valid basis for reliable conclusions about the client and his/her situation. Such information should be objective, without prejudice and pertinent to the delivery of services and achievement of goals. Case recording is to help the worker assess the direction of service and provides a basis for the worker's self-evaluation. Additionally, case recording incorporates the worker's reflective thinking and professional judgment about the client and his/her use of services and resources.

Narrative recording serves the following purposes:

supportive documentation of the client's need/lack of need for services;

documentation of the completion of the quarterly review;

assistance to staff in the provision of quality service to an individual client and in identifying unmet needs and gaps in resources;

meeting the needs of supervision and supporting administrative planning; and

achieving more effective practice.

In general, the form and scope of narrative recording is determined by local agency policy. Where there are specific recording requirements with respect to certain services, those are set forth in the specific manuals governing provision of those services. For purposes of optional narrative recording, any locally developed form(s) or procedures may be used.

D. Confidentiality of Records

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in [10A NCAC 69].

Federal Law 42 CFR 431.300 requires states to provide safeguards to restrict the use or disclosure of information concerning Medicaid applicants.

It is unlawful for any person to obtain or disclose any information concerning individuals applying for or receiving public assistance or social services that may be directly or indirectly derived from the client's records. [NCGS 108A-80]

Federal Law 45 CFR 164-512 provides for some exemptions related to confidentiality and the release of information in situations of Adult and Child Protective Services and Guardianship. <http://hipaa.dhhs.state.nc.us/index.html> In addition to these requirements there are service specific confidentiality rules. The service record should be physically safeguarded and agencies need to establish and implement policies that keep service records confidential and safe from unauthorized access.

Become familiar with and follow your agency's release of information protocols. Consult with a supervisor or manager before releasing any information.

E. Retention of Records

Records Retention and Disposition Schedule: County Department of Social Services provides policy and guidelines for record retention. [[http:// www.ah.dcr.state.nc.us/records/default.htm](http://www.ah.dcr.state.nc.us/records/default.htm)].

XI. Social Services Block Grant

A. Social Services Block Grant

Services funded by the Social Services Block Grant shall be provided directly by the Department of Health and Human Services, its divisions or their local counterparts; or services shall be purchased from public or private providers by contracting in accordance with federal, state, and local regulations governing such purchases.

[10A NCAC 71R .0104]

Every two years North Carolina develops a Social Services Block Grant Plan. It is available for public review and comment before it is submitted to the United States Department of Health and Human Services. The current SSBG Plan can be found at <http://www.dhhs.state.nc.us/dss/publications/index.htm>

The North Carolina SSBG Plan requires local match funds for all SSBG funded services:

12.5% Local Match - State In-Home Fund (In-Home Services, including In Home Aide Services, Home Delivered Meals, Housing and Home Improvement Services and Preparation and Delivery of Meals);

25% Local Match – In-Home Services once a county’s State In-Home Fund allocation is exhausted; and

25% Local Match - All other SSBG funded services reimbursement is based on the actual cost of a service rather than an established unit rate.

The Department of Health and Human Services is the single designated agency in North Carolina for administering the Social Services Block Grant. All divisions receiving SSBG funding are also charged with administrative responsibilities to assure that SSBG funds are utilized in a manner consistent with the general approach applicable to their other services.

B. SSBG Services Supported by the Social Services Block Grant

Services which may be reimbursed with SSBG funds are:

Adjustment Services for the Blind and Visually Impaired*

Adoption Services*

Adult Placement Services*

Child Care Services*

Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services

Requirements for the Provision of Services by
County Departments of Social Services
Effective Date: 11/01/2007
Last Update: 7/11/2008

Community Living Services
Day Care Services for Adults
Delinquency Prevention Services
Employment and Training Support Services
Family Planning Services*
Family Preservation Services
Family Support Services
Foster Care Services for Adults*
Foster Care Services for Children*
Health Support Services* (sterilization component is optional)
Home Health Services (includes Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and/or Nutrition Care)
Housing and Home Improvement Services
Individual and Family Adjustment Services*
In-Home Aide Services*
In-Home Aide Services for the Blind*
Intensive Family Preservation Services
Personal and Family Counseling
Preparation and Delivery of Meals
Problem Pregnancy Services
Protective Services for Adults*
Protective Services for Children*
Residential Treatment for the Emotionally Disturbed
Respite Care Services
Transportation Services
Youth Services

(*indicates mandated services and are addressed below)

Mandated services shall be made available in each county. All other services specified above shall be considered optional for purposes of the SSBG. [10A NCAC 71R .0101 and .0103]

C. SSBG Requirements

In order for an individual to be eligible to receive services funded under the Social Services Block Grant (Title XX), it must be established that (s)he is eligible on the basis of need as specified in the target population for the services requested except that for purposes of providing child care services, transportation services or the federally funded sterilization resource item of health support services, eligibility must also be determined on the basis of his/her income maintenance or income eligible status. [10A NCAC 71R .0501]

Services Without Regard to Income

Individuals are eligible for the following services on the basis of need for the service and without regard to their income:

- Adjustment Services for the Blind and Visually Impaired;**
- Adoption Services;**
- Adult Placement Services;**
- Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services;**
- Child Care Services, when needed to support child protective services, child welfare services and for children receiving foster care services;**
- Community Living Services;**
- Day Care Services for Adults;**
- Delinquency Prevention Services;**
- Employment and Training Support Services;**
- Family Planning Services;**
- Family Preservation Services;**
- Family Support Services;**
- Foster Care Services for Adults;**
- Foster Care Services for Children;**
- Health Support (excluding the optional voluntary sterilization component);**
- Home Health Services (including Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and Nutrition Care);**
- Housing and Home Improvement Services;**
- Individual and Family Adjustment Services;**

In-Home Aide Services;
Intensive Family Preservation Services;
Personal and Family Counseling
Preparation and Delivery of Meals;
Problem Pregnancy Services;
Protective Services for Adults;
Protective Services for Children;
Residential Treatment for the Emotionally Disturbed;
Respite Care Services;
Transportation Services provided by the North Carolina Commission of Indian Affairs;
and Youth Services.

Documentation of need and how the individual meets the target population is required in the service record.

Services With Regard to Income

The delivery of the following SSBG services are restricted to individuals who are eligible based on either income maintenance status or income eligible status:

In-Home Aide Services for the Blind,
Child Care Services,
Transportation Services, or
The Federally Funded Sterilization Resource Item of Health Support Services

For an individual to be eligible on the basis of income maintenance status, it must be established that the individual is:

a current applicant/recipient of Work First Family Assistance, Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level) as defined in G.S. 108A-24; or a person whose needs were taken into account in determining the needs of Work First Family Assistance recipients;

a current recipient of Supplemental Security Income (SSI);

an individual who receives regular Optional State Supplementation payments from the State, known as State/County Special Assistance for Adults in North Carolina; or

a child with respect to whom foster care maintenance payments or adoption assistance payments are made under Public Law 96-272.

An individual whose eligibility is based on income maintenance status is eligible for any service funded under the Social Services Block Grant (Title XX) that is available in the county in which he lives. [10A NCAC 71R .0502]

Individuals who are receiving or are eligible to receive certain public assistance payments are considered “categorically eligible” for services provided either with regard to income or without regard to income. These individuals may be approved for any SSBG service regardless of the amount of the public assistance payments, as long as the need for the service is established for an individual to be categorically eligible for SSBG services, (s)he is receiving or is eligible to receive one of the following incomes:

Supplemental Security Income (SSI);

Work First Family Assistance (WFFA), Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level);

State/County Special Assistance for Adults in North Carolina; or

Public Law 96-272 Foster Care Maintenance or Adoption Assistance

The amount of the monthly assistance is not relevant to an individual’s eligibility for SSBG services.

Individuals other than those eligible on the basis of income maintenance status may be determined eligible on the basis of that individual’s income unit’s monthly gross income.

To determine income eligibility, it is necessary to determine: the number of individuals who reside in the same household who are financially obligated to one another (the income unit); and the amount of the gross monthly income available to them.

The following are defined as separate income units for purposes of determining eligibility and fees:

Biological or adoptive parents and their minor children;

A minor parent and his or her children;

Each adult, whether related or unrelated, other than spouses;

Children living with adults other than their biological or adoptive parents;

Minors who are emancipated through a court proceeding, marriage or participation in the armed services.

Sources of income which shall be considered for purposes of computing family monthly gross income are:

Gross earned wages or salary (earnings received for work performed as an employee, including wages, salary, commissions, tips, piece-rate payments and bonuses earned, before any deductions are made for taxes, bonds, pensions, union dues);

Adjusted gross income from taxable self-employment income;

Social Security benefits (includes Social Security pension, survivors/ benefits and permanent disability insurance payments);

Dividends; interest (on savings or bonds; income from estates or trusts; royalties; and adjusted gross rental income on houses, stores or other property);

Pensions and annuities paid directly by an employer or union or through an insurance company;

Workers' compensation for injuries incurred at work;

Unemployment insurance benefits;

Alimony (includes direct and indirect payments, such as rent and utility payments);

Child support, direct or indirect;

Pension paid to veterans or survivors of deceased veterans;

On-the-Job (JOT) payments;

Job Training Partnership Act (TAP) payments made to an adult;

AmeriCorps stipend (living allowance);

Armed Forces pay (only the amounts taxable, such as base pay);

Work release payments;

Cherokee Tribal Per Capita Income paid to adult family members;

Work-study payments, if the income is from a program not administered under Title IV of the Higher Education Act or the Bureau of Indians Affairs; and

Recurring cash contributions paid directly to the parent. [10A NCAC 71R .0503]

The service record should document receipt of one of the income types listed above as well as information regarding the individual's need for the service.

The Federal Poverty Guidelines can be accessed at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

Exhibit C

Guilford County
HIPAA: Business Associate Addendum

This Business Associate Addendum is hereby made, entered into, and effective as of the effective date of this contract, by and between GUILFORD COUNTY, on behalf of the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH (“Covered Entity”) and _____ (“Business Associate”), and collectively referred to as the “Parties.”

Definitions

Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in 45 CFR 160.103 and 164.501.

- A. Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- B. Privacy Rule. “Privacy Rule” shall mean the standards for privacy of individual identifiable health information at 45 CFR part 160 and part 164, subparts A and E.
- C. Protected Health Information. “Protected Health Information” shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by the Business Associate from or on behalf of the Covered Entity.
- D. Required by Law. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.
- E. Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- F. Data Aggregation. “Data Aggregation” shall mean, with respect to Protected Health Information created or received by the Business Associate in its capacity as the business associate of the Covered Entity, the combining of such Protected Health Information by the Business Associate with the Protected Health Information received by the Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- G. Designated Record Set. “Designated Record Set” shall mean a group of records maintained by or for the Covered Entity that is (i) the medical records and billing records about individuals maintained by or for the Covered Entity, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals. As used herein the term “Record” means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Covered Entity.
- H. Electronic Media. “Electronic Media” shall mean the mode of electronic transmissions. It includes the Internet, extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks and those transmissions that are physically moved from one location to another using magnetic tape, disk or compact disk media.

Recitals

- A. The U.S. Department of Health and Human Services has issued regulations on “Privacy Standards for Individually Identifiable Health Information,” implementing the Health Insurance Portability and Accountability Act of 1996 (the “Privacy Standards”).

- B. Covered Entity is a service provider. The U.S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), governing the privacy of Individually Identifiable Health Information obtained, created or maintained by certain entities, including health care providers.
- C. Business Associate either 1) performs certain functions for, or on behalf of the Covered Entity involving the disclosure of Protected Covered Entity Health Information (“PHI”) by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity; or 2) provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, administrative or financial services for the Covered Entity involving the disclosure of Protected Health Information (“PHI”) by the Covered Entity or another business associate of the Covered Entity.
- D. The parties of this Addendum agree to enter into this agreement to protect PHI, and to amend any agreements between them, whether oral or written, with the execution of this Addendum.

In consideration of the mutual promises and agreements below and in order to comply with all legal requirements for the protection of this information, the parties agree as follows:

General Provisions

- A. Effect. This Addendum supplements, modifies and amends any and all agreements, whether oral or written, between the parties involving the disclosure of PHI by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity. The terms and provisions of the Addendum shall supercede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference. Without limitation of the foregoing, any limitation or exclusion of damages provisions shall not be applicable to this Addendum.
- B. Amendment. Business Associate and the Covered Entity agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 CFR Parts 160 and 162) and the Security Standards (45 CFR Part 142) (collectively, the “Standards”) promulgated or to be promulgated by the Secretary or other regulations or statutes. Business Associate agrees that it will fully comply with all such Standards and that it will agree to amend this Addendum to incorporate any material required by the Standards.

Obligations of Business Associate

- A. Use and Disclosure of Protected Health Information. Business Associate may use and disclose Protected Health Information only as required to satisfy its obligations under the Agreement(s), as permitted herein, or required by law, but shall not otherwise use or disclose any Protected Health Information. Business Associate shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, use or disclose Protected Health Information received from the Covered Entity in any manner that would constitute a violation of the Privacy Standards if so used or disclosed by the Covered Entity, except that Business Associate may use or disclose Protected Health Information (i) for Business Associate's proper management and administrative services, (ii) to carry out the legal responsibilities of Business Associate or (iii) to provide data aggregation services relating to the health care operations of the Covered Entity if required under the Agreement(s). Business Associate hereby acknowledges that, as between Business Associate and the Covered Entity, all Protected Health Information shall be and remain the sole property of the Covered Entity, including any and all forms thereof developed by Business Associate in the course of its fulfillment of its obligations pursuant to this Addendum. Business Associate further represents that, to the extent Business Associate requests that the Covered Entity disclose Protected Health Information to Business Associate, such a request is only for the minimum necessary Protected Health Information for the accomplishment of Business Associate's purpose.

- B. **Safeguards Against Misuse of Information.** Business Associate agrees that it will use all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Addendum.
- C. **Reporting of Disclosures of Protected Health Information.** Business Associate shall, within thirty (30) business days of becoming aware of any use or disclosure of Protected Health Information in violation of this Addendum by Business Associate, its officers, directors, employees, contractors or agents or by a third party to which Business Associate disclosed Protected Health Information, report any such disclosure to the Covered Entity.
- D. **Agreements by Third Parties.** Business Associate shall obtain and maintain an agreement with each agent or subcontractor that has or will have access to Protected Health Information, which is received from, or created or received by Business Associate on behalf of the Covered Entity, pursuant to which agreement such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Business Associate pursuant to this Addendum with respect to such Protected Health Information.
- E. **Accounting of Disclosures.** Within ten (10) business days of notice by the Covered Entity to Business Associate that it has received a request for an accounting of disclosures of Protected Health Information, other than related to the treatment of the patient, the processing of payments related to such treatment, or the operation of a Covered Entity or its Business Associate and not relating to disclosures made earlier than six (6) years prior to the date on which the accounting was requested, Business Associate shall make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528. At a minimum, Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall within ten (10) business days forward such request to the Covered Entity. Business Associate hereby agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this Section.
- F. **Availability of Books and Records.** Business Associate hereby agrees to make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, the Covered Entity available to the Secretary for purposes of determining the Covered Entity's and Business Associate's compliance with the Privacy Standards.
- G. **Indemnification.** Each Party ("the Indemnifying Party") hereby agrees to indemnify and hold the other Party harmless from and against any and all liability and costs, including reasonable attorneys' fees, created by a breach of this Addendum by the Indemnifying Party, its agents or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the Agreement(s).
- H. **Insurance.** Business Associate shall obtain and maintain during the term of this Addendum liability insurance covering claims based on a violation of the Standards or any applicable state law or regulation concerning the privacy of patient information and claims based on its obligations pursuant to this Addendum in an amount not less than \$1,000,000 per claim. Such insurance shall be in the form of occurrence-based coverage. A copy of such policy or a certificate evidencing the policy shall be provided to the other Party upon written request. The Parties acknowledge and agree that Business Associate currently has a Cyber Liability policy with limits of not less than \$1,000,000 per occurrence, and is partially self-insured.
- I. **Notice of Request for Data.** Business Associate agrees to notify the Covered Entity within ten (10) business days of Business Associate's receipt of any written request or subpoena for Protected Health Information. To the extent that the Covered Entity decides to assume responsibility for challenging the

validity of such request, Business Associate agrees to reasonably cooperate with the Covered Entity in such challenge.

- J. Injunction. Business Associate hereby agrees that the Covered Entity will suffer irreparable damage upon Business Associate's breach of this Addendum and that such damages shall be difficult to quantify. Business Associate hereby agrees that the Covered Entity may file an action for an injunction to enforce the terms of this Addendum against Business Associate, in addition to any other remedy the Covered Entity may have.

Term and Termination

- A. Term. This Addendum shall become effective on the Effective Date and, unless otherwise terminated as provided herein, shall have a term that shall run concurrently with that of the last expiration date or termination of the Agreement(s).
- B. Termination Upon Breach of Provisions Applicable to Protected Health Information. Any other provision of the Agreement(s) notwithstanding, this Addendum and the Agreement(s) may be terminated by either Party upon twenty (20) business days written notice to the other Party in the event that the other Party breaches any provision contained in this Addendum and such breach is not cured within such twenty (20) day period; provided, however, that in the event that termination of this Addendum and the Agreement(s) is not feasible, in the Covered Entity's sole discretion, Business Associate hereby acknowledges that the Covered Entity shall have the right to report the breach to the Secretary, notwithstanding any other provision of this Addendum or any Agreement(s) to the contrary.
- C. Return or Destruction of Protected Health Information upon Termination. Upon termination of this Addendum, Business Associate shall either return or destroy all Protected Health Information received from the Covered Entity or created or received by Business Associate on behalf of the Covered Entity and which Business Associate still maintains in any form. Business Associate shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that the Covered Entity agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive such termination and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.
- D. The Covered Entity's Right of Cure. At the expense of Business Associate, the Covered Entity shall have the right to cure any breach of Business Associate's obligations under this Addendum. The Covered Entity shall give Business Associate notice of its election to cure any such breach and Business Associate shall cooperate fully in the efforts by the Covered Entity to cure Business Associate's breach. All requests for payment for such services of the Covered Entity shall be paid within thirty (30) days.
- E. Transition Assistance. Following the termination of this Addendum and the Agreement(s) for any reason, Business Associate agrees to provide reasonable transition services for the benefit of the Covered Entity.

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Addendum #1: (Bid 20256) Non-Mandatory ZoomGov Meeting
Integrated Data System and Aging and Adult Case Management Software

Online ZoomGov Meeting, February 12, 2025 @ 10:00 AM

Name	Company	Email
Christol Murphy	Guilford County Purchasing	cmurphy@guilfordcountync.gov
Tiffany Johnson	Guilford County Purchasing	tjohnso4@guilfordcountync.gov
Chrystal Braswell	Guilford County Purchasing	cbraswell3@guilfordcountync.gov
Olga Wright	Guilford County Purchasing	owright@guilfordcountync.gov
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Ferrel McGivary	Guilford County Administration – MWBE	fmcgilvary@guilfordcountync.gov
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Partha Momidi	Guilford County Information Technology	pmomidi@guilfordcountync.gov
James Kurfees	Guilford County Information Technology	jkurfees@guilfordcountync.gov
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Peter Purcell	Guilford County Information Technology	ppurcell@guilfordcountync.gov
Shraddha Patha	Guilford County Information Technology	spathak@guilfordcountync.gov

Jeffrey McCartney	Guilford County Information Technology	jmccartney@guilfordcountync.gov
Bridget Lindsay	Guilford County Information Technology	blindsa@guilfordcountync.gov
Linda Eugenio	Blenderbox Inc.	leugenio@blenderbox.com
Jonathan Luong	Launchpaed	jluong@launchpadco.com
Minky Kernacs	Mercurio Analytics	minky@mercurio.ai
Molly Maher	Dimagi	mmaher@himagi.com
Rebecca Kwon	CoreSpher, LLC.	Rebecca.kwon@coresphere.com
Munya Masumba	263 Hub	munya@263hub.com
Minky Kernacs	Mercurio Analytics	minky@mercurio.ai
Adam T. Brown	Adystech, Inc.	abrown@adsystemtech.com
Davis Hirsh	Care4 Software	david@care4soft.com
Kevin Smith	MCCi, LLC	ksmith@mccinnovations.com
Ashwin Saboo, MS, PMP, CSM	Creative Information Technology, Inc.	asaboo@citi-us.com
April Gordon	Asemio	agordon@asemio.com

Dylan Bestler	Cantata Health Solutions	Dylan.Bestler@cantatahealth.com
Janice Cabral	Infojini, Inc.	statebids@infojiniconsulting.com
Laura Farren	Dimagi	LFarren@dimagi.com
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Michaelle Goedrich	Launchpad	mgoedrich@launchpadco.com

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Jarret McClendon	M B Project Services LLC.	jmclendon@mbprojectservices.com
Mihir Kurane	Creative Information Technology	mkurane@citi-us.com

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Pasad AS	StackNexus, Inc.	Prasad.as@stacknexus.io
Krisine Harlow	Roeing IT Solutions	kharlow@roeing.com
Lakshmi Purushothaman	Luminar Data Solutions, LLC.	Lakshmi.purushothaman@luminardatasolutions.com
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Rachel Sasse	WellSky	Rachel.sasse@wellsky.com
Kumar Vengadaby		kumarv@ahchealthit.com
Tonya McClendon	MB Project Services	tmclendon@mbprojectservices.com

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Marcus Fontaine	Impreiv Health	mfontaine@impresivhealth.com
Rus Burt	SocialBridge Technologies	rburt@socialbridgetec.com
Cyrstal Kirby	SocialBridge Technologies	ckirby@socialbridgetec.com
Greg Braun	Brite System	gbraun@britesys.com
David Hirsh	Care4Software	david@care4soft.com
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Anand Shanbhag	Creative Information Tech Inc.	ashanbhag@citi-us.com
Daryl Hubbard	3 Fuezas Technology Solutions dba EDZ Systems	dlhubbard@edzsystems.com
Zen Sithole	263hub	zen@263hub.com

Tadd Smith	Salesforce	Tadd.smith@salesforce.com
Shalesh Gupta	CoreSphere, LLC.	sgupta@coresphere.com
Timothy Sullivan	Cantata Health Solutions	Timothy.sullivan@cantatahealth.com
Veronica Taylor	Jump Technology Services, LLC.	Veronica.taylor@jumpfaster.com

Addendum #2: (Bid 20256) Questions from Bidders

Integrated Data System and Aging and Adult Case Management Software

1. Page 3 of the RFP states that the proposed software will be exclusive to Guilford County. Will Guilford County consider purchasing a commercially available or commercial off-the-shelf (COTS) product? **COTS solution is acceptable if it is customizable to fit all the needs / scope of the RFP along with extendability features to scale up and address future integrations for various types of data sources. Any customization should be included in the cost proposal.**
2. Page 5 of the RFP states that Guilford County will award up to 30 points for vendors fulfilling the MWBE requirements. If a vendor intends to utilize their own workforce and submits Affidavit B, how will these 30 points be awarded? **Per the Qualifications and Submission Requirements of the RFP there are four (4) categories of point allocation under Tab 6: MWBE Participation Requirements. The proposer shall respond to all four (4) questions for point consideration. Submitting a Self-Performance Affidavit only satisfied one component of the requirements in Tab 6.**
3. Can Guilford County provide the number of users they anticipate using the CMS system?
For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
4. How many total users will need access to the system, and how many will be concurrent users?
For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
5. Should the proposal be uploaded as a single, tabbed document following the section requirements, or should each tabbed section be uploaded separately along with the required attachments? **All pages in your response shall be properly formatted in accordance with the instructions outlined in the Qualifications and Submission Requirements Section. You can upload one single document or multiple documents.**
6. It seems as though the Application/Eligibility functionality listed in the Exhibit B Requirements document are not required for any of the programs listed in Exhibit A Process Flows. Can you confirm if Application/Eligibility functionality is required and if so, for which program(s)? **All programs will have application functionality. Each program has eligibility criteria associated with it, and outside of Federal requirements, internal and local eligibility criteria will need to be considered through the case management system implemented.**
7. Can you provide the number of licensed users by role? For example, case managers/caseworkers, administrators, provider users, partner users, external users, any other users, etc.? **For the first phase of Case Management Software,**

we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.

8. Can offshore resources be used for the development of the solution, if production and non-production environments that contain PII/PHI and other confidential information remain in the US and are not accessed by offshore resources, and all data remains in the US? Offshore resources can be used for development purposes only. The data can not leave the boundaries of US. Vendor should clearly demonstrate how the offshore dev team will work on the project with out access to data stored in US. The SOC report that certifies the controls in place to show offshore development isolation need to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting in to the systems to trouble shoot have to the US based only.
9. Has the County seen any demos/talked to vendors prior to releasing the RFP, if so which vendors and technologies? This implementation team has not spoken with vendors prior to releasing the RFP, nor have we seen any demos. For the prior released RFP members of county staff did view demonstrations. Not everyone on this current team was employed with the county at that time, and we are treating this as a new bid with new information.
10. The budget for the prior RFP was approx. \$400k for only the case management system. Is the budget for this new RFP, with additional scope, higher? Will ARPA funds be used for the procurement of this combined IDS+CMS solution? ARPA funds will not be used. A budget for the project has not been finalized. We recognize that the additional scope will incur additional costs.
11. What is the budget NTE (not to exceed) amount? Has budget been allocated/approved for this project? We have not finalized a budget for this project. We will consider all responsible bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.
12. Will ARPA funds be used for this re-solicited RFP? No ARPA funds are being used for this project.
13. Can you provide details around why you cancelled the prior RFP/Solicitation and chose to re-release it with additional scope and systems, instead of two separate RFPs? The previous RFP/Solicitation was rejected for necessary revisions to the scope of work.
14. Per the qualifications and submission requirement sot eh RFP there are four (4) categories of point allocation under Tab 6: MWBE participation Requirements., The proposer shall respond to all four (4) requestions for point consideration. Submitting a Self-Performance Affidavit only satisfied one component of the requirements in Tab 6.

Part of the evaluation system is based on how well your business supports Minority/Women=Owned Business Enterprises (MWBEs). Here's how the points work:

1. Diversity & Inclusion Plan (Up to 5 Points)

- You need to explain how your business encourages diversity in hiring and leadership.
- Show an organizational chart highlining MWBE or Women-Owned Business Enterprise (WBE) leaders
- If you have a Diversity, Equity and Inclusion (DEI) statement, include it in your proposal

2. Past MWBE Participation (Up to 5 Points)

- Provide documentation showing how much MWBE participation your company has had in the last three years on public or private projects.

3. Efforts to Engage MWBEs (Up to 10 Points)

- Outline specific steps your company will take to inform MWBE about this project.
- List MWBE Organizations you've worked with before or plan to engage with for this project.

4. MWBE Certification Status (Up to 10 Points)

- If your company is officially certified as an MWBE or WBE by NC HUB, you automatically receive **10 points**.
- If your company is not certified, you receive **0 points** for this section.

In short, the more effort you show in supporting and working with MWBEs, the higher your score will be, which can improve your chances of securing the contract.

15. Can you provide the number of licensed users for each system (IDS, CMS) by role? For example, case managers/case workers, administrators, provider users partner users, external users, any other users, etc.? IDS: users of the system within different personas would include all 3,000 county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reportings; CMS: For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
16. Is the aim of the Integrated Data System to be a data warehouse to compile all demographic and service-related data for Guilford residents served by the County from Various systems, both internal and external? The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system,

enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."

17. Are the IDS and CMS to be developed and go-live in parallel or is there a presence for one to go-live before the other? They can be developed in parallel. One project does not have to supersede the other.
18. Is there a financial management component that Guilford would need for waiver processing? We use a separate financial management system currently. We would like to explore potential feasibility to integrating financial management into our CMS with the chosen vendor, but that is currently outside of the scope of this Bid.
19. Does Guilford County have an existing Microsoft Azure Consumption commitment (MACC) agreement? We have an agreement with Microsoft. If Vendor wants the county to use the Guilford County managed Microsoft Azure tenant, the bidding organization will need to provide full infrastructure details include setup, support, maintenance, full service to manage, and cost analysis. County does not have Azure AD integrated in the cloud. If Azure AD is required, the bid proposal will need to include costs to build, setup and maintain Azure AD for the length of the agreement
20. Do you have a policy for how much data needs to be kept online and accessible? Are you going to want to archive the data?
<https://online.fliphtml5.com/mnclf/yqow/>
21. Can you indicate the data sizes of the different sources? The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.". For the current Aging and Adult software solution due to the legacy nature of the system we are unable to determine the size of the data currently.
22. Are there any industry-specific compliance or regulatory standards the software needed to meet (e.g. GDPR, HIPPA) See section 3.1.1 There are industry specific state and federal compliance guidelines that will need to be followed for any system we interact with. The specific guidelines are conditional to the type of work and the county/client relationship. For example work with school system data with need to comply with FERPA and data within our nurse home visitation program will need to comply with HIPAA guidelines. In addition to Federal and State compliance rules there is a potential for the County Board to require additional compliance.
23. What are the data retention and privacy policies you expect to be adhered to? See section 3.1.1 There are industry specific state and federal compliance guidelines that will need to be followed for any system we interact with. The specific guidelines are conditional to the type of work and the county/client

relationship. For example work with school system data with need to comply with FERPA and data within our nurse home visitation program will need to comply with HIPAA guidelines.; For Retention guidelines:
<https://online.fliphtml5.com/mnclf/yqow/>

24. Is there an Ideal Go-Live date range? We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.
25. Is there a link to the NC Hub to contact MWBE Partners?
<https://www.doa.nc.gov/divisions/historically-underutilized-businesses-hub>
26. Will you accept our MBE certification by NMSDC to qualify for the MBE points section? At this time, we are not accepting reciprocity.
27. We applied for HUB certification earlier this week. We were told that it can take 45 days. Our status is pending currently. If we are approved post Feb 28th can our certification be taken into consideration after the bidding closes. If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes, a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ.
28. For the Case Management part how many users would be needed? For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
29. For data migration, how many different data sources are required for the initial project? CMS - 2-One Case and Sharepoint; IDS - potentially from our SAS VIA for Public Health and some data migrated from our SQL server but those are not in the first phase of the IDS development.
30. For data migration, what is the total volume of data that needs to be migrated? For the Aging and Adult CMS there is a legacy system in AS 400. We will not migrate all of our past records to a new system. We anticipate a migration of less than 1,000 cases to cover both cases that are currently open and those that have been recently closed.
31. For the integrated data hub, which data sources are of the highest priority? Aging and Adult Services Division will serve as the first deployment, making this the highest priority data source. From Section 1.0 Purpose: "The Guilford County Department of Health and Human Services (DHHS) - Division of Social Services' (DSS) Aging and Adult Services Division will serve as the first deployment of the case management software". Future phases may expand to include other DHHS-DSS divisions, other County departments, external partner systems (other government sources, healthcare providers, community organizations)

32. What formats/methods are used for data provision, and which systems are applicable for each source. Current scope involves the Aging and Adult services legacy system - AS 400. The RFP references the type of connections we are interested in for the IDS system.
33. How do you define future needs? Are they based on federal or state requirements? Future needs of our system will be guided by Federal and State requirements, as well as any Guilford County Board of Commissioners priorities and requirements.
34. What do you consider Enhanced Data Security? Including but not limited to:
- Encryption
 - Role based access controls
 - Row or record level security
 - Multifactor authentication
 - Audit and activity logging
 - Data validation
 - Data masking
- Meets the privacy requirements as set forth in applicable regulatory statutes, i.e. HIPAA etc.
35. How do you define Assured Data Privacy? The software/system or solution must meet or exceed the privacy standards and requirements as set forth in applicable regulatory statutes, ie. HIPAA etc. including but not limited to:
- Privacy is built into the system by design.
 - Only relevant personal information is collected, stored, and used.
 - Personal information is not shared.
 - Data security controls are in place.
 - Where applicable, data is processed, stored, collected in the US.
 - If applicable, consent to collect data is obtained.
 - Data quality is maintained.
 - Data is classified, and usage is monitored
36. Will corporate personal experience in data and AI domain be considered for past performance for the corporation as we have extensive data and AI experience within the industry but the company is relatively new. We can provide strong references. We will evaluate all responsive bids.
37. Can you please indicate the data sizes of the different data sources? The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.". For the current Aging and Adult software solution due to the legacy nature of the system we are unable to determine the size of the data currently.

38. This bid requires a SaaS delivery model. Typical SaaS pricing models are based on a dollar amount per system user multiplied by the number of system users. Monthly billing tends to work well for systems like this requiring multi-year contracts with growth goals impacting the number of system users.

Can you supply an anticipated number of system users for: **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.**

Category	# of Users
Adult Protective Services	
Guardianship	
In-Home Aide	
Rep Payee	
Adult Day Care	
Unclaimed Bodies	
Adult Placement Services	
Adult Resource Team	

39. Are there any needs to report to the state (or directly to ACL) for OAAPS reporting? **We do not do OAAPS reports.**
40. Are there any needs for financial management/waivers processing? **We use a separate financial management system currently. We would like to explore potential feasibility to integrating financial management into our CMS with the chosen vendor, but that is currently outside of the scope of this Bid.**
41. I would like to confirm that a bidder can respond to the RFP for either the Integrated Data System or Aging and Adult Case Management Software – one or the other, or both? **Yes. You may respond to 1. IDS 2. CSM or 3. Both systems.**
42. Is this the website to connect with a NC-HUB certified MBWBE company: EVP.NC.gov If so, who would be considered HUB Certified? There are a lot of companies listed. I am presuming HUB Certification Status = Certified? There are records coming back with nothing in the HUB Certification column from the site. Do we need to connect with MWBE vendors that have HUB column listed as certified? **Please use this website to search for NC HUB Certified MBEs and WBEs NC HUB Vendor Search**

Search Requirements:

1. Hit the reset button
2. Click certified on the HUB Certification status
3. Click Search
4. Certified firms are indicated under the HUB Column-Certified

Please reach out to the MWBE Department at MWBE@guilfordcountync.gov and we can assist any firms with specific searches

43. Assuming the selected solution can meet the requirements for both the IDS and CMS, how many internal staff members will need access to the system? **IDS:** users of the system within different personas would include all 3,000 county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reportings; **CMS:** For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
44. Can you please provide a complete list of required integration? **Our first integration will be Aging and Adult Services.** This is the only source currently identified for integration but a roadmap will help us identify what systems need integration and when to integrate them. The scope of the RFP is for the aging and adult integration.
45. Can you please share the anticipated project timeline and/or go live date? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
46. Can you please share the names of the different systems that the selected solution will be replacing? **AS 400 for Case Management Software; We are not replacing anything for the IDS.**
47. What is the allotted budget for this RFP? **We have not finalized a budget for this project. We will consider all responsive bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**

Addendum #4: (Bid 20262) Proposal Due Date Change
Guilford County Elevator Maintenance and Repair Services

Date Change for Bid Response
(April 22, 2025 @ 2:00 P.M.)

The Proposal Due Date for this project has changed to Tuesday, April 22, 2025. Proposals must be received electronically through the Guilford County's Vendor Self Service (VSS) System at <https://guilfordcountync.munisselfservice.com> by the event close date and time on April 22, 2025, at 2:00 PM., Eastern Time for Integrated Data System & Aging & Adult Case Management Software.

Addendum #4: (Bid 20256) Questions from Bidders
Integrated Data System and Aging and Adult Case Management Software

1. Is this Exhibit B supposed to be attached? Exhibit B doesn't sync with Exhibit A (Business process maps) **Exhibit A and Exhibit B are provided as a potential resource to vendors when evaluating**
2. None of the links in Exhibit B are working. Can you please provide the appropriate documents? **All exhibits are provided as a potential resource to vendors. Feel free to visit NCDHHS.**
3. Staffing, testing and support are global components for the entire Scope of Work, why are they only under Section 4.1 Integrated Data system? **That was an error. Staffing, testing and support should be part of the IDS and the Case Management System solution.**
4. Is the aim of the Integrated Data System to be a data warehouse to compile all demographic and service-related data for Guilford residents served by the County from various systems, both internal and external? **This is our long-range plan for the IDS. The County will not necessarily own and manage all the data, but we hope to link to external systems that house data on county residents to provide a more complete picture of our community. There are many datasets that have information about Guilford County that we hope to connect to.**
5. Are the IDS and CMS to be developed and go-live in parallel or is there a preference for one to go-live before the other? **They can be developed in parallel. One project does not have to supersede the other. I suspect that the CMS will go-live prior to the IDS based upon the scope of each project.**
6. Can the County provide a short 1–2-week extension to the due date for proposals, to allow for more thoughtful and complete responses to the RFP? **Please see Addendum #3 for Proposal Due Date Extension**
7. Can offshore resources be used for the development of the solution, if production and non-production environments that contain PII/PHI and other confidential information remain in the US and are not accessed by offshore resources, and all data remain in the US? **Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to the US based only.**
8. For the Integrated Data System total number of users, organizations, and departments involved? **Aging and Adult Services Division will serve as the first deployment of the IDS. From Section 1.0 Purpose: "The Guilford County Department of Health and Human Services (DHHS) - Division of Social Services' (DSS) Aging and Adult Services Division will serve as the first deployment of the case management software". Future phases may expand to include other DHHS-DSS divisions, other County departments, external partner systems (other government sources, healthcare providers, community organizations). Also, from Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**

9. For the integrated data hub, which data sources are currently sharing data or integrated with the existing system? **The exact list of data sources is not determined or prioritized, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."**
10. Does the business have to be a registered business in NC or Guilford County to participate in this bid? If it is VA registered, will the business qualify? **No; all applicable bidders can participate**
11. Does the business have to be MWOB registered in NC hub (which states it takes 90- days to register) or can we provide the ownership, operations agreement and other documents to prove that we are compliant with women owned business requirements? **If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes, a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ.**
12. I am a newly formed company (Minority women owned) and have started the registration in SBA and VA, but it takes 60 to 90 days to complete the process, hence checking if we can provide the relevant documents as evidence for qualification? **If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ. For Guilford County solicitations, we currently only recognize NC HUB certification as a MBE or WBE to count towards a goal.**
13. Does Guildford County have any existing Microsoft Azure Consumption Commitment (MACC) agreements in place? **We have an agreement with Microsoft. If Vendor wants the county to use the Guilford County managed Microsoft Azure tenant, the bidding organization will need to provide full infrastructure details including setup, support, maintenance, full service to manage, and cost analysis. County does not have Azure AD integrated in the cloud. If Azure AD is required, the bid proposal will need to include costs to build, setup and maintain Azure AD for the length of the agreement.**
14. As this RFP is very intricate, we would like to know if there is any way an extension could be granted, so that we can provide the most inclusive and complete information on how we can partner with Guilford County to make their vision successful. **Please see Addendum #3 for Proposal Due Date Extension**
15. While we understand the importance and urgency of this project, we kindly request an additional two-week extension to provide a more thorough response. In summary, will your organization allow for submissions no later than March 14? **Please see Addendum #3 for Proposal Due Date Extension**
16. Would the agency consider extending the RFP response timeline by two weeks? Given the complexity of this project our firm would greatly appreciate the additional time in order to provide the best possible solution at the best price to the County. **Please see Addendum #3 for Proposal Due Date Extension**
17. Can we please request an extension (of at least 2 weeks) to the DUE date of this RFP so that vendors can provide the County with a response that meets their requirements. **Please see Addendum #3 for Proposal Due Date Extension**

18. Will the County consider providing a two-week extension to the submission deadline to ensure all vendors can provide a comprehensive response that fully addresses all requirements? **Please see Addendum #3 for Proposal Due Date Extension**
19. Please provide the budget for this project. **We have not finalized a budget for this project. We will consider all responsive bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
20. What if any existing authentication/MFA do you use and are you open to an alternative if needed to field the solution? **DUO**
21. What if any existing data integration services/software packages do you use? (e.g., MuleSoft, TIBCO, SSIS, Azure Data Factories, etc.) **SSIS**
22. Are you seeking a CMS certification during or after go-live and if so, are there any specified timelines for doing so? **That is something that is not part of the scope of the Aging and Adult Services CMS. This could be something for subsequent phases/integrations.**
23. What existing interfaces are available for related care management information and their current state/format? (e.g., death data, MMIS eligibility, etc.) **None**
24. What analytical tools is your current user base familiar with using? **Power BI**
25. What are all the existing and planned systems that IDS needs to integrate with? **While the exact roadmap hasn't been defined, please answer in your response the following: Page 9, Section 3.1.1: "How will the system integrate with the system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners?"**
26. What is the state's assessment of that data with respect to data quality for data migration purposes? (clean, fairly clean, moderately clean, requires extensive cleansing) **We are a county government, not a State. We will not be migrating large amounts of data in the scope of this RFP.**
27. What is the state's assessment of the level of duplication requiring consolidation during data migration? **We are a county government, not a State.**
28. Who are the key stakeholders and how involved will they be during the implementation? **Implementation will work with the Director of ISD, several different members of our senior IT staff, our Assistant County Managers for Successful People and Quality Government, and members of our legal staff. They will also work with senior level managers with our DSS and Aging and Adult Services divisions.**
29. Can you provide more details about partnerships with external agencies and their data-sharing capabilities (e.g., Senior Resources of Guilford County)? **These partnerships are part of a phased approach to the IDS. During phase one the only identified system will be our new Aging and Adult Case Management Software. Section 1.0 Purpose of the RFP Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**
30. What are the biggest pain points for users of the current system? **For the CMS - it is a legacy AS 400 system that uses a lot of paper reporting. For the IDS - we don't have a current system.**

31. Can you define the roles and permissions for different users(e.g, social workers, supervisors, external partners)? Roles, permissions, and view scope will depend on the individual's position and service(s) they work on - for example supervisors will need to see team-level information while social workers see assigned cases. We will need fine-grain access and permissions built around final case management functionality and Aging and Adult Services processes.
32. What are your data retention and archiving policies? <https://online.fliphtml5.com/mnclf/ygow/>
33. What are preferred training methods (in-person, virtual)? It depends on the type of training. Both are acceptable and training modules should be recorded for new staff to view.
34. Do you have an existing plan to manage organizational change? Part of the Director of ISD role is to implement change management for the new systems. We have a multi-faceted plan to do and gain organization buy-in from all different levels of users of the system.
35. How many total users will access the IDS and the CMS? IDS: users of the system within different personas would include all 3,000-county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reporting's; CMS: For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.
36. How many concurrent users do you anticipate? For the aging and adult services CMS up to 125.
37. Does the system need to integrate with an existing Single Sign-On? Yes.
38. How many external users (e.g., community partners) will need access to the system? That is unknown at this time and not part of the scope of the RFP.
39. Will external partners need limited or read-only access? There is potential for this in the future phases of the project.
40. How many standard reports are required? Please provide examples of existing reports. We currently create approximately 25 reports on a monthly basis.
41. What is the anticipated transaction volume? We have approximately 1,000 cases per year.
42. How many years of historical data will be migrated? One Year
43. Do you currently use any tools like Power BI and Tableau that we should integrate with? Both Power BI, Tableau, and SAS VIA are used in the County.
44. What approval processes are required within the workflows? See the process map included in Exhibit A.
45. Will users need to upload or sign documents during workflows? Yes
46. How many data fields, tables, or records will need migrating? We want to extract one year worth of data from our current system. The number of fields and tables is unknown as the current system is a document management system, not a database.
47. Do you require REST or SOAP APIs for data exchange? We do not have a specific requirement for REST or SOAP APIs for data exchange. While the RFP mentions the need for APIs in general, it doesn't specify which protocol (REST or SOAP) is preferred or required.

48. What data matching rules are required (e.g., record linked to SSN / DOB)? **The data matching rules will be dependent upon the source and type of data. SSN and DOB are used in some cases, but other data matching rules could be applied depending.**
49. Do you have a preferred Cloud provider? **No**
50. Do you require FedRAMP compliance? **FedRamp - Moderate is preferred**
51. How many custom fields or forms do you expect to configure for each program? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**
52. How many daily transactions do you expect (e.g., case updates, file uploads)? **An average of 150 clients are seen per day in our Aging and Adult Services Division**
53. How many workflows are anticipated to be managed within the software solution? **Refer to the process map in Exhibit A.**
54. How many disparate systems will need to be stored and linked through the IDS? **The RFP doesn't provide a specific number of disparate systems that will need to be stored and linked through the IDS. From Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**
55. How many project phases are anticipated? **This will be identified through the created roadmap. From Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**
56. How long is each project phase projected to be? **The length of each phase will be dictated by the process and needs of each.**
57. How many IT Staff will Guilford County be providing to support this project? How many hours per week will the IT Staff be allocated to support this project? **We will have 2 different project managers allocated to this project, 2 data integration specialists, and various other SMEs within our IT department for support relevant to their area of expertise.**
58. How many outside partners and organizations such as Senior Resources of Guilford County are in scope for this project? **There are no outside partners in scope for the RFP. This is part of future phases of the IDS.**
59. Will the Guilford County team be providing dedicated testing resources for the project? **If bids require/recommend dedicated staffing, that should be indicated in the bid along with the recommended FTE to be committed to the project during implementation and then post implementation.**
60. Can we be provided with the 17-page paper Functional Assessment Report for review? **<https://policies.ncdhhs.gov/document/dhhs-as-6220-initial-assessment-hw-2/>**
61. Approximately how many service plans will be managed within the system on an annual basis? **1500**
62. How many employees are responsible for intake today? **3 during business hours, but all Guardianship & APS staff rotate after-hours coverage so that is a total of 31**
63. How many different intake forms are there? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**

64. How many supervisory staff will be using the system? 16 (includes supervisors, managers, DD, CQI supervisors)
65. Is the expectation that support be available 24x7? We have staff that provide on-call services 24/7. Per the RFP section 3.3.12 Service Levels: "Guilford County expects vendors to resolve all production critical issues within 24 hours of reports. For critical production issues, the vendor is expected to provide a reasonable update on an hourly basis until the issues are resolved. Vendors will provide various channels of support for County users to log support tickets."
66. What is the expected timeline for implementation? We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.
67. What is the county's preferred approach to phasing/rollout? The phasing and rollout of the IDS project and additional phases of case management software will be determined by the roadmap referenced in Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."
68. What level of training is expected? Approximately 125 end user training; Technical/Administration training would be approximately 50. This would be a train the trainer model after the initial batch of training.
69. What are the expectations for knowledge transfer to county IT staff? Once the FTE required to administer / support the product are finalized and funded by the county per vendor recommendations, Vendor should transition knowledge for the county staff to be able to administer the solution and reach out to vendor for any solution support / upgrades / patching etc.
70. What are the reporting requirements beyond the "50 data fields" mentioned? Are there example reports that can be shared? What are the specific requirements for document generation/management? Amounts of documents, pages and any insert rules would be helpful in identifying scope. Example documents are appreciated. A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.
71. Can we get samples of all the current forms used in the processes? A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.
72. What are the specific requirements for electronic signatures? Is there a preferred signature solution like DocuSign? The requirements are detailed in the process map in Exhibit A. We currently use DocuSign for other County systems, but we have no preferred solution.
73. How many users of each type (social workers, supervisors, admin staff) will use the system? 1 Director, 1 Division Director, 3 Program Managers, 12 Supervisors, 57 social workers, 2 office specialist, 1 nurse, 2 CSSTs (including CQI staff) Need to add the additional IT and Admin staff that will need access. Also need to scale for growth in program staff.
74. What is the current level of technical proficiency among users? Low to moderate technical proficiency. It depends upon the user and their role in the organization.
75. What are the mobile/offline requirements for field workers? Yes. Field workers will need to fill out forms and upload documents and have signatures.
76. Are there specific accessibility requirements? Any solution should follow Federal ADA guidelines on Accessibility of Web Content and Mobile Apps Provided by State and Local Governments.

77. What languages need to be supported? Internal staff utilize a language for input of resident information. For the resident/client portal the following are spoken in Guilford County: Spanish, Arabic, Swahili, Kinyarwanda, French, Vietnamese, Burmese, Creoles and pidgins, Haitian, Urdu, Nepali, Tigrinya, Dinka, Farsi, Creoles and pidgins, French-based Thai, Amharic, Central Khmer, Hindi, Chinese, Somali, Russian, Iranian languages, Tajik HmongLao, and other Algonquin Languages: Gujarati, Uncoded languages: Turkish Portuguese, Rohingya, Persian, Sign Languages: Bengali Creoles and pidgins, Portuguese-based Korean, Sango Mon-Khmer languages, Creoles and pidgins, English based Wolof, Igbo, Mandar, Hausa, Sundanese, Portuguese, Rundi, Yoruba, Swati, Serbian, Pedi, Dutch, Oromo, Ewe, Tagalog, Twi, Philippine languages, Ukrainian
78. Are there specific browser/device requirements for field workers? Need to interface with common browsers for laptops, tablets, and cell phones.
79. What are the specific performance requirements/SLAs expected? We have not defined that for this project at this point. Our standard SLA is 24 hours.
80. What are the specific data retention requirements for each type of record? <https://online.fliphtml5.com/mnclf/yqow/>
81. What are the specific audit trail requirements for each type of transaction? See process map in Exhibit A.
82. What are the current systems in use and what is their data structure/format? AS400
83. Is there legacy data that needs to be migrated? What is the format of this data? Yes. One Case software an AS400 system.
84. What specific external systems need integration (e.g., NC FAST, ARMS, state systems)? The RFP outlines a phased approach starting with Aging and Adult Services systems, with plans to expand to other DHHS-DSS divisions and eventually other County departments. The solution should be designed to accommodate additional integrations as the program develops.
85. Are there existing APIs for the required external system integrations? The vendor should propose flexible integration capabilities that can accommodate multiple integration methods (APIs, file transfers, database connections, etc.) based on what's available from each external system. The proposal should outline your approach to system integration assessment and how you would handle systems with and without existing APIs. As we move forward with implementation we'll work collaboratively with the selected vendor to identify each specific external system and determine the most appropriate integration method based on the technical capabilities of those systems.
86. Is the ability to track Medicaid status a manual process, or an ask for integration? Not at this time.
87. For the external systems that require integration, is each integration bi-directional? No. Some integration will not be bi-directional, especially with systems maintained by State agencies.
88. The ask is to use "existing technologies as efficiently as possible". Please elaborate on what existing technology this refers to. We use a variety of systems and technologies within the county government. A solution that meets our needs would be able to integrate as much as feasible with our existing systems and not create unneeded redundancies and additional platforms. This would be something that would be discovered in the creation of a roadmap per Section 1.0 Introduction.
89. Is SSO required to use the client portal, or is it requested that logins be managed individually by admins? SSO is required for the county users to sign in seamlessly using our current ADFS + DUO MFA .

90. What is the preferred response documentation format (Excel, PDF, Word)? **To be considered for selection, upload your proposed package into Guilford County's Vendor Self Service automated bidding system and submit all required supplemental information electronically. Proposals should be prepared as simple as possible and provide a straightforward, concise description of the Respondents' capabilities to satisfy the requirements of the RFP.**
91. Are the Tabs as outlined in the Submission Requirements actually within the VSS system - will each response be directly pasted into the VSS system or will it be a document upload? **To be considered for selection, upload your proposed package into Guilford County's Vendor Self Service automated bidding system and submit all required supplemental information electronically. Proposals should be prepared as simple as possible and provide a straightforward, concise description of the Respondents' capabilities to satisfy the requirements of the RFP.**
92. With the Question-and-Answer period being really close to the RFP due date, will the County consider a 3-week extension to give the respondents time to consume the answers to the questions and make adjustments accordingly? **Please see Addendum #3 for Proposal Due Date Extension**
93. Will the County still require 70 licenses for the Case Management System? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
94. Is there an anticipated start date and an ideal Go-Live date for the Case Management System? Can Guilford County confirm that 6-12 months is the optimal timeline for the implementation of the Case Management System? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
95. Just to confirm in writing, Guilford County will accept a respondent that will only bid on 1 of the opportunities (Case Management or Integrated Data System)? **Yes**
96. Does the County have a revised budget for this project? **We have not finalized the budget for this project. We will consider all responsible bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
97. Is the term still 3 years with renewal options? **Yes**
98. Is it still true that there is no public portal required for the Case Management System? **As part of the master plan for case management systems we will want a public portal for individuals to submit information, review their information, and apply for services.**
99. Is it still accurate that the Case Management System will not need to interface with the Social Security Administration? **While not within the scope of the RFP, an ability to interface with SSA would be helpful.**
100. Is the volume of cases for Case Management still the same as it was in 2023? 500+, Guardianship – 300+, Adult Protective Services – 100: **Yes.**
101. Please confirm that Guilford County does not require Data Migration from the Legacy System. **For the Aging and Adult CMS there is a legacy system in AS 400. We will not migrate all our past records to a new system. We anticipate a migration of less than 1,000 cases to cover both cases that are currently open and those that have been recently closed.**
102. Please confirm that the new Case Management System will not need to interface/integrate with other existing Guilford or State systems. **System-wide integration is the goal of our phased**

approach. We need a system that is capable of interfacing and integrating with many different types of systems as we work through the phases of the project.

103. Please confirm that Guilford County's electronic signature tool is DocuSign. **Yes.**
104. Please confirm that Guilford County prefers to have the selected partner (Provider) provide Help Desk Support, Maintenance and Operations and potential enhancements. **Yes**
105. Please confirm that the selected partner (Provider) can work remote and within the U.S. **Yes.**
106. Aside from Salesforce and RedMane, has the County seen any demos/talked to vendors prior to releasing the 2025 RFP, if so which vendors and technologies?
Is this still the breakdown of user licenses?
Div. Director – 1
Managers – 2
Supervisors – 9
Office Specialist – 2
Social Workers – 56
In addition to Salesforce and RedMane, County staff interacted with IBM, Social Solutions Global, and Caseworthy during the previous bid. For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers. The exact breakdown of licenses will be determined after a bid is finalized.
107. Number of users – to include Guilford County staff, contracted vendors providing staff and any other users requiring access? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
108. Portal access – does the County require a public portal to enable those seeking services to submit applications and other required documents? **As part of the master plan for case management systems we will want a public portal for individuals to submit information, review their information, and apply for services.**
109. Tab 6, MWBE Participation Requirements – can we site within Attachment 4, that we commit contracting/partnering with an MWBE Participant post award? **You should include the MWBE's on Form #2 in addition to conducting and documenting Good Faith Efforts as outlined on Form #3**
110. Please provide information regarding the submission steps on the procurement site, specifically steps 2-4. The portal only allows us to move to those steps once we submit a price and we are wanting to ensure ahead of time there are not additional questions that need responses within those steps. **In Guilford County's Vendor Self Service Site, you must click the items tab to enter pricing for each line. Use the provided line description and unit of measure and quantity to complete the entries for each line. For the evaluations tab, you will answer the three questions as outlined with yes or no. The last tab is where you will upload all your required supplemental information and attachments.**
111. Within the evaluation criteria, it is not clear what is included in the pass/fail requirement under "Financial Stability". Can you please let us know what information you would like to provide to you as part of our proposal response for this area? **Proposals should be prepared as simply as possible and provide a straightforward, concise description of your capabilities to satisfy the requirements of the RFP. Provide any/all information as it relates to the requirements of the RFP. The evaluation team will use the guided point system to score each package.**
112. Please provide information regarding the total number of lives that will be managed on the platform. **The Aging and Adult Services Division has between 800-1000 cases per year.**

113. Can you provide more information on the type of systems there are and what integration methods they support? (system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners) **External partner support is not within the scope of this RFP but desired for future phases of the project. This information would be discovered as part of the roadmap development referenced in Section 1.0 Purpose.**
114. Can you provide more information on the following requirements? "How does the system support sharing and transferring of records to external users and systems", specifically what data are you expecting to be sent back to these other systems and what systems is data being sent back to? **Please describe the proposed solutions capabilities for transferring records and the types of data generally.**
115. Please provide clarity around the document and image types that are required for Guilford County's care coordination and management. **Office documents, pdfs, image files, transcription of audio files, audio files, video files, transcription of video files.**
116. Please provide clarity around the specific data requirements that will be utilized for regulatory compliance. **Federal compliance regulations such as HIPAA, FERPA, HL-7.**
117. What is the total anticipated number of users (external and internal)? **IDS: users of the system with different people would include all 3,000-county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reporting's; CMS: For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
118. Could you clarify roles or permission levels for user categories? **Roles, permissions, and view scope will depend on the individual's position and services(s) they work on - for example supervisors will need to see team-level information while social workers see assigned cases. We will need fine-grain access and permission built around final case management functionality and Aging and Adult Services processes.**
119. Is there a defined budget or range for the project, including implementation, licensing, and support? **We have not finalized the budget for this project. We will consider all responsible bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
120. What is the agency's long-term vision for technology adoption and digital x? **This is not within the scope of the RFP.**
121. Are there any unique operational challenges the solution must address? **Interface with e-fax technology.**
122. Please answer following with respect to Legacy system data-
- Total Data Volume: What is the total volume of structured and unstructured data that needs to be migrated?
 - Data Type & Format: What are the current types and formats in which the data is stored?
 - Migration Challenges: Are there any specific challenges or requirements associated with migrating data from the existing system?
 - Data Cleansing & Deduplication: Is data cleansing or deduplication required as part of the migration process?
- The migration of legacy system data will be challenging as it is functionally a document management system, not a database. We do not anticipate the need for cleansing or deduplication.**

123. Are there specific KPIs or success metrics the agency will use to evaluate the solution? **No**
124. Regarding IDS system to be proposed, please answer the following-
- Data Extraction Frequency: What is the expected frequency of data extraction from the CMS to the IDS? (Real-time, batch processing, etc.) **Real time**
 - Integration Roadmap: Is there a tentative roadmap or a list of systems planned for integration with the IDS? **There is not a roadmap, but we are working on identifying our data sets and systems and which ones would be appropriate for integration**
 - Technical Specifications: Can you provide technical details for the identified systems, including databases, COTS systems, and software versions? **We do not have a comprehensive list as of yet. We are still finalizing our technology and data scan. Here are some of our large systems in DHHS (Salesforce, CureMD, NCFast(State Application), CWIS(State Application)**
125. Is there a tentative roadmap or a list of programs (e.g., child services, economic services) that will be onboarded to the CMS? **We will evaluate and develop a roadmap for additional programs once the solution has been piloted with Aging and Adult for the CMS in conjunction with the chosen vendor.**
126. MWBE Considerations
- Evaluation Scores: Can you confirm whether the only way to achieve a complete evaluation score in the MWBE category is by being an MWBE prime contractor? **No, achieving a full evaluation score in the MWBE category is not exclusively limited to being an MWBE prime contractor. While being an MWBE prime contractor may contribute significantly to the score, other factors such as MWBE subcontractor participation, commitment levels, and adherence to MWBE goals can also influence the evaluation score.**
 - Subcontractor Qualifications: If an MWBE is the prime contractor, can subcontractor capabilities and references be used to meet the qualification and capability requirements? **Yes, if an MWBE is the prime contractor, subcontractor qualifications and references can be used to meet the qualification and capability requirements. The MWBE Administrative Manual states that all contractors, including MWBEs, must meet the project's qualification and capability standards, but it allows for the inclusion of subcontractor experience and qualifications as part of the overall evaluation. This is particularly relevant when the MWBE prime contractor is a newer firm or lacks the full capacity to meet all requirements independently.**
127. Is offshore work permitted for the implementation, support, or any other aspect of this project? **Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in the US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to the US based only.**
128. Can you please provide 17 pager functional Assessment report in pdf format. <https://policies.ncdhhs.gov/document/dhhs-as-6220-initial-assessment-hw-2/>
129. Will there be any external users of the CMS system ex: citizens, providers? If yes, how many provider users need access. If citizens need to be able to create accounts, can you provide any more details like how many citizens served a year, applications/ year, etc.? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**

130. If a vendor bids both the IDS and CMS solutions, will each solution be scored independently? **We will score them independently.**
131. If a vendor bids both the IDS and CMS solutions and rates high on one and low on the other, will the County award the one component of the bid? **Respondents can respond to either, or both task outlined in the scope of work. It is the intent to award to single or multiple providers deems to be fully qualified and best suited amount those submitting proposals on the basis of the evaluation factors included in the RFP.**
132. Can you please clarify Amendment 2, question 15: Out of the 3000 County Staff, how many will need to create reports as opposed to viewing reports created by the IT team? **This is not known at this time please provide a recommended number based on your experience.**
133. Is there an incumbent system/vendor? If so, provide details about the incumbents. **For the Case Management Software, we are utilizing a legacy OnceCase system from Cox & Co. We do not have a system currently for the IDS.**
134. Is the County considering IDS as a Data Warehouse for consolidating data to support predictive modeling, or does it already have an existing Data Warehouse that can be leveraged? Additionally, the vendor is expected to provide integrated data storage along with a business intelligence and analytics platform that integrates seamlessly. Does this imply that the vendor should include the pricing for both the BI tool and Data Warehouse in the cost proposal? **The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience**
135. Regarding the initial data integration activity:
- How many data sources have been identified for the initial integration?
 - Are there any middleware, ESB, or ETL tools available?
 - If the integration is API-based, we assume that any required changes to API implementations on other/legacy systems will be the county's responsibility. Additionally, SMEs from those systems will be available to assist with data mapping, access, and any necessary development changes on the source system.
- The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience. The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.**
136. With regard to "integrate with existing and future systems, including mandated systems such as NC FAST" - How many other systems is the County expecting integration with? Can you please provide a list of all systems that the County will require integration? **The list of systems for integration not yet determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."**
137. With regard to "system integrate with the system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners" - Are this different provider system outside of IDS? **These are outside agencies and providers, that we hope to have**

a bi-directional exchange within the IDS. There are many data efforts happening in the community, and we would like to connect with and interact with as many as feasible.

138. We noticed that Exhibit B was updated in 2008, are all Requirements in the document still valid?
Yes
139. Is the aim of the Integrated Data System to be a data warehouse to compile all demographic and service-related data for Guilford residents served by the County from various systems, both internal and external? **The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.". For the current Aging and Adult software solution due to the legacy nature of the system we are unable to determine the size of the data currently.**
140. Are there any data encryption or other requirements for this system? Is FedRAMP a requirement? If so what level? **Fedramp - Moderate**
141. With regard to the Minority and Women Business Enterprise (MWBE) Requirements, will the County show reciprocity/acceptance with other states? We are a Maryland-based MBE. **At this time, we are not accepting reciprocity.**
142. Do you have opposition to breaking the cost down by additional categories as long as they roll up to the two categories identified? Can we call out the data migration as a separate line item? **No opposition. Data migration can be a separate line item.**
143. Requirements: Do you have a preference for a COTS or a Low-Code solution? **No Preference. The goal is to make sure that the deployed solution meets all the RFP needs. The solution should be flexible and extendable for addressing future data integration needs.**
144. Client Project: Have an attempt been made to implement a solution to this problem before? Was it successful? **No attempt has been made before.**
145. Project: Methodology Are you open to an agile development methodology? **Yes.**
146. Project: Technical Preference Do you have a technology preferences for the solution, integration, or reporting? If so, please list out the preferred vendor and solution name. **No preference. The goal is to make sure that the deployed solution meets all the RFP needs. The solution should be flexible and extendable for addressing future data integration and case management needs.**
147. Users: Internal How many internal users of the application will be needed? Will some need full access and others read-only access to the application? If so, how many of each profile will be required? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers. An exact breakdown is unknown at this point.**
148. Users: External Can you provide an estimate of how many external users of the application are expected? What is their usage profile? (i.e., do a large number of external users' login infrequently, or do a small number login 3 or more times a month? What is the seasonality or events that trigger use? **External users are not in the scope of the RFP. That is to be determined in future phases. The usage profile and seasonality are unknown.**
149. Process: How many business processes / programs will need to be supported by the solution? **For phase I/current phase please reference process map in Exhibit A.**

150. Requirements: Should users be able to receive notifications via text messaging? **Yes.**
151. Requirements: How many unique documents need to be generated from the system? How many documents should the solution be capable of handling? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**
152. Requirements: Approximately how many new records are created each year? **Around 2500**
153. Requirements: Approximately how many new documents will be created or uploaded each year? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**
154. Requirements: Have you previously seen product presentations from other vendors? If so, can you provide a list of vendors and products? **We have not seen any presentations from vendors related to this RFP**
155. Requirements: Do you have a preferred web platform to which the solution should integrate or does the solution need to bring a portal technology? **We currently do not have any IDS OR a case management system that is deployed to adult and ageing department. The RFP calls for a new solution that meets the needs of case management and IDS that should be flexible to scale and integrate various types of industry standard data sources and case management scenarios.**
156. Requirements: Data Migration From how many legacy data sources does data need to be migrated? **One.**
157. Requirements: Data Migration Can you please identify the technology data source(s) for each legacy data set? Do all records or a subset of records need to be migrated? **The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience. The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.**
158. Requirements: Data Migration How many tables and records per table need to be migrated from each data source? How many are reference or lookup tables vs tables that store unique record information (i.e., case information)? **Due to the legacy nature of the current system, we are unable to provide this information.**
159. Do have have an desired signature provider? If so, please provide the vendor and solution. Do you already have electronic signature licensing that can be leveraged or should it be included in the proposal. **We currently utilize DocuSign. However, we'd be open to proposals to use another service. We would require the ability to change the electronic signature tool in the future if we changed our standard.**
160. Requirements: Electronic Signature Approximately how many electronic signatures will be required annually? **A rough estimate of 4,000 signatures per year.**
161. Requirements: Integration Can you please provide additional information about the integration options available for each system? (e.g., web service, SFTP) Do services already exist for each integration endpoint. Can you please describe the triggering events and amount of data (i.e., number of data points) included in each integration? **The list of systems for integration is not yet determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner**

organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."

162. Requirements: Integration Does this solution need to integrate into a data warehouse? If so, what data warehouse technology? Does all or a subset of data need to be integrated? The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience. A diagram of IDS architecture as related to Guilford County is provided as an attachment.
163. Requirements: Integration Do you have a middleware solution available or preferred to be used to support integrations? If so, can you please provide the vendor and software? If it is an existing middleware solution, should the respondent provide licensing for the additional middleware capacity required to support this project? The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience.
164. Change Management / Training: Approximately how many users will need to be trained? Do you have internal training resources that can be used? Approximately 125 end user training; Technical/Administration training would be approximately 50. This would be a train the trainer model after the initial batch of training.
165. DevOps: Do you already have an existing DevOps process and technology? If so, can you please provide the name of the technology and an outline of your process? We don't currently have any existing DevOps technology. If a solution requires DevOps processes or technology, please include pricing for all recommended components based your recommended solution architecture and experience.
166. Staffing: Just to be clear, is the use of offshore consultants and developers allowed? Do you have a preferred virtual desktop solution? Offshore: Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to be US based only.
167. Support: For how long is the respondent required to provide post-deployment support as a warranty period for the solution? Minimum warranty period of one year after full deployment
168. Support: Does the respondent need to provide a support plan as part of our response? For how long? Minimum warranty period of one year after full deployment
169. Client Support Does the client have a designated administrator for the new system? Will they be able to devote part-time or full-time to the maintenance of the system? This is a response to the RFP. Please refer to the RFP 3.1.2 staffing: "What are the future staffing suggestions to support the system over the next 5-7 years?"
170. External Influence: Did you use a vendor to help develop the RFP? If so, can you please share the name of the vendor? No vendor was used, it was developed in house.
171. External Influence: Did you evaluate solutions that could meet its requirements through vendor demonstrations leading up to the RFP release? If so, can you share the vendors and solutions

- that were evaluated? **No solutions have been evaluated by the current team prior to releasing the RFP.**
172. Timeline: What is the implementation timeline? When does this system need to be live? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
 173. Implementation Approach: Are you willing to divide the scope of the effort contained within the two phases, a discovery phase and an implementation phase, so that the implementation can be more accurately estimated? **We would be open to that approach.**
 174. Mobile Do you expect a mobile customer app to be delivered as part of this project? Does it need to have the same functions as the desktop application or a subset of features? Does it need to support offline access? **We would like to have the ability to deliver one.**
 175. Analytics Can you please provide a list of reports that will need to be built or migrated to the new system from existing systems? Or, an estimated count of reports would be helpful if a list is not available? **A list is not available but an estimated 25 reports per month would need to be automated.**
 176. Does salesforce or third party Licensing need to be included in the Bid? If license pricing is required, for how many years? **The bid should include pricing for the complete solution including the license cost. Total cost of ownership both onetime and recurring costs for the county.**
 177. Is there a population estimate for who will be managed by the platform and/or how many users will be utilizing the platform? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers. We serve approximately 1,000 residents per year in this division.**
 178. Can the County provide approximate dates for award of contract and contract start? **This is dependent upon the number of bids we receive, and how long contract negotiations take. Our hope is to have a contract start date of July 1, 2025.**
 179. May we use electronic signatures for all forms (including those that must be notarized) and may we use online notaries? **Yes**
 180. With the exception of the cost proposal line items to be entered into the portal, may we include all documents in a single PDF (that includes all required forms)? if not, which are required to be submitted individually? **Yes**
 181. Are bidders permitted to provide exceptions to the contents of this RFP package (e.g., redlines to the sample contract)? if so, what is the preferred or required format (list, redlines, etc.)? **The contract attached to the RFP is a sample for informational purposes only. The County will discuss contractual terms and conditions with the awarded Provider.**
 182. On page 25, there is a reference to Affidavit D, which must be submitted after the award of contract. There is no such affidavit in Attachment 4. Can you please provide this? **The awarded vendor will be contacted with instructions.**
 183. Page 25 states that the Minority Business Participation form must be notarized. However, there are no fields on the form for a notary. Do we need to add that information manually or is there an updated version of that form with the necessary fields? **This form doesn't need to be notarized. Instructions will be updated by an addendum.**

184. To confirm: Are bidders required to submit copies of all addenda attached to the Addendum Acknowledgement Form? **Copies of the Addendums are NOT required; however, Bidders must acknowledge each addendum by adding Addendum No and date it was issued. The Addendum Acknowledgement Form must be returned.**
185. For question 3.1.10 Data Integration and Deidentification, what is the use case for deidentifying data? Is this only in the context of producing reports and dashboards which do not contain any identifiable data? **No. Deidentified data will be used in many different aspects and as part of our data sharing agreements with internal and external partners. Please refer to <https://www.hhs.gov/hipaa/for-professionals/special-topics/de-identification/index.html> for additional guidance on deidentified data.**
186. For question 3.1.17 Predictive Modeling, can the County elaborate on what the use case would be for predictive modeling/machine learning in the IDC? **We have not defined the use case for predictive modeling at this point in time. The software solution should be able to integrate predictive modeling for instances such as future risk, future system and staffing needs, and identification of future service provisions at a minimum. A use case for similar systems can be accessed <https://www.aecf.org/resources/using-integrated-data-systems-to-improve-case-management-and-develop-predic>**
187. How many staff will use the system? Can you break down the users with more detail for us.
- Case Managers
 - Job Seekers
 - Employers
 - Training Service Providers
- This question seems to be referring to a workforce development solution. We are not soliciting a bid that includes job seekers, employers, or training service providers.**
188. How many users would the county have that would need access to enter, view and/or edit data? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.**
189. How many staff provide aide services (are these included in the count above)? **We provide case management services not direct In-Home Aide service. 8 staff to include supervisor, nurse and program manager.**
190. How many users will be providing Special Assistance In-Home and/or In-Home Aide Services? Do multiple providers deliver these services? If so, how many different providers? (are these numbers included in your overall user count) **There are 5 SAIH staff to include supervisor and manager, 8 in home aide staff to include supervisor, nurse and manager. Services provided to SAIH customers vary depending on the individual's needs. We contract with 10-15 agencies for In-Home Aide services annually.**
191. How many users will need access to advanced tools for report writing/data transformation/data warehousing tools? **This is not known at this time please provide a recommended solutions based on your experience.**
192. Does Guilford County have personnel resources with experience in managing integrations and making REST API calls or would you desire for your vendor to manage all Integration build and maintenance work? **We have some staff that has experience in integrations. Per the RFP3.1.12 we would like a vendor breakdown of the staffing that is estimated to be needed by Guilford County to successfully execute the project.**
193. Does Guilford County desire an integration with ARMS? If so, can you provide more information about the desired data flow for this integration? **We have some staff that has experience in**

integrations. Per the RFP3.1.12 we would like a vendor breakdown of the staffing that is estimated to be needed by Guilford County to successfully execute the project.

194. Can you provide more information about the desired goal of an integration with NC FAST. Do you envision this integration as unidirectional or bidirectional integration? If unidirectional would data flow from NC FAST to the IDS or vice versa? What types of data would be exchanged via the integration? What is the desired method of integration (API, SFTP file transfer, etc.)? Would the integration be primarily for the purposes of aggregated reporting/analytics or would end users using the IDS need to be able to see specific data about individual clients that was ingested from NC FAST? **NC FAST is being phased out and PATH NC will be the new state solution. This would be a unidirectional flow from the State system to the IDS.**
195. How a company that is self-performing for this contract should answer this question for maximum points, given that no subcontracting is foreseen? **Submit the Self-Performance Affidavit if applicable. There are other questions that need to be answered and submitted under Tab 6 of the "Qualifications and Submission Requirements".**
196. Whether you are requesting that we identify MWBE organizations we have worked with in the past, unrelated to the current bid? **Correct, list past experience working with MWBEs unrelated to the current Bid**
197. MWBE requirements on pg 6 further state that an organizational chart is requested. Can you please clarify: **The MWBE requirements do call for an organizational chart to be submitted as part of your bid for MWBE point allocation. However, there is some flexibility regarding the details:**
- Whether it is required to include this chart for the point allocation, given that we do not routinely collect this information from this staff as it may be considered sensitive or confidential? **Required for Point Allocation:
Yes, an organizational chart is required as part of the evaluation process. It helps demonstrate your company's structure and how MWBE-related functions are managed.**
 - If the organizational chart should include individual staff names in addition to role designations? **Including Individual Names vs. Role Designations:
While the guidelines often suggest that the chart should provide a clear picture of the key personnel and their responsibilities, it isn't always mandatory to include individual names if that information is considered sensitive. You can typically substitute role designations if you prefer to protect personal details, as long as the chart clearly identifies the positions that will be handling MWBE compliance and related activities.**
 - Which demographic designations should be included in the organizational chart? **Demographic Designations:
The chart should indicate, where relevant, which positions are held by MWBE-qualified individuals (for example, noting if a key role is occupied by a certified MBE or WBE). This can be done by including a simple notation (such as "MBE" or "WBE") next to the role title. However, you should only include the demographic information that is explicitly requested in the solicitation. If the RFP does not require personal identifiers like names or full demographic data, providing the role titles along with a notation of MWBE status for those roles should be acceptable.**
- In summary, for maximum points you should provide an organizational chart that clearly outlines your company's structure and the key roles responsible for managing MWBE participation. If including individual names is a concern due to sensitivity or confidentiality, you may list roles and responsibilities instead and simply note the MWBE demographic status of the relevant positions where applicable.**
198. For the budget, the VSS system and cost proposal only list two total line items for the CMS and IDS. Can you confirm:

- Whether you need additional detail or justification for the budget beyond these two line items, and if so how that information should be shared? **As much detail as feasible should be provided within the cost proposal for the solution.**
199. Regarding 3.2.3 Special Assistance In-Home, is it desired that the Medical Assistance form be completed by the doctor within the proposed solution, or will the doctor send the form to the case manager or the solution to then be stored in the solution? **Medical forms are completed by physicians, and it's the client's responsibility to return the form to the Medicaid worker. Medicaid staff is responsible for determining eligibility for the program.**
 200. Is the system expected to interface with Medicaid directly? If yes, should this be covered in the scope and pricing of the IDS or Case Management component? **Not at this time.**
 201. Is the use of offshore developers or staffing allowed? **Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in the US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to be US based only.**
 202. Approximately how many users/case managers will need access to the system? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
 203. How many staff will need access to the system in a managerial or audit capacity (viewing and reporting but not editing resident records)? **Approximately 20 managerial and CQI staff will need access to the system. Managerial staff will also need the ability to edit records.**
 204. Regarding the Qualification and Submission Requirements section, when submitting via the vendor portal, is it preferred that each section or Tab of the response be submitted as a separate file or should forms and attachments be consolidated into the narrative response with each Tab noted, whenever possible? **You can upload the documents individually or as one file, whichever you prefer.**
 205. Regarding Attachment 2, question V seems to pertain to a contact person for the RFP and question XI seems to reference the point of contact or project manager if awarded the contract. Please confirm if question XI pertains to the point of contact for the RFP and negotiations or for the project manager/point of contact if awarded the contract. **Attachment 2 is all information pertaining to the Provider/Provider Company.**
 206. Please confirm the timeline for implementation of each desired solution (IDS and Case Management Software). **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
 207. Please confirm the budget for each component (IDS and Case Management Software) for year 1 and ongoing maintenance. **We have not finalized the budget for this project. We will consider all responsive bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
 208. Please confirm if it is acceptable for additional pages to be added to the cost proposal to accommodate a cost breakdown or fee structure? **The bidder can submit additional pages to accommodate the cost breakdown**

209. In order to provide a complete and comprehensive response that considers all the components and requirements, including consideration of the responses to the Q&A, would the county consider extending the submission deadline? **Please see Addendum #3 for Proposal Due Date Extension**
210. Our parent company is a certified MBE in North Carolina. As such, would we be eligible for the full 30 points available to MWBEs? **If your company meets the NC HUB eligibility criteria –then you would typically be eligible for the full 30 points. In other words, if your company qualifies as an MWBE under the solicitation’s requirements (which include ownership, control, and certification standards), then the fact that your parent company is certified should allow you to claim full MWBE points.**
211. Exhibit A includes Business Process Maps. Are the maps part of the requirements for this RFP? **The business process maps are included for a greater understanding of Aging and Adult Services service provisions and workflows.**
212. What is the purpose of including Exhibit B Requirements for the Provision of Services? This document describes the Services provided by the Agency to its Clients. **This is provided as a potential resource to vendors when evaluating**
213. There is a BAA included. Is there a requirement and/or opportunity to provide any objections to the terms at this point? **No requirement or opportunity. This is for reference purposes only.**
214. Is there a requirement and/or opportunity to provide objections to the Sample Contract terms? **The Sample contract is just a sample for reference only. Contract terms and conditions will be discussed with the awarded provided.**
215. We have identified the system requirements and deliverables. Is there an RFP instruction document specifying Scope of Services requirements? **The entire RFP document is intended to serve as a scope of work.**
216. I can’t seem to find a published list of certified MWBE on the NC HUB website. Can you please point me in the right direction?
<https://www.doa.nc.gov/divisions/historically-underutilized-businesses-hub> **If you need assistance finding certified firms in specific scopes, please contact us at MWBE@guilfordcountync.gov for further information.**
217. In Q&A 27, it states: "If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes, a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ." Is this NC HUB registration the same as registering the online portal to respond to this RFP? We had to state our status as a W/MBE. If not, what is the proper link? **No, NC HUB certification is not the same as registering in the online portal to respond to the RFP.**
- **NC HUB Certification:** This is the process of becoming officially recognized as a Minority Business Enterprise (MBE) or Women Business Enterprise (WBE) through the North Carolina Historically Underutilized Business (HUB) Program. If a company has submitted all required documents and meets the criteria, it can count toward MWBE participation goals, even if the certification is still pending at the time of the bid.
 - **Online Portal Registration for RFP:** This is separate from HUB certification and is specific to responding to bids in the Guilford County procurement system. Vendors must register, select their vendor type, and input relevant certifications, including their NC HUB status. Proper Link for Registration:

- NC HUB Certification Portal:
<https://ncadmin.nc.gov/businesses/historically-underutilized-businesses-hub>
- Guilford County Vendor Self-Service:
<https://guilfordcountync.munisselfservice.com/Vendors/default.aspx>

If your firm has stated its W/MBE status in the portal, you should still verify that the NC HUB certification process is complete and reflected correctly in the system.

ADDENDUM #5 - SUPPORTING FORMS

Aging and Adult Services Division Excess Expenditure Report Form (DSS 148)

Instructions: The DSS 148 must be submitted to GCDHHS Finance when requesting funds on behalf of a client that does not receive income (Social Security Benefits). An invoice must accompany the completed DSS 148. A minimum of two signatures are required prior to submission.

Date: Click or tap to enter a date.

Social Worker Name: Click or tap here to enter text.

Name of Client: Click or tap here to enter text.

Client Date of Birth: Click or tap to enter a date. Race: Choose an item. Gender: Choose an item.

Client's Address: Click or tap here to enter text.

Client's One Case Number: Click or tap here to enter text.

Amount of Request: Click or tap here to enter text.

Reason for Request (include details): Click or tap here to enter text.

Payment to be made to (Payee): Click or tap here to enter text.

Payee address: Click or tap here to enter text.

Other Financial Resources Explored: Click or tap here to enter text.

Special Instructions/Comments: Click or tap here to enter text.

Finance Use Only

County Cost of Placement: Click or tap here to enter text. 1571 Reimb. Choose an item.

5094 Reimb. Choose an item.

Total Cost of Placement: Click or tap here to enter text.

Signatures:

Social Worker: _____ Date: _____

Approved By:

Supervisor: (up to \$100) _____ Date: _____

Program Manager: (up to \$750) _____ Date: _____

Division Director/Designee: (more than \$750) _____ Date: _____

Links to Access Forms:

- **DHHS Forms:** <https://www.ncdhhs.gov/>
- **AOC Forms:** <https://www.nccourts.gov/about/nc-administrative-office-of-the-courts>
- **DAAS Forms:** <https://www.ncdhhs.gov/divisions/division-aging>
- **DHSR Forms:** <https://info.ncdhhs.gov/dhsr/>
- **DHB Forms:** <https://medicaid.ncdhhs.gov/>
- **SSA Forms:** <https://www.ssa.gov/>

General Aging Forms

- Fax Cover Letter (no form number)
- Adult Services Intake Inquiry Form (DHHS-AS-6218)
- Face Sheet (DHHS-AS-6219)
- Adult Services Contact Log (DHHS-AS-6222)
- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

Adult Protective Services

- APS Intake Form (DHHS-AS-0001)
- Initial Notice to Reporter (DHHS-AS-0002)
- Initial Notice to District Attorney/ Law Enforcement (DHHS-AS-0008)
- Face Sheet (DHHS-AS-6219)
- DSS 5027
- Adult Services Community Evaluation (DHHS-AS-0005)
- Adult Services Facility Evaluation (DHHS-AS-0006)
- Diligent Efforts to Locate Adult (DHHS-AS-0007)
- APS Notice to Financial Customer (DHHS-AS-0010)
- Notice of Request for Records (DHHS-AS-0014)
- Consent and Authorization for Access to Financial Records (DHHS-AS-0015)
- Veteran Affairs Request for Records (DHHS-AS-5337-A)

- MMSE (Internal form) <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/cogimp-smmse.pdf>
- Determination of Ability to Consent (DHHS-AS-0013)
- Notice to Reporter- Completion of Evaluation (DHHS-AS-0004)
- Notice to Administrator – Completion of Evaluation (DHHS-AS-0003)
- Written Report (DHHS-AS-0009)
- 5026 (DHHS-AS-5026)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

APS Court Proceedings

- Affidavit to Obtain Administrative Inspection Warrant for Particular Condition or Activity (AOC-CR-913M)
- Petition for Order Authorizing Emergency Services/ Ex Parte and Appointment of GAL (AOC-CV-770)
- Order Authorizing Protective Services (AOC-CV-773)
- Petition to Order for Issuance of Subpoena Directing Release of Financial Records (AOC-SP-630)
- Petition to Order to Inspect Financial Records and to Freeze Assets (AOC-CV-776)
- Order to Enjoin Interference with Protective Services (AOC-CV-782)

Guardianship

- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Request for Bond Coverage/ Removal (DHHS-AS-7016)
- Status Report (DHHS-AS-0020)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- DNR Document (internal)

Guardianship Court Proceedings

- Notice of Rights of Respondents and Wards (AOC-SP-197)
- Special Proceedings Action Cover Sheet (AOC-SP-550)
- Motion for Appointment of Interim Guardian (AOC-SP-198)
- Petition for Adjudication of Incompetence and Application for Appointment (AOC-SP-200)
- Guardianship Capacity Questionnaire (AOC-SP-208)
- Servicemembers Civil Relief Act Declaration (AOC-G-250)

- Notice of Hearing on Incompetence and Order Appointing GAL (AOC-SP-201)
- Notice of Hearing Appointment of Guardian (AOC-E-211)
- Certificate of Service (AOC-SP-207)
- Motion for MDE (AOC-SP-214)
- Order for MDE (AOC-SP-217)
- Order on Motion for Appointment of Interim Guardian (AOC-SP-900M)
- Order on Petition for Adjudication of Incompetence (AOC-SP-202)
- Application for Letters of Guardianship (AOC-E-206)
- Oath and Affirmation (AOC-E-400)
- Order on Application for Appointment of Guardianship (AOC-E-406)
- Letters of Appointment Guardian of Person (AOC-E-408)
- Motion in the Cause for Restoration to Competency (AOC-SP-215)
- Notice of Hearing on Restoration to Competency (AOC-SP- 216)
- Order on Motion Restoration to Competency (AOC-SP-218)
- Motion in the Cause – modify Guardianship (AOC-E-415)
- Order on Motion to Modify Guardianship (AOC-E-416)
- Letters of Appointment Limited Guardian of Person (AOC-E-418)
- Letters of Appointment Temporary Guardian (AOC-E-421)

Did not list forms used for Guardian of the Estate/ General Guardian or transfers of Guardianship our of state.

Indigent Burial

- Unclaimed Body Referral
- Information Sheet (for death certificate)
- Standard Cremation Authorization
- Important UB Information (for payment, morgue pickup, and whether ME case)
- Clerk of Court Letter

18-21

Placement

- Placement Referral (internal form)
- Face Sheet (DHHS-AS-6219)
- DSS-5027
- FL-2 (2 State forms) – ACH / SNF
- Functional Assessment (DHHS-AS-6220)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

In Home Aide

- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Client Registration form (DAAS 101)
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Nurse Physical Health Assessment (internal form)
- In Home Aide Emergency Plan (internal form)
- In Home Aide Service Plan (Internal form)
- Purchase of Service (internal form)
- Consumer Contribution Schedule – Updates annually with COLA (DAAS form)
- Model Provider Assurance Form (DAAS Form)
- Client Bill of Rights (internal form)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- Client Satisfaction Survey (internal form)
- Caregiver Satisfaction Survey (internal form)

Adult Day Services

- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Client Registration form (DAAS 101)
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- ADC/ADH medical form (Contracted Provider form) – no copy
- Purchase of Service (internal form)
- Consumer Contribution Schedule – Updates annually with COLA (DAAS form)
- Model Provider Assurance Form (DAAS Form)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- Client Satisfaction Survey (internal form)
- Caregiver Satisfaction Survey (internal form)

ADS Recertification Forms

- Adult Day Care Certification form (DAAS-1500)

- Adult Day Health Certification form (DAAS-6205)

Subcontract Monitoring

- HCCBG Subcontractor Performance Evaluation (PTRC)
- NC DAAS IHA monitoring Tool Attachment A
- NC DAAS IHA monitoring Tool Attachment B

ADS Routine Monitoring

- Monthly Monitoring Report (DAAS -6214)

ADS Complaints

- Complaint Intake form (DAAS-600)
- Notice Letter to Program Director (DAAS-603)
- Notice Letter to Complainant (DAAS-602)
- Complaint Investigation Report (DAAS-601)
- ADS Notice of Violation of Standards (DAAS-6215)

Nurse

- Referral form (internal)
- Notes Summary (internal)
- Nurse Physical Health Assessment (internal form)

IHA/ ADS HCCBG/ SSBG Budget Reports

- Weekly/ Monthly Budget Meeting
- Accounting Budget Meeting
- Monthly Commission on Aging Meeting

AHS Focused Monitoring

- Monitoring Report (4606 AHS Facility Report)
- Resident Selection (DHSR/ AC 4705)
- Personnel Record review (DHSR/AC 4704)
- Staff Qualifications (DHSR/ AC 4617)
- Housekeeping and Furnishings (DHSR/ AC 4715c)
- Personal Funds (DHSR no form number)
- Staffing Requirements Chart (no form #)

AHS Complaint Monitoring

- Complaint Intake Form (Can be internal or DHSR generated)
- Monitoring Report (4606 AHS Facility Report)
- Corrective Action Report (DHSR/AC 4607)

- Complaint Investigation Summary (DHSR /AC 4654)
- Plan of Protection (DHSR /AC 4659)
- Licensure Action Recommendation Worksheet (DHSR/AC 4715)
- ACLS Administrative Penalty Recommendation (DHSR/ AC 4610)
- ACLS Administrative Penalty Recommendation Unabated Violation (DHSR /AC 4610 b)
- Determine Penalty (DHSR /AC 4660)
- QIC Review Fax Sheet (DHSR/ AC 4694)
- Star Rating Notification (DHSR /AC 4695)
- Final Report of Investigation of a Resident Death (DHSR/AC 4650)
- Facility Request form (DHSR/ AC 4708)
- Food Service Monitoring Worksheet (DHSR/AC 4614)
- Medication Monitoring Form (DHSR/ AC 4616 b)
- LHPS QA tool (DHSR /AC 4621)
- Labs form (DHSR/ AC 4625)
- Medical Appointments (DHSR /AC 4626)
- Activities Observation (DHSR/ AC 4702)

CSST

- Referral Form (internal form GC DSS 317)

199

- Referral Form (internal form GC DSS 199)

Special Assistance In Home

- SA IH Program Interagency Referral Form (DHHS-AS-0031)
- FL-2 (State form – only ACH)
- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Functional Assessment (DHHS-AS-6220) – Form is changing 03/01/2025
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223) – Requirement is changing 3/1/2025
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

Representative Payee

- Referral (internal form)
- SSA Application for Rep Payee (SSA-11-BK)
- Physician's Medical Officer's Statement of Patient's Capability to Manage Benefits (SSA-787)
- SSA appointment letter (generated from SSA)
- Face Sheet (DHHS-AS-6219)

- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Client Budget Worksheet (internal form)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Adult Services Agreement for Rep Payee (internal form)
- 152
- 148
- Accounting Summaries (print out from Munis , generated from accounting)
- Case Closing / Transfer Summary (DHHS-AS-6226)

Adult Resource Team (ART)

- Referral (internal EMS form) – is generated from a QR code in EMS System
- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Consent to Obtain / Release Information (internal form GC 77)
- Consent to Share Information with Partner Agencies GC-40/ GC-77)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Client Bill of Rights (internal form)
- Daily Collaboration Tracking form (FJC Form)
- Notice to Reporter letter - Initial Screening (internal form)
- Notice to Reporter letter – Case Closure (internal form)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- Client Satisfaction Survey (internal document)

Targeted Housing

- Application packet for Targeted Housing

**PHYSICIAN'S STATEMENT REQUESTING
DO NOT RESUSCITATE (DNR) / NO CODE ORDER**

CoujntyWARD: _____ DOB: _____ SSN: _____

(To be completed by the Attending Physician)

The above-named person is diagnosed with: _____

The above-named person's condition is as follow (check one):

_____ The patient is comatose and there is not reasonable possibility that the patient will return to a cognitive state:

OR

_____ The patient is mentally incapacitated, and the patient's present condition is terminal and incurable, or the patient's condition is diagnosed as a persistent vegetative state.

OR

_____ If the patient does not meet one of the conditions listed above, state reason(s) and/or professional opinion why a Do Not Resuscitate (DNR) order should be authorized: _____

(Check all that apply)

_____ A vital function of the patient could be restored by extraordinary means; **or**

_____ A vital function of the patient is being sustained by extraordinary means; **or**

_____ The life of the patient could by or is being sustained by artificial nutrition or hydration.

Attending Physician's Signature: _____ **Date:** _____

_____ County, North Carolina

I, _____, certify that _____ personally appeared before _____ day of _____, 20____, acknowledging to me that he/she signed the foregoing document.

Notary Public Signature

Seal

My commission expires: _____

(To be completed by the NON-ATTENDING PHYSICIAN)

I have examined the above name patient and reviewed their current medical record.

_____ **I DO CONCUR** with the attending physician's recommendation for a DNR/No Code order.

_____ **I DO NOT CONCUR** with the attending physician's recommendation for a DNR/No Code order.

Non-Attending Physician's Signature: _____ **Date:** _____

_____ County, North Carolina

I, _____, certify that _____ personally appeared before _____ day of _____, 20____, acknowledging to me that he/she signed the foregoing document.

Notary Public Signature

Seal

My commission expires: _____

(To be completed by the Guardian)

_____ As Guardian of the Person for the above-named ward, **I AGREE** with the medical recommendation for a DNR/No Code Order.

_____ As Guardian of the Person for the above-named ward, **I DO NOT AGREE** with the medical recommendation for a DNR/No Code Order.

Signature: _____ Guilford County DSS Director

**PHYSICIAN'S STATEMENT REQUESTING
DO NOT RESUSCITATE (DNR) / NO CODE ORDER**

Date: _____

Adult Care Home
Complaint Intake Form

**GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECIPIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

RECIPIENT'S BILL OF RIGHTS

AS A RECIPIENT OF DHHS SERVICES, YOU HAVE THE RIGHT:

1. To be fully informed of all of your rights, obligations and responsibilities.
2. To receive professional, considerate and respectful care in you home at all times and your property treated with respect.
3. To participate in the development of your plan of care, including an explanation of services proposed and alternate services that may be available in the community and to receive a copy of your service plan.
4. To be fully informed, in advance, of any changes or modifications in your plan of care.
5. To receive information necessary to give informed consent prior to the starting of any procedure or treatment.
6. To accept or refuse services provided and to be informed of the possible results of your actions.
7. To privacy and confidentiality about your health, social and financial circumstances and about what takes place in your home. All communications and records will be treated as confidential information.
8. To expect that all personnel will respond in good faith to your request for assistance in your home, within the limits set by the plan of care.
9. To receive information on the policies and procedures of the Department of Health and Human Services, qualifications of personnel, supervision, and/or plan of care.
10. To receive services as long as the Department of Health and Human Services has the ability to provide safe and professional care at the level of intensity needed.
11. To voice grievances and suggest changes in services or staff without fear of reprisal or discrimination. You may express grievances by phone, in person or in writing to the Department of Social Services, P.O. Box 3388, Greensboro, NC 27402.
Call your social worker _____, SW II at telephone # 336-641-_____.
~~If you are unable to reach your social worker, call the worker's supervisor at telephone #~~
336-641-_____.

RECIPIENT'S RESPONSIBILITIES

AS A RECIPIENT OF SERVICES, YOU HAVE THE RESPONSIBILITY:

1. To treat the Department of Health and Human Services personnel with respect.

2. To supply the Department of Health and Human Services with honest, accurate and forthright information regarding your eligibility and personal needs.

3. To ask questions when you do not understand the information given by representatives of the Department of Health and Human Services, until you reach a clear understanding of the policies, procedures, and plan of care.

4. To notify your Social Worker of any changes that will impact services provided to you.

5. To notify Social Worker when there is a change in your emergency contact information.

Your signature below will be an indication that this information has been reviewed with you. Failure to comply with these guidelines will result in the review of your services and possible services discontinued.

Case Manger's Signature _____
Date _____

Case Manger's Telephone Number _____

Recipient's Signature _____
Date _____

Patient's Representative/Witness _____
Date _____
(Required if patient is unable to sign or make an X)

First Referral?	<input type="radio"/> YES	<input type="radio"/> NO
Location	<input type="radio"/> GSO	<input type="radio"/> HP



How Are We Doing?

1. Please rate your services with the Adult Resource Team:

	Poor	Fair	Good	Excellent
I feel safer in my home and community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my confidentiality and privacy were honored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff communicated and supported me throughout my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The services I received helped me make decisions about my next step.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Was there a service unavailable that you wished we would have had? _____

3. Would you recommend the Adult Resource Team to someone who needed our services?
 Yes No If no, can you please tell us why?

4. What would you improve about our services for future clients? _____

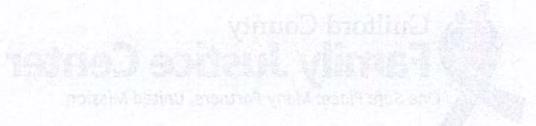
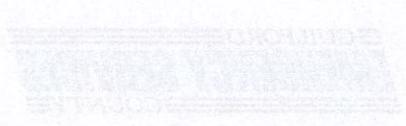
5. We value what you have to say! Please write any additional comments or suggestions: _____

Thank you for participating in our survey. Would you like to speak with someone directly about your experience? Yes No

Please provide your name and contact information below or email us at [enter email address](#).

Name _____ Phone _____ Email _____

HP Location
 GSO Referral?
 NO



How Are We Doing?

1. Please rate your services with the Adult Resource Team:

Excellent	Good	Fair	Poor	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel safe in the home and community
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel that my confidentiality and privacy were honored.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel respected with respect
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff communicated and supported me throughout my services.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The service team worked hard to take care of my needs.

2. Was there a service unavailable that you wished we would have had?

3. Would you recommend the Adult Resource Team to someone who needs our services?
 Yes No - If no, can you please tell us why?

4. What would you improve about our services for future clients?

5. We value what you have to say! Please write any additional comments or suggestions.



First Referral? YES NO
 Location GSO HP

Adult Resource Team Referral Form

Date of Referral: _____ **Time of Referral:** _____

Referral Classification (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> High utilization of emergency response systems
<input type="checkbox"/> Frequent falls or needs assistance with daily living activities
<input type="checkbox"/> Concerns about fraud or exploitation
<input type="checkbox"/> Other (briefly describe): _____
_____ | <input type="checkbox"/> Lacks basic needs (food, clothing, provisions)
<input type="checkbox"/> No caregiver or lacks supports
<input type="checkbox"/> Abuse/Neglect
<input type="checkbox"/> Unsafe environment (hoarding, dilapidated home, unsanitary living conditions, etc.) |
|---|--|

Referring Agency:

- Family Justice Center
 EMS
 BHRT
 CART

Fire Department

- Greensboro Fire Dept
 High Point Fire Dept
 Guilford County Fire Dept
 District # _____

Law Enforcement

- Greensboro Police Dept
 High Point Police Dept
 Guilford County Sheriff's Dept

EMS/Fire Responder and Contact information:

Name: _____ **Phone:** _____
Address: _____ **Email:** _____

EMS Incident # _____ EMS Event # _____
 Fire Incident # _____ Fire Event # _____

Adult Name and Contact information:

Name: _____ **Phone:** _____
Address: _____ **Email:** _____

Summary of Concern/Needs:

Are there any safety concerns for the ART Team?

SCREENING DECISION

Accepted | Not Accepted

Assigned Case Number: _____

Assigned Social Worker: _____

Assigned EMS Staff and Contact Info.: _____

Phone#: _____

Email: _____

Urgency of Situation:
 Immediate
 24 Hours
 72 Hours

APS Report Made by ART Team:
 YES
 NO

Comments: (include outcomes for Not Accepted referrals)

...

...

...

...

...

Date of Referral: _____ Time of Referral: _____

Adult Resource Team Referral Form

Staff Name: _____
Date: _____

DAILY COLLABORATION TRACKING FORM

I collaborated with the following FJC partner agencies today:

- | | | |
|-------------------------------|---|---------------------------------|
| — Cone Hospital | — High Point Medical Center | — FJC Elder Justice Coordinator |
| — Corporation of Guardianship | — City of Greensboro | — PTRC-AAA |
| — Greensboro Police Dept. | — City of High Point | — Senior Resources |
| — GC Sherriff's Office | — EMS | — Other: _____ |
| — Legal Aid | — FJC Operations (Admin, Navigator, Supervisor) | |
| — High Point Police Dept. | | |

I participated in the following collaborative meetings:

- | | |
|-----------------------------------|-----------------------------|
| — FJC Working Partner Team | — Elder Justice Case Review |
| — High Risk Team Meeting | — ART Case Review |
| — Elder Justice Committee Meeting | — Other: _____ |

Additional information or comments:



Adult Resource Team Referral Summary:

Adult Name: DOB:

Date of Referral: ART Services Initiated:

Case was not accepted for Aging Resource Team. Referred to the following program(s):

Summary of services offered:

Services accepted by adult (include providers as applicable):

Services needed but unavailable (include why unavailable and refusals):

APS Report Completed: Yes No

Social Worker Date:

CONSENT TO OBTAIN/RELEASE INFORMATION

I, _____, hereby authorize the Guilford County Department of Social Services at: _____ (Typed or Printed Name)

- CHECK ONE: [X] P.O. BOX 3388, Greensboro, NC 27402 or [X] P.O. BOX 1142, High Point, NC 27261

to obtain/release specified information, indicated below, concerning

_____ from/to: (Typed or Printed Name)

Name(s) of Organization(s)/ Individual(s):

Medical providers, Emergency Medical Services, Local Community Providers for referral of services including but not limited to: Family Justice Center / Elder Justice Committee, Coordinated Entry (housing resource providers), Medicaid, Public Health (CAP/DA services), Transportation Services.

SPECIFIC INFORMATION TO BE OBTAINED/ SHARED: Any information pertinent to providing services needed by the adult and information to facilitate discussion of community need and service improvement.

My signature certifies that I am aware of the nature of the information that is being disclosed, the need for the information, and that there are laws protecting the confidentiality of authorized information. I am also aware that refusal to sign may mean that I will not receive the service(s) I have requested; and my signing is for the purpose of facilitating and coordinating delivery of my service(s) request(s).

This Consent form expires on _____ (specify date), unless revoked in writing prior to that date. I certify that this CONSENT is truly voluntary. I may revoke this consent in writing at any time. I understand the Department is not liable for the release of any information prior to my decision to revoke this consent.

My signature also means that I have read this form or have had it read to me and explained to me and I understand it. All the relevant blank spaces above have been filled in.

Client's Signature or "X" _____ Date Signed _____

Witness _____ Date Signed _____

Witness _____ Date Signed _____

Address _____ City/State _____ Zip Code _____

Guardian or Legal Custodian _____ Date Signed _____

Worker's Signature _____ Title _____ Date Signed _____

INSTRUCTIONS FOR COMPLETION OF GC-DSS-40

1. Type or print the client name authorizing the release of information.
2. Check the appropriate department address.
3. Type or print the name of the client for whom the information is requested.
4. Insert the name(s) and address (es) of each organization or individual from which/whom the information is being requested
or
Insert the name and address of the individual or organization to which or for whom information is being released.
5. Specify information being requested or released.
6. Indicate the date of expiration. This should be no more than 90 days from the date of the client's signature.
7. Obtain the client's signature or mark and date of signature.
8. If the client signs with a mark, have two witnesses verify and sign.
9. Provide the Street Address, City and State and Zip Code.
10. If the client is under 18 years of age, the parent or legal custodian must sign
or
if the client is an adult 18 years and older who is a ward, the guardian must sign
and
the date of signatures provided.
11. The social worker signs are all appropriate signatures have been obtained.

ROUTING:

Copies are:

1. Sent or presented to the organization receiving or releasing.
2. Given to the client.
3. Placed in the client's care file.

CSST REFERRAL

DATE: _____

CLIENT NAME: _____ Case No. _____

Address: _____ ID # _____

Telephone: _____

DIRECTIONS TO HOME: _____

Family Composition: Adults _____ Ages _____ Children _____ Ages _____

Referred by: _____ Unit _____ Ext. _____

PLEASE CHECK THE SERVICES NEEDED

Shopping
Ward _____
Rep Payee _____

Monitoring
Food Service _____
Activities _____
Placement _____

Help with Correspondence _____
Locate Resources _____

Transportation
Groceries _____
Appointment _____
Home Visits _____
Placements _____
Shopping _____
Teach Home Management _____

Housing _____

SPECIAL NEEDS REQUIREMENTS:

Request Accepted: _____ Changed _____ Denied _____
Reply _____

Social Worker

Supervisor

Please make referral to CSST at least a week in advance before service is needed unless an emergency.
**Referring social worker should complete page 2 (Client Name, SW Name/Number, Service Code, and Tasks to be done).

**Guilford County DSS – In Home Aide Program
Documentation of Services**

Service Codes
R = Refused
C = Completed
N = Not Done

Client Name	Social Worker Name & Phone Number
-------------	-----------------------------------

Service Code: <input type="checkbox"/> 340 (MAC) <input type="checkbox"/> 041 (Level I) <input type="checkbox"/> 042 (Level II) <input type="checkbox"/> 332 (IFA- ParaProf)	Monday	Tuesday	Wednesday	Thursday	Friday
Date (Record full month/day/year):					
Time In:					
Time Out:					
Total Hours Worked:					

Tasks (according to approved task plan)

Observe & Monitor General Condition					
Provide Safe Environment					
Keep Free of Clutter					
Respond to Emergency Needs as They Occur					
Meals: <input type="checkbox"/> Planning <input type="checkbox"/> Prepare: B / L / D / Snack <input type="checkbox"/> Ate: G / F / P					
Light House Keeping					
Bedroom: <input type="checkbox"/> Make bed <input type="checkbox"/> Change linens <input type="checkbox"/> Vacuum/Dust					
Living Room: <input type="checkbox"/> Vacuum <input type="checkbox"/> Sweep <input type="checkbox"/> Dust <input type="checkbox"/> Tidy					
Laundry: <input type="checkbox"/> Wash <input type="checkbox"/> Dry <input type="checkbox"/> Fold <input type="checkbox"/> Iron <input type="checkbox"/> Put away					
Kitchen: <input type="checkbox"/> Wash Dishes <input type="checkbox"/> Wipe appliances <input type="checkbox"/> Sweep <input type="checkbox"/> Mop					
Clean Bathroom: <input type="checkbox"/> Tub/shower <input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Sweep/mop					
Remove Trash to Receptacle					
Companionship/Support: <input type="checkbox"/> Telephone <input type="checkbox"/> Hobbies/Games					
Medications: <input type="checkbox"/> Med reminder <input type="checkbox"/> Med identification					
Reports to Social Worker: <input type="checkbox"/> Change in status <input type="checkbox"/> Identified concerns					
Travel: <input type="checkbox"/> Errands <input type="checkbox"/> Groceries <input type="checkbox"/> MD appts. <input type="checkbox"/> Pick up meds					
Other Approved Tasks:					
Client Initials/Signature					
CSST Initials/Signature					

Comments (Customer/CSST/Social Worker):

(Note any schedule deviations in this section)

Employee Statement of Work: I certify that I worked the time shown above and completed the tasks indicated. _____ CSST Signature Date <input style="width:50px; height:20px;" type="text"/> _____ CSST Name (please print) Total Hours	Client Acknowledgement of Services: I certify that I received the services above and that the hours shown are correct. _____ Client Signature Date _____ Reviewing Supervisor/Social Worker Signature Date
--	--

CSST REFERRAL

DATE: _____

CLIENT NAME: _____ Case No. _____

Address: _____ ID # _____

Telephone: _____

DIRECTIONS TO HOME: _____

Family Composition: Adults _____ Ages _____ Children _____ Ages _____

Referred by: _____ Unit _____ Ext. _____

PLEASE CHECK THE SERVICES NEEDED

Shopping

Ward _____

Rep Payee _____

Monitoring

Food Service _____

Activities _____

Placement _____

Help with Correspondence _____

Locate Resources _____

Transportation

Groceries _____

Appointment _____

Home Visits _____

Placements _____

Shopping _____

Teach Home Management _____

Housing _____

SPECIAL NEEDS REQUIREMENTS:

Request Accepted: _____ Changed _____ Denied _____

Reply _____

Social Worker

Supervisor

Please make referral to CSST at least a week in advance before service is needed unless an emergency.

**Referring social worker should complete page 2 (Client Name, SW Name/Number, Service Code, and Tasks to be done).

SSBG In Home Aide

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 6 months (12/1/23 - 5/31/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG In Home Aide Level I

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG In Home Aide Level II

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG In Home Aide Level III

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG Adult Day Care

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG Adult Day Health

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

SSBG Adult Day Care / Adult Day Health

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 6 months (12/1/23 – 5/31/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

How many people would we need to add in each program to spend funds?

HCCBG

Level I

Level II

Level III

ADC

ADH

SSBG

IHA

ADS

How does this impact caseload and rotation of assessments?

How much time do we need to implement adding this number of people?

Where do we need to move money from and to?

How over do we need to be in our final projection – adding people will increase attrition?

How does this help waiting lists? Are there enough people on ADS lists to spend?

What combination plans can we do to be most efficient?

- Extra hours
- Leveling
- New Clients/ wait list reduction
- Moving people from SSBG to HCCBG – is this an option at end of year to balance funding?

Can our providers meet the service needs we are requesting?

Final Funding movement plan:

PTRC Budget revision will include a price correction.

HCCBG Only

- ADC
- ADH

- IHA I
- IHA II
- IHA III

Wait list updates

- Review issues with current process
 - o Individualized to one person's system and difficult for others to read
 - o Does not manage priority well
 - o Does not help maintain contact documentation well
 - o Does not promote keeping names listed as current adults ready for services
 - o Does not capture changes in status throughout time between initial referral and beginning of service
- Review new procedure and logs
 - o Documentation into log
 - o Follow up process – making contact
 - o Expectation for contact before removing names
 - o Documentation of names removed
 - o Priority cases
 - o Removal
 - o Updates every 6 months – PTRC form implementation – who does work - RN/ OT for staff
 - o Plan for storing CRF when removed versus served
 - o New form annually or running log?

- Comments/ additional suggestions

- Test adding individuals to log and making common changes

- Update based on feedback and schedule training with OS Staff/ IHA /ADS staff - Teams

Budget Balancing Options:

Overspent

- Do not add new clients as client services close (holding slots) to allow attrition to reduce spending.
- Move clients to another funding source (SSBG or HCCBG).
 - o Must assure the client is eligible for the other funding source.
 - HCCBG can always move to SSBG. SSBG cannot always move to HCCBG.
 - Swap clients with high attrition to the overspent program and low attrition clients to the underspent program.
- Move funding into the overspent program. Try not to do this beyond March.
 - o Requires Commission on Aging board approval.
 - o Requires a Budget Packet revision.
 - o Requires Contract addendums for all impacted agencies.
- Cut services to clients
 - o Must notify DHHS/ DSS upline
 - o Must notify Commission on Aging
 - o Last resort - try to do over long periods of time and not cut 100% of services from any client.

Always notify the Commission on Aging when you are overspent (especially if considering service cuts as a solution. Additional funding – if other providers are releasing funds to Guilford County – you can propose to the Commission on Aging to receive those funds to balance spending.

Underspent

- Add new clients as client services close.
- Leveling clients to underspent programs (especially from overspent programs)
- Adding additional hours to clients in need.
- Add new clients
 - o Total funding underspent / rate in ARMS/ number of units for the remainder of the FY for 1 client = number of people you must add to balance spending. Remember to calculate the number of units by a realistic start date. The closer to the end of the FY the higher the number of new clients you will have to add to spend funds.
 - $\$26,000 / \$26.00 / 100 \text{ units} = 10 \text{ people}$
 - o Remember to consider staffing issues when adding large numbers of new clients. You must also consider availability of services with contracted agencies, adding too many new people at once floods the market and not all services are delivered timely, not spending the funds.
- Move funding to overspent programs (try to keep IHA funds with other IHA programs and ADS with ADS)



12/05/2024

Vershon Ward
336-641-7605
Fax: 336-641-5405

Caring Hands

EXAMPLE

<u>CLIENT NAME ADDRESS & PHONE#</u>	<u>LEVEL OF CARE</u>	<u>HOURS PER WEEK</u>	<u>RATE</u>	<u>FUNDING SOURCE</u>	<u>STARTING DATE</u>
1. Cl't's name Cl't's Address Cl't's phone #	I, II, or III	Depends on level	HCCBG or SSBG	01/00/2000	

Schedule

Monday-Thursday 10:00am-12:00pm

Social Worker: Name
Ph. # 336-641-0000

NOTE: Please contact client's social worker for ALL client schedule changes.



RN PHYSICAL HEALTH STATUS: IHA

Client's Address:	Client's Name:
Client's Telephone Number:	Nurses' Signature Date:
RECOMMENDED LEVEL:	

Medication Assessment

A. Administration: (check appropriate response)

<input type="checkbox"/>	No prescribed medications for client/family
<input type="checkbox"/>	Able to take medication in prescribed doses at proper times
<input type="checkbox"/>	can prepare and take medication with reminder
<input type="checkbox"/>	Can take medication if assisted with preparation
<input type="checkbox"/>	Unable to take medication correctly without assistance
<input type="checkbox"/>	Refuses to take medication appropriately
<input type="checkbox"/>	Other

Blood Pressure:	
Temperature:	
Pulse:	
Respiration:	
RR:	

If client needs assistance with medications, is he/she receiving assistance needed

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	------------	--------------------------	-----------

If Yes: From Whom

--

B. Medication List

Medication	Note Compliance Problems and/or side effects

C. Name of Physician(s)

Name of Physician(S)	Phone Number	Last Visit

D. Check if any of the following are occurring; then describe (family member affected, date of onset, severity, etc.)

<input type="checkbox"/>	Falls	
<input type="checkbox"/>	Sleep Disturbances	
<input type="checkbox"/>	Visual Changes/Limitations	
<input type="checkbox"/>	Pain	
<input type="checkbox"/>	Fatigue	
<input type="checkbox"/>	Forgetfulness	
<input type="checkbox"/>	Smell of Urine or Feces	
<input type="checkbox"/>	Wetness	
<input type="checkbox"/>	Dried Stool or Soiling	
<input type="checkbox"/>	Sores	
<input type="checkbox"/>	Bruises	
<input type="checkbox"/>	Burns	
<input type="checkbox"/>	Shortness of Breath	
<input type="checkbox"/>	Rapid Weight Loss or Gain	
<input type="checkbox"/>	Changes in Ability to Walk/Transfer	
<input type="checkbox"/>	Hearing Disability	
<input type="checkbox"/>	Speech Impairment	
<input type="checkbox"/>	Other	
Current Diagnosis of Clients Physical Health		
Client/Family Definition of Health Status		
Is Client receiving treatment for health problems as needed? (Explain)		

ACTIVITIES OF DAILY LIVING and INSTRUMENTAL ACTIVITIES OF DAILY LIVING

ADL'S	Assessment Needed (Check)		Assisted By (Check, if applies)				Comments	Need Met?	
	Independent	Some Assist	Totally Dependent	Family	Friend	Agency		Equipment	Yes
Bathing								X	
Dressing								X	
Grooming								X	
Toileting								X	
Transfer: from Bed								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	

IADL'S									
Shopping									X
Housekeeping								X	
Laundry								X	
Using Transportation								X	
Meal Preparation								X	
Money Management								X	
Telephone Use								X	

Client's/Family's Major Concerns _____

IN-HOME AIDE SERVICE PLAN

The purpose of this plan is to have a working understanding between the In-Home Aide Services recipient/family, the case manager and others about the specific tasks to be done and when the services will be provided. Changes in the plan may be requested by any of the parties involved by contacting the case manager.

Name:	Recipient/Family	Case Manager	In-Home Aide Agency
Phone #:			
Address:	1203 Maple Street Greensboro, NC 27405		

Tasks of Aide (Write in tasks From Tables in Appendix A)	How often Performed	Tasks of Aide (Write in tasks From Tables in Appendix A)	How often Performed
1. Assist with personal care and grooming (dressing & Lotion)	4x/week	7. Laundry: Wash/dry/fold/put away	1x/week
2. Living room: Dust, sweep, vacuum	4x/week	8. Prepare light meal/snack	As needed
3. Bathroom: Sweep/mop, clean sink, toilet, tub	4x/week	9. Take out trash	4x/week
4. Kitchen: Sweep/mop, clean countertops, wash/dry/put away dishes	4x/week	10. Bring in mail	4x/week
5. Bedroom: Make bed, dust, vacuum	4x/week	11. Observe, record, report changes	As needed
6. Bedroom: Change linens	1x/week	12.	

Circle level of service provided to the client: HM I HM/PC II HM/PC III

Client outcome goal (s): _____

Preferred time for client to receive service (Circle): Morning Evening

Specific service schedule (Write in days of week, hours/day and time of day) _____

Safety measures or activity restrictions _____

Beginning date for service: _____ Yearly review date: _____ Expected end date (if short term) _____

Conditions for continuing or discontinuing service: **Depending on availability of funding, staffing and level of need.**

Client Emergency Contact: _____ Emergency Contact Phone #: _____

Signatures:

Client or Responsible Person	Date	Date
Case Manager	Date	Date

CHANGES IN PLAN			
Initials	Date	Initials	Date
/		/	
/		/	
/		/	
/		/	

**IN HOME AIDE
 EMERGENCY PLAN**

THE DEPARTMENT OF SOCIAL SERVICES WILL NOT PROVIDE EMERGENCY CARE.

POSSIBLE EMERGENCY OR CRISIS SITUATION	
	Excessive pain
	Unusual bleeding
	Respiratory distress
	Unusual patient actions
	Temperature above 101
	Other:

**Names and addresses of persons to be notified in emergency or crisis situations.
 Please notify the appropriate person.**

PRIMARY CARE PERSON	OTHER RESPONSIBLE PARTY
Name:	Name:
Relationship:	Relationship:
Where can be reached:	Where can be reached:
Phone #:	Phone #:
Other information:	Other information:

**WHEN PATIENT EXHIBITS ANY DISTRESS SYMPTONS, CONTACT SHOULD BE MADE WITH
 THE PRIMARY CARE PERSON WHO IS RESPONSIBLE FOR CALLING INTO EMERGENCY
 MEDICAL TRANSPORTATION (911)**

PHYSICIAN:
Address:
Phone#:

IN-HOME CARE STAFF		
Aide:	Case Manager:	
	Phone #:	
Aide Supervisor:	Nurse:	Agency:
Phone #:	Phone #:	

Inter-Unit Nursing Referral

(02/18)

I Date: _____ Case number _____ Current billing codes: _____
Case name: _____ Race: _____
Primary recipient: _____ I.D. #: _____
Address: _____ Phone: _____
Directions to home (if needed): _____
Family composition: Adults: _____ Children: _____ Ages (if needed): _____
Referred by worker: _____ Unit: _____ Room #: _____ Ext. #: _____

II Referred to: (Nurse) _____ Unit: In-Home Aide
Type of request (check all that applies):
SW URGENCY to consult with RN: _____ **Immediate** (same day or by next day) _____ **High** (within 3 days)
_____ **Medium** (within 7 days) _____ **Low** (within 14 days)
Walk-in: _____ **Phone:** _____ **SW Consultation:** _____ **Home Visit:** _____ **Other:** _____
Service code (if known): _____
Date and time service needed: _____ Length of time needed: _____
Reason for service request and information needed for completion: (client summary here)
Please make any referrals if services are desired and/or an APS report if needed.
Reply requested: Yes No Signature of client or worker: _____
By date: _____

III Referral received by: _____ Date: _____
Request disposition: Accepted Changed Denied
Disposition reason: _____
Service rendered to: _____ Date: _____
Outcome: _____ Signature of RN: _____

Referral Instructions:

- I. Guidelines
 - A. Persons 18 years and older without minor children may be referred to the RN in IHA-Adult Services Division.
 - B. Nursing services are limited to RN's availability. In-Home social worker activity takes priority.
 - C. Due to liability, RN cannot make diagnoses, change bandages or administer medications.
 - D. If services are rendered prior to form submission, please submit after services are rendered.
- II. Fill in information necessary for the RN to provide services in order to complete your request. Remember, you have the benefit of first-hand information – the RN will provide appropriate services/information as needed.

Distribution:

CC: IHA SW Supervisor
Referring SW's Supervisor
Client's record

PATIENT'S NAME:

RACE/SEX:

NOTES:
N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
GUILFORD COUNTY DEPARTMENT OF AGING & ADULT SERVICES

Date:	Time:
--------------	--------------

--

Nurse Signature: _____

Inter-Unit Referral

I Date: APS Screen Out: I&R call: DHHS Internal Referral:

Reason for APS screen out: (check all that apply)

Adult not disabled/incapacitated: ____

No allegation of abuse, neglect, exploitation:

Adult not in need of protective services: _____

Name of Screening Supervisor :

Adult's name:

Race:

Gender: M/F

Date of birth:

Age:

Physical description of adult:

Address:

Phone: 336-520-4656

Directions to home (if needed):

Other's living in the home:

Names of adults:

Names of children:

Reporter/contact person:

Name of worker completing form:

Ext. #:

II Referred to: Unit AOS: ____ Univ. On Call: ____ SW (if known): ____

Type of request: _____ Service code: ____

Safety Concerns (from APS report): _____

Detailed summary of adult's current situation:

Services requested: (check all that apply)

Mental health: ____

Transportation: ____

Medicaid: ____

Rep payee: ____

Food assistance: ____

Family Justice Center: ____

Housing: ____

Other: _____

IV Screening Outcome:

Screened in for 199 _____ Assigned to _____

Screen out for 199 _____

Other recommendation for services:

Univeral Intake follow up _____ What programs: _____

Referral to Outside Agency _____ What Agency: _____

No Action _____

Notify APS if 199 was a result of Screened out APS _____

V. Case outcome:

Inter-Unit Referral

I Date: APS Screen Out: I&R call: DHHS Internal Referral:

Reason for APS screen out: (check all that apply)

Adult not disabled/incapacitated: ___

No allegation of abuse, neglect, exploitation:

Adult not in need of protective services: _____

Name of Screening Supervisor :

Adult's name: Race: Gender: M/F

Date of birth: Age:

Physical description of adult:

Address:

Phone: 336-520-4656

Directions to home (if needed):

Other's living in the home:

Names of adults:

Names of children:

Reporter/contact person:

Name of worker completing form: Ext. #:

II Referred to: Unit AOS: ___ Univ. On Call: ___ SW (if known): ___

Type of request: _____ Service code: ___

Safety Concerns (from APS report): _____

Detailed summary of adult's current situation:

Services requested: (check all that apply)

Mental health: ___ Transportation: Medicaid:

Rep payee: ___ Food assistance: ___ Family Justice Center: _____

Housing: ___ Other: _____

BUDGET FORM

DATE: _____

NAME CASE NO.

Monthly Income (from all sources)

Social Security/SSI _____

Retirement/VA/RR _____

Other _____

Other resources (e.g., food stamps, subsidized housing,
property, Medicare, Medicaid)

Monthly Expenses

Rent/Mortgage _____

Food/Supplies _____

Utilities _____

Heat _____

Water/Sewer _____

Transportation _____

Clothes/Laundry _____

Insurance (type) _____

Medical _____

Phone _____

Weekly Allowance _____

Monthly Allowance _____

Other Expenses _____

TOTAL _____

Reserve/Savings _____

Adult Services Intake/Assessment Procedures Checklist

Name _____ Date/Time _____

Check List

- _____ Face Sheet (DSS-6219)
- _____ Adult Services Intake/Inquiry Information (DSS-6218)
- _____ Consent to Obtain/Release Information (GC-77)
- _____ *Adult Services Agreement for Representative Payee Services (if applicable)
- _____ *Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits (if applicable)

Is adult currently receiving SSA, SSI or VA benefits? Yes No

Does adult currently have a Representative Payee? Yes No

Has current Representative Payee been notified? Yes No N/A

Comments: _____

Has adult received DSS services in the past? Yes No

Type of services received/Comments (HINT: see "OneCase"): _____

Does client have blue Medicaid Card? Yes No

Determination:

To be completed by intake worker:

Eligibility due by: _____

7 calendar days from date above

To be completed by APS Supervisor:

Is adult eligible for Adult Services? Yes No (add comments)

Comments: _____

Supervisor signature _____ Date _____

Social Worker Assigned to _____

Send denial letter to adult within 7 calendar day after eligibility due date

**Used for IFA-Representative Payee application cases*

NORTH CAROLINA BOARD OF FUNERAL SERVICE
STANDARD CREMATION AUTHORIZATION FORM

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
THE PROCESS IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Name of Individual for which cremation is being arranged ("Decedent")

Date of Birth / _____ / _____ / _____
Date of Death / Time of Death / Age

Place of Death: _____ Hospice (Yes or No): _____

Medical Examiner's Authorization Required (Yes or No): _____ Death Due to an Infectious Disease (Yes or No): _____

Individual Confirming Identity of Decedent:

(Typed / Printed Name) / _____
(Signature)

A. The undersigned (hereinafter referred to as "Authorizing Agent(s)") hereby certify, warrant, and represent that I/we have the full legal right and authority to authorize and arrange for the cremation and final disposition of _____ (hereinafter referred to as "Decedent"); Authorizing Agent(s) is (are) not aware of any living person who has a superior right to that of Authorizing Agent(s) as set forth in G.S. 90-210.124; or, if there is another living person who does have a superior right to that of Authorizing Agent(s), Authorizing Agent(s) represent that Authorizing Agent(s) has (have) made all reasonable efforts to contact such person, has (have) been unable to do so, and has (have) no reason to believe that such person(s) would object to the cremation of Decedent.

Name(s) of person(s) attempted to be contacted:

B. If Authorizing Agent(s) is/are aware of any other living person(s) with equal right to that of Authorizing Agent(s), Authorizing Agent(s) hereby certify, warrant, and represent that Authorizing Agent(s) has (have) either disclosed the location of all living persons with equal right to that of Authorizing Agent(s), as set forth in G.S. 90-210.124, or does (do) not know the location of any other living person with an equal right to that of Authorizing Agent(s).

C. If Decedent's cremation involves a licensed funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2):

I / We hereby request and authorize: TRIAD CREMATION AND FUNERAL SERVICE, LLC
(hereinafter referred to as "Funeral Provider") whose address is:

2110 SERVOMATION DR. GREENSBORO, NC 27407

to take possession of Decedent's human remains and make arrangements for cremation at:

TRIAD CREMATION AND FUNERAL SERVICE, LLC

a crematory licensee (hereinafter referred to as "Crematory Licensee") whose address is:

2110 SERVOMATION DR. GREENSBORO, NC 27407

in accordance with and subject to: (a) the terms and conditions set forth in this Authorization; (b) any applicable state or local laws, rules, and regulations; and (c) the rules and regulations of said Funeral Provider and/or Crematory Licensee.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections A through C above.

Initials of Authorizing Agent(s)

N. Pursuant to G.S. 90-210.125(c), a crematory licensee shall have the legal right to cremate human remains upon the receipt of a cremation authorization form signed by an authorizing agent. There shall be no liability for a crematory licensee that cremates human remains pursuant to such authorization, or that releases or disposes of the cremated remains pursuant to such authorization, except for such crematory licensee's gross negligence, provided that the crematory licensee performs such functions in compliance with the provisions of NC General Statutes Chapter 90, Article 13F. There shall be no liability for a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) or licensee thereof that causes a crematory licensee to cremate human remains pursuant to such authorization, except for gross negligence, provided that the funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) and licensee thereof and crematory license perform their respective functions in compliance with the provisions of G.S. 90-210.125.

O. If this Standard Cremation Authorization Form is being executed on a preneed basis:

1. By placing his or her initials in the appropriate line, Authorizing Agent indicates his or her election of said option:

I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem such a change to be appropriate.

I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements or continuing to honor my wishes for cremation and purchasing services and merchandise if they deem such a change to be appropriate.

NON-APPLICABLE

(Name(s) of Survivors)

2. Authorizing Agent may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. Funeral Provider and/or Crematory Licensee shall observe these religious practices except where they interfere with: (i) cremation in a licensed crematory as specified under G.S. 90-210.123 or (ii) the required documentation and record keeping.

NON-APPLICABLE

(Religious practices which conflict with Article 13 of Chapter 90 of the North Carolina General Statutes)

By executing this Standard Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Sections C or D and Section I, if that information is unknown to Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce Crematory Licensee to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION OR AND FINAL DISPOSITION

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: **DSS REPRESENTATIVE** Phone: **336-641-3380**
1203 MAPLE STREET GREENSBORO NC 27405
Address: (Street) (City) (State) (Zip)

N. Pursuant to G.S. 90-210.125(c), a crematory licensee shall have the legal right to cremate human remains upon the receipt of a cremation authorization form signed by an authorizing agent. There shall be no liability for a crematory licensee that cremates human remains pursuant to such authorization, or that releases or disposes of the cremated remains pursuant to such authorization, except for such crematory licensee's gross negligence, provided that the crematory licensee performs such functions in compliance with the provisions of NC General Statutes Chapter 90, Article 13F. There shall be no liability for a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) or licensee thereof that causes a crematory licensee to cremate human remains pursuant to such authorization, except for gross negligence, provided that the funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) and licensee thereof and crematory license perform their respective functions in compliance with the provisions of G.S. 90-210.125.

O. If this Standard Cremation Authorization Form is being executed on a preneed basis:

1. By placing his or her initials in the appropriate line, Authorizing Agent indicates his or her election of said option:

I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem such a change to be appropriate.

I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements or continuing to honor my wishes for cremation and purchasing services and merchandise if they deem such a change to be appropriate.

NON-APPLICABLE

(Name{s} of Survivors)

2. Authorizing Agent may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. Funeral Provider and/or Crematory Licensee shall observe these religious practices except where they interfere with: (i) cremation in a licensed crematory as specified under G.S. 90-210.123 or (ii) the required documentation and record keeping.

NON-APPLICABLE

(Religious practices which conflict with Article 13 of Chapter 90 of the North Carolina General Statutes)

By executing this Standard Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Sections C or D and Section I, if that information is unknown to Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce Crematory Licensee to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION OR AND FINAL DISPOSITION

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: DSS REPRESENTATIVE Phone: 336-641-3380

1203 MAPLE STREET GREENSBORO NC 27405
Address: (Street) (City) (State) (Zip)

Authorizing Agent: NON-APPLICABLE / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Authorizing Agent: NON-APPLICABLE / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Authorizing Agent: NON-APPLICABLE / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

NOTICE FOR PRENEED CREMATION ARRANGEMENTS:

Per G.S. 90-210.126, "[a]ny person, on a preneed basis, may authorize the person's own cremation and the final disposition of the person's cremated remains by executing, as authorizing agent, a cremation authorization form on a preneed basis and having the form signed by two witnesses."

WITNESSES

Two (2) witnesses are required if this Standard Cremation Authorization Form was executed on a preneed basis. Witnesses are not required by law if this Standard Cremation Authorization Form was executed on an at-need bases. However, some funeral providers and/or crematory licensees may require two (2) witnesses if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

Witness: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Witness: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

NOTARY

A notary is not required by law. However, some funeral providers and/or crematory licensees may require a notary if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

STATE OF _____, COUNTY OF _____

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed the foregoing Standard Cremation Authorization Form.

_____, Notary Public / _____
Notary's typed or printed name Signature of Notary

My commission expires: _____

(Official Seal)

REPRESENTATIONS OF FUNERAL DIRECTOR / FUNERAL SERVICE LICENSEE

(To be completed AT-NEED)

By executing this Standard Cremation Authorization Form as a funeral director or funeral service licensee and an agent / employee of Funeral Provider, I warrant to the best of my knowledge that (1) Funeral Provider was responsible for making arrangements with Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this Standard Cremation Authorization Form with Authorizing Agent (s); (2) that no employee of Funeral Provider has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; (3) that the human remains delivered to Crematory Licensee and represented as the human remains specified on this form are in fact the human remains that were identified to Funeral Provider as Decedent; and (4) that Funeral Provider obtained all necessary permits authorizing the cremation of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this Standard Cremation Authorization Form in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Funeral Director or Funeral Service Licensee: _____
(Typed / Printed Name) (License No.)

(Signature) (Date of Signature)

REPRESENTATIONS OF CREMATORY LICENSEE

(To be completed AT-NEED by crematory licensee when no funeral provider involved)

By executing this Standard Cremation Authorization Form as an agent / employee of Crematory Licensee, I warrant to the best of my knowledge that (1) Crematory Licensee was responsible for making arrangements with Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this Standard Cremation Authorization Form with Authorizing Agent(s); (2) that no employee of Crematory Licensee has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; and (3) that Crematory Licensee obtained all necessary permits authorizing the cremation of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this Standard Cremation Authorization Form in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Representative of Crematory Licensee: _____
(Typed / Printed Name)

(Signature) (Date of Signature)

FOR CREMATORY LICENSEE USE ONLY

Cremation approved by: _____

Date: _____ Special Instructions: _____

Sharon Barlow, Director, Social Services



Anita Ramachandran, Interim Director, Public Health

Once completed & signed, please email/fax to:

Email: hicks@guilfordcountync.gov

Fax: 336-641-5405

STATEMENT OF PAYMENT ACCEPTANCE

In accepting ~~\$450.00~~ from the Guilford County Department of Health and Human Services, I am acknowledging that the cremation expense for _____ is paid in full, and no additional charges will be required of the family or any other responsible party.

MORGUE PICK-UP

The body of _____ was picked up from the _____ morgue on _____
(Decedent Name) (Hospital)
_____ by **Triad Cremation & Funeral Services.**
(Date) (Crematorium/Funeral Home)

MEDICAL EXAMINER

The body of _____ was _____ wasn't _____ a Medical Examiner's Case.
(Decedent Name)

Signature of Triad Cremation and Funeral Services Staff

Date



Sharon Barlow, Director, Social Services



Anita Ramachandran, Interim Director, Public Health

Date: _____

Clerk of Superior Court
Estates Division
PO Box 3008
Greensboro, NC 27402

To Whom It May Concern,

Guilford County DHHS/Division of Social Services is making a claim against the estate of _____, in the amount of \$450.00. Guilford County DHHS/DSS paid the cremation fee to Triad Cremation & Funeral Services (invoice is enclosed).

Date of Birth: _____ Date of Death: _____

Next of Kin: _____

****If a reimbursement becomes available, please make the check out to:**
Guilford County DHHS/Division of Social Services

****Please send the check to:**
Guilford County DHHS/Division of Social Services
PO Box 3388
Greensboro, NC 27402
Attn: Finance

Please reach out if you have any questions.

Respectfully,





AGING AND ADULT SERVICES UNCLAIMED BODY REFERRAL

Please email/fax completed referral to:

Email: hhicks@guilfordcountync.gov

Fax: (336) 641-5405

Office: (336) 641-6015

Date of Referral: _____ Jurisdiction: Not in the Jurisdiction/Statutory Authority of Medical Examiner

Category: Unclaimed (Unable to find next of kin or others) Abandoned (By next of kin or others)

Residency Status: U.S. Citizen Migrant Agricultural (Ag) Worker Minor of Migrant Ag Worker

Referring Hospital/Contact: _____

Decedent's Name: _____
First Middle Last

Decedent's Address & County of Residence: _____

Date of Birth (if known): _____ Adult Minor Minor-DHHS Custody
(N.C. Gen. Stat. 130A-415(g))

Date of Death: _____ Time of Death: _____ am pm County of Death: _____

10 days from date of death has lapsed constituting waiver (N.C. Gen. Stat. 130A-420(b1) (Unclaimed)

5 days from date of notice has lapsed constituting waiver (N.C. Gen. Stat. 130A-420(b1) (Abandoned)

Commission of Anatomy has declined/not requested Date of Declination: _____

Deceased has not made an anatomical gift (N.C. Gen. Stat. §§ 130A-412.3 et seq, 415(f) and 90-602)

Death Certificate Date Received: _____ Date of Death Certificate: _____

Probable Cause of Death: _____

Location of Death: _____

Current Address/Location of Body: _____
(Per 10A NCAC 39B.0102(d) and (e))

Date of Birth: _____ Social Security Number: _____

Referring Hospital/Contact's Description of Diligent Efforts to Locate Next of Kin:

Letters to Next of Kin/Neighbors/Others: Identify Names, Relation to Decedent, Addresses:

(You can attach copies of those letters in lieu of listing)

N.C. Gen. Stat. 130A-415(a)

Phone Calls to Next of Kin, Neighbors/Others: Identify Names and Phone Numbers:

N.C. Gen. Stat. 130A-415(a)

Triad Cremation & Funeral Service

2110 Servomation Road Greensboro, NC 27407

Phone: (336) 275-1005 Fax: (336) 275-1009

Guilford Co. DHHS/DSS Information Sheet

First: _____ Middle: _____ Last: _____ Suffix: _____
Maiden: _____ Nickname: _____ Age: _____ Sex: _____
Date of Birth: _____ Birthplace: _____ Race: _____
Date of Death: _____ Time: _____ County of Death: _____
Place of Death: _____ SS#: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
County: _____ City Limits: _____
Marital Status: _____
Surviving Spouse: _____ Phone # _____
Father's Name: _____
Mother's Name (Maiden): _____
Armed Forces: _____ Decedent's Usual Occupation: _____
Kind of business: _____ Decedent's Education: _____
Hispanic origin: _____

Informant's Name: _____ Relationship: _____
Mailing Address: _____
Phone#: _____ Cell#: _____ Fax#: _____

Next of Kin/Contact information: _____

Addendum #6: (Bid 20256) Clarification on Question
Integrated Data System and Aging and Adult Case Management Software

1. Will there be any external users of the CMS system ex: citizens, providers? If yes, how many provider users need access. If citizens need to be able to create accounts, can you provide any more details like how many citizens served a year, applications/ year, etc.?

RESPONSE: We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.”

2. **CLARIFICATION:** External users are not within the scope of this RFP. We hope to have a user (client) portal and connections with external partners and providers in future phases. We do not have a count of those accounts at this time.

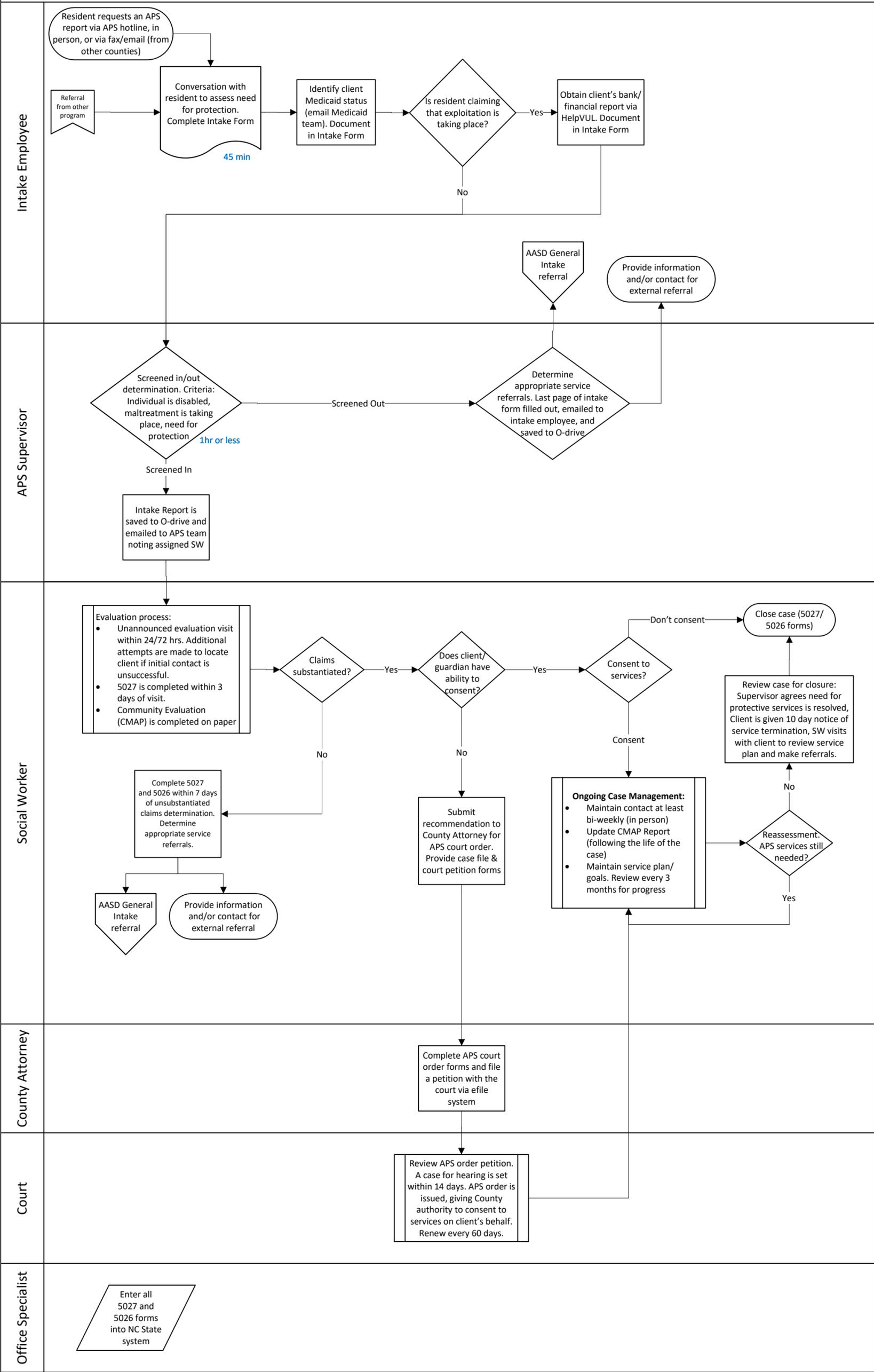
Exhibit A

Adult and Aging Services Division - Business Process Maps

Validated as of September 2024

APS (Including Intake)

Last Updated: 8/16/24

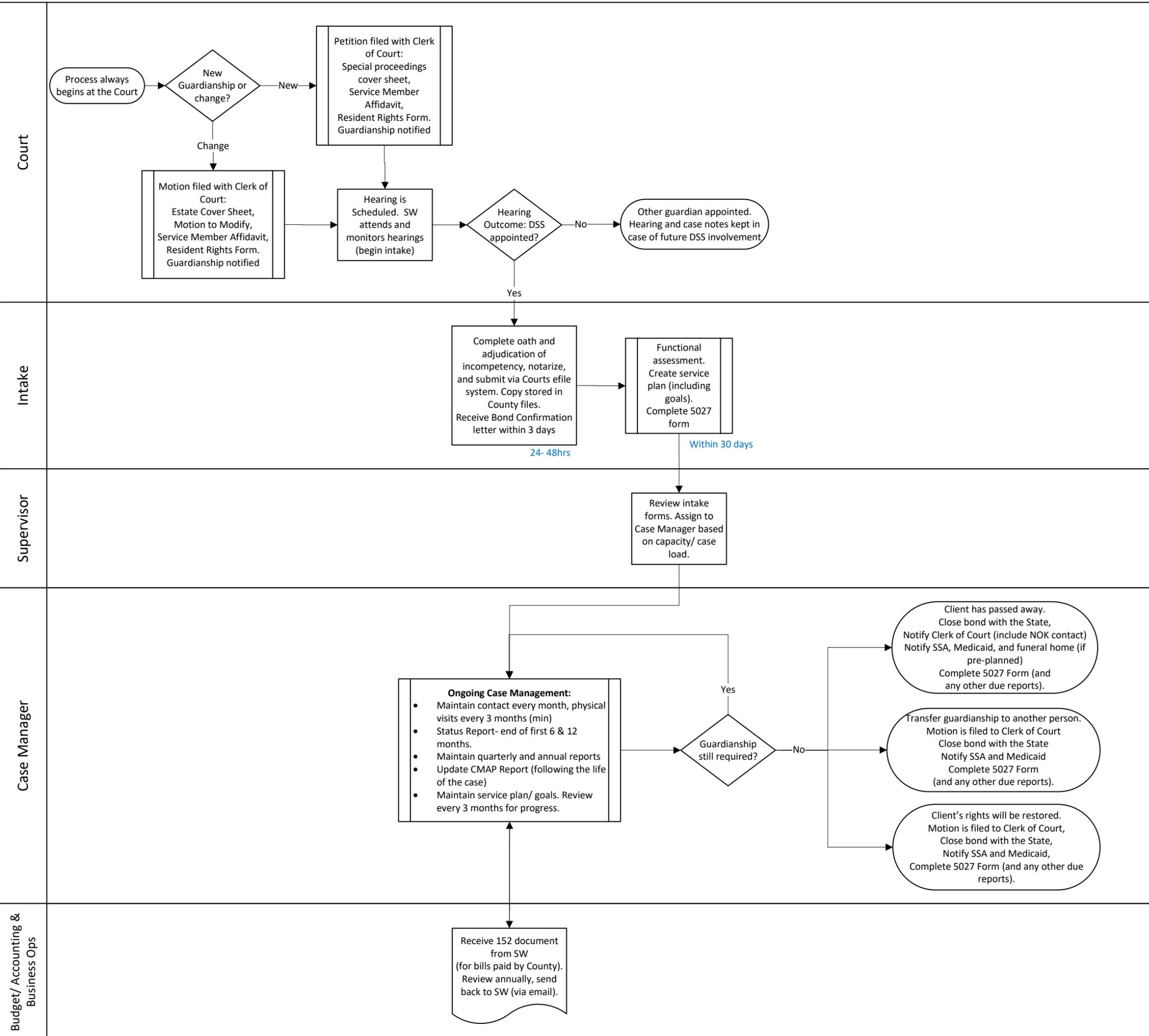


Parking Lot/Notes

- Intake reports can be found online and faxed/ emailed from other counties, given via walk-in, or info can be taken over the phone (APS Hotline 336-641-3137) (most frequent).
 - Intake form is sometimes printed and scanned, but most often completed electronically
 - SW must respond immediately (within 24hrs if there's immediate danger / 72hrs). Continue attempt to locate adult for 30 (abuse/neglect) or 45 days (exploitation).
 - Teams: APS Log excel sheet logs SW case assignment, referrals made, response times. Input by intake
- Wish list:
- Exploitation case: System prompt SW to check bank statements & medical records
 - Ability to search by name and flag certain individuals
 - Assignment logic is input into system, system auto-assigns cases with ability to override assignment.
 - System provides report for weekly supervisor review (flagging checklist items)
 - System auto-generates template referrals
 - System notifies SW when deadlines approaching
 - Reports are flagged for deletion after requirement to keep file has been exceeded
 - Move to electronic CMAP report (17pgs on paper following the life of the case.)

Guardianship

Last Updated: 7/23/24

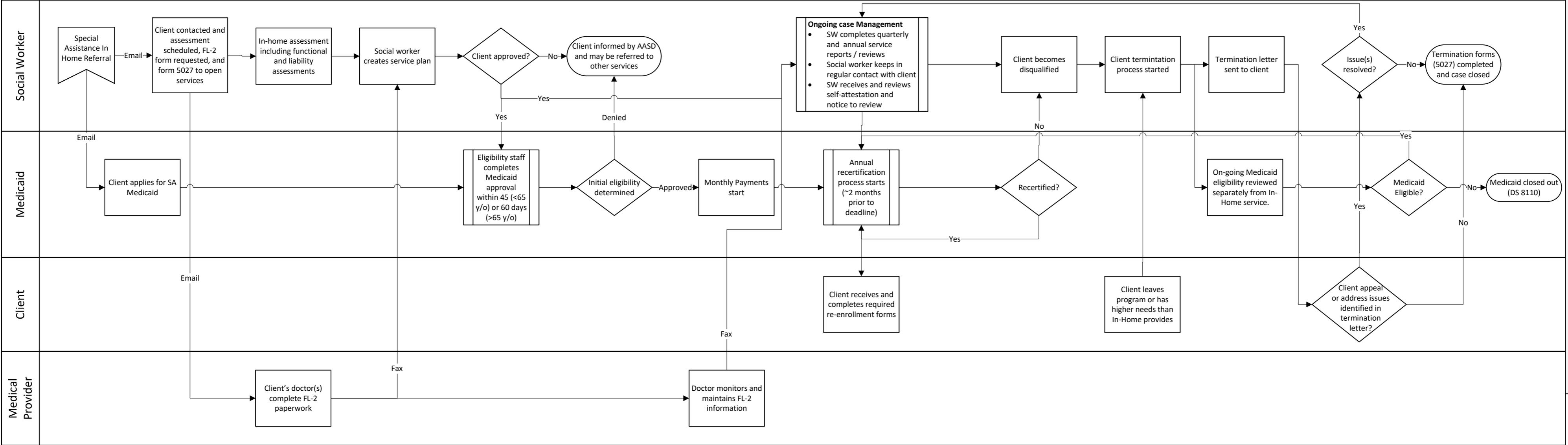


Parking Lot/Notes

- By law DSS is always the last resort for Guardianship.
- Guardianship can be for people who live in or out of Guilford County
- Petitions come from APS, family members, hospitals, group homes, community individuals and agencies
- Guardianship SWs cannot be petitioner; APS is considered separate "individual"
- APS reports for Guardianship clients come directly to Guardianship SW from APS intake
- Documentation: Stored on paper at Guardian's desk

Special Assistance In-Home (SA In-Home)

Last Updated: 8/9/24



Parking Lot/Notes

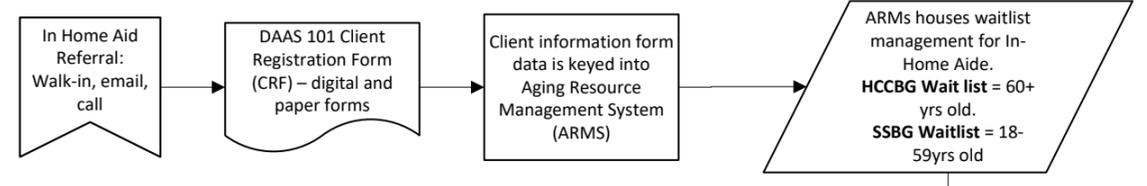
Needs Assessment covers:
 - food and household needs
 - medical services
 - functional assessment
 - other potential services

Provides Medicaid-eligible clients with a Special Assistance payment that will supplement their income in order to safely remain in their homes. Must meet eligibility requirements.

In Home Aide

Last Updated: 8/5/24

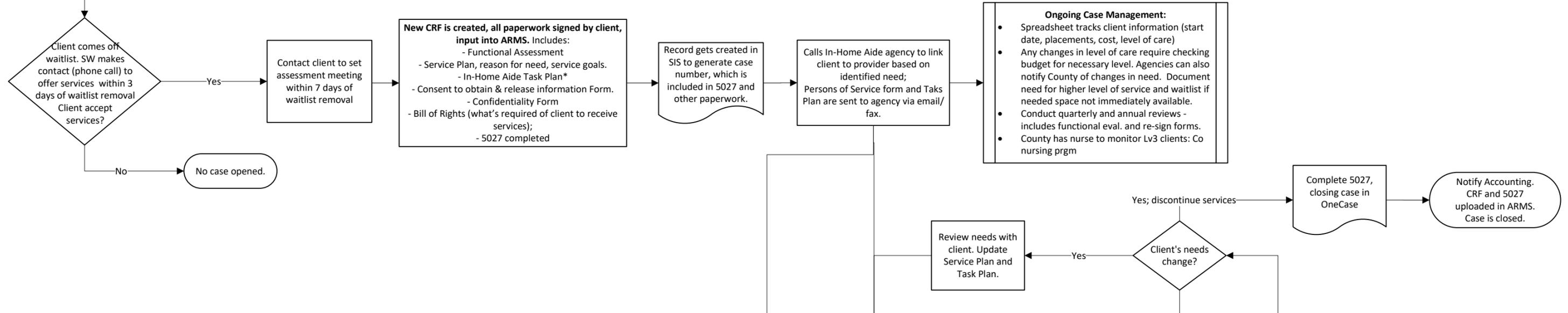
Universal Intake Employee



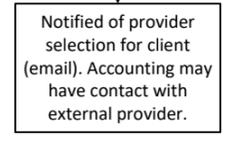
Program Supervisor



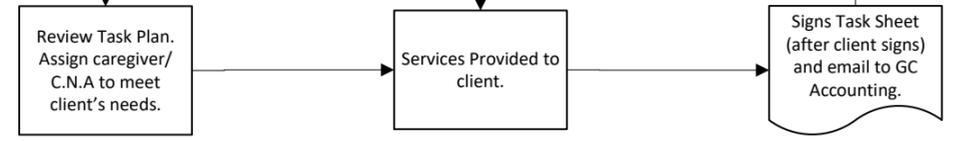
Social Worker



Budget/ Accounting & Business Ops



In Home Aide Vendor



NOTES:
Program contracts with community home care provide in-home services when there is a need for housekeeping and personal care services (bathing, washing, toileting) that assists clients/customers remaining in their homes.

- Medicaid - level 1 (home mgmt) only; Medicaid levels 2 and 3 services fully
- Hospice - any level w/ SSBG; no HCCBG
- VA aid & attendant = no in-home aid
- Community Alternative Program - through temporary/time limited; cannot have IA
- Quarterly reports maintained (and signed) recorded in One Case. Include new funding assessments and ensure funds are available for level of care if needed.

Internal Tracking Documents:

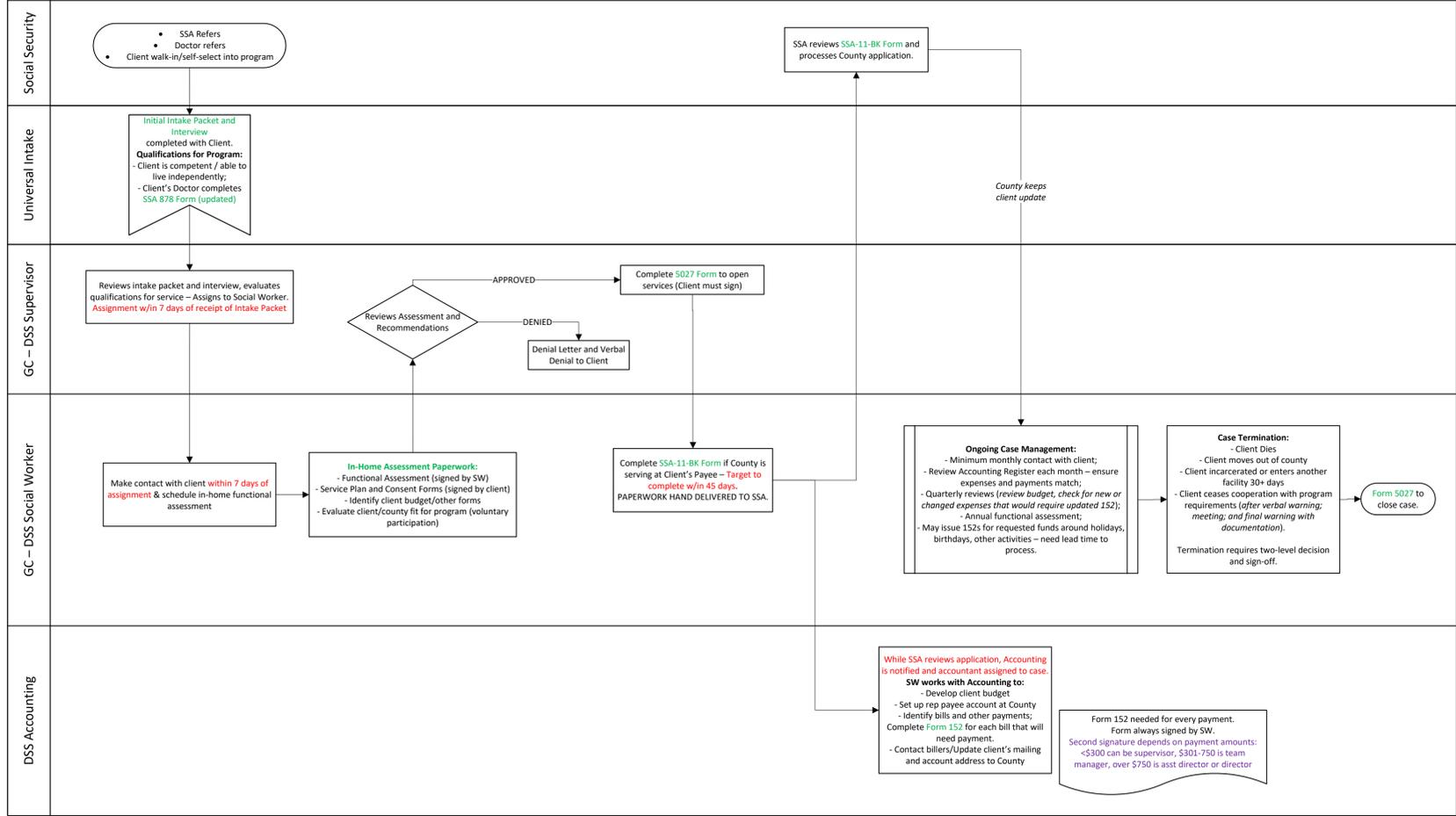
- Spreadsheet #1: List of clients, when annual quarterly reports are due
- Spreadsheet #2 tracks: Funding available vs budget
- Spreadsheet #3: Hours
- Spreadsheet #4: Key data for management

Future State/Wishlist:

- Electronic files and pre-populated forms for information.
- Ability to track client placements and more useful to generate expended vs actual hours at end reconciliation; calculate attrition rate by client start/end dates
- Electronic signatures and document management especially for task plan updates (version management)
- Automatic creation of case summaries from input (AI summary?)

Representative Payee

Last Updated: 8/5/24

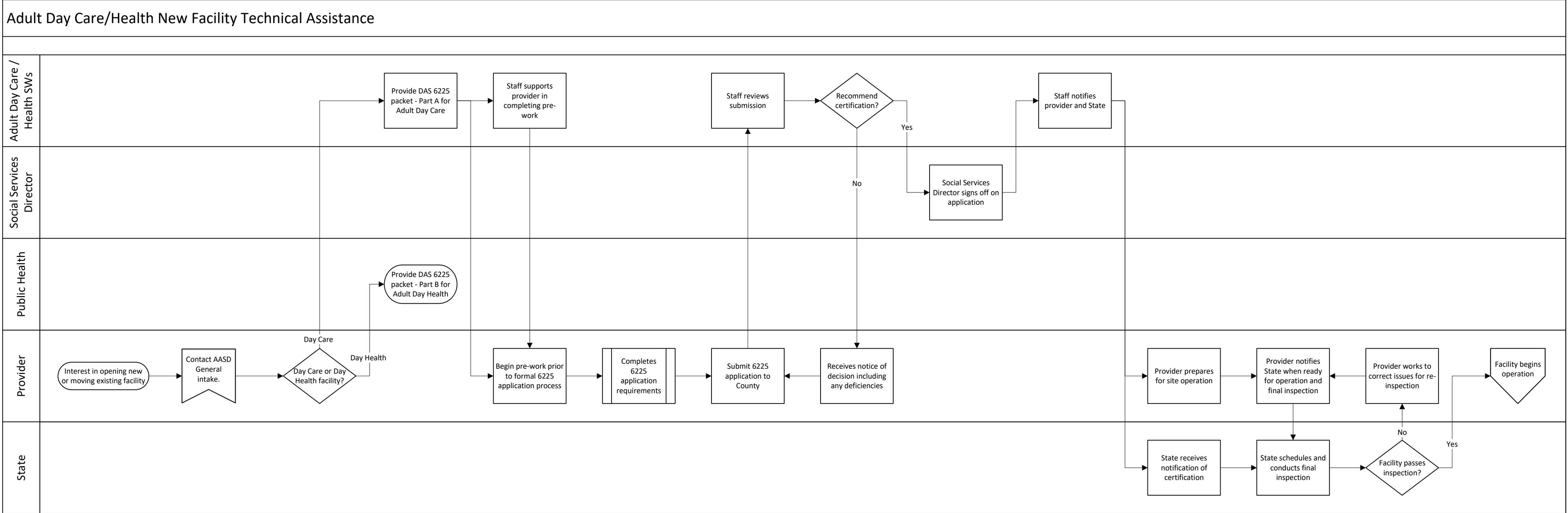


NOTES:
Program is all voluntary, clients can choose another provider that isn't DSS (DSS is the default)
 - If client has another rep-payee in mind, or needs suggestions, team has a provider list that they can share.
 - DSS has the benefit of additional social work and case management with rep-payee.

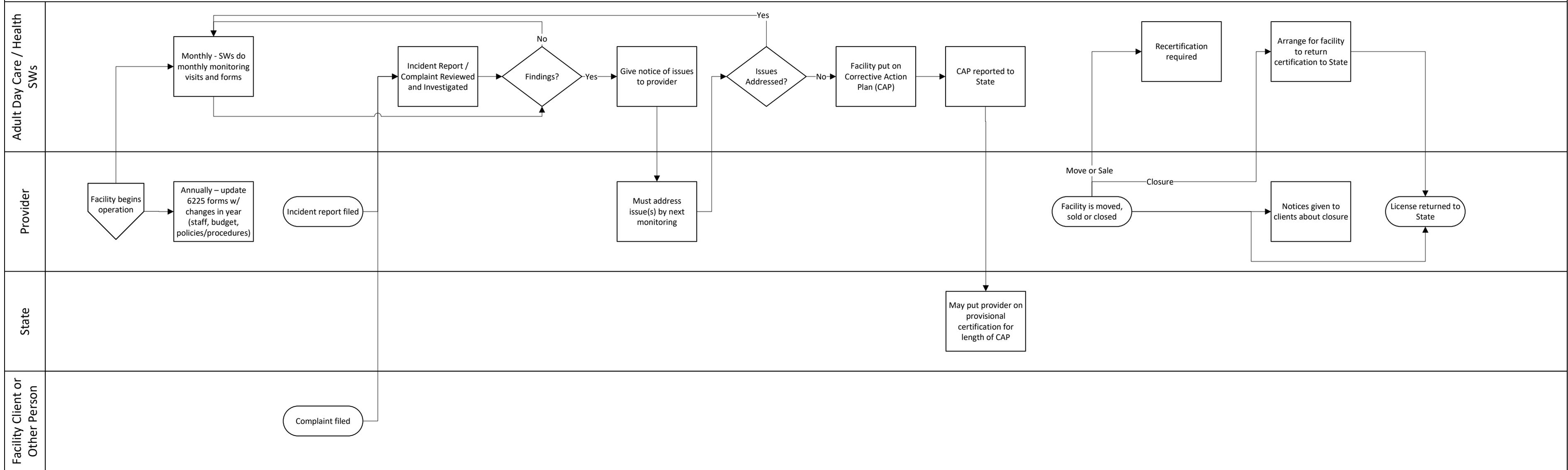
While SSA reviews and processes County application (SSA-11-BK Form):
 - County can be denied from submitting any applications if in suspension b/c funds not returned to SSA per SSA records until funds returned.
 - Funds can be from ANY agency program.
 - May be incorrect records - always hand deliver returned funds, get receipt.
 - County will follow up w/ clients on any delays/issues/rejections.

Future State / Wishlist:
 - Electronic forms in the system
 - Ability to sign electronic forms (especially in client interactions - easier to sign during contact, rather than after)
 - Electronic transmission of intake packets to Social Work Supervisor (currently, forms are on paper)
 - Intake and Termination checklists including details of SSA / SSI funds return steps.
 - Standard letter templates (currently shared at the SW level)
 - Ability to cross reference monthly accounting registers with list of active 152s
 - System reminders for holidays, birthdays, and other significant dates (built-in lead time for 152 processing)
 - System signing awareness based on 152 amounts (<\$300 can be supervisor, \$301-750 is team manager, over \$750 is asst director or director)

assistance for providers interested in opening new facility or moving existing facility.

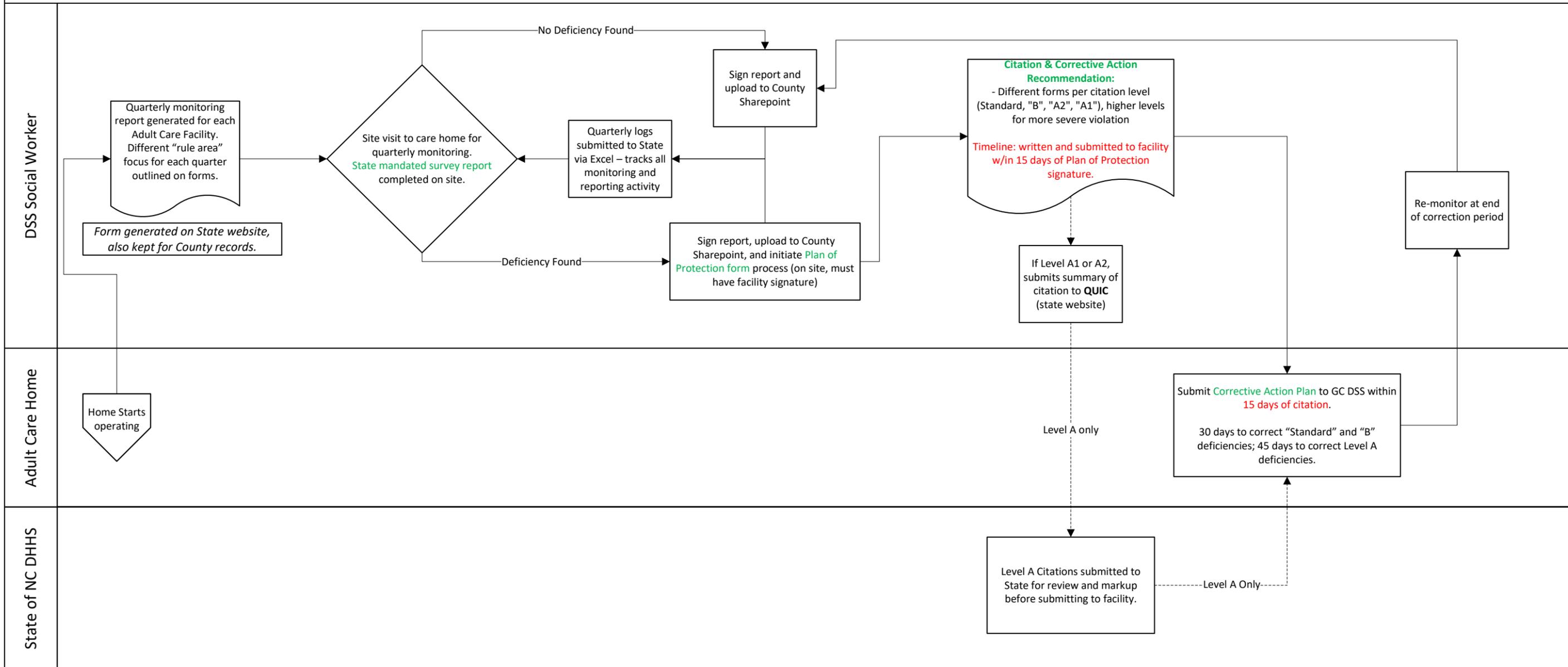


Adult Day Care/Health Facility Monitoring



Adult Care Homes (Monitoring)

Last Updated: 8/5/24



Core Function:
Responsible for monitoring adult Assisted Living facilities to ensure licensure compliance, investigation of licensure related complaints. Assisted living = family care home (2-6 beds) and facilities (7+ beds).

State requires quarterly monitoring and site visits, but GC is moving to monthly visits/monitoring for homes that need more oversight.

Additional Functions:

- Investigating Complaints
- Assisting community toward licensure of new adult care homes.

Termination:

- If Facility closes;
- If State terminates/does not renew license - State will notify facility and county w/ timeline.

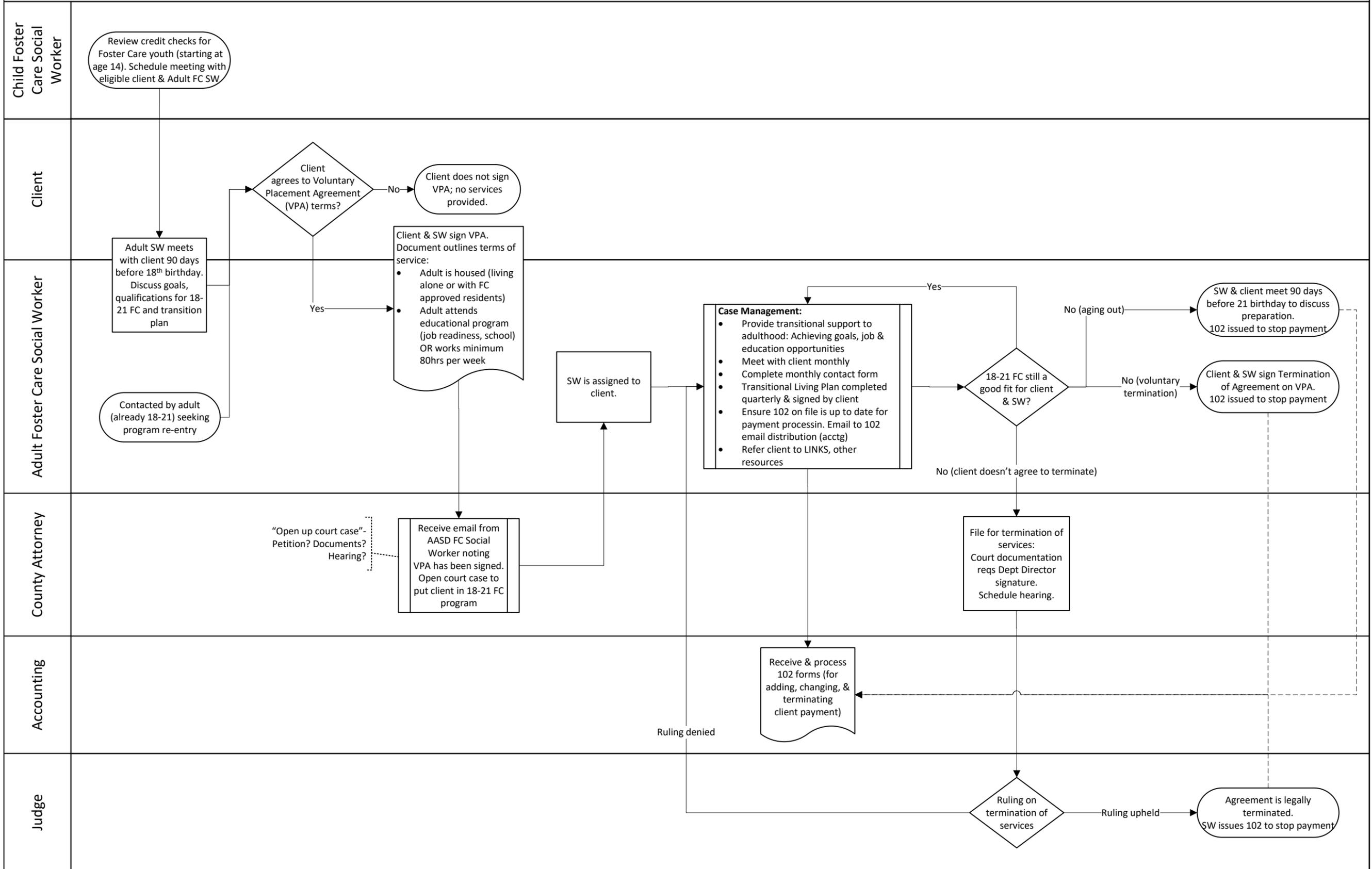
Facility will notify residents, family members, and County with closure timeline. Facility and county are responsible for placing residents in new location. County must do last walkthrough of facility to ensure no residents and no belongings left, notify State + County staff via email (likely also fill out "closure" monitoring report for County records)

New Facilities:

- County provides technical assistance and initial review for new providers (same as day health / care);
- Staff submits letter to State verifying assistance provided and review completed;
- Monitoring starts when facility is licensed - usually monitor sooner than quarter;
- State requires new facilities to have residents w/in 6 months to keep license

18-21 Foster Care

Last updated: 8/2/24



Notes

LINKS- Acronym for ____?

-Most notes reference LINKS as voluntary program teaching independent living skills (all clients invited to participate).

-Medicaid & free tuition to state schools part of LINKS or 18-21 FC?

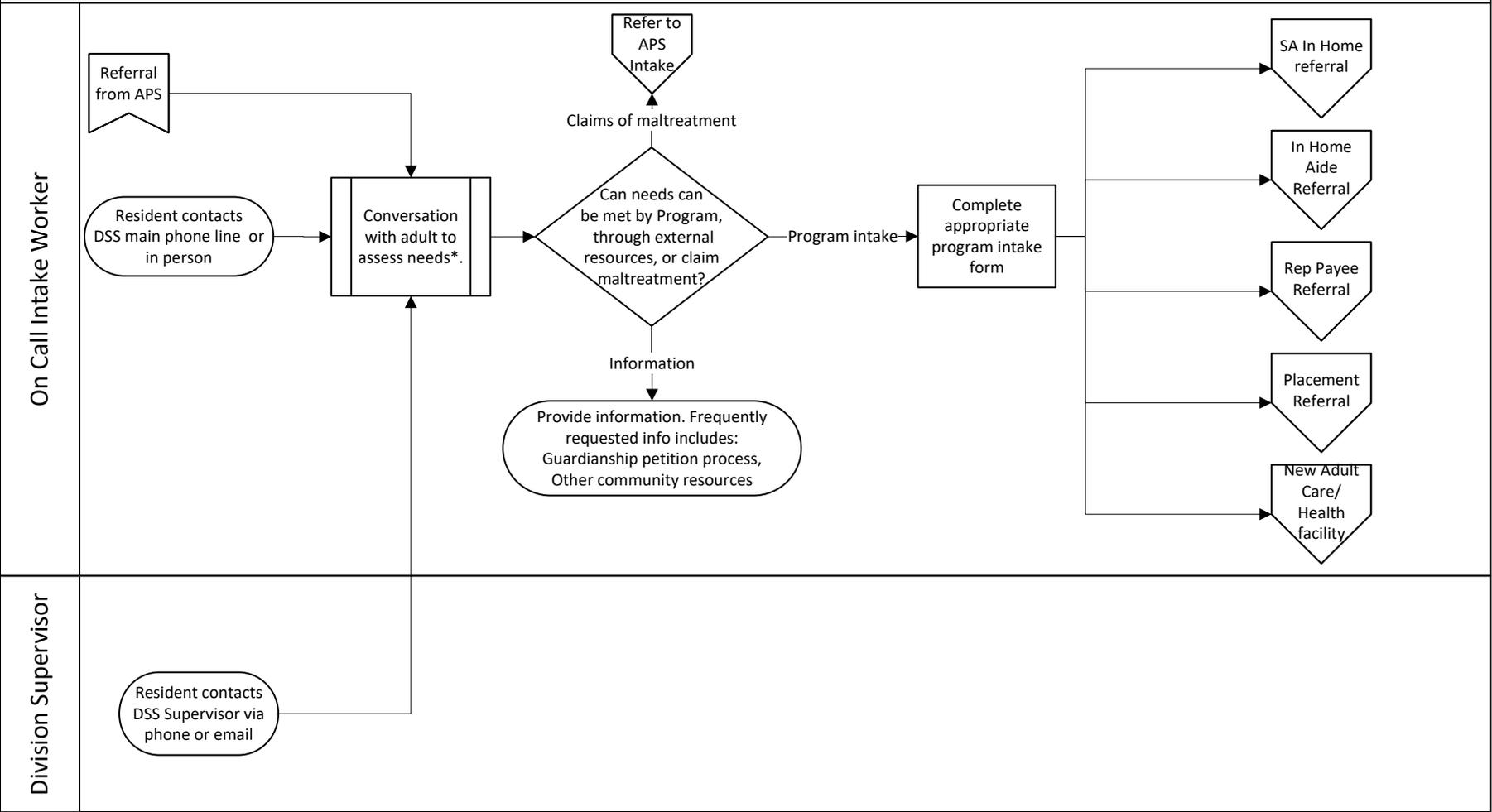
-Some notes refer to intake being done via LINKS coordinator;
"LINKS will flag and connect Foster Care 18-21 with other AASD services based on case needs"

Documentation & case management maintained in NC FAST system- program is considered Children's Services at the State level

Acronyms
 FC= Foster Care
 CSD= Children's Services Dept
 VPA= Voluntary Placement Agreement

General Intake

Last Updated: 8/16/24



Parking Lot/Notes

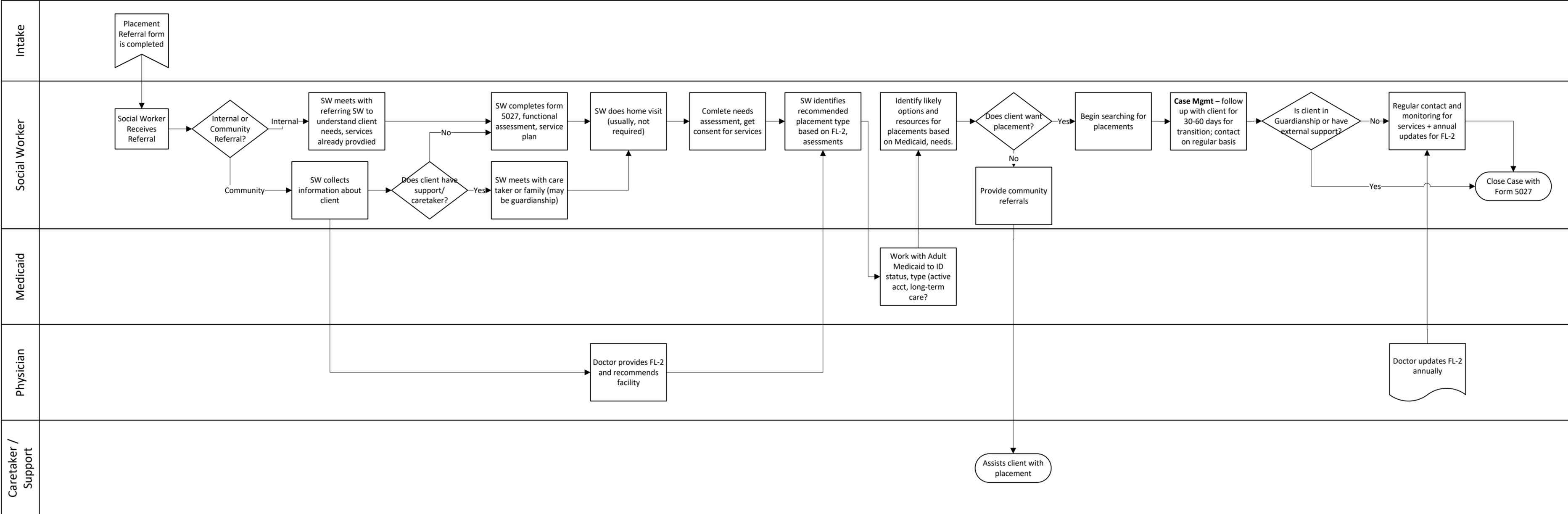
GC DSS Phone# 336-641-3000

*Safety risk: if client indicates there is a safety risk, intake worker assesses the level of risk to determine what the precautions should be (additional SW on visit, police, etc.)

Placement

Last Updated: 7/16/24

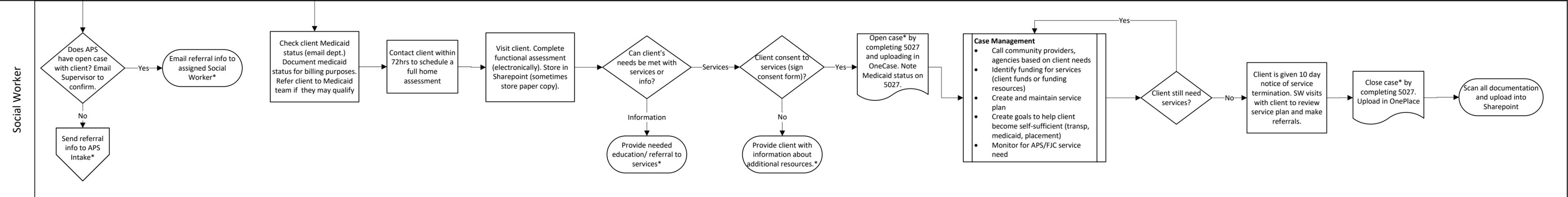
Parking Lot/Notes



Parking Lot/Notes

Adult Resource Team

Last Updated: 7/24/24



Parking Lot/Notes

Not a continuous program. Aim to stabilize clients within 6 months.

If client has full Medicaid benefits, bill Medicaid MAX services. 8040, 8021 (Day sheet purposes)

If client doesn't have Medicaid, bill individual family and adjustment services – Considered 330

***Update EMS/ FD referral source on client's program status (APS/ FJC referral, open/ close case, etc.) through email.**

Future State:

Report that collects ~50 information fields

Mobile friendly

Check referral and existing case status

- Reduce duplicates to ART
- Check history of referrals/DSS engagement such as APS

Auto notify EMS that case status updates (open, close)

Pt record sharing from EMS - need data use agreement b/t depts

Automatically fill / transfer form data from other existing records

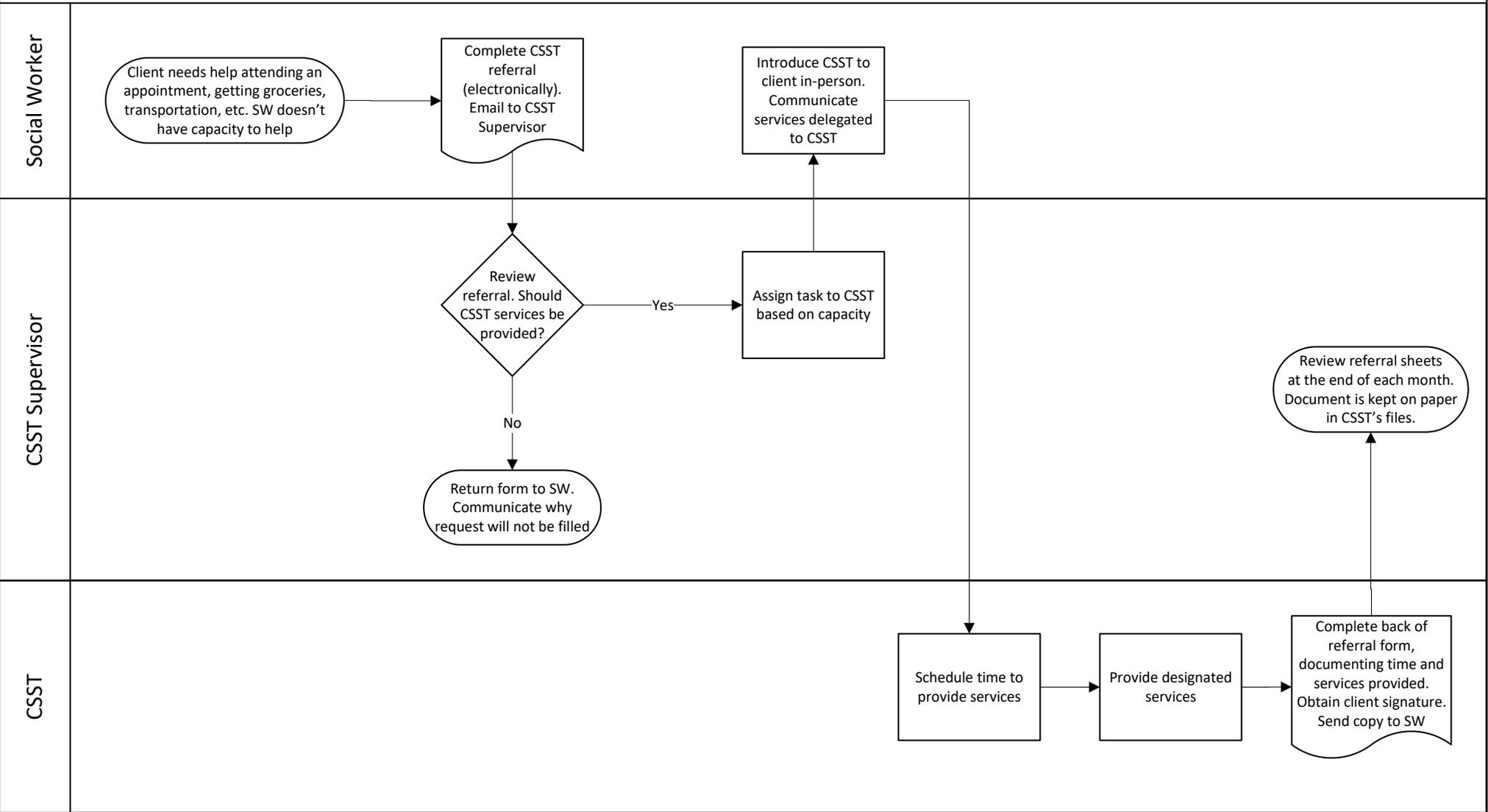
Electronic signatures

Ability for ES to add case notes

Directly integrate w/ ES pt records and fire RMS?

Community Social Services Tech

Last Updated 8/7/24



- CSST's have access to OneCase, but don't use it
- Referral form is initially filled out electronically, then printed for CSST to complete back/ obtain signatures.
- If we move away from paper norms, CSST's will need a queue/ backlog tracker. Paper forms help them visualize requests/ workload.

Exhibit B

Requirements for the Provision of Services by County Departments of Social Services

Division of Aging and Adult Services Manual

**Developed in Conjunction with
NC Division of Social Services
NC Division of Child Development and
NC Division of Services for the Blind**

Effective Date: November 1, 2007

Last Update: April 24, 2008

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I. Statement of Philosophy and Purpose

A. Legal Philosophy and Purpose

North Carolina's program of social services consists of an array of core and supportive services that may be provided alone or in various combinations best suited to addressing the particular levels of need of adults, children and families. The social services program is designed to address the following broad goals and priorities:

- Ensure that children and adults are protected from abuse, neglect, exploitation;
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- Strengthen family life in order to nurture children so that they may become productive, healthy and responsible adults;
- Assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies; and
- Ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

County departments of social services form a statewide network of agencies with primary responsibility for the delivery of services necessary to assist individuals and families in meeting these goals.

Services may be provided under a number of specific Federal, State, County or combined funding sources. Some services are defined exclusively for provision with certain funding sources. Other services are uniformly defined and may be provided with more than one funding source. A list of current services and applicable funding sources can be located in the Services Information System (SIS) Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Efforts have been made to create uniform policies governing the general requirements for the provision of services. However, there are additional specific requirements applicable to certain funding sources that must be met in order that reimbursement may be received from these sources.

This manual outlines *general* requirements for service delivery. Procedures addressed in this manual are not all inclusive. *Specific* requirements imposed by Federal regulations or State law on the provision of services under certain funding sources are addressed in specific service manuals. In order to assure that all service, funding and reporting requirements are met, this manual should be used in concert with the SIS Manual

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>; the appropriate chapters of the Family Services Manual <http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>; Division of Aging and Adult Services Manual; the Fiscal Manual <http://info.dhhs.state.nc.us/olm/manuals/oc/fsc/man/>; Child Care Subsidy Services Manual, <http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/>; administrative letters <http://www.ncdhhs.gov/aging/admltrs/admltrs.htm>; and Medicaid Bulletins <http://www.dhhs.state.nc.us/DMA/bulletin.htm>.

B. Services Impacted

The Requirements for the Provision of Services by County Departments of Social Services replaces Volume VI, Chapter II (Conditions for the Provision of Social Services) of the Family Services Manual, and as such applies to the delivery of all social services provided by county departments of social services.

II. Application for Social Services

A. Application Requirements

The application for services shall be made through a form provided by the Department of Health and Human Services or an equivalent form. [NCAC 71R .0405]

All applicants for social services must initiate entry into the social services system via a written application except that no application shall be required for the following:

Evaluation of the need for protective services for adults;

<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/>

Guardianship services for adults; <http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/>

Protective services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Foster care services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Employment program services;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

[10A NCAC 71R 0401]

In all circumstances other than those listed above, an application must be signed and dated by the applicant or the applicant's representative, or in instances where the applicant executes his/her signature by making a mark (x), the application shall include a signature of a witness.

[10A NCAC 71R .0405]

When an individual makes an application for services, it is expected that the individual will sign the application. In some instances, the application may be signed by a member of the applicant's family or by some other representative of the applicant. If there is no one else that can sign, the applicant's representative may be agency staff, if necessary, to obtain the service for the client. Agency staff should document why no other family member or representative could sign for the services.

Although a signed application is not required for adult protective service evaluations, guardianship services for adults or child protective services, there are other documentation

requirements prior to the initiation of services. See Part D (Application Documentation Requirements) of this section for additional State policy.

While the DSS-5027 or an equivalent form approved by the appropriate State agency is considered the application form, the DSS-5027 has multiple uses. See <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.htm#P68.815> for a discussion of the uses of the DSS 5027.

B. Opportunity to Apply

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date. [10A NCAC 71R .0402]

Application for social services may be made by:

An adult or emancipated minor on his/her own behalf or on behalf of others in his/her family;

A parent, custodian or guardian acting on behalf of a minor;

Someone for the applicant if the applicant is believed to be incompetent or incapacitated; or

Agency staff on behalf of an individual in the event of an emergency, or when there is some urgency to provide services, or if arranging for the individual to make application would create a barrier to the receipt of services.

[10A NCAC 71R .0403]

Each individual for whom services are requested should have a separate application (DSS-5027 or an equivalent form approved by the appropriate State agency). The same person may sign all the applications as needed, for example a parent may sign on behalf of all family members who are not able to sign for themselves.

C. Methods for Making Application

When the application is made through a mailed or electronically transmitted request for service(s), the agency shall transfer the information to the application form and maintain the written request in the service record. [10 A NCAC 71R .0405]

An applicant or his/her representative may sign the application in the agency office, in the client or representative's home or any other designated location.

If there is insufficient information provided through a mailed or electronically submitted written request, agency staff should call or visit the applicant to complete the information. The applicant needs to sign the application when it has been completed.

D. Application Documentation Requirements

The application form must include at a minimum:

Identification of the individual for whom the service(s) is (are) requested;

Identification of the specific service(s) requested for both initial requests and additional requests;

Date of the request;

Signature of the applicant or his/her representative, the date of the signature and for situations where the person making the application executes his/her signature by making a mark (X), the signature of a witness;

Signature of the social worker determining eligibility and date that determination was made; and

Documentation that the application is voluntary and that the individual has been informed of the following rights and responsibilities associated with applications for social services:

The right to request and obtain a fair hearing if his/her application is not acted on by the rules of this Subchapter [see 10A NCAC 71R .0402] or if (s)he disagrees with the agency's action in response to his/her application for services;

The right to confidentiality and that the information given to the agency will be confidential and not be released without written consent except for information necessary to establish eligibility, information that may be revealed in the course of agency audits and monitoring and as otherwise required by law; and

His/her responsibilities to provide accurate and complete information necessary to determine eligibility and, if requested, to provide documentation of such information; to notify the agency within five days of any change in address, employment, income, living arrangement or family size; and that failure to provide accurate and complete information may subject him/her to prosecution.

[10 A NCAC 71R .0405]

The date of the application is when the applicant signs the application, the date of request for guardianship for adults or the date of the report for Adult Protective Services or Children's Protective Services.

[10 A NCAC 71R .0405]

When an applicant executes his/her signature by making a mark (X), the worker may serve as a witness if there is no other family member, friend or other staff available. The worker should document in the record that no other person was available to serve as a witness.

The signature of the worker and the date the eligibility decision was made are necessary for determining prompt service provision, appeals and fair hearings procedures and fiscal accountability.

E. Exceptions to Application Documentation Requirements

When a signature of the applicant or his/her representative is not obtained because obtaining the signature would create a barrier to the receipt of the service, the social worker shall document the request indicating the service(s) requested, the date of the request and the circumstances that prevented the worker from obtaining the signature.
[10 A NCAC 71R .0405]

The social worker must sign and date the application to indicate the date eligibility was determined.
[10 A NCAC 71R .0405]

In the case of applications for Health Support Services-Family Planning Component, the signature of the applicant is always required and must not be waived.
[10 A NCAC 71R .0405]

For purposes of Protective Services for Adults-Evaluation and Protective Services for Children, the DSS copy of the accepted report of abuse, neglect or exploitation should be maintained in the case record in addition to the DSS 5027 (or an equivalent form approved by the appropriate State agency).

III. Citizenship and Residency Requirements

A. U.S. Citizenship

The Personal Responsibility Work Opportunity Reconciliation Act of 1996 provides that U.S. Citizens and qualified aliens are eligible for a broader range of public benefits than are nonqualified aliens [Federal PL 104-193]. The Act states that a nonqualified alien is not eligible for Federal, State or Local Public Benefits except in some specific situations. See http://www.ssa.gov/OP_Home/comp2/F104-193.html for guidance.

Resources that will provide policy and guidance for specific issues about citizenship are:

Adult Medicaid Manual, Section MA-2504

[<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/index.htm>];

Child Care Subsidies Manual, Chapter 4

[<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>];

Special Assistance for Adults Manual, Section 3240

[<http://info.dhhs.state.nc.us/olm/manuals/doa/sa/man/index.htm>];

DSS Administrative Letter No. Adult and Family Services 03-2002

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/adm/aps_032002.htm#P10_0];

Personal Responsibility Work Opportunity Reconciliation Act of 1996 - PL104-193

[http://www.ssa.gov/OP_Home/comp2/F104-193.html];

Work First Manual, Section 111

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm>]; and

Work First User Manual, Section WF-500

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-96/man/index.htm>].

B. State Residence

An individual must first meet the U.S. citizenship requirements outlined above.

[Federal PL 104-193]

In order to apply for social services, individuals must be residents of North Carolina.

[10A NCAC 71R .0404]

Unless otherwise defined by federal regulation, a resident of North Carolina is defined as:

A person who is living in North Carolina at the time of application with the intent to remain permanently or for an indefinite period;

**A person who enters North Carolina seeking employment or with a job commitment; or
[NCGS 108A-24 (6)]**

**A child living in North Carolina on other than a temporary basis.
[10A NCAC 71R .0403]**

No requirements as to the duration of the residence should be imposed as a condition to the receipt of services.

Notwithstanding state residence as an eligibility criterion, there are times that county departments are required or allowed to provide services to adults and children who do not meet this definition of resident, e.g., in protective services cases, in some adult placement circumstances, under the terms of the Interstate Compacts, in response to court orders, etc. Whenever services are provided in accordance with State program policy, costs should be reimbursable regardless of a client's status as a state resident.

C. County Residence

Legal residence in a county determines which county is responsible for social services required by the person.

Except as modified below, a person has legal residence in the county in which (s)he resides:

A legal residence continues until a new one is acquired, either within or outside this State. When a new legal residence is acquired, all former legal residences terminate.

If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, (s)he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located.

A minor has the legal residence of the parent or other relative with whom (s)he resides. If a minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility or similar institution or facility, (s)he has the legal residence of the person with whom (s)he resides.

Any other minor has the legal residence of the mother, or if her residence is not known, then the legal residence of his/her father. If his/her mothers or father's residence is not known, the minor is a legal resident of the county in which (s)he is found.

[NCGS 153A-257]

If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect or dependency case, any one of the county departments of social services may refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question.

[NCGS 153A-257]

Legal residence in a county determines which county is responsible for the provision of services required by an individual to the extent of the availability of services and the individual's eligibility for services; however, there are exceptions to which county is responsible for provision of services that are dictated by specific service policies.

No requirements as to the duration of residence may be imposed as a condition to the receipt of services.

If a person is in a hospital, mental institution, nursing home, confinement facility, or similar institution or facility, his/her legal residence is generally considered the county in which he/she last had legal residence.

An individual may make application for services at any county department of social services.

The county that assumes case management responsibilities is responsible for the cost of providing the services it authorizes for the individual.

When a county DSS has custody or guardianship of a child or guardianship of an adult, that county retains responsibility for service provision and case management regardless of where the individual resides. Additional guidance may be found in the following manuals:

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS-6510 III.B.3.b. (Receiving and Screening Reports)

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510-01.htm#P25_1981],

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS 6510, Appendix, U. (Adult Protective Services Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510xU.pdf>],

Family Services Manual Chapter VIII: Guardianship, Section III. A.5. (Inter-County Cooperation) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-11.htm#P1207_111272], and

Family Services Manual Chapter VIII: Guardianship, Section II.D.1. (Venue) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-05.htm#P471_32676].

For additional guidance involving adults, see the following manuals:

Family Services Manual, Volume V, Chapter IX: Adult Care Home Case Management Services, Section 9040, IX [http://info.dhhs.state.nc.us/olm/manuals/doa/achcm/man/ACHCM-08.htm#P729_91750] and

Family Services Manual, Volume V, Chapter III: Adult Placement Services, Section 5 (5520), A.2.b. (Residency Requirements) [<http://www.dhhs.state.nc.us/aging/manual/ncfast/AdultServices.pdf>].

For additional guidance involving minors, see the following manuals:

Chapter V: Cross County Issues and Chapter VIII: Protective Services, Conflict of Interest, Section 1410 [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/index.htm#TopOfPage>] and

Chapter VIII: Protective Services, Conflict of Interest, Section 1410 (Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1410.htm#TopOfPage>].

For additional guidance about applying for child care subsidies, see Child Care Subsidy Services, Chapter 4: Application, Eligibility Determination and Documentation Child Care [<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>].

IV. Eligibility Determination and Redetermination

A. Eligibility Determination Process

An eligibility determination means a decision pursuant to an application for social services which is based on information necessary to determine whether an individual meets the conditions of eligibility for the service(s) requested. Conditions of eligibility include:

basic eligibility criteria applicable to the program or funding source under which the service is made available; and

conditions of need specified in the target population for the services requested.

[10A NCAC 71R .0601]

The individual making application shall provide information which will enable the agency to reach an eligibility decision. Failure on the part of the individual making application to provide such information or to cooperate with the agency in determining eligibility are grounds for delay in processing an application and reaching an eligibility decision or for denial of services.

[10A NCAC 71R .0601]

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date.

[10A NCAC 71R .0402]

The agency has 30 calendar days from the date the applicant signed the application to make an eligibility decision on the service(s) requested. If the application is received through the mail the beginning date is the date the agency received the request.

Acceptable grounds for a delay beyond the thirty (30) calendar days occurs when the applicant delays in providing necessary information to reach an eligibility decision. The social worker should document the reasons for the delay.

B. Basis for Establishing Eligibility for Services

Eligibility for services is established on the basis of:

a signed, dated application, if required;

the agency's determination that the individual meets the conditions of eligibility;

availability of the service in the county in which the individual has legal residence; and

availability of the service to the individual's category of eligibility.

[10A NCAC 71R .0602]

Each service may have additional eligibility requirements, such as specified target populations and income requirements. Refer to the program manual that governs the specific requested service to see if there are additional eligibility requirements. For services funded with Social Services Block Grant (SSBG) funds, see section XI of this manual.

C. Basis for Denial, Modification and/or Termination

Reasons for the denial of an application for services and reasons for the termination of services include the following:

the individual has failed to cooperate with the agency in determining (or redetermining) eligibility;

the individual cannot be located to allow for determination (or redetermination) of eligibility;

the individual has been determined to be not eligible for the services requested on the basis that (s)he does not meet (or because of changing circumstances, no longer meets) the conditions of eligibility for the program funding sources under which the service is provided or the definition of the target population for receipt of the service;

the service is not available in the county in which the individual has legal residence;

the service will not be available in sufficient time to ensure its prompt provision;

the agency has exhausted its funds for the provision of the service for that program year;

the individual has notified the agency that (s)he no longer wants or needs the service;

the agency has determined that the individual is no longer able to avail himself/herself of the service because (s)he has moved to another county or is in an institution;

the individual has failed to utilize the service or to cooperate in service delivery;

the individual is residing in a facility or institution and the funding source prohibits provision of the service to clients in facilities or institutions; or

the individual fails to meet any other conditions set forth in Chapters 70 and 71 of 10A NCAC governing the delivery of the service. [10A NCAC 71R .0603]

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required as set forth in [10A NCAC 71R.0603]

Termination and modification should involve a discussion with the client/family prior to his/her receipt of a written notice. This discussion should be documented in the record.

D. Documentation of Eligibility Decision

The agency shall document information pertinent to meeting conditions of eligibility in the individual's service record.

The agency shall document the eligibility decision, the date of the decision and the service worker/case manager making the decision on the application form.

The agency shall document the beginning and ending date for all services provided with regard to income.

For all services provided without regard to income, except for child care services, the agency shall document the beginning date, which is the eligibility date. [10A NCAC 71R .0605]

If eligibility documentation is in the narrative recording, the date of the narrative should be noted in the comments section on the DSS-5027 or an equivalent form approved by the appropriate State agency. See SIS Manual <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>.

The date of the worker's signature should be the date of the eligibility decision unless the DSS 5027 is auto-generated by the DSS 5104.

Document the eligibility decision in Section B.8 of the DSS 5027; document the period of time covered by the eligibility decision in Section C of the DSS 5027.

For additional information about documentation of the period of time covered for child care services, see the Child Care Subsidy Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

E. Redetermination of Eligibility

Redetermination of eligibility and need must be made at least every twelve months for services available with regard to income.

The agency shall make a redetermination of eligibility and need for the following services every 12 months:

- **child care services;**
- **transportation; and**
- **health support – abortion and sterilization components which are federally funded.**

Requirements and procedures for a redetermination are the same as those for eligibility determination for services provided with regard to income.

Eligibility for services provided without regard to income is based on need, and services shall continue until determined no longer appropriate.

The agency shall make a redetermination of eligibility and need when there is new information provided to the agency about changes in the client's circumstances that affect his/her eligibility. [10A NCAC 71R .0604]

Some programs have specific documentation requirements at the time of redetermination. Refer to program specific manuals for these requirements.
<http://info.dhhs.state.nc.us/olm/manuals/default.aspx>

V. Notices of Action for Service Applications

A. Notification Requirements

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required. [10A NCAC 71 R .0603]

Except as otherwise provided by applicable program specific federal regulations, the county department of social services does not need to provide notification of action to the client when:

the agency is terminating services based on factual information confirming the death of the client;

the provision of protective services to children or protective services-evaluation to adults is initiated or terminated;

the county department of social services has applied for services in behalf of an individual for whom they have custody or guardianship for adults;

the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

When notice is required, all notices of action shall be documented in the record and at a minimum contain a clear statement of:

the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

B. Notification Time Frames

The agency shall ensure that the notice of the eligibility decision on the applicant's request for service(s) is delivered to the client or mailed and postmarked no later than 15 calendar days after the eligibility decision is made or within 30 calendar days of the date of application, whichever comes first.

For additional services requested after the initial application, but while the recipient is still receiving service(s), the agency shall deliver notice to the client or mail and postmark the notice no later than 15 calendar days after the date the mailed request is received in the agency.

[10A NCAC 71R .0801]

Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

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the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

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the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

VI. Prompt Provision of Services

When an individual's eligibility for a service is established in accordance with 10A NCAC 71R .0602, the service must be provided as follows:

Initial service(s) requested must be provided within fifteen (15) calendar days of the date the notice of eligibility is given or sent to the client.

For additional service(s) requested during an ongoing period of eligibility, the service must be provided within thirty (30) calendar days of the date the request was received by the agency.

When a requested service cannot be provided within timeframes above, the application for the service must be denied unless, for services funded with Social Services Block Grant (Title XX) funds administered by the Division of Social Services, the agency has adopted a local waiting list policy that provides otherwise as follows:

Local waiting list policies must be in writing and must be approved by the county board of social services.

Local waiting list policies must designate whether the waiting list is used for purposes of meeting prompt provision requirements or to respond to inquiries about services or both.

Local waiting list policies must assure that all individuals are treated equitably in terms of the manner in which they are advised of the upcoming availability of services.

Local waiting list policies must ensure that an individual's name does not remain on the waiting list indefinitely without the individual being notified of the status of his/her request and the anticipated availability of the service. To this extent, the waiting list policy must designate a reasonable time period, not to exceed 90 days, that an individual's name can remain on the waiting list prior to providing the service or notifying the individual that the service cannot be provided. [10A NCAC 71R .0803]

Provision of the service means the delivery of the service by agency staff, arranging for delivery of the service by agency staff or delivery of the service by another provider who is authorized by the agency to provide the service.

A county may decide not to maintain a waiting list, but instead choose to keep an inquiry list. The purpose of the inquiry list is to keep a list of names and contact information for individuals that expressed an interest in a particular program or service provided by the

county Department of Social Services. The inquiry list is an informal process and not subject to the same requirements for the maintenance of a waiting list. Best practice approach suggests that the agency utilizing inquiry lists needs to consider some important basic principles. When deciding whether to use a waiting list or inquiry list consider the following:

Prospective clients need to have the most current information in order to make informed decisions. It is important that individuals on an inquiry list know when a service or program will not be available to them due to limited funding or discontinuance of the service.

The agency may also provide alternative approaches or referrals to other services.

It is recommended that people on an inquiry list be contacted every ninety days to update them on the current availability of the service(s) in which they have an interest and/or to determine if they have an interest in remaining on the list.

It is also recommended that local policies and procedures governing the agency's use of inquiry lists be in writing and approved by the county board of social services.

VII. Policies and Procedures Governing Quarterly Reviews

The agency shall review and document the client's situation and service plan at least quarterly from the date of application except for clients whose only service(s) is (are):

transportation; <http://www.ncdhhs.gov/aging/transp.htm>

child care; <http://ncchildcare.dhhs.state.nc.us/general/home.asp>

foster care; <http://www.ncdhhs.gov/dss/fostercare/index.htm>

adoptions; and <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-50/man/>

housing and home improvement <http://www.dhhs.state.nc.us/aging/services/himprove.htm>

The agency shall conduct the review in the month it is due. The month the quarterly review is due is determined by the month in which the application was made.

The agency must label and date the quarterly review in the record.

[10A NCAC 71R .0606]

An annual re-assessment may take the place of the fourth quarterly review at the end of each twelve months of service provision.

The quarterly review includes an assessment of the client's progress since the last review, need for continued service or additional services and any significant changes in the client's situation/functional domains.

If possible, the review should be done with a face-to-face visit with the client.

If a face-to-face visit is not possible, collateral sources knowledgeable of the client's situation may be contacted to complete the quarterly review. Documentation should indicate the reasons the review was not done with the client.

The quarterly review is a minimum requirement. Reviews may occur more frequently than quarterly if needed.

VIII. Policies and Procedures Governing Appeals and Fair Hearings

A. Requirement to Provide Information to the Client

Each applicant or recipient shall be notified in writing (except when exempt from notice) of his/her right to appeal upon denial of his/her application for assistance and at the time of any subsequent action on his/her case. [NCGS 108A-79]

The client copy of the DSS-5027 <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/dss5027.pdf> contains information that advises the applicant/recipient of his/her right to a fair hearing. It includes procedures on how to obtain a fair hearing and documents that the information was provided to the applicant/recipient. (If another form is used, the agency is responsible for documenting that the same information contained on the DSS-5027 is provided to each applicant/recipient. See Notices Section)

B. Time Frames and Documentation of Requests

Failure to notify the agency before the end of the 60th day constitutes a waiver of the right to a hearing, except that for good cause shown, the county department of social services may permit an appeal notwithstanding the waiver. The waiver shall not affect the right to reapply for the service(s). [NCGS 108A-79]

The applicant /recipient may give notice of appeal verbally or in writing. The request should be documented in the record and referenced on the form developed by the local Department of Social Services.

The request for appeal should be made within sixty (60) calendar days from the effective date of the action.

In the case of approval or denial, the effective date of the action is the date the notice is sent or given to the client.

In the case of a termination or modification, the effective date of the action is the date the service(s) will be terminated or modified as specified on the notice of action.

For purposes of counting elapsed days to establish the period during which an appeal can be made, day one is the first day after the effective date of the action.

C. Right to Continued Service Provision Pending a Fair Hearing

If a recipient appeals a termination or modification of a service(s) (other than the lack of public funds to pay for the service(s)), (s)he has the right to continue to receive the service(s) at the present level pending the local hearing decision, providing the appeal is made prior to the effective date of the termination or modification (i.e., at least ten (10) work days after the notice is sent).

The individual may waive his/her right to continue to receive the service(s) during the period prior to the hearing. If so, it must be documented in the record. [G.S. 108A-79]

The client should be notified at the time (s)he requests continued service(s) that (s)he may be required to pay the cost of the service should (s)he lose the appeal.

D. Client Access to Records

The applicant/recipient shall have adequate opportunity prior to and during the hearing to review all documents and records that will be used at the hearing, including the right to have access to information in his/her case file.

Provisions for the client's access to his/her service record shall be made in accordance with policies governing confidentiality and access to client records.

[NCGS 108A-79; 10A NCAC 69; NCGS 108A-73; and NCGS 108A-80]

E. Procedures for Fair Hearings

For purposes of services appeals and fair hearings, the policies and procedures set forth in the Office of Administrative Hearings (OAH) must be followed <http://www.oah.state.nc.us/>.

For additional guidance see the Handbook on Public Assistance
<http://www.ncdhhs.gov/dss/county/docs/handbookonpublicassistanceappeals.pdf>

IX. Services Fraud

A. Obtaining Property by False Pretenses

If any person shall knowingly and designedly by means of any kind of false pretense whatsoever, whether the false pretense is of a past or subsisting fact or of a future fulfillment or event, obtain or attempt to obtain from any person within this State any money, goods, property, services, chose in action, or other thing of value with intent to cheat or defraud any person of such money, goods, property, services, chose in action or other thing of value, such person shall be guilty of a felony: Provided, that if, on the trial of anyone indicted for such crime, it shall be proved that he obtained the property in such manner as to amount to larceny or embezzlement, the jury shall have submitted to them such other felony proved; and no person tried for such felony shall be liable to be afterwards prosecuted for larceny or embezzlement upon the same facts: Provided, further, that it shall be sufficient in any indictment for obtaining or attempting to obtain any such money, goods, property, services, chose in action, or other thing of value by false pretenses to allege that the party accused did the act with intent to defraud, without alleging an intent to defraud any particular person, and without alleging any ownership of the money, goods, property, services, chose in action or other thing of value; and upon the trial of any such indictment, it shall not be necessary to prove either an intent to defraud any particular person or that the person to whom the false pretense was made was the person defrauded, but it shall be sufficient to allege and prove that the party accused made the false pretense charged with an intent to defraud. If the value of the money, goods, property, services, chose in action, or other thing of value is one hundred thousand dollars (\$100,000) or more, a violation of this section is a Class C felony. If the value of the money, goods, property, services, chose in action, or other thing of value is less than one hundred thousand dollars (\$100,000), a violation of this section is a Class H felony.

Evidence of non-fulfillment of a contract obligation standing alone shall not establish the essential element of intent to defraud.

For purposes of this section, "person" means person, association, consortium, corporation, body politic, partnership, or other group, entity, or organization. (33 Hen. VIII, c. 1, ss. 1, 2; 30 Geo. II, c. 24, s. 1; 1811, c. 814, s. 2, P.R.; R.C., c. 34, s. 67; Code, s. 1025; Rev., s. 3432; C.S., s. 4277; 1975, c. 783; 1979, c. 760, s. 5; 1979, 2nd Sess., c. 1316, s. 47; 1981, c. 63, s. 1; c. 179, s. 14; 1997-443, s. 19.25(I.) [NCGS 14-100]

In situations where there is evidence that leads an agency to believe that an individual has been fraudulent in providing information used to establish eligibility for the receipt of services, the agency may take steps to seek recovery for the cost of the services provided to the individual.

The Attorney General has given the following guidance that may be helpful. Elements of civil fraud, for purposes of the services program are:

The material misrepresentation or concealment of a past or existing fact; which representation is definite and specific; made with knowledge that is false; or made recklessly and as a positive assertion, without knowledge of its truth; or which concealment is done with knowledge that there is an affirmative duty to reveal; and with intent that the misrepresentation or concealment is reasonably acted upon to his/her detriment by the person (agency) sought to be defrauded.

Consultation among the agency director, agency attorney, and district attorney may be helpful in establishing a clear understanding of what constitutes fraud in the services program; how to evaluate evidence and make recommendations; and ensure that proceedings are handled in an equitable manner.

When there is evidence of fraud, the agency director and the county board of social services would examine the situation and, based on evaluation of the evidence, determine the manner in which to proceed.

Recommendations for action should be made in consultation with the agency attorney, particularly in determining the most appropriate means by which recovery is to be sought.

Decisions should be made on an equitable basis.

Discretion should be exercised in making a decision to seek prosecution under criminal statutes as the means to recover.

The agency may seek voluntary repayment from the client; or may seek recovery through court action, under civil or criminal proceedings, or both.

Both civil and criminal proceedings can be initiated; however, the agency can collect repayment only once.

X. Policies and Procedures Governing Record Keeping

A. Requirements to Establish and Maintain Service Records

An agency must open and maintain a service record for each individual for whom an application for social services is made and for each recipient of protective services.

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in 10A NCAC 69.

The service record must be updated and documented as necessary to reflect changes in a client's circumstances and to keep all information in the record current.

All changes must be documented in the service record. These include the addition of a service to a client's service plan, termination of service, redetermination of eligibility, changes in the recipient's circumstances that affect his/her need for or use of services, and any action taken by the agency that affects the client's receipt of a service and termination of the recipient's service. [10A NCAC 71R .0303]

In order to comply with the budgeting, planning and reimbursement requirements of G.S. Chapter 108A and 45 CFR 228.17, each county department of social services shall complete all forms specified and approved by the Department of Health & Human Services. [10A NCAC 67A .0107]

For certain services (e.g., adoptions, protective services), confidentiality requirements are such that separate case files must be maintained.

Service records include basic data, information necessary for determining eligibility and need for the services, providing case management and complying with documentation requirements set forth in policies governing the program funding source for the specific service(s).

An individual's case file may be maintained separately, maintained in a separate section or may be grouped in a family record provided appropriate documentation of eligibility and service provision is maintained for each individual, and provided confidentiality requirements can be accommodated.

Documentation is required in order to establish a record of changes for the client in the service system, to establish a record for fiscal accountability and to document agency action related to appeals, fair hearings and other legal proceedings.

If changes are documented in the quarterly review, additional documentation is not required. There may be additional service specific documentation requirements for updating recipient service records <http://info.dhhs.state.nc.us/olm/manuals/>.

B. Eligibility Documentation Forms

Use of the Department of Health and Human Services specified and approved forms is required. [10A NCAC 67 .0107]

The Division of Social Services, the Division of Child Development, the Division of Services for the Blind and the Division of Aging and Adult Services make available standardized forms that are designed to address documentation requirements applicable to all of the service programs and funding sources outlined in this Chapter. Standardized forms issued by the Divisions will assure compliance with Federal regulations and State law when the forms are used in accordance with eligibility and service policies and when completed in accordance with form instructions.

C. Narrative Recording

Narrative case recording includes any report, social work assessment or study that is prepared by the social worker or received by the social worker. Such may include summaries of an individual's adjustment and utilization of care outside his/her own home, information prepared for court, summaries prepared for purposes of consultation, etc. Regardless of whether the narrative is in the form of a summary report or in the form of general case dictation, recording should include only that information which contributes to a valid basis for reliable conclusions about the client and his/her situation. Such information should be objective, without prejudice and pertinent to the delivery of services and achievement of goals. Case recording is to help the worker assess the direction of service and provides a basis for the worker's self-evaluation. Additionally, case recording incorporates the worker's reflective thinking and professional judgment about the client and his/her use of services and resources.

Narrative recording serves the following purposes:

supportive documentation of the client's need/lack of need for services;

documentation of the completion of the quarterly review;

assistance to staff in the provision of quality service to an individual client and in identifying unmet needs and gaps in resources;

meeting the needs of supervision and supporting administrative planning; and

achieving more effective practice.

In general, the form and scope of narrative recording is determined by local agency policy. Where there are specific recording requirements with respect to certain services, those are set forth in the specific manuals governing provision of those services. For purposes of optional narrative recording, any locally developed form(s) or procedures may be used.

D. Confidentiality of Records

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in [10A NCAC 69].

Federal Law 42 CFR 431.300 requires states to provide safeguards to restrict the use or disclosure of information concerning Medicaid applicants.

It is unlawful for any person to obtain or disclose any information concerning individuals applying for or receiving public assistance or social services that may be directly or indirectly derived from the client's records. [NCGS 108A-80]

Federal Law 45 CFR 164-512 provides for some exemptions related to confidentiality and the release of information in situations of Adult and Child Protective Services and Guardianship. <http://hipaa.dhhs.state.nc.us/index.html> In addition to these requirements there are service specific confidentiality rules. The service record should be physically safeguarded and agencies need to establish and implement policies that keep service records confidential and safe from unauthorized access.

Become familiar with and follow your agency's release of information protocols. Consult with a supervisor or manager before releasing any information.

E. Retention of Records

Records Retention and Disposition Schedule: County Department of Social Services provides policy and guidelines for record retention. [[http:// www.ah.dcr.state.nc.us/records/default.htm](http://www.ah.dcr.state.nc.us/records/default.htm)].

XI. Social Services Block Grant

A. Social Services Block Grant

Services funded by the Social Services Block Grant shall be provided directly by the Department of Health and Human Services, its divisions or their local counterparts; or services shall be purchased from public or private providers by contracting in accordance with federal, state, and local regulations governing such purchases.

[10A NCAC 71R .0104]

Every two years North Carolina develops a Social Services Block Grant Plan. It is available for public review and comment before it is submitted to the United States Department of Health and Human Services. The current SSBG Plan can be found at <http://www.dhhs.state.nc.us/dss/publications/index.htm>

The North Carolina SSBG Plan requires local match funds for all SSBG funded services:

12.5% Local Match - State In-Home Fund (In-Home Services, including In Home Aide Services, Home Delivered Meals, Housing and Home Improvement Services and Preparation and Delivery of Meals);

25% Local Match – In-Home Services once a county’s State In-Home Fund allocation is exhausted; and

25% Local Match - All other SSBG funded services reimbursement is based on the actual cost of a service rather than an established unit rate.

The Department of Health and Human Services is the single designated agency in North Carolina for administering the Social Services Block Grant. All divisions receiving SSBG funding are also charged with administrative responsibilities to assure that SSBG funds are utilized in a manner consistent with the general approach applicable to their other services.

B. SSBG Services Supported by the Social Services Block Grant

Services which may be reimbursed with SSBG funds are:

Adjustment Services for the Blind and Visually Impaired*

Adoption Services*

Adult Placement Services*

Child Care Services*

Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services

Requirements for the Provision of Services by
County Departments of Social Services
Effective Date: 11/01/2007
Last Update: 7/11/2008

Community Living Services
Day Care Services for Adults
Delinquency Prevention Services
Employment and Training Support Services
Family Planning Services*
Family Preservation Services
Family Support Services
Foster Care Services for Adults*
Foster Care Services for Children*
Health Support Services* (sterilization component is optional)
Home Health Services (includes Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and/or Nutrition Care)
Housing and Home Improvement Services
Individual and Family Adjustment Services*
In-Home Aide Services*
In-Home Aide Services for the Blind*
Intensive Family Preservation Services
Personal and Family Counseling
Preparation and Delivery of Meals
Problem Pregnancy Services
Protective Services for Adults*
Protective Services for Children*
Residential Treatment for the Emotionally Disturbed
Respite Care Services
Transportation Services
Youth Services

(*indicates mandated services and are addressed below)

Mandated services shall be made available in each county. All other services specified above shall be considered optional for purposes of the SSBG. [10A NCAC 71R .0101 and .0103]

C. SSBG Requirements

In order for an individual to be eligible to receive services funded under the Social Services Block Grant (Title XX), it must be established that (s)he is eligible on the basis of need as specified in the target population for the services requested except that for purposes of providing child care services, transportation services or the federally funded sterilization resource item of health support services, eligibility must also be determined on the basis of his/her income maintenance or income eligible status. [10A NCAC 71R .0501]

Services Without Regard to Income

Individuals are eligible for the following services on the basis of need for the service and without regard to their income:

- Adjustment Services for the Blind and Visually Impaired;**
- Adoption Services;**
- Adult Placement Services;**
- Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services;**
- Child Care Services, when needed to support child protective services, child welfare services and for children receiving foster care services;**
- Community Living Services;**
- Day Care Services for Adults;**
- Delinquency Prevention Services;**
- Employment and Training Support Services;**
- Family Planning Services;**
- Family Preservation Services;**
- Family Support Services;**
- Foster Care Services for Adults;**
- Foster Care Services for Children;**
- Health Support (excluding the optional voluntary sterilization component);**
- Home Health Services (including Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and Nutrition Care);**
- Housing and Home Improvement Services;**
- Individual and Family Adjustment Services;**

In-Home Aide Services;
Intensive Family Preservation Services;
Personal and Family Counseling
Preparation and Delivery of Meals;
Problem Pregnancy Services;
Protective Services for Adults;
Protective Services for Children;
Residential Treatment for the Emotionally Disturbed;
Respite Care Services;
Transportation Services provided by the North Carolina Commission of Indian Affairs;
and Youth Services.

Documentation of need and how the individual meets the target population is required in the service record.

Services With Regard to Income

The delivery of the following SSBG services are restricted to individuals who are eligible based on either income maintenance status or income eligible status:

In-Home Aide Services for the Blind,
Child Care Services,
Transportation Services, or
The Federally Funded Sterilization Resource Item of Health Support Services

For an individual to be eligible on the basis of income maintenance status, it must be established that the individual is:

a current applicant/recipient of Work First Family Assistance, Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level) as defined in G.S. 108A-24; or a person whose needs were taken into account in determining the needs of Work First Family Assistance recipients;

a current recipient of Supplemental Security Income (SSI);

an individual who receives regular Optional State Supplementation payments from the State, known as State/County Special Assistance for Adults in North Carolina; or

a child with respect to whom foster care maintenance payments or adoption assistance payments are made under Public Law 96-272.

An individual whose eligibility is based on income maintenance status is eligible for any service funded under the Social Services Block Grant (Title XX) that is available in the county in which he lives. [10A NCAC 71R .0502]

Individuals who are receiving or are eligible to receive certain public assistance payments are considered “categorically eligible” for services provided either with regard to income or without regard to income. These individuals may be approved for any SSBG service regardless of the amount of the public assistance payments, as long as the need for the service is established for an individual to be categorically eligible for SSBG services, (s)he is receiving or is eligible to receive one of the following incomes:

Supplemental Security Income (SSI);

Work First Family Assistance (WFFA), Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level);

State/County Special Assistance for Adults in North Carolina; or

Public Law 96-272 Foster Care Maintenance or Adoption Assistance

The amount of the monthly assistance is not relevant to an individual’s eligibility for SSBG services.

Individuals other than those eligible on the basis of income maintenance status may be determined eligible on the basis of that individual’s income unit’s monthly gross income.

To determine income eligibility, it is necessary to determine: the number of individuals who reside in the same household who are financially obligated to one another (the income unit); and the amount of the gross monthly income available to them.

The following are defined as separate income units for purposes of determining eligibility and fees:

Biological or adoptive parents and their minor children;

A minor parent and his or her children;

Each adult, whether related or unrelated, other than spouses;

Children living with adults other than their biological or adoptive parents;

Minors who are emancipated through a court proceeding, marriage or participation in the armed services.

Sources of income which shall be considered for purposes of computing family monthly gross income are:

Gross earned wages or salary (earnings received for work performed as an employee, including wages, salary, commissions, tips, piece-rate payments and bonuses earned, before any deductions are made for taxes, bonds, pensions, union dues);

Adjusted gross income from taxable self-employment income;

Social Security benefits (includes Social Security pension, survivors/ benefits and permanent disability insurance payments);

Dividends; interest (on savings or bonds; income from estates or trusts; royalties; and adjusted gross rental income on houses, stores ore other property;

Pensions and annuities paid directly by an employer or union or through an insurance company;

Workers' compensation for injuries incurred at work;

Unemployment insurance benefits;

Alimony (includes direct and indirect payments, such as rent and utility payments);

Child support, direct or indirect;

Pension paid to veterans or survivors of deceased veterans;

On-the-Job (JOT) payments;

Job Training Partnership Act (TAP) payments made to an adult;

AmeriCorps stipend (living allowance);

Armed Forces pay (only the amounts taxable, such as base pay);

Work release payments;

Cherokee Tribal Per Capita Income paid to adult family members;

Work-study payments, if the income is from a program not administered under Title IV of the Higher Education Act or the Bureau of Indians Affairs; and

Recurring cash contributions paid directly to the parent. [10A NCAC 71R .0503]

The service record should document receipt of one of the income types listed above as well as information regarding the individual's need for the service.

The Federal Poverty Guidelines can be accessed at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

Exhibit C

Guilford County
HIPAA: Business Associate Addendum

This Business Associate Addendum is hereby made, entered into, and effective as of the effective date of this contract, by and between GUILFORD COUNTY, on behalf of the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH (“Covered Entity”) and _____ (“Business Associate”), and collectively referred to as the “Parties.”

Definitions

Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in 45 CFR 160.103 and 164.501.

- A. Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- B. Privacy Rule. “Privacy Rule” shall mean the standards for privacy of individual identifiable health information at 45 CFR part 160 and part 164, subparts A and E.
- C. Protected Health Information. “Protected Health Information” shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by the Business Associate from or on behalf of the Covered Entity.
- D. Required by Law. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.
- E. Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- F. Data Aggregation. “Data Aggregation” shall mean, with respect to Protected Health Information created or received by the Business Associate in its capacity as the business associate of the Covered Entity, the combining of such Protected Health Information by the Business Associate with the Protected Health Information received by the Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- G. Designated Record Set. “Designated Record Set” shall mean a group of records maintained by or for the Covered Entity that is (i) the medical records and billing records about individuals maintained by or for the Covered Entity, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals. As used herein the term “Record” means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Covered Entity.
- H. Electronic Media. “Electronic Media” shall mean the mode of electronic transmissions. It includes the Internet, extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks and those transmissions that are physically moved from one location to another using magnetic tape, disk or compact disk media.

Recitals

- A. The U.S. Department of Health and Human Services has issued regulations on “Privacy Standards for Individually Identifiable Health Information,” implementing the Health Insurance Portability and Accountability Act of 1996 (the “Privacy Standards”).

- B. Covered Entity is a service provider. The U.S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), governing the privacy of Individually Identifiable Health Information obtained, created or maintained by certain entities, including health care providers.
- C. Business Associate either 1) performs certain functions for, or on behalf of the Covered Entity involving the disclosure of Protected Covered Entity Health Information (“PHI”) by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity; or 2) provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, administrative or financial services for the Covered Entity involving the disclosure of Protected Health Information (“PHI”) by the Covered Entity or another business associate of the Covered Entity.
- D. The parties of this Addendum agree to enter into this agreement to protect PHI, and to amend any agreements between them, whether oral or written, with the execution of this Addendum.

In consideration of the mutual promises and agreements below and in order to comply with all legal requirements for the protection of this information, the parties agree as follows:

General Provisions

- A. Effect. This Addendum supplements, modifies and amends any and all agreements, whether oral or written, between the parties involving the disclosure of PHI by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity. The terms and provisions of the Addendum shall supercede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference. Without limitation of the foregoing, any limitation or exclusion of damages provisions shall not be applicable to this Addendum.
- B. Amendment. Business Associate and the Covered Entity agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 CFR Parts 160 and 162) and the Security Standards (45 CFR Part 142) (collectively, the “Standards”) promulgated or to be promulgated by the Secretary or other regulations or statutes. Business Associate agrees that it will fully comply with all such Standards and that it will agree to amend this Addendum to incorporate any material required by the Standards.

Obligations of Business Associate

- A. Use and Disclosure of Protected Health Information. Business Associate may use and disclose Protected Health Information only as required to satisfy its obligations under the Agreement(s), as permitted herein, or required by law, but shall not otherwise use or disclose any Protected Health Information. Business Associate shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, use or disclose Protected Health Information received from the Covered Entity in any manner that would constitute a violation of the Privacy Standards if so used or disclosed by the Covered Entity, except that Business Associate may use or disclose Protected Health Information (i) for Business Associate's proper management and administrative services, (ii) to carry out the legal responsibilities of Business Associate or (iii) to provide data aggregation services relating to the health care operations of the Covered Entity if required under the Agreement(s). Business Associate hereby acknowledges that, as between Business Associate and the Covered Entity, all Protected Health Information shall be and remain the sole property of the Covered Entity, including any and all forms thereof developed by Business Associate in the course of its fulfillment of its obligations pursuant to this Addendum. Business Associate further represents that, to the extent Business Associate requests that the Covered Entity disclose Protected Health Information to Business Associate, such a request is only for the minimum necessary Protected Health Information for the accomplishment of Business Associate's purpose.

- B. Safeguards Against Misuse of Information. Business Associate agrees that it will use all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Addendum.
- C. Reporting of Disclosures of Protected Health Information. Business Associate shall, within thirty (30) business days of becoming aware of any use or disclosure of Protected Health Information in violation of this Addendum by Business Associate, its officers, directors, employees, contractors or agents or by a third party to which Business Associate disclosed Protected Health Information, report any such disclosure to the Covered Entity.
- D. Agreements by Third Parties. Business Associate shall obtain and maintain an agreement with each agent or subcontractor that has or will have access to Protected Health Information, which is received from, or created or received by Business Associate on behalf of the Covered Entity, pursuant to which agreement such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Business Associate pursuant to this Addendum with respect to such Protected Health Information.
- E. Accounting of Disclosures. Within ten (10) business days of notice by the Covered Entity to Business Associate that it has received a request for an accounting of disclosures of Protected Health Information, other than related to the treatment of the patient, the processing of payments related to such treatment, or the operation of a Covered Entity or its Business Associate and not relating to disclosures made earlier than six (6) years prior to the date on which the accounting was requested, Business Associate shall make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528. At a minimum, Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall within ten (10) business days forward such request to the Covered Entity. Business Associate hereby agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this Section.
- F. Availability of Books and Records. Business Associate hereby agrees to make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, the Covered Entity available to the Secretary for purposes of determining the Covered Entity's and Business Associate's compliance with the Privacy Standards.
- G. Indemnification. Each Party ("the Indemnifying Party") hereby agrees to indemnify and hold the other Party harmless from and against any and all liability and costs, including reasonable attorneys' fees, created by a breach of this Addendum by the Indemnifying Party, its agents or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the Agreement(s).
- H. Insurance. Business Associate shall obtain and maintain during the term of this Addendum liability insurance covering claims based on a violation of the Standards or any applicable state law or regulation concerning the privacy of patient information and claims based on its obligations pursuant to this Addendum in an amount not less than \$1,000,000 per claim. Such insurance shall be in the form of occurrence-based coverage. A copy of such policy or a certificate evidencing the policy shall be provided to the other Party upon written request. The Parties acknowledge and agree that Business Associate currently has a Cyber Liability policy with limits of not less than \$1,000,000 per occurrence, and is partially self-insured.
- I. Notice of Request for Data. Business Associate agrees to notify the Covered Entity within ten (10) business days of Business Associate's receipt of any written request or subpoena for Protected Health Information. To the extent that the Covered Entity decides to assume responsibility for challenging the

validity of such request, Business Associate agrees to reasonably cooperate with the Covered Entity in such challenge.

- J. Injunction. Business Associate hereby agrees that the Covered Entity will suffer irreparable damage upon Business Associate's breach of this Addendum and that such damages shall be difficult to quantify. Business Associate hereby agrees that the Covered Entity may file an action for an injunction to enforce the terms of this Addendum against Business Associate, in addition to any other remedy the Covered Entity may have.

Term and Termination

- A. Term. This Addendum shall become effective on the Effective Date and, unless otherwise terminated as provided herein, shall have a term that shall run concurrently with that of the last expiration date or termination of the Agreement(s).
- B. Termination Upon Breach of Provisions Applicable to Protected Health Information. Any other provision of the Agreement(s) notwithstanding, this Addendum and the Agreement(s) may be terminated by either Party upon twenty (20) business days written notice to the other Party in the event that the other Party breaches any provision contained in this Addendum and such breach is not cured within such twenty (20) day period; provided, however, that in the event that termination of this Addendum and the Agreement(s) is not feasible, in the Covered Entity's sole discretion, Business Associate hereby acknowledges that the Covered Entity shall have the right to report the breach to the Secretary, notwithstanding any other provision of this Addendum or any Agreement(s) to the contrary.
- C. Return or Destruction of Protected Health Information upon Termination. Upon termination of this Addendum, Business Associate shall either return or destroy all Protected Health Information received from the Covered Entity or created or received by Business Associate on behalf of the Covered Entity and which Business Associate still maintains in any form. Business Associate shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that the Covered Entity agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive such termination and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.
- D. The Covered Entity's Right of Cure. At the expense of Business Associate, the Covered Entity shall have the right to cure any breach of Business Associate's obligations under this Addendum. The Covered Entity shall give Business Associate notice of its election to cure any such breach and Business Associate shall cooperate fully in the efforts by the Covered Entity to cure Business Associate's breach. All requests for payment for such services of the Covered Entity shall be paid within thirty (30) days.
- E. Transition Assistance. Following the termination of this Addendum and the Agreement(s) for any reason, Business Associate agrees to provide reasonable transition services for the benefit of the Covered Entity.

(The remainder of this page has been intentionally left blank)

GUILFORD COUNTY, NORTH CAROLINA

Request for Integrated Data System & Aging & Adult Case Mgt. Software
Provider QUALIFICATIONS

Information about the Supplier

- I. Firm Name Asemio LLC
- II. Legal Name (if different) _____
- III. Years in Business 12
- IV. Number of years providing similar services 12
- V. Contact Person Aaron Bean
- VI. Full Mailing Address 12 N Cheyenne #312 Tulsa, OK 74103
- VII. Telephone Number 9182130594
- VIII. Fax Number N/A
- IX. Email address of contact person aaron@asemio.com
- X. Number of full time employees 16
- XI. Name and experience of proposed point of contact for this project

Since 2013, Aaron Bean has served as the Managing Director of Asemio, where he leads initiatives to design and implement innovative data solutions that drive social impact. His work focuses on fostering collaboration across sectors to develop technology ecosystems that address societal challenges.

Aaron is deeply involved in advancing the ethical use of data and technology through his leadership roles. He is a national advisory board member for Actionable Intelligence for Social Policy (AISP) at the University of Pennsylvania, contributing to the integration and ethical use of complex datasets to inform policy-making. Additionally, he serves on the board of the Association of Public Data Users (APDU), where he advocates for improving data accessibility and integrity at the federal level.

As a co-creator and co-host of the podcast "Asemio Decoded," Aaron brings together diverse stakeholders, including academics, data scientists, and nonprofit leaders, to discuss key topics in data and technology. His work fosters cross-sector understanding and collaboration.

asemio

It takes good data to do good.



Service Proposal: Integrated Data System & Aging and Adult Case Management Software



About Asemio

We are the technology, data, and consulting firm for mission-based nonprofit, government, and philanthropic organizations that are addressing today's social problems and underserved communities. With a special focus in technology infrastructure modernization and data & analytics, **we have equipped social impact teams with the data they need to do good for over a decade.**



What We Do: *More Than Technology*

Enabling community transformation through the design and implementation of smart, flexible, next-generation technical infrastructure:

Rapid-Deploy CMS

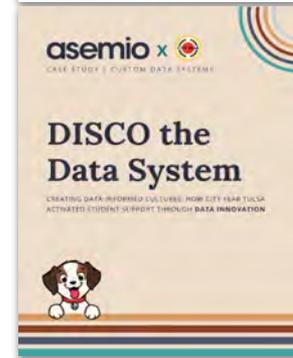
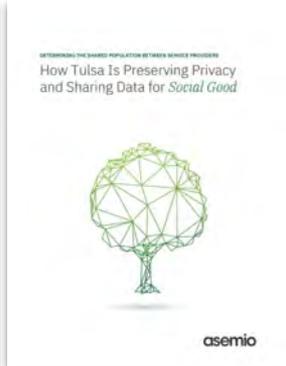
Case management for direct service

Privacy-Preserving Data Integration

For safe data sharing + decision-making

Purpose-Driven Governance

Community control of data and logic, connected through shared frameworks





Integrated Data System

Introduction to our IDS Approach



Unified Data Hub

Federated data across systems for holistic insights



Privacy by Design

State-of-the-art privacy-preserving linkage and data protection



Interoperability

Seamless integration with legacy, current, and future systems



Scalable Architecture

Designed to grow and adapt as departmental needs evolve



Collaborative Implementation

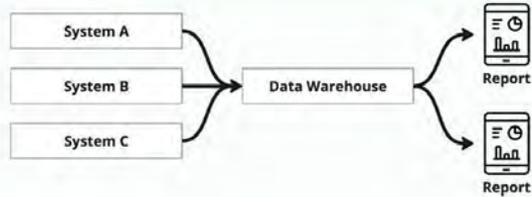
Agile, phased rollouts for effective adoption and stakeholder alignment

IDS System Architecture

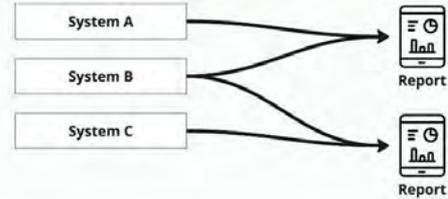
CENTRALIZED ← → FEDERATED

Analytical Plane

Data Warehouse

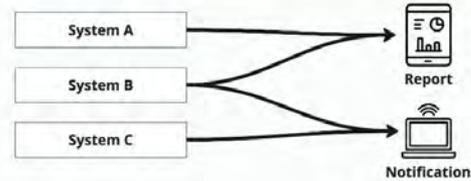


Federated Analytical Data Sharing Network



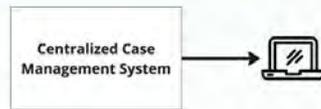
Analytical and Transactional Plane

Federated Hybrid Data Sharing Network

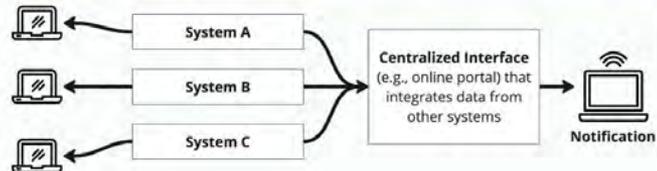


Transactional Plane

Centralized Case Management System



Integrated Case Management System



Privacy Enhancing Technology (PET)

Privacy-Preserving Record Linkage

- Cross-system client matching without exposing sensitive identifiers (PII) using secure hash encoding

Advanced Cryptographic Methods

- Salted SHA-512 cryptographic hashing for secure, de-identified record linking
- Tokenization and phonetic matching to enhance accuracy and privacy

Robust De-identification Techniques

- Automated removal or obfuscation of identifiable information
- Secure management of sensitive fields during data processing.

Compliance-Aligned Controls

- Embedded HIPAA, FERPA, and 42 CFR Part 2 privacy standards
- Audit logging and role-based access to enforce least privilege



PET: Linking Logic

COLLECT

Client A: Eviction Dataset

Docket Record: Billy | Smith | May 10, 1978

Linking Fields Set: ["PL"] ["XMT", "SMO"] ["1978-05-10"]

Linking Keys: ["PL", "XMT", "1978-05-10"], ["PL", "SMO", "1978-05-10"]

De-Identified Output: 0f0f1ff2a72fa5014ee8f07640476898e7ba7fc140101682ee97f45db72e5287,
5d2495d11906d65a040c9cf5bb78bb56a9e16bd0c9f6100183fc687732ab41d0

Client B: School Dataset

Student Record: billie | Schmidt | 5-10-78 | Sally | Smith | 9

Linking Fields Set: ["PL"] ["SMT", "XMT"] ["1978-05-10"]

Linking Keys: ["PL", "SMT", "1978-05-10"], ["PL", "XMT", "1978-05-10"]

De-Identified Output: 9e8f7cfa525698160f0092adf40a828d410cfecd52f3a98a0d6f601b13a2bb44,
0f0f1ff2a72fa5014ee8f07640476898e7ba7fc140101682ee97f45db72e5287, age=9

PROCESS

Canonicalization
Phonetic Matching using DMetaphone
Date Normalization

Generate linking keys

Salt & Hash Linking Keys & Add non-sensitive fields

MATCH

0f0f1ff2a72fa5014ee8f07640476898e7ba7fc140101682ee97f45db72e5287, 5d2495d11906d65a040c9cf5bb78bb56a9e16bd0c9f6100183fc687732ab41d0

MATCH FOUND

9e8f7cfa525698160f0092adf40a828d410cfecd52f3a98a0d6f601b13a2bb44, 0f0f1ff2a72fa5014ee8f07640476898e7ba7fc140101682ee97f45db72e5287, age=9

Partners in Implementation

Our approach is **highly collaborative, client driven** and prioritizes the **long term vision** for a highly utilized integrated data system. We've found the most successful implementations share the following key factors:

- Accessible and clearly identified decision makers
- Clear and transparent governance frameworks
- Highly engaged data contributors and end users
- Purpose-driven design

Major activities necessitating engagement:

- Development of IDS Vision and Purpose
- Governance Design and Implementation
- Technical Design and Implementation
- Evaluation and Feedback Cycles

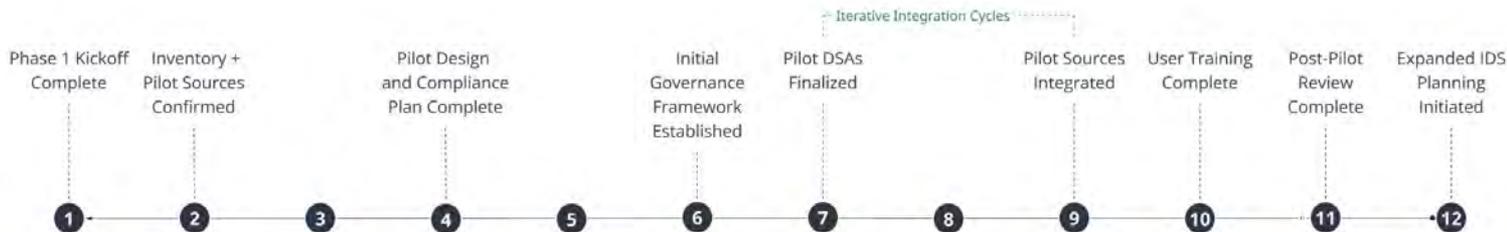
County Staffing Needs

The time investment for partner staff typically fits the model below:

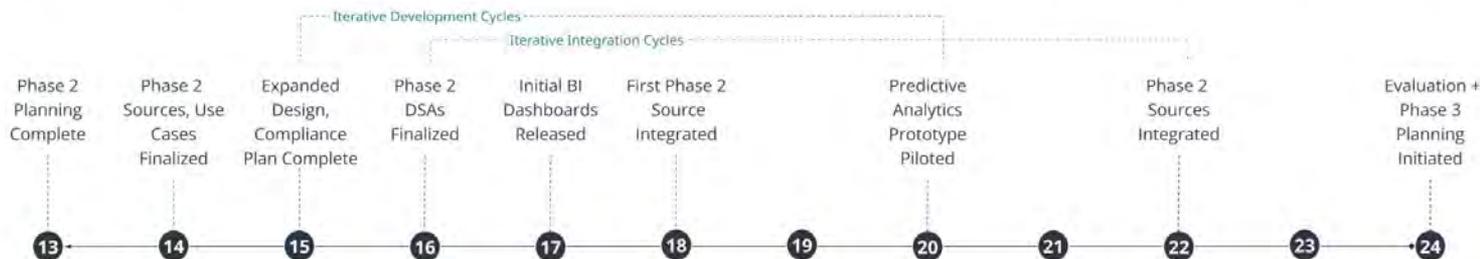
- **Project Steward** (4+ hrs/week) Serves as an internal champion for the project aligning stakeholders, attending demos, data exploration sessions, ensuring strategic alignment, and escalating to decision makers as needed.
- **Department Liaisons/Data Custodians** (2+ hrs/week) Act as primary contacts for agency data systems and operations. Participate in discovery sessions, data mapping, validation, and compliance reviews. Engagement varies by phase and data relevance.
- **Collaborative Governance & Compliance Partners** (2+ hrs/week) Collaborate on governance policies, compliance planning, and charter development. Includes program leads, legal/compliance staff, and other governance contributors. Engagement varies by phase.
- **Subject Matter Experts and End Users** (2+ hrs/week) Participate in discovery sessions, demos, and user acceptance testing. Engagement cycles in and out based on scope and area of expertise.
- **Decision Makers** (2+ hrs/week) Stay informed through review meetings and provide guidance or sign-off on key decisions (e.g., data sharing agreements, governance frameworks).

Implementation Roadmap

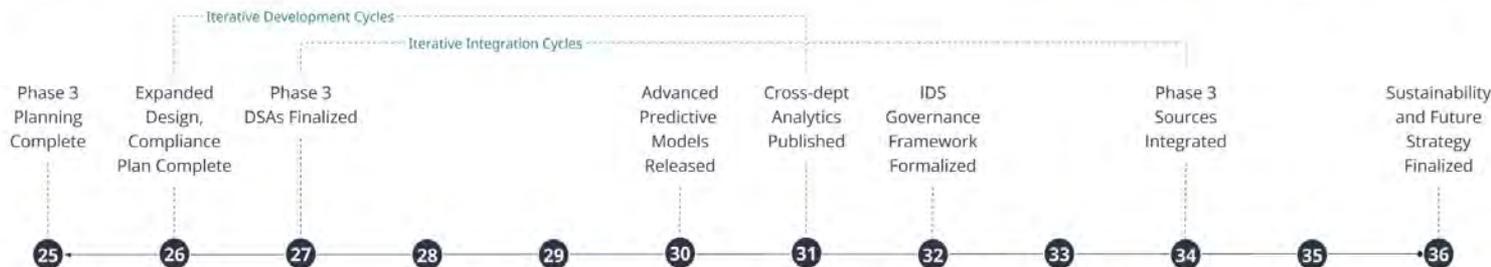
Year 1



Year 2



Year 3



IDS Cost Proposal

	Year 1	Year 2	Year 3	Year 4	Year 5
	Implementation				
One-time Implementation				n/a	n/a
Ongoing Customizations	\$100,000	\$125,000	\$100,000	~ \$5k-30k per pipeline or product. Highly sensitive to requirements.	
	Ongoing				
Licensing*	✓	✓	✓	✓	✓
Hosting	✓	✓	✓	✓	✓
Backups	✓	✓	✓	✓	✓
Support	✓	✓	✓	✓	✓
Annual Cost	\$120,000	\$120,000	\$120,000	\$120,000	\$120,000
Total Annual Cost	\$220,000	\$245,000	\$220,000	\$120,000	\$120,000

*Licensing costs for third-party analytics tools are not included in the table above. Our current assumption is that the County's existing Microsoft/Azure suite provides access to PowerBI. If an alternative analytics solution is preferred or additional licenses are needed, we can scope those separately based on the County's preferences.

IDS Cost Factors: Typology-Driven Project Classification

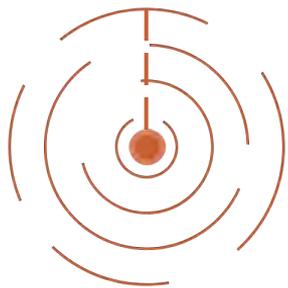
Projects are assessed against a standardized set of attributes that define analytical, operational, and governance dimensions of work.

- **Analytical Boundedness**
- **Analytical Complexity**
- **Structural Change Volatility**
- **Data Reuse Frequency**
- **Initial Data Access Setup Complexity**
- **Governance Overhead**
- **Privacy and Security Model Complexity**
- **Self-Service Level**
- **Number of Data Contributors**

Alignment to Real-World Scenarios

This methodology is designed to be compatible with public-sector, philanthropic, or nonprofit data initiatives where:

- Reuse, governance, and data access complexity are core cost drivers
- Projects evolve over time, often growing in complexity
- Budget predictability and justification are essential for stakeholder trust and funding continuity



Case Management System

Introduction to our CMS Approach



Client-Centric Design

Built to optimize client and staff interactions, focusing on intuitive and accessible user experiences



Adaptable Platform

Supports evolving program needs with configurable workflows and forms



Integrated Data Capability

Seamless connection to Integrated Data Systems (IDS) ensures comprehensive insights and efficiency



Security and Compliance

Embedded privacy and data protection aligned with HIPAA, FERPA, and SOC 2 standards



Proven Implementation Model

Agile, iterative delivery prioritizing collaboration, user feedback, and quick wins

CMS System Architecture: Overview

RAD (Mosaic Platform)

- React (frontend), Node/Express (backend), PostgreSQL DB
- Containerized apps on managed cloud services
- Highly configurable modules and workflows

Salesforce

- Application Platform as a Service (aPaaS) leveraging Salesforce's multi-tenant cloud architecture
- Configurable declarative and programmatic customization within Salesforce's platform framework
- User interface built on Salesforce Lightning Design System (LDS)

CMS System Architecture: Integration Capabilities

General Capabilities

1. Real-time APIs and batch file transfers (HL7, JSON, CSV, XML)
2. Secure SFTP transfers, cloud storage, and API endpoints
3. Azure integration (Power BI, Azure AD)
4. Automated data normalization, deduplication, and cleansing

Salesforce Platform Options

- Native Salesforce APIs (real-time, bulk)
- Established Industry Tools
- MagicBox ETL integration pipelines

RAD (Mosaic Platform) Options

- Direct PostgreSQL database connectors
- Custom API endpoints (REST-based integrations)
- MagicBox ETL integration pipelines

User Interface & Experience

1. Discovery



2. Business Rules

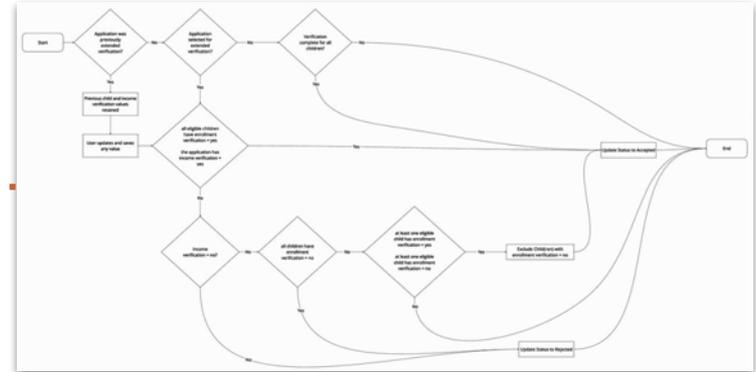
Verification Process Outline

- Applications selected for extended verification will have **different fields** on the Child Verification list. Instead of checkboxes for Identity Verification, a user will see:
 - Income verification (one set of checkboxes for each application)
 - Enrollment verification (one set of checkboxes for each child)
- The application's status will change based on the actions taken in the Verification list as described in the table below. Applications will remain in the Verification list until one of the following occurs:

If user updates an extended verification application so that...	Then when the changes are saved...
<ul style="list-style-type: none">all eligible children have enrollment verification = yesthe application has income verification = yes	<ul style="list-style-type: none">the application status will become Accepted
<ul style="list-style-type: none">the application has income verification = noall children have enrollment verification = no	<ul style="list-style-type: none">the application status will become Rejectedthe application status will become Rejected

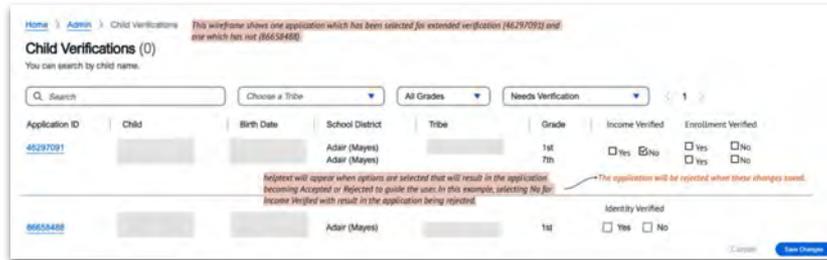
- If an application has children with a mix of "yes" and "no" for enrollment verification, then a user will have the option of excluding children with "no" from the application
- Children **excluded** from the application at this point will remain in the Identity Management System, so future uses of the identity can ensure they are not issuing benefits to a child who previously failed verification

3. Workflow Diagram

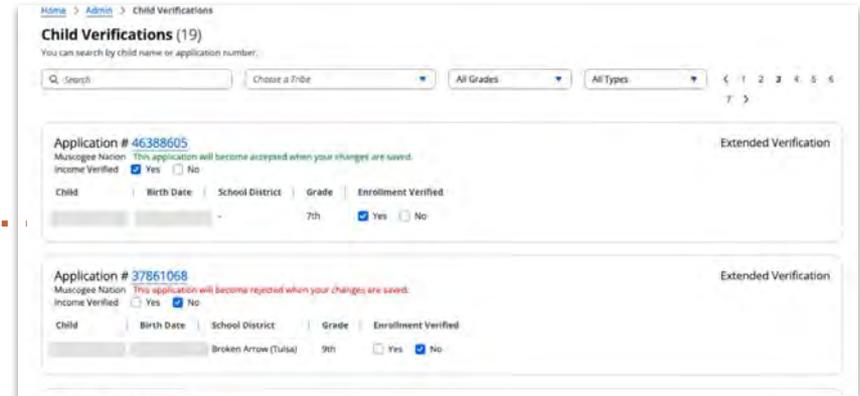


User Interface & Experience

4. Wireframe



5. Working Software



End user needs and accessibility requirements emerge during the discovery process and are reviewed throughout the workflow's evolution to ensure that working software aligns with stated needs. Common supports for accessibility and user experience include accessibility tools such as **UserWay** and **Google Translate's** API for translation support of more than 100 languages with enterprise-grade control and security.

Partners in Implementation

Our approach is **highly collaborative, client-driven** and prioritizes engagement with **working software**. We've found the most successful implementations share the following key factors:

- Accessible and clearly identified decision makers
- Highly engaged end users
- Flexibility to adapt to shifting priorities

During development periods, our projects typically utilize a dedicated 1 hr weekly project meeting with rotating content and attendees.

- Weeks 1 & 3: Project Review Meeting
- Weeks 2 & 4: Demo

During planning and discovery periods, our projects typically utilize the weekly project meeting and add extended discoveries sessions with larger stakeholder groups as required (1.5 - 3 hrs)

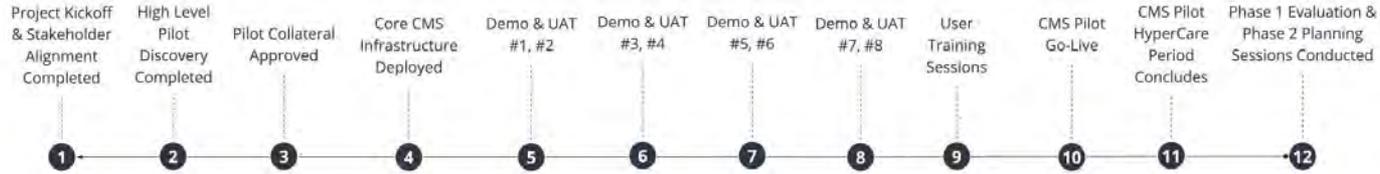
County Staff Engagement

The time investment for partner staff typically fits the model below:

- **Subject Matter Experts and End Users** (2+ hrs/week) Participate in discovery sessions, demos, and user acceptance testing. Engagement cycles in and out based on scope and area of expertise.
- **Decision Makers** (2+ hrs/week) Stay informed through review meetings and provide guidance or sign-off on key decisions.
- **Project Steward** (4+ hrs/week) Serves as an internal champion for the project aligning stakeholders, attending demos, data exploration sessions, ensuring strategic alignment, and escalating to decision makers as needed.

Implementation Roadmap

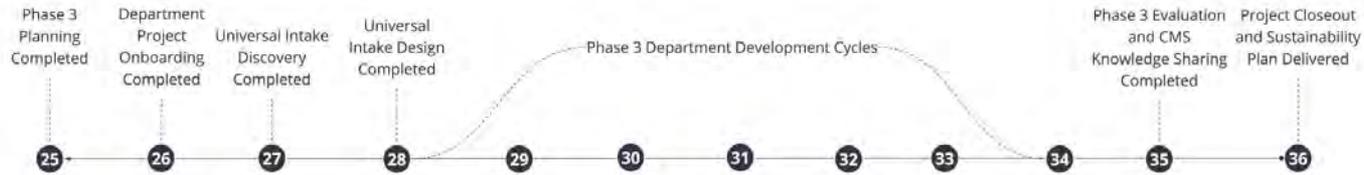
Year 1



Year 2



Year 3



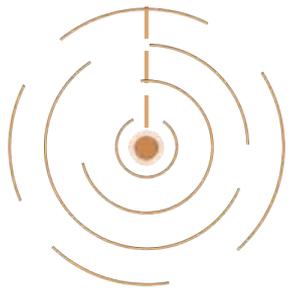
CMS Cost Proposal

	Year 1	Year 2	Year 3	Year 4	Year 5
	Implementation				
Development Budget	\$200,000	\$175,000	\$100,000	Varies*	
	Ongoing				
Licensing**	✓	✓	✓	✓	✓
Hosting**	✓	✓	✓	✓	✓
Backups	✓	✓	✓	✓	✓
Support	✓	✓	✓	✓	✓
Fee Subtotal	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Annual Total	\$300,000	\$275,000	\$200,000	\$100,000+*	\$100,000+*

- *Budgeting for annual updates proportionate to expected changes in workflows and program needs is recommended. Budgeting 20-30% of the initial implementation can be a useful guideline.
- **Hosting includes third party services such as GCP, error monitoring, CI/CD, email service integration, etc. and are included in the license fee, not paid directly by the County.
- ** Salesforce licensing and hosting fees are anticipated to be paid directly to the third party vendor (i.e., Salesforce). The maximum number of users covered by the license fee is approximately 25, depending on the license structure chosen. The maximum number of users covered by the RAD licensing fees is 100.

Engagement Factors That Affect Cost

	DOWN	UP
Responsiveness	Timely responses	Delays or multiple follow-ups needed
Design Culture	Take-charge facilitator helps make aligned decisions	Design-by-committee
End User Availability	UAT is comprehensive and follows our guidelines	Limited or check-the-box involvement
Program Newness	Known historical workflows and reporting needs	Building ahead of new program delivery services or models
Executive and Project Steward Involvement	Executives actively champion project and don't overdesign Project Steward escalates when necessary and drives day-to-day clarity, momentum, and alignment	Executive involvement is sporadic or disengaged Project Steward is inconsistently available for helping with critical escalations and decisions



General

General Project Success Factors

→ Partners in Design

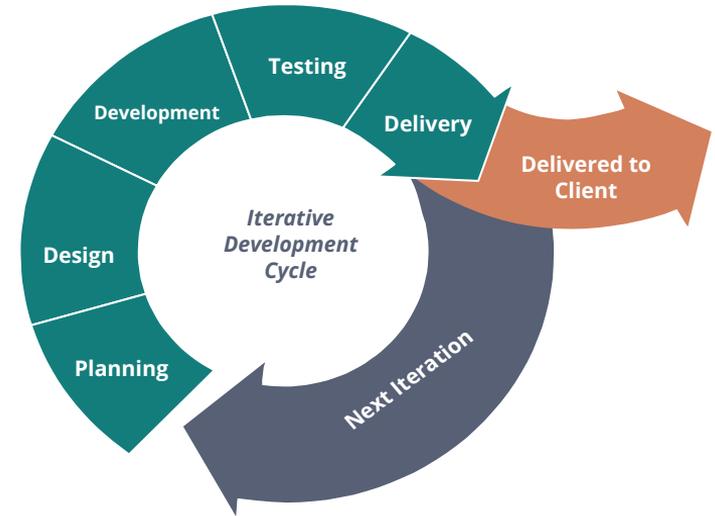
- Consistent engagement across the Asemio team and partner staff is essential to ensuring an end result that meets real user needs

→ Stewardship

- Clear and intentional prioritization allows the team to optimize the allocated budget and maintain high quality deliverables

→ Maintaining Momentum

- The Asemio approach mitigates the risk of delays due to pending approvals through our iterative approach to design, planning, and development along with strategic scheduling. We typically target **a one week approval window for major deliverables** and in the event approval is delayed, can often pivot to other items in the project backlog to avoid significant schedule slippage.
- When mitigation steps are not possible, the project schedule may need to be adjusted to accommodate the lost time. In the event of substantial delay in which resources must be reallocated a deferral fee may be assessed.
- **Ongoing system support will benefit from dedicated long-term County staffing.** We recommend roles such as departmental superusers, a trainer, a DevOps engineer, and a designated point of contact to coordinate with Asemio on any additional support or enhancement needs that arise.



Security Protocols: Highlights



SSO & MFA

Enforced across systems with 2FA for all administrative and PHI access points



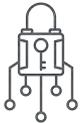
Role-Based Access Control

Granular RBAC policies with least privilege enforced for all roles—from analysts to data viewers



Session Timeout & Audit Logging

Sessions automatically expire after inactivity; access events are logged and reviewed via GCP audit logs



Field-Level Protection

Field-level security controls are part of the Salesforce platform and can be designed in to RAD solutions



Policy-Driven Compliance

Data is encrypted in transit and at rest. Security controls align with regulatory requirements including HIPAA, FERPA, and NIST CSF guided by Asemio's documented security policies



Data Governance Integration

Each project includes classification, retention, and access policies aligned with partner agreements



Secure Cloud Infrastructure

Leveraging Google Cloud Platform's FedRAMP-certified cloud infrastructure through Assured Workloads, supporting compliance with federal and industry-specific security standards

Security Protocols: Secure Development Lifecycle

→ Planning & Design

- Security requirements defined for all projects
- Architecture designed around least privilege principle

→ Development

- Code written using stack-specific secure coding standards
- Code stored in GitHub with branching and PR policies enforcing peer review and approval gates
- Sensitive data separated from logic layers; de-ID and hashing handled by MagicBox and Spotlight tools

→ Testing

- Automated testing includes unit, integration, and regression tests run via GitHub Actions
- Human testers validate individual user stories to ensure the system behaves as expected in real-world use cases
- Smoke Testing is conducted after each deploy to confirm core functionality is intact

→ Deployment

- CI/CD pipelines standard across all stacks; infrastructure managed via Terraform and Docker
- Secrets and environment configs separated and managed securely
- Production and staging environments isolated with parity to reduce deployment risks

→ Maintenance & Monitoring

- Security updates and vulnerability patches deployed regularly; MDM used for engineer devices
- GCP IAM audit logging, intrusion detection, and role-based controls continuously monitored
- Incident response and breach protocols defined, tested, and aligned with HIPAA breach notification standards

Scalability & Adaptability

- **Modular Architecture**
Easily supports new programs, workflows, and data domains without redesign
- **Cross-Department Expansion**
Infrastructure supports phased onboarding across DHHS and beyond
- **Predictive Analytics Ready**
Integrated data hub enables advanced insights and risk modeling as needs mature
- **Client & Provider Portals**
Platform supports future-facing features like secure self-service and partner collaboration
- **Interoperability**
Built for long-term compatibility with evolving systems, standards, and APIs

Ongoing Support & Maintenance

- **Hypercare Support**
Intensive post-launch support ensures stability and user confidence
- **Dedicated Helpdesk**
Tiered support model with defined response times and escalation paths
- **Quarterly Training & Refreshers**
Ongoing training, onboarding, and updated documentation to maintain high adoption
- **Continuous Improvement**
Platform enhancements included in support—no change order required for minor feature needs
- **Cloud Infrastructure**
Fixed annual pricing, automated maintenance, and resilient hosting ensure predictable costs and high availability
- **Modern Cloud Architecture**
Containerized applications run on Cloud Run for scalable, managed workloads. Cloud SQL provides secure, fully managed databases — reducing downtime, manual maintenance, and long-term infrastructure costs
- **Service Level Agreements (SLAs)**
Defined response times and resolution commitments backed by Google Cloud Platform's robust uptime and reliability SLAs, ensuring service availability and performance

Azure-Compatible: By Default

- **Power BI-Ready**
Data warehouse & databases supports direct integration with Power BI and other Azure-native tools
- **SSO Integration**
Supports integration with Microsoft 365 and Azure services for identity management
- **Secure Data Movement**
Supports SFTP, API-based integration, and Azure VPN for secure file transfers
- **Interoperability by Design**
MagicBox and Mosaic APIs can exchange data with Azure-hosted services with no architectural changes
- **Shared Cloud Expertise**
County's Azure team can easily collaborate with our GCP-based infrastructure via standard protocols (TLS, REST, OAuth2)

Our team is equipped to manage the relationship with GCP. If the County prefers a more hands-on approach, we would recommend staffing a DevOps engineer to support that engagement.

Azure-Compatible: Components That Could Be Migrated

1. MagicBox

- Container hosting environment
- Infrastructure-as-code scripts (Terraform)

2. RAD Platform (PERN Stack)

- Web app hosting and deployment environment
- Infrastructure-as-code scripts (Terraform)
- Identity platform integration

3. Cross-Cutting Services

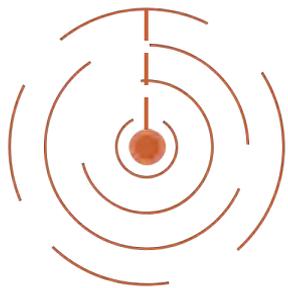
- Database
- Cloud storage
- Maintenance & deployment scripting
- DNS, SSL, and Domain Management

Q&A



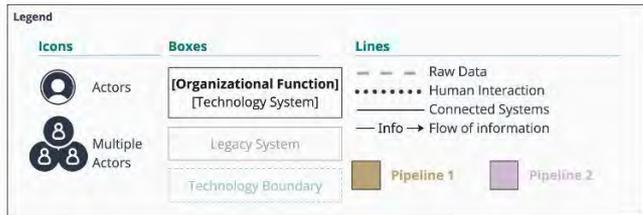
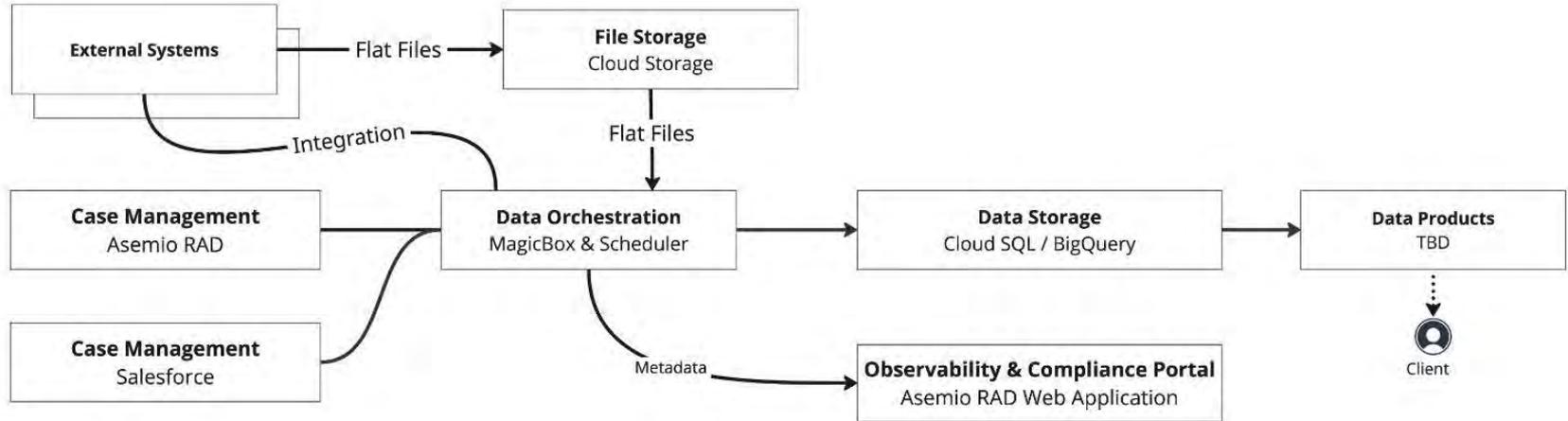
Appendix



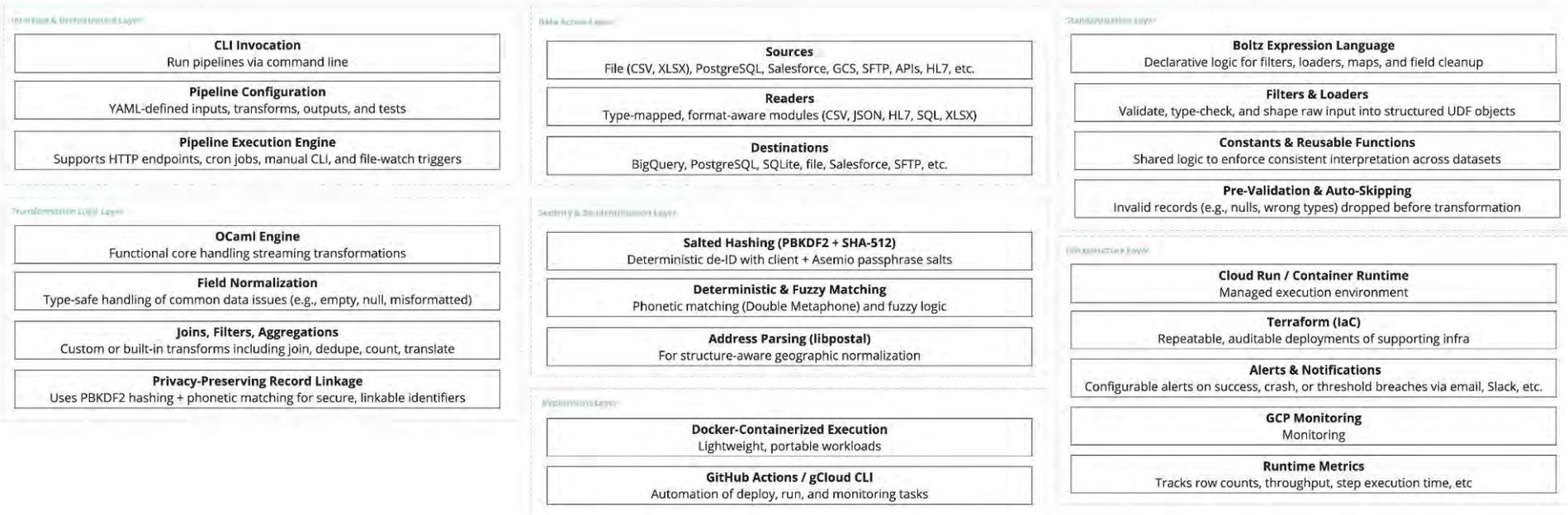


IDS Detail

Technical Architecture: IDS Systems Architecture Overview



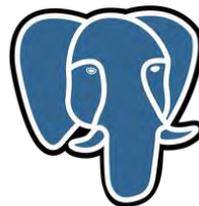
Technical Architecture: Magic Box Layer Diagram



Technical Connectors



Includes connections to best-of-breed databases, Salesforce, and the ability to connect with custom cloud services.



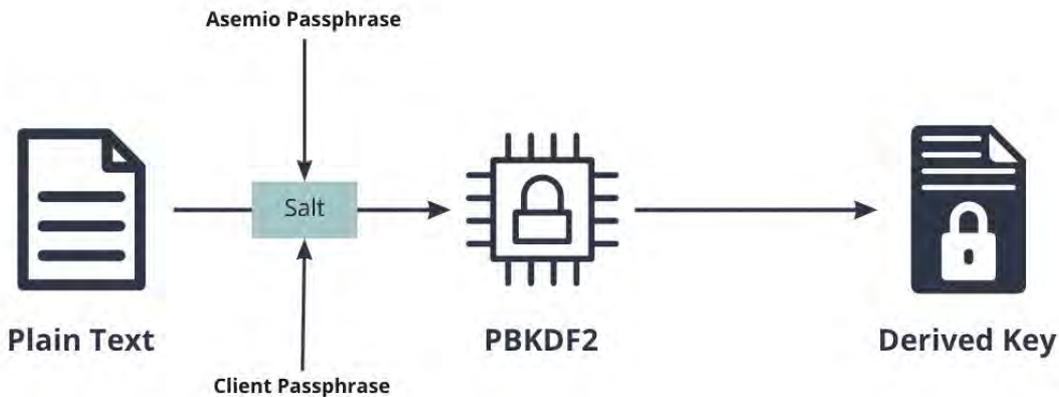
PostgreSQL



and many more...



Privacy-First Data Integration: Cryptography



Example:

Plain Text: IL0veCrypt0!!!
Client Passphrase: 6B6E41FA-CDC3-45D1-9807-B98B1E5F2746
Asemio Passphrase: B91DBE2B-8AB0-4FF4-8318-88DC321F242B
Salt: D04A77B765E5CA3A84AA27C4C1908A72
Iterations: 2,000
Hash Function: SHA512

Output: D122D2A917B3EC896214F87CAEC0FBF914D0092423EBFCEBED72ABF82C945AE1

IDS Risk Mitigation

Risk	Description	Mitigation Strategy
Unclear Data Governance Structure	A finalized IDS governance framework takes time, and without it confusion about data ownership, roles, and authority across partners can hamper progress and trust.	Establish a temporary governance working group early, define interim decision-making processes, and use governance “charters” until formal structures are established.
Delays in Executing Data Sharing Agreements (DSAs)	Legal reviews and negotiations with data sharing partners can significantly delay integration timelines.	Begin DSA negotiation in parallel with technical planning; use templated agreements.
Variability in Technical Readiness Across Data Partners	Some contributors may lack the infrastructure, staff, or expertise needed to share data effectively, causing integration bottlenecks.	Segment partners by readiness tier; assign technical liaisons to low-readiness groups and develop alternative onboarding paths (e.g. file-based exchange vs. APIs).
Lack of Trust and Buy-In from Data Contributors	Partners may hesitate to share data due to privacy concerns, lack of past collaboration, or unclear benefits.	Facilitate stakeholder listening sessions, showcase privacy-preserving linkage (Spotlight), and demonstrate early “quick wins” from Phase 1.
Misalignment Between Asemio and Other County CMS Teams	Dependencies between vendor and internal teams are unclear, leading to timeline risks or unmet expectations.	Conduct a joint planning session with all interdependent teams; establish shared success criteria, role clarity, deliverable dependencies, and communication cadences.
Data Quality or Inconsistency Across Sources	Inconsistent formats, coding standards, and duplicate records may undermine the accuracy of integrated views.	Implement robust ETL validation, profiling, and deduplication tools (MagicBox); continuously monitor and flag anomalies.

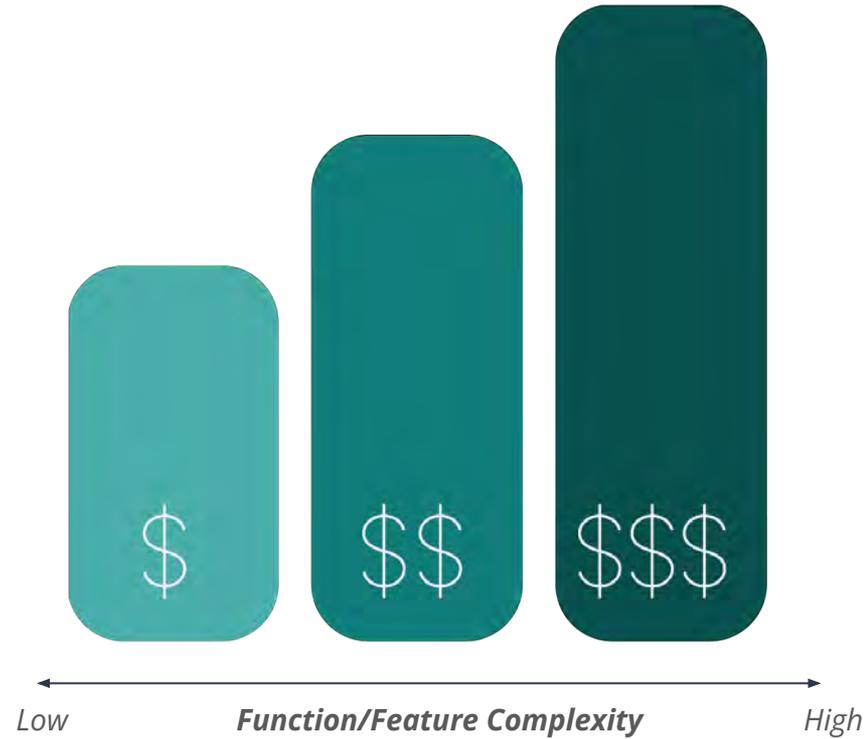
IDS Staffing Plan

Role Title	Primary Responsibilities	FTE
Project Manager	Oversee overall IDS project execution, coordination with County and partner teams, manage scope, timeline, and budget.	1
Technical Architect	Design IDS architecture, ensure scalability and security, guide technical decision-making.	0.5
Data Integration Engineer	Configure and manage ETL pipelines, integrate source systems, monitor data flows. Implement privacy-preserving record linkage, manage cryptographic hashing, support technical compliance with governance obligations.	1
Governance Advisor	Support basic governance framework setup, advise on data sharing policies and regulatory compliance.	0.25
QA Engineer	Test data pipelines, validate data accuracy, ensure quality standards across sources.	0.5
BI/Analytics Consultant	Design dashboards and reports using integrated data, support early analytics use cases.	0.5
UAT & Training Lead	Develop training materials, lead sessions on IDS tools and governance processes.	0.25

IDS Cost Factor Detail: Analytical Boundedness

Defines the degree of determinism in analytical queries, from rigid to exploratory.

- **Low (Strictly Deterministic)**
Queries are fully structured, explicitly predefined, and allow negligible exploratory variance.
- **Medium (Bounded Exploratory)**
Queries have defined parameters but permit some flexibility, supporting moderate exploratory analysis within specified constraints.
- **High (Fully Exploratory)**
Queries are explicitly designed for open-ended analysis, aiming to discover unknown patterns, generate hypotheses, or pose new analytical questions without predefined constraints.



IDS Cost Factor Detail: Analytical Complexity

Classifies analysis according to statistical sophistication and model complexity.

→ **Low (Descriptive Analytics)**

Basic descriptive statistical operations: counts, percentages, averages, medians, simple distributions, and straightforward aggregations.

→ **Medium (Correlative Analytics)**

Statistical methods focused on identifying associations, correlations, trends, or simple comparative relationships between variables.

→ **High (Predictive/Prescriptive Analytics)**

Advanced methodologies: regression models, classification algorithms, predictive forecasting, causal inference analyses, and optimization techniques that provide predictive or prescriptive insights.

IDS Cost Factor Detail: Structural Change Volatility

Captures complexity driven by frequency and magnitude of changes in data structure, semantics, or contributor composition.

→ **Low (Stable Structure)**

Rare or no changes in partner composition, data structure, or semantics. Variable definitions remain stable over long periods.

→ **Medium (Moderate Volatility)**

Periodic changes such as quarterly or semi-annual partner additions, occasional variable introduction, or incremental semantic shifts requiring manageable adjustments.

→ **High (Frequent Structural Changes)**

Regular and substantial modifications to data structure, variable definitions, semantics, or frequent changes in contributing partners, necessitating continuous governance and data-management adaptations.

IDS Cost Factor Detail: Data Update Frequency

Specifies the frequency of updates or refreshes required for analytical outputs.

→ **Low (One-time Use)**

Single-use, static data products with no planned updates or refreshes.

→ **Medium (Periodic Updates)**

Data products designed with regular, scheduled updates at moderate intervals (e.g., quarterly, annually).

→ **High (Continuous Use)**

Data products intended to be continuously updated, refreshed, and maintained as evergreen assets.

IDS Cost Factor Detail: Initial Data Access Setup Complexity

Indicates complexity and cost associated with initial configuration for data access.

→ **Low (Appliance-based Access)**

Simple, ready-to-use appliances requiring minimal initial configuration; suitable for limited or single-time data interactions.

→ **Medium (Cloud Server Hosted Solution)**

Cloud-hosted, managed data environments (e.g., MBox instance) offering balance between ease of setup, access, and governance control.

→ **High (API Integration)**

Complex API integration setup providing direct, programmatic, high-utility access without intermediate data storage layers. Highest complexity and setup cost, optimized for continuous and scalable use.

IDS Cost Factor Detail: Governance Overhead

Describes the scope and complexity of oversight and decision-making processes.

- **Low (Single Project Insight)**
Minimal governance involving straightforward approval from funders and direct data contributors. Compliance limited to immediate project scope without long-term reuse considerations.
- **Medium (IDS-Lite Data Products)**
Moderate governance processes due to reuse and ongoing data access, requiring defined but streamlined authorization processes from project partners and funders. Expanded ethical/legal compliance needs compared to single-project scenarios.
- **High (Full IDS Data Products)**
Complex governance involving multiple committees, extensive workflows, multidisciplinary oversight (engineering, policy, ethics, legal), detailed compliance agreements, and community involvement due to comprehensive and ongoing data reuse.

IDS Cost Factor Detail: Privacy and Security Model Complexity

Categorizes the complexity of privacy and security protections applied.

- **Low (Plaintext)**
Standard, minimal-security approaches without specialized data protection beyond basic encryption at rest and in transit.
- **Medium (Privacy-Preserving Record Linkage - PPRL)**
Enhanced privacy protection techniques applied specifically during data linking and integration processes, reducing risk through input-level protections.
- **High (Advanced Compute & Output Protections)**
Advanced privacy techniques including secure multi-party computation (SMPC), differential privacy, synthetic data generation, output obfuscation, and secure computation environments, ensuring highest-level confidentiality and compliance.

IDS Cost Factor Detail: Self-Service Level

Describes the degree to which end-users independently generate analytical insights without external technical assistance.

→ **Low (Full-service by Asemio)**

Complete analytical pipeline managed entirely by Asemio personnel, from initial question formulation through final insight generation.

→ **Medium (Technical Self-Service)**

External data scientists, analysts, or engineers generate insights independently using provided tools, requiring moderate training and domain-specific expertise.

→ **High (Non-Technical Self-Service)**

User-friendly, intuitive tools allowing non-technical stakeholders to independently generate analytical insights without significant technical training. This tier requires heightened governance, security considerations, and intuitive UX design.

IDS Cost Factor Detail: Number of Data Contributors

Quantifies complexity based on number of entities contributing data.

→ **Low (≤ 4 contributors)**

Minimal logistical complexity with small, easily coordinated contributor sets.

→ **Medium (5-10 contributors)**

Moderate logistical complexity, necessitating clearly defined governance, data-sharing protocols, and coordination mechanisms.

→ **High (11-20 contributors)**

High complexity involving extensive coordination, increased governance complexity, multi-layered compliance and agreements, and possibly diverse institutional frameworks.

IDS Privacy & Security

Privacy-Preserving Record Linkage

- Uses cryptographic hashing (SHA-512), applied consistently across pipelines, ensuring individual records remain anonymized even during multi-system integrations.
- Leverages phonetic matching (Double Metaphone) and address normalization (libpostal) to improve matching accuracy.

Role-Based Access & Least Privilege

- Granular RBAC implemented via GCP Identity & Access Management (IAM) to restrict access precisely to user roles.
- Privilege escalation managed through audited approval workflows.

Secure Cloud Infrastructure (Google Cloud)

- Utilizes Assured Workloads, enforcing FedRAMP Moderate or NIST 800-53 compliance tailored to specific partner needs.
- Includes an executed Business Associate Agreement (BAA) with Google, clearly delineating HIPAA obligations.

Session Management & Logging

- Sessions managed via Google Identity Platform, automatically enforcing timeout policies.
- Audit logs integrated into centralized monitoring (Cloud Audit Logs, Stackdriver), allowing real-time detection of suspicious activity.

IDS Privacy & Security

Data Governance & Lifecycle

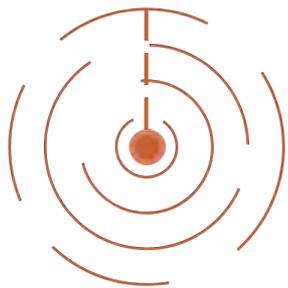
- Established governance frameworks defining data classification levels (Sensitive, Restricted, Public), explicit retention timelines, and secure disposal methods.
- Regular partner agreement reviews ensure alignment of governance with evolving regulatory landscapes.

Incident Response & Breach Notification

- Documented Incident Response Plan tested through annual tabletop exercises.
- Procedures aligned explicitly with HIPAA Breach Notification standards, detailing clear internal and external communication steps.

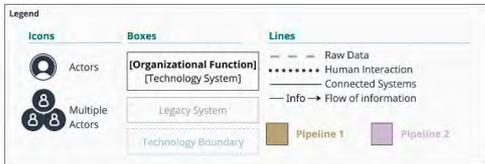
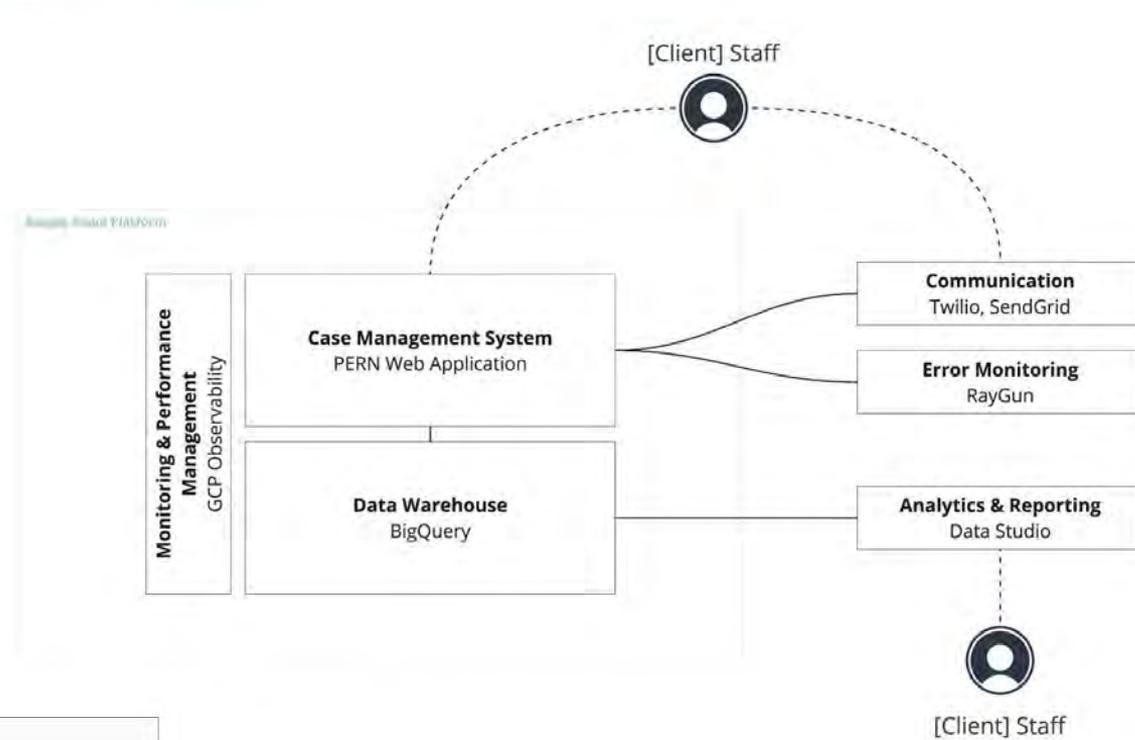
Secure Development Practices

- Embedded security checkpoints in CI/CD workflows, including vulnerability scanning and dependency checks (GitHub Actions).
- Secure coding standards based on OWASP guidelines, regularly updated and reviewed.

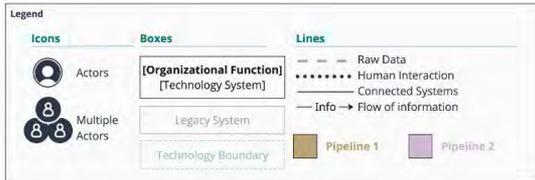
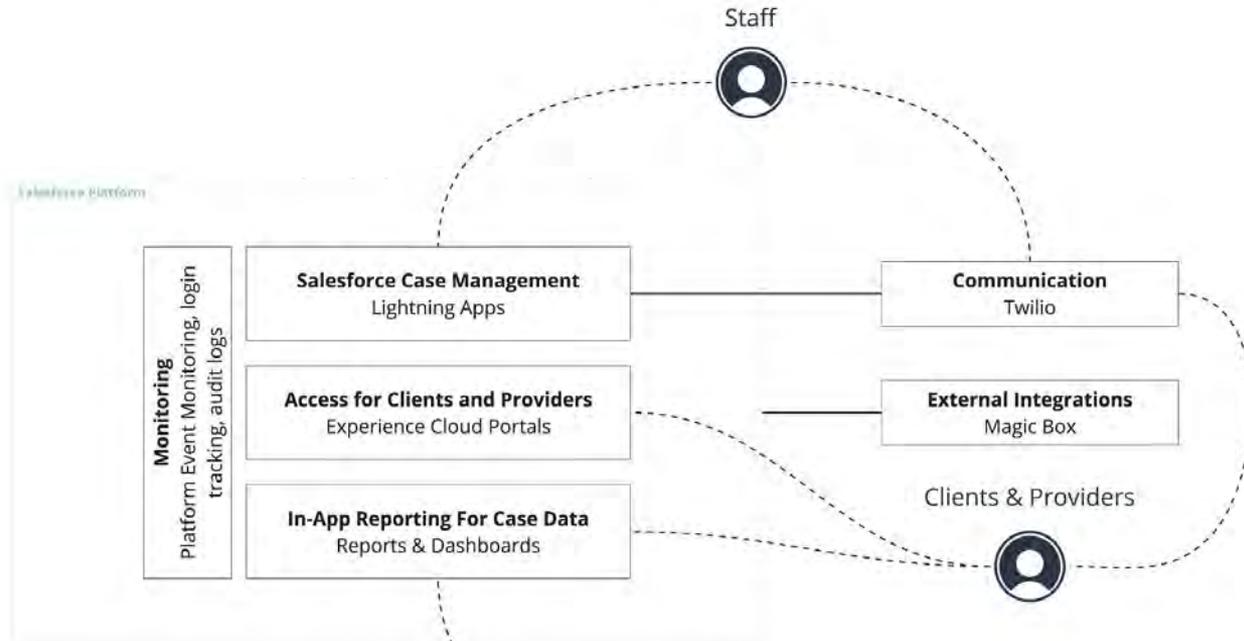


CMS Detail

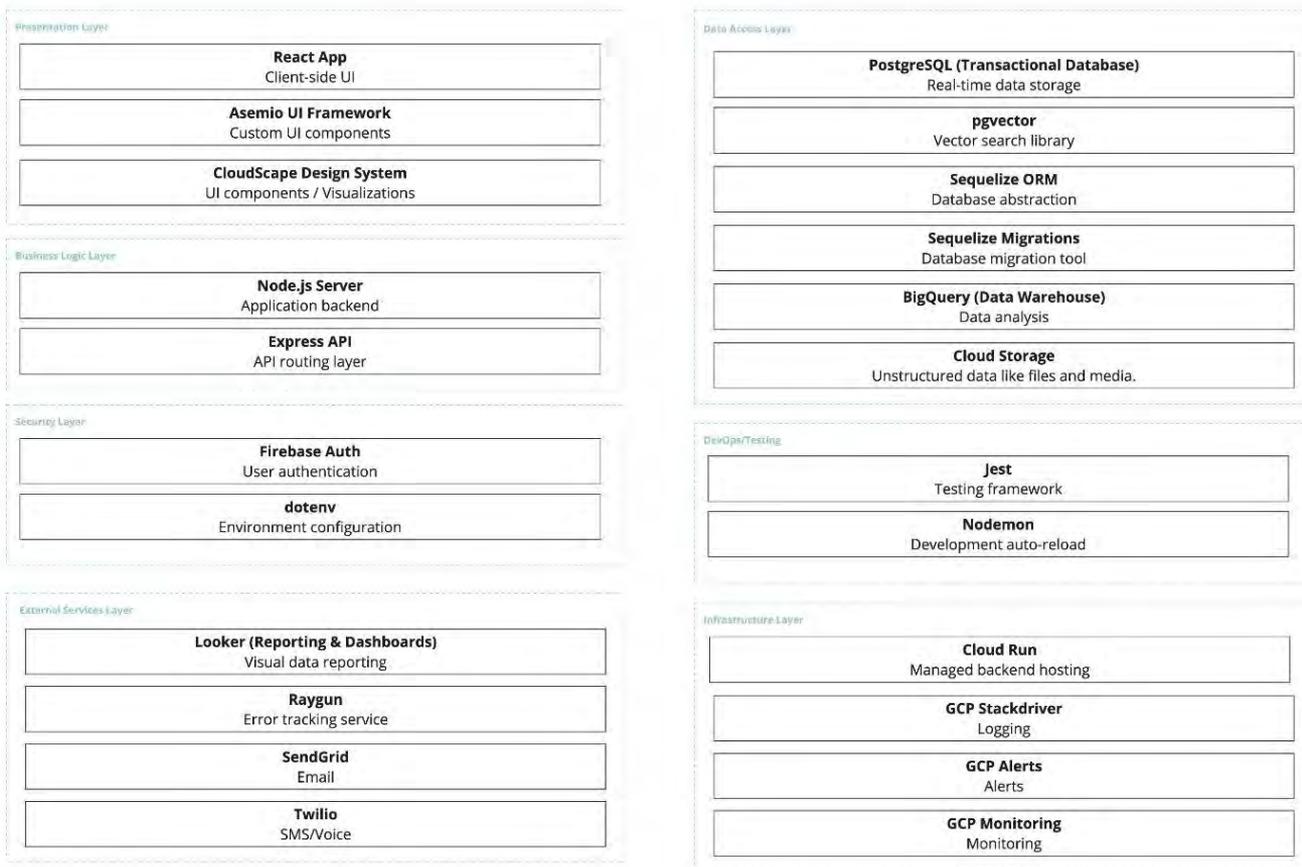
Technical Architecture: RAD Systems Architecture



Technical Architecture: Salesforce Systems Architecture



Technical Architecture: RAD Layer Diagram



Technical Architecture: Salesforce Layer Diagram



Phase 1: Risk Mitigation

Risk	Mitigation Strategy
Incomplete or misaligned requirements from stakeholders	Conduct structured Discovery Workshops with all pilot stakeholders; validate and sign off on requirements before build.
User resistance to change	Involve end users early through interviews, demos, and feedback loops; assign “change champions” within pilot units.
Poor UAT participation or rushed testing	Schedule UAT with sufficient time and ensure participation is a formal deliverable; provide UAT scripts and support.
Workflow misalignment with real-world operations	Use shadowing and observation during discovery; simulate processes in staging environments.
Pilot scope creep	Define a strict scope boundary and use a formal change request process.
Inadequate training for pilot users	Deliver role-based, scenario-driven training with quick-reference guides and post-go-live support.
Lack of executive buy-in	Conduct regular briefings with leadership and highlight early wins and user feedback.

Phase 2: Risk Mitigation

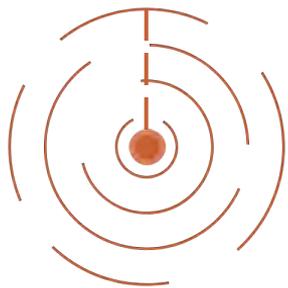
Risk	Mitigation Strategy
Portal usability issues for clients/providers	Apply human-centered design and conduct usability testing with real users before launch.
Inconsistent adoption across programs	Roll out in waves, provide tailored training, and assign adoption champions in each program.
Staff fatigue due to workload and system changes	Phase go-lives, provide flexible training schedules, and augment with temporary support staff.
UAT delays due to broader user base	Pre-schedule UAT windows by unit; incentivize timely feedback and clarify their role in final approval.
Delayed decision-making due to broader stakeholder group	Set up a governance board with pre-delegated decision rights for efficiency.
Feature bloat or scope expansion	Routinely review features and establish prioritization using a MoSCoW model (Must-have, Should-have, Could-have, Won't-have).
Misalignment between analytics outputs and program KPIs	Co-design dashboards with program managers and validate indicators early in design.

Phase 3: Risk Mitigation

Risk	Mitigation Strategy
Conflicting intake processes across departments	Design a flexible intake engine; use configurable routing and forms by department.
Lack of buy-in from new departments	Engage new departments early; demonstrate ROI with Phase 1–2 success stories.
Universal intake delays due to complex routing logic	Use iterative prototyping with staged releases; validate workflows with frontline staff.
Technical performance issues as user base scales	Perform load testing and implement horizontal scaling architecture.
Analytics complexity due to mixed data models	Use a canonical data model across programs; implement ETL transformation logic as needed.
Resistance to central governance post-project	Include department leaders in governance setup and document mutual benefits.
Knowledge loss during handoff to County IT	Conduct a structured knowledge transfer with documentation, admin training, and shadowing.

CMS Staffing Plan

Role	Primary Responsibilities	FTE
Project Manager	Lead project execution, coordinate teams, manage scope, schedule, and budget	1
Business Analyst(s)	Lead discovery, gather and document requirements, map workflows, support UAT	1.0–2.0
Solution Architect	Design system architecture, ensure scalability, compliance, integration strategy	0.5
CMS Developers	Configure CMS, build workflows/forms, manage enhancements	2
QA/Test Engineer	Create test plans, run test cycles, verify functionality and performance	0.5–1.0
UAT Coordinator + Training Lead	Organize UAT, liaise with testers, manage feedback and defect tracking. Create training materials, coordinate and deliver training sessions	0.5
UI/UX Designer	Design user-friendly interfaces and intake workflows	0.5



Additional General Information

Google Cloud Platform SLA Reference

This slide outlines typical SLA benchmarks provided by Google Cloud Platform. Actual SLA commitments depend on provisioned services and configurations.

Google Cloud Service	Typical Monthly Uptime SLA
Cloud Run	99.95%
Cloud SQL	99.95%
Compute Engine	99.99%
Cloud Storage	99.9% – 99.95%
BigQuery	99.99%
Cloud Functions	99.5%
Cloud Load Balancing	99.99%

Notes:

SLAs are backed financially by Google Cloud.

SLA details can vary based on service configuration, region, and redundancy setup.

Specific SLAs will be confirmed during project provisioning.

ADDENDUM ACKNOWLEDGEMENT

Integrated Data System and Aging & Adult Case Management Software
Title of Project

20256
Bid Number

Receipt of the following Addendum is acknowledged:

Addendum no. 1 Date 2/12/25

Addendum no. 2 Date 2/18/25

Addendum no. 3 Date 2/19/25

Addendum no. 4-5 Date 2/26/25

Addendum no. 6 Date 2/28/25

Signature:  Date: 03.17.2025

Title Managing Director

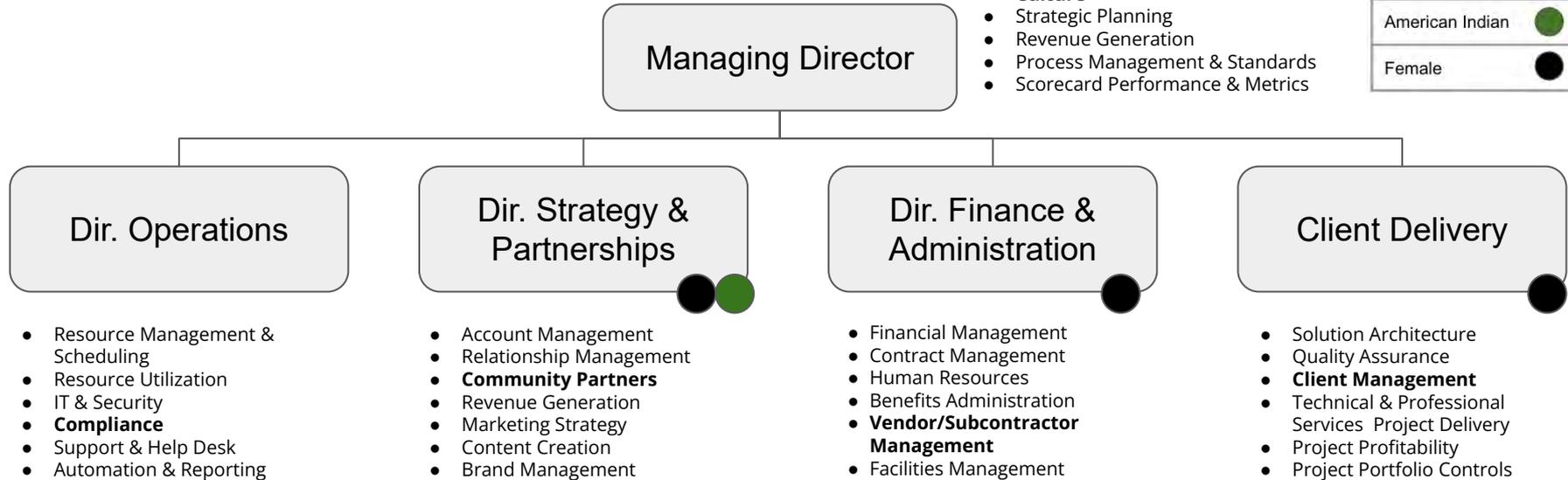
Asemio

Name of Firm

Asemio, LLC Leadership Team

Minority Key	
Black	
Hispanic	
Asian American	
American Indian	
Female	

- R&D
- **Culture**
- Strategic Planning
- Revenue Generation
- Process Management & Standards
- Scorecard Performance & Metrics



FORM #4
SELF PERFORMANCE
AFFIDAVIT B
Attach To Proposal

Affidavit of Aaron Bean Managing Director, Asemio, LLC
(Name of Bidder/Proposer)

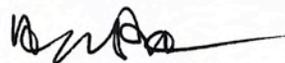
I hereby certify that it is our intent to perform 100% of the work required for the contract:
Integrated Data System and Aging Adult Case Management Software Bid No. 20256
(Name of Project)

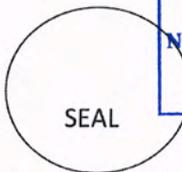
In making this certification, the Bidder/Proposer states that the Bidder/Proposer does not customarily subcontract elements of this type of project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and

The Bidder/Proposer agrees to provide any additional information or documentation requested by the owner in support of the above statement. The Bidder/Proposer agrees to make a Good Faith Effort to utilize minority suppliers where possible.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder/Proposer to the commitments herein contained.

Date: 2/18/25 Name of Authorized Officer: Aaron Bean

Signature: 

 **JOVANNA CAREY** Title: Managing Director, Asemio, LLC
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES 08/08/2028
COMMISSION # 16007613

State of Oklahoma, County of Tulsa

Subscribed and sworn to before me this 3rd day of Mar 20 25

Notary Public Jovanna Carey

My commission expires 8/08/2028

NON-COLLUSION AFFIDAVIT

STATE OF (North Carolina)

() **SS.**
COUNTY OF ()

I, Aaron Bean, of Asemio, LLC, of Tulsa, In the County of Oklahoma and the State of Oklahoma, of full age, being duly sworn according to law on my

oath depose and say that:

I am Managing Director of the firm of Asemio, LLC, making the Proposal for the above- named authority.

My submission of a response to this event certifies that I agree to the non-collusion agreement contained below:

1. The submitter of this document is acting as an agent for their company who is the respondent that has submitted the attached bid response.
2. The undersigned person is fully informed concerning the preparation and contents of the attached response and of all pertinent circumstances related to it and is authorized to sign this affidavit. This affidavit is given under penalty of perjury as provided by law.
3. Such bid response is genuine and is not collusive or sham in anyway whatsoever.
4. Neither the person responding nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including the signer of this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm or person to submit collusive or sham response in connection with the contract for which the attached response has been submitted or to refrain from responding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other responder, firm or person to fix the price, or cost to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the Board of County Commissioners, Guilford County or any person interested in the proposed contract.
5. The price or prices quoted in the attached response are fair and proper and are not derived by any collusion, conspiracy, connivance or lawful agreement and on the part of the respondent or any of its agents, representatives, owners, employees, or parties in interest.

Asemio, LLC

(Name of Contractor)

[Signature] Aaron Bean Managing Director 03/17/2025
Signature (Type or Print Name) Title Date

Subscribed and sworn to before me on this 17th day of March, 2025.

[Signature] Jovanna Carey
Signature (Type or Print Name)

Notary Public of the State of Oklahoma My Commission expires August 8, 2028

JOVANNA CAREY
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES 08/08/2028
COMMISSION # 16007613

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Proposed Services: Integrated Data System and Aging and Adult Case Management Software

Proposal

March 18, 2025

Bid Number: 20256

Commodity Code(s):

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Prepared for:

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Statement of Confidentiality

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Executive Summary

Asemio is a social enterprise focused exclusively on public-sector and social impact technology, partnering with city, county, and state governments and nonprofits to deliver data solutions for the public good. We bring deep domain expertise in human services and government IT with a proven track record of implementing data integration and case management systems that drive positive community outcomes. Guilford County's vision for an Integrated Data System (IDS) and Aging & Adult Services Case Management Software (CMS) aligns perfectly with Asemio's mission and capabilities.

Asemio's Mosaic Platform is a next-generation data collaboration and management platform purpose-built for community impact initiatives like the County's vision for integrating data for both holistic care and longitudinal analysis. Mosaic unifies fragmented data sources and supports multi-agency workflows, ensuring every piece of the data puzzle fits into place for a comprehensive view of individual and population needs. Built on Asemio's rapid application development and data pipeline technology, Mosaic provides an intuitive, secure, real-time environment for data sharing, case tracking, and analytics. This platform is uniquely suited to Guilford County's requirements: it enables integrated service delivery across departments, supports both individual case management and population-level insights, and meets rigorous security and compliance standards. By choosing Asemio and Mosaic, Guilford County gains not just a software vendor but a dedicated partner in public-sector innovation – delivering a solution tailored to improve outcomes for your community.

Technical Approach

Integrated Data System (IDS) - Mosaic Data Hub

Asemio will implement the Mosaic IDS as the foundational integrated data hub for Guilford County. The IDS will ingest data from disparate source systems, link records across programs, and provide authorized users with unified, privacy-protected views of information. Our approach emphasizes interoperability, data quality, and security at every step. Key components of the IDS include Asemio's MagicBox data integration tool and Spotlight privacy-preserving record linkage service, both seamlessly built into the Mosaic platform. Together, these components ensure that Guilford County's data integration objectives – from efficient referrals tracking to cross-department analytics and reporting – are fully realized.

Data Integration & Interoperability (MagicBox)

MagicBox is Asemio's powerful Extract-Transform-Load (ETL) platform that serves as the "glue" connecting Guilford County's systems. MagicBox can ingest data from any source – modern or legacy – and transform it into a common data model for the IDS. It supports connections to a wide range of databases, file formats, and APIs, and even industry standards like HL7 for health data, ensuring compatibility with both legacy systems (e.g. AS/400, SQL Server) and modern cloud applications. In practice, MagicBox will pull in Aging & Adult Services data, state system data (such as NC FAST eligibility extracts), healthcare records, and other departmental databases into the integrated data hub. The tool provides configuration-based pipelines with robust transformation functions (field normalization, deduplication, data validation) to cleanse and standardize incoming information. Pipelines can run in real-time or batch on schedules, supporting:

- **Transactional needs:** e.g. immediate updates when a client intake occurs.
- **Operational syncing:** e.g. daily or weekly synchronization of case updates.
- **Analytical aggregation:** e.g. combining multi-year datasets for trend analysis or predictive modeling.

MagicBox's versatility allows the County to use the IDS for day-to-day data sharing as well as strategic analytics. Importantly, MagicBox includes built-in monitoring of data flows – any errors or data quality issues are flagged for easy troubleshooting. This ensures high reliability and transparency in data integration processes, a critical factor for an IDS that will evolve to include many data sources over time.

Privacy-Preserving Record Linkage (Spotlight)

To link client records across multiple systems without compromising privacy, Asemio will deploy its Spotlight service within the IDS. **Spotlight performs privacy-preserving record linkage**, meaning it can match records referring to the same person across different datasets without exposing personally identifiable information (PII). It uses state-of-the-art privacy techniques: sensitive identifiers (names, dates of birth, Social Security numbers, etc.) are transformed into secure cryptographic hashes and phonetic codes. For example, Spotlight applies salted SHA-512 hashing to identifiers to produce de-identified linkage keys, and uses a phonetic matching algorithm to account for variations or misspellings in names. The result is that records can be

accurately linked across systems (e.g. connecting an Aging Services client to their Public Health or Veterans Services records) without ever sharing raw PII between systems. This approach directly supports Guilford County's requirement to share data with external partners (like researchers or community providers) in de-identified form. Using Spotlight, the IDS can enable person-centered insights and cross-program analyses while maintaining full compliance with privacy laws (HIPAA, 42 CFR Part 2, FERPA, etc.).

Compliance and Data Governance

Mosaic's IDS is more than a technical data hub – it's also a platform for data governance and compliance management. Every data source integrated can be tagged with applicable regulations or sensitivity indicators (for instance, flagging a dataset as containing HIPAA-protected health information or DOJ Criminal Justice Information). Mosaic provides tools to manage data-sharing agreements and enforce compliance workflows, ensuring proper approvals and training are in place for any data access. For example, if a user from one department needs access to another department's data, the system can track whether the user has completed required confidentiality training or that an inter-agency data use agreement is on file. The IDS will maintain a detailed audit trail of all data access and transfers, and can generate compliance reports showing who accessed what data and when – critical for oversight and regulatory audits. In short, compliance is woven into the fabric of our IDS solution, rather than treated as an afterthought. This gives Guilford County confidence that integrated data will be used responsibly and lawfully at all times.

Aging & Adult Services Case Management System

Flexible Solution Options

In parallel with the IDS, Asemio will deliver a modern **Case Management System** tailored to the Department of Health and Human Services – Division of Social Services (DHHS-DSS) Aging and Adult Services. The CMS will support end-to-end case workflows: from universal intake and initial assessments, through service planning and referrals, to ongoing case notes, task management, and outcome tracking. We offer a flexible approach for the CMS implementation, based on Guilford County's preferences: we can either build a custom CMS module on Asemio's Mosaic platform using our rapid application development toolkit, or implement the CMS on the Salesforce platform. In either scenario, the CMS will be fully integrated with the Mosaic IDS to ensure seamless data exchange between the case management application and the integrated

data hub. Below, we describe the two implementation options and how each meets the RFP requirements for a modern, user-friendly case management solution.

Option 1: Custom CMS on Asemio's Mosaic Platform

Asemio's Mosaic includes a **Rapid Application Development (RAD)** framework that allows us to quickly build custom web applications (such as a case management portal) to the client's exact specifications. Using this approach, we would create a Case Management Portal for Aging & Adult Services *within* Mosaic, custom-tailored to Guilford County's workflows. This portal would be web-based and securely accessible via browser by County staff (and in the future, potentially by clients or external partners as well). We would design it with a modern, intuitive user interface. Key features of the CMS (Mosaic RAD option) include:

- **Universal Intake & Assessments**

An online intake form guides staff through a standardized intake questionnaire. The form will support conditional logic (dynamic questions based on previous answers) to streamline data entry. We will configure Guilford County's specific assessment tools and eligibility criteria. If some clients still submit paper forms, the system will include a process to input or scan those documents (addressing the RFP's need for paper form conversion).

- **Service Planning & Workflows**

Tools for caseworkers to develop coordinated care plans and track services for each client. Staff can create care plans, set goals, and schedule tasks/activities. Workflow automation will provide task reminders, escalations for overdue tasks, and supervisor approval flows, ensuring nothing falls through the cracks.

- **Referrals Management**

The CMS will facilitate referrals both internally (between County programs) and externally (to community providers). We can configure an internal referral mechanism and/or integrate with existing referral networks. For example, if Guilford County uses or plans to use platforms like FindHelp (Aunt Bertha) or UniteUs, Mosaic can connect to those systems. The portal will allow caseworkers to send referrals to external partners and receive referrals, with appropriate data sharing through the IDS. This bi-directional referral capability aligns with the RFP's provider portal requirements, ensuring "warm hand-offs" between agencies and tracking referral outcomes.

- **Client Communication & Future Self-Service**

While the initial focus is on internal case management, our solution lays the groundwork for a future Client Portal where clients (or their caregivers) could log in to update information, upload documents, check application status, and communicate with their case manager. Our RAD approach means we can develop this client-facing functionality in a later phase using the same platform, ensuring a consistent and integrated experience. In the interim, the case management portal will enable staff to log and track all communications with clients (phone calls, emails, in-person visits) and even send secure messages or notifications to clients as needed, keeping all parties informed and interactions documented.

- **Reporting & Analytics**

The CMS will offer built-in dashboards and reports for key performance indicators and outcomes. Caseworkers and supervisors can generate real-time reports on caseloads, referral turnaround times, service delivery metrics, etc. Because the CMS is integrated with the IDS data warehouse, advanced analytics (such as the predictive models mentioned in the RFP) can be applied to case data. For instance, the system could flag clients who are at high risk (via predictive algorithms on the integrated data) so that staff can proactively reach out – fulfilling the vision of data-driven preventive services.

Asemio's RAD-based approach means the CMS is fully customizable and not constrained by off-the-shelf product limitations. We will work closely with Guilford County stakeholders in an agile, iterative process to refine the CMS features, ensuring the final product is a perfect fit for Aging & Adult Services and is easily extensible to other divisions in the future.

Option 2: Salesforce-Based Case Management Solution

Asemio also has extensive experience implementing case management solutions on **Salesforce**, a leading platform for human services case management. If Guilford County prefers a Salesforce-based approach (or already has investments in Salesforce for other applications), we can configure and customize Salesforce to meet the RFP needs. Our MagicBox toolkit *includes native connectors to Salesforce APIs*, allowing us to tightly integrate Salesforce with the Mosaic IDS backend.

Key aspects of the Salesforce option include:

- **Staff Case Management on Salesforce**

Use Salesforce (Health Cloud or Service Cloud, configured for human services) as the primary case management interface for County staff. We will customize Salesforce objects to represent clients, cases, services, referrals, etc., and build out workflows within Salesforce for intake, assessments, service planning, and approvals according to Guilford's requirements. County caseworkers would log into Salesforce for their day-to-day case management tasks, benefiting from Salesforce's user-friendly interface and robust feature set (e.g. mobile accessibility, form builders, and an extensive add-on ecosystem).

- **Client & Provider Portals via Salesforce Experience Cloud**

We can implement a Client Portal (self-service site) using Salesforce Experience Cloud for clients or their caregivers to securely log in and perform actions such as applying for services, viewing application status, or communicating with case managers. Similarly, we can set up a Partner Portal for external providers, enabling them to receive referrals from the County or send referrals, with appropriate data-sharing controls. These portals would be branded for Guilford County and provide a seamless online experience for external users, aligning with the RFP's vision of resident self-service and collaborative case management with community partners.

- **Integration with Mosaic IDS**

Whether using Mosaic's built-in CMS or Salesforce, the integrated data capabilities remain. We will ensure that data flows between Salesforce and the Mosaic IDS via MagicBox connectors. For example, when a new client record or case note is entered in Salesforce, MagicBox will sync that data to the IDS warehouse so it can be aggregated with data from other systems. Conversely, data from other source systems in the IDS (e.g. a healthcare record or benefits data) can be surfaced within Salesforce to give a caseworker a 360° view of the client. This means staff using Salesforce would still benefit from all the cross-system insights provided by the IDS, without needing to switch applications.

This hybrid approach leverages the strengths of Salesforce for user-facing interactions and Mosaic for back-end data unification. No matter which option is chosen, Asemio will ensure the user experience is seamless and meets all functional requirements. County staff will have a one-stop system for case management and integrated data, without worrying about the mechanics behind the scenes.

Comparison of CMS Implementation Options

Aspect	Option 1: Mosaic RAD (Custom)	Option 2: Salesforce Platform
Platform	Asemio Mosaic Rapid Application Development – built-for-purpose public sector platform with custom modules.	Salesforce – a leading CRM platform configured for County use.
User Interface	Modern web application, 100% tailored to Guilford County’s workflows and branding.	Modern UI with Salesforce Lightning Experience; configurable but within Salesforce’s framework.
Customization	Fully customizable (no feature constraints); rapid development of new features as needed.	Highly configurable (using clicks not code for many features); some limitations to Salesforce capabilities, but many out-of-box components.
Integration	Native part of Mosaic IDS – data integration is seamless by design (IDS and CMS on one platform).	Integrated via MagicBox connectors – real-time sync between Salesforce and Mosaic IDS ensures data consistency.
Licensing Model	Platform license covers user growth and new functionality. No per-user fees; cost scales via annual subscription for the whole platform.	Per-user licensing (e.g. Salesforce Service Cloud licenses per staff member, plus Experience Cloud for portal users). Cost scales with number of users (we will optimize license tiers to minimize cost).
Key Strengths	<i>Pros:</i> Completely fits County’s needs; no unnecessary features; no dependence on third-party licensing; lower long-term TCO if used enterprise-wide. <i>Future client portal can be built on same platform.</i>	<i>Pros:</i> Leverages a proven commercial platform; familiar to users of Salesforce; comes with rich ecosystem (mobile app support, reporting tools); some features available out-of-the-box (e.g. standard CRM functions).
Key Considerations	Requires initial configuration of custom modules (handled by Asemio). Asemio provides ongoing updates and support for the custom solution.	Requires initial implementation for customizations specific to the County’s workflow. Requires Salesforce licensing costs. Need to ensure integration with non-Salesforce data (handled via MagicBox). Asemio provides ongoing support for custom configurations and integration, while Salesforce handles core platform updates.

Asemio is prepared to successfully implement **either option** and will work with Guilford County to determine the best fit. We can even start with the Mosaic RAD approach and later incorporate Salesforce (or vice versa) if strategic needs change – our flexible architecture supports a hybrid environment. Our goal is to provide a solution that maximizes usability for staff and clients while minimizing cost and complexity for the County.

Regardless of the CMS option, **Asemio’s unified approach to IDS + CMS** ensures that case management activities are tightly integrated with the broader data ecosystem. This unified approach means staff can smoothly transition between managing individual cases and viewing cross-system insights, all within a cohesive environment.

Implementation Approach ---

The project will be executed in **three phases over a three-year period**, beginning with a focused pilot and expanding gradually to a county-wide solution. This phased strategy delivers early value while aligning with Guilford County’s vision of starting in Aging & Adult Services and eventually enabling universal intake across departments. Each phase builds on the previous one, ensuring scalability, manageable scope, and continuous improvement. This section provides an approach and accompanying narrative describing our implementation thoughts, however for a comprehensive breakdown of how the proposed solution aligns with Guilford County’s technical, operational, and compliance expectations, refer to [Appendix A: Requirements Fit/Gap](#), which details specific capabilities and identifies any gaps in meeting the county’s needs. Below is an outline of each phase’s scope, key activities, and deliverables:

Phase 1: Pilot Foundation (Year 1)

Scope

Establish the *core infrastructure for the Integrated Data System (IDS) and deploy an initial Case Management System (CMS) pilot* in the Aging and Adult Services division. This phase targets high-priority areas (e.g. Adult Protective Services and Guardianship) as a small pilot to prove out functionality in a real-world setting.

Key Activities

- **Infrastructure Setup**

Deploy the foundational technical environment (e.g. cloud hosting, security framework, databases) for the IDS and CMS. Ensure compliance with HIPAA and county IT standards (e.g. FedRAMP-authorized cloud setup).

- **Initial CMS Configuration**

Implement core case management workflows for Adult Protective Services (APS) and Guardianship programs. This includes case intake, case tracking, service plan management, and reporting for these pilot program areas.

- **Data Integration (Foundation)**

Kick off the IDS by integrating initial data sources relevant to the pilot. For example, migrate or connect legacy Aging Services data and establish links with the state's NC FAST system for client information sharing. This provides a basic 360° view of client data for pilot programs.

- **Training & Go-Live**

Conduct training for pilot users (intake workers, case managers in APS/Guardianship) and go live with the new CMS in these units. Gather user feedback on system usability and workflows.

- **Governance & Planning**

Set up initial data governance structures and project governance. Engage stakeholders (Integrated Services Director, IT staff, program managers) regularly to monitor pilot progress and plan for the next phase based on lessons learned.

Outcomes/Deliverables

By the end of Year 1, core systems are in place and a working CMS pilot is operational for APS and Guardianship. The County achieves an early “quick win”: staff in the pilot programs can manage cases in the new system and view integrated client data from the IDS foundation. This demonstrates the solution's value, informs any adjustments needed, and secures stakeholder buy-in for broader rollout. Early objectives of improved data collection and cross-system visibility at the client level are met on a small scale, providing a strong proof-of-concept for expansion.

Phase 2: Expanded Implementation (Year 2)

Scope

Build on the pilot's success by expanding the CMS functionality to all Aging and Adult Services programs and strengthening the IDS. In Year 2, the system will scale up to support additional service areas (e.g. Special Assistance In-Home, Representative Payee, In-Home Aide, Adult Day Services, Indigent Burial, Adult Placement and other Aging Services programs). Simultaneously, integrate more data sources and introduce client-facing features to enhance engagement. This phase solidifies the solution within the department and adds capabilities for broader use.

Key Activities

- **CMS Feature Expansion**

Configure and deploy modules for the remaining Adult & Aging Services programs. All caseworkers in the division will transition to the new CMS, which now supports the full range of Adult & Aging services (intake, assessments, service planning, and workflow management for each program). The CMS will also incorporate more sophisticated features like automated reminders, document management, and workflow rules tailored to each program's needs.

- **External Integration**

Extend the IDS to connect with additional external and internal systems. This includes integrating data from community partner organizations (e.g. Senior Resources of Guilford County, adult day care providers, mental health providers, housing assistance programs) and other county or state systems to enable electronic referrals and data sharing. By the end of Phase 2, the IDS will consolidate a broader set of data, breaking down more silos between Aging Services and partner agencies.

- **Client/Provider Portals**

Implement a **self-service client portal** and a provider portal. Clients and their families will be able to log in to view service plans, or submit information, supporting the RFP's goal of sustained client engagement in their care. Providers (such as contracted service agencies) can receive referrals and update progress through a secure portal. These

portals leverage the same platform, ensuring a seamless experience and laying groundwork for a future “no wrong door” intake process.

- **Advanced Reporting & IDS Analytics**

Begin utilizing the integrated data for insight. Develop business intelligence dashboards and reports for program managers and county leadership using the IDS data hub. Initial analytics might include identifying service overlap for clients, outcomes tracking across programs, and quality improvement metrics. The IDS’s data storage and linkage of diverse datasets enables analysis of how different services intersect, moving toward the predictive modeling goals in the RFP. In Phase 2 we may introduce early predictive analytics on the consolidated Adult & Aging data (for example, flagging clients at risk of crisis based on multi-agency data).

- **Training & Change Management**

Conduct a full rollout training for all staff in Adult & Aging Services. Provide updated user guides and support as the user base expands. Continue robust change management – gather feedback from new users, monitor system usage, and refine configurations or business processes as needed to ensure the system is effectively adopted across the division.

Outcomes/Deliverables

By the end of Year 2, Aging & Adult Services will be fully operating on the new CMS, replacing legacy systems for that division. All Aging Services case data will feed into the Integrated Data System, which now serves as a central repository for client information and outcomes in this domain. The County will have a richer analytics capability to evaluate program effectiveness and client needs at a larger scale (covering all Adult & Aging programs). Key objectives such as improved cross-agency referrals, better access to complete client history, and multi-program service coordination are being realized within this department. Additionally, the successful deployment in Aging Services positions the County to extend the model to other departments – the solution has proven scalable and effective, and the inclusion of client/provider portals and external partners in Phase 2 sets the stage for a broader universal intake approach in the next phase.

Phase 3: Universal Intake & Cross-Department Expansion (Year 3)

Scope

In the final project year, the focus shifts to opening the system up for universal intake and multi-department use. Phase 3 will leverage the mature platform (established in Phases 1–2) to begin serving other areas of Health and Human Services and potentially other County departments. The goal is to create a “no wrong door” integrated intake process for residents and to further broaden the IDS by incorporating additional datasets for county-wide analytics. This phase emphasizes configuration and onboarding of new groups onto the existing infrastructure, with minimal new development needed thanks to the foundation already in place.

Key Activities

- **Universal Intake Implementation**

Develop and launch a unified intake module that can intake clients across multiple programs and divisions. This might involve a common intake form or workflow that routes clients to the appropriate services (e.g. whether they need Aging Services, Economic Services, or other assistance). The universal intake will be designed with **human-centered design principles** to simplify the application process for residents and ensure data collected can populate multiple systems as needed. (For example, information gathered can be passed along to NC FAST or other state systems for eligibility programs, reducing duplicate data entry.)

- **Cross-Department CMS Expansion**

Begin rolling out the case management solution to one or more additional DSS divisions or related departments beyond Aging Services. For instance, the Economic Services division or other Social Services units could start using the system for intake and referral tracking, even if their primary case management remains in state systems. The CMS's flexible, configurable nature will allow quick adaptation of forms and workflows for the needs of these new departments. This incremental expansion will test the “enterprise” applicability of the system in other contexts and build toward full DHHS adoption.

- **Additional Data Integration**

Ingest and integrate data from other county departments or external systems into the IDS to enrich the integrated data repository. This could include data from Public Health programs, Housing, or other social services domains, aligning with the RFP's intent to expand across multiple disciplines over time. By linking these new data sources, the IDS will support broader population-level analyses and interdepartmental coordination.

- **Enhanced Analytics and Predictive Modeling**

With a larger pool of data now in the IDS, implement more advanced analytics tools. Develop predictive models and dashboards that help identify community trends and risk factors across the lifespan of clients. For example, the County could start generating reports on how participation in one program (say, a housing assistance program) correlates with outcomes in another (like healthcare or nutrition), fulfilling the IDS vision of informed decision-making across silos. These insights will directly support policy makers and program directors in strategic planning and resource allocation.

- **Data Governance & Optimization**

Formalize a comprehensive data governance framework to manage the now-expanded integrated system. Establish policies for data sharing, privacy, and security across departments. Optimize system performance and workflows based on the full three-year experience (e.g. fine-tune the universal intake process, address any technical debt). Prepare documentation and knowledge transfer so that County IT and stakeholders are well-equipped to sustain and continue expanding the system beyond the initial implementation period.

Outcomes/Deliverables

By the conclusion of Phase 3, Guilford County will have a scalable, enterprise-ready IDS and CMS solution in place. The Aging & Adult Services CMS is now part of a broader platform that supports universal intake and can be extended to other human service areas, aligning with the County's long-term vision of integrated service delivery across all DHHS divisions. The Integrated Data System contains rich, linked data from multiple county sources, enabling powerful reporting and predictive analytics that inform county leadership and improve case-worker decision-making. The organization has also developed the governance practices and user proficiency to make data-driven, collaborative care a sustainable reality. In summary, Phase 3 delivers a county-wide integrated system framework that balances immediate needs

with future scalability – maximizing functionality, cost efficiency, and adaptability as required in the RFP.

Budget Overview (3-Year)

The budget is structured to support the phased implementation strategy, allocating funds in a way that maximizes value at each step while staying within the County’s expected cost ranges. Major one-time implementation efforts are front-loaded in Phases 1 and 2, and Mosaic platform licensing and cloud hosting costs are kept fixed each year to ensure predictable operating expenses. The table below outlines the estimated costs for each phase/year of the project. All figures are in USD:

Phase (Year)	Key Scope / Deliverables	Implementation Services (One-time)	Mosaic Platform (Annual license and hosting)	Total Cost per Year
Phase 1 – Pilot Foundation (Year 1)	Core system setup; Pilot CMS for APS & Guardianship; Initial IDS integration; Training	\$300,000	\$220,000	\$520,000
Phase 2 – Full AAS Deployment (Year 2)	CMS expanded to all Aging & Adult Services programs; Portals implementation; Additional integrations; Advanced reporting	\$300,000	\$220,000	\$520,000
Phase 3 – Universal Intake & Expansion (Year 3)	Universal intake module; Onboard additional departments; Further data integrations; Predictive analytics rollout	\$200,000	\$220,000	\$420,000

Total (3-Year Project)	<i>Combined three-year investment</i>	\$800,000	\$660,000	\$1,460,000
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Budget Notes

- The Implementation Services column** covers all project work specific to that phase, including software configuration, development, data migration, integration work, testing, training, and project management. We have allocated a larger portion of the implementation budget to Phases 1 and 2 when the bulk of system build-out occurs, while Phase 3 focuses on configuration and onboarding (hence a smaller implementation cost). This allocation strategy emphasizes efficiency – investing early to set up a robust foundation, then leveraging it to minimize additional costs in later stages.
- The Mosaic Platform Licensing & Hosting cost** is a fixed annual subscription (estimated at \$220,000 per year) that remains constant over the three years. This covers the enterprise license for the IDS/CMS platform and cloud hosting/maintenance.
- This budget plan aligns with the “most value” approach** – it funds the critical functionality first (pilot and core system in Year 1), then incrementally adds capabilities in order of priority (additional programs in Year 2, then cross-department features in Year 3). The result is a balanced investment over time: the County starts realizing benefits early in the project, and each subsequent phase builds value while making prudent use of funds. Efficiency measures (like reusing the Mosaic platform for multiple needs and avoiding redundant custom development) help keep costs at the lower end of provided ranges without sacrificing required features or scalability

Overall, this phased implementation approach and budget provide Guilford County with a clear, value-driven path to achieving an integrated Case Management and Data System. It delivers critical capabilities early (supporting immediate needs in Aging & Adult Services), stays aligned with the County’s strategic objectives at each step, and lays the groundwork for long-term expansion of integrated services – all while maintaining cost efficiency and managing risk over the three-year timeline.

Asemio Key Differentiators

★ **Exclusive Public Sector & Social Impact Expertise**

Asemio specializes exclusively in government and community organization technology solutions, deeply understanding public sector challenges such as compliance mandates, procurement constraints, and stakeholder engagement. Our Mosaic platform is purpose-built—not adapted—for human services, aligning precisely with Guilford County's needs. As a social enterprise, we prioritize community impact, offering competitive pricing that maximizes value.

★ **Comprehensive Data Integration via MagicBox**

MagicBox extends beyond typical ETL tools, delivering robust real-time and batch data integrations across various systems—relational databases, cloud warehouses, APIs, SFTP servers, and healthcare standards like HL7. It supports data cleaning, standardization, deduplication, and privacy-focused transformations, ensuring Guilford County receives high-quality datasets tailored for analytics, operational efficiency, and informed decision-making.

★ **Flexible, Adaptable Architecture**

Our architecture supports centralized, federated, and hybrid integration models, ensuring Guilford County receives a tailored solution. Whether adopting a centralized data warehouse, federated data mesh, or hybrid approach, we ensure flexibility to accommodate evolving technical, governance, and operational requirements without imposing rigid structures.

★ **Privacy-Preserving Record Linkage**

With extensive experience managing sensitive health, education, and justice data, our Spotlight tool provides state-of-the-art, privacy-preserving record linkage using advanced encryption and hashing techniques. This approach ensures Guilford County can securely integrate cross-departmental data, fully compliant with stringent privacy laws including HIPAA, FERPA, and 42 CFR Part 2.

★ **Integrated Compliance and Auditability**

Mosaic uniquely integrates compliance tracking directly into data flows, automatically enforcing controls aligned with HIPAA, FERPA, CJIS, and other regulations. Our compliance framework includes real-time monitoring, comprehensive audit logs, and automated user compliance checks, significantly reducing operational risks and streamlining audits.

★ **Certified Agile Project Delivery**

Our implementation team includes PMP-certified project managers and domain experts in agile methodologies, data governance, and cross-sector collaboration. Guilford County will benefit from structured, transparent, on-time delivery complemented by proactive risk management, robust training, stakeholder engagement, and ongoing professional support.

★ **Robust, Ongoing Client Support**

Asemio commits to long-term partnership through intensive post-launch "hypercare," dedicated helpdesk support, routine system maintenance, and comprehensive training programs—all without hidden costs. Our flexible support models ensure Guilford County receives continued value, high user adoption, and sustained success well beyond initial implementation.

Ongoing Maintenance & Support ---

Asemio is dedicated to ensuring Guilford County's long-term success by providing comprehensive maintenance and support beyond initial implementation. Our structured and proactive approach ensures the IDS and CMS remain reliable, secure, and adaptive to evolving needs.

Hypercare & Dedicated Support

Each implementation phase includes a 60-day Hypercare period—intensive, proactive support immediately following go-live. During Hypercare, our team prioritizes rapid issue resolution, user guidance, and system stabilization, providing immediate reassurance as your team transitions to the new solution. Following Hypercare, regular support is delivered through clearly defined Service Level Agreements (SLAs), providing the County direct access to Asemio's dedicated support via email, phone, or online ticketing, with response commitments tailored to issue severity.

Proactive System Maintenance

Asemio handles all routine maintenance and ensures seamless system operations. This includes:

- Regular security updates and patches
- Optimization of databases and cloud infrastructure
- Continuous performance monitoring and proactive issue resolution
- Comprehensive security maintenance: SSL certificate renewals, encryption key rotations, and periodic security audits

We closely coordinate any updates or enhancements to minimize disruptions, maintaining high performance and availability.

Continuous Improvement

Recognizing the importance of system adaptability, our support plan includes dedicated capacity for ongoing enhancements and minor changes without additional procurement cycles. This flexible approach allows the County to swiftly implement improvements, such as new reporting requirements, workflow refinements, or usability enhancements, ensuring the system continues to evolve and align closely with operational realities.

Sustained Training & User Adoption

Effective system use is central to realizing long-term value. Asemio commits to ongoing user training, providing quarterly refresher sessions, on-demand training resources, and personalized onboarding for new staff or expanded departmental adoption. We continuously update user manuals, quick-reference guides, and training materials to match system enhancements, ensuring user confidence and high adoption rates.

This holistic approach to maintenance and support not only secures the system's operational integrity but also ensures Guilford County can confidently rely on Asemio as a long-term partner committed to continuous improvement and enduring success.

MWBE Requirements

Asemio's Commitment to Inclusive Employment Practices

At Asemio, we are dedicated to fostering an inclusive workplace that values diversity across all dimensions, including age, gender, race, professional backgrounds, and lived experiences. Our approach to encouraging inclusion in our employment process encompasses several key strategies:

- **Strategic Partnerships:** We collaborate with organizations that connect underrepresented groups to job opportunities in the tech sector, ensuring a diverse candidate pool for our positions.
- **Community Engagement:** Our partnerships with community organizations provide mentorship opportunities for underserved populations, supporting their professional growth and potential integration into our team.
- **Continuous Learning:** We maintain an environment of ongoing education through internal dialogue sessions focused on diversity, equity, and inclusion topics, enhancing cultural competence and awareness among our staff.
- **Policy Framework:** Our workplace is governed by comprehensive policies, including a Code of Conduct, Equal Opportunity Employment, Non-Discrimination, and Anti-Harassment guidelines, all designed to cultivate a culture of respect, dignity, and belonging.

Organizational Structure and Leadership Diversity

Asemio is committed to diversity at all organizational levels. *Please see the attached organizational chart showcasing MWBEs/WBEs in leadership roles.*

Asemio follows structured internal management controls, which provide clarity, alignment, and accountability across our strategic and operational priorities. Our leadership team represents diverse backgrounds, functional experience and areas of study that contribute to the company's vision, culture, and decision-making.

We are grounded in [Asemio's core values](#), which serve as guiding principles in every aspect of managing the business—from fostering an inclusive workplace to shaping strategic priorities and making key operational decisions. These values are not just principles we advocate for, but integral to how we lead and grow as an organization.

Furthermore, we prioritize inclusive engagement and seek input from diverse perspectives when structuring project teams and forming partnerships. Our approach ensures that MWBE participation and leadership diversity remain at the forefront of our organizational growth and project execution.

We prioritize inclusive collaborative engagement with community members who have lived experience with the systems we are co-designing. This approach ensures that diverse perspectives are represented in critical processes.

Asemio's Diversity, Equity, and Inclusion Statement

Asemio is committed to fostering diversity, equity, and inclusion (DEI) in all aspects of our work. As a public interest technology firm, we design and implement solutions that address systemic social challenges, ensuring that the voices and needs of underrepresented communities guide our impact.

We embed DEI principles into our organizational structure, policies, and project design. Our workplace policies—including a Code of Conduct, Equal Opportunity Employment, and Non-Discrimination and Anti-Harassment guidelines—create a culture of respect, dignity, and belonging for all employees and partners. We actively track our progress through employee engagement surveys and external benchmarking tools such as the Tulsa Chamber's Mosaic Diversity survey.

Our project work is rooted in equity, ensuring that our technology solutions are inclusive, accessible, and free from bias. By collaborating with over 100 organizations across health, education, and social service sectors, we have a strong history of serving marginalized populations and co-designing data-driven tools that promote fairness and representation.

Our principles and values also inform how we form partnerships and structure project teams, prioritizing inclusive engagement and input from impacted communities. Our commitment to respect, empathy, and cultural competence ensures that we advance equity not only within our organization but also through the outcomes of our work.

At Asemio, we believe that diverse perspectives drive innovation and meaningful change. We remain dedicated to building an equitable future where all individuals have access to opportunities and the technology that empowers them.

Recent MWBE Participation

Over the past three years, Asemio has engaged Minority and Women-Owned Business Enterprises (MWBEs) to advance supplier diversity, enhance project outcomes, and promote equitable economic opportunities. While specific participation metrics remain proprietary,

Asemio remains committed to fostering inclusive collaboration and increasing MWBE participation across our projects.

We have demonstrated this commitment through several key initiatives:

- **Collaborative Partnerships** – Asemio has worked alongside over 100 organizations across health, education, and social services sectors, engaging MWBEs in the co-design and implementation of technology solutions. These partnerships have played a critical role in delivering culturally competent, community-driven solutions that address systemic challenges.
- **Supplier Diversity in Procurement** – Asemio’s procurement processes prioritize equitable access for MWBEs, ensuring they have opportunities to secure contracts and subcontracts in a variety of technology, data, and social impact projects. By intentionally integrating MWBEs into our supply chain, we not only support their growth but also leverage diverse perspectives to drive innovation and inclusivity in our work.
- **Commitment to Accessibility & Flexibility** – Recognizing regional and industry-specific challenges, Asemio has adopted technology-driven solutions to enhance accessibility for MWBEs. We have strategically expanded outreach efforts by posting job and contracting opportunities on shared platforms, prioritizing a balanced cultural fit, and offering flexible work arrangements, including in-person, remote, and hybrid models. These efforts ensure that geographic location or business size does not pose a barrier to participation, allowing us to work with the best talent and resources while supporting MWBEs in achieving their business goals.
- **Engagement with Indigenous-Owned Enterprises & Cultural Learning** – As part of our broader commitment to equity, inclusion, and continuous learning, Asemio actively seeks partnerships, advisory services, and engagement opportunities with Oklahoma’s Native American tribes. At a recent company offsite, we partnered with Burning Cedar Sovereign Wellness, a Cherokee-owned nonprofit and urban Indigenous community wellness center, to deepen our understanding of Cherokee history, food as medicine, and Indigenous wellness practices. Through this engagement, we were honored to host Founder and Executive Director Nico Albert Williams (ᏊᏍᏉᏍᏉ ᏍᏉᏍᏉ, Cherokee Nation), who shared valuable insights into re-establishing ancestral foodways, sustainable practices, and Indigenous health and wellness. This is just one example of how Asemio seeks out every opportunity to learn from diverse perspectives within the communities we serve and improve our approach to inclusive, impactful service delivery.

Asemio remains steadfast in our mission to create inclusive economic opportunities by fostering long-term, meaningful partnerships with MWBEs. We continue to refine and expand our MWBE engagement strategies to ensure that our work reflects the diverse communities we serve and supports equitable economic participation in both public and private projects.

Involving MWBEs in Project Opportunities

Upon award, Asemio will engage with academic, health, social services, and technology partners to intentionally design a balanced and diverse delivery team. As a public interest technology firm, we recognize that inclusive project execution requires strategic outreach and engagement, ensuring that MWBEs are not only informed of opportunities but also positioned for meaningful participation.

However, Asemio's highly specialized expertise in social services, non-profits, and integrated data systems presents unique considerations when engaging subcontractors. As outlined in our RFP response, Asemio's niche focus is a key differentiator, enabling us to efficiently deliver tailored, integrated technology solutions that directly address the complex needs of aging population services and other vulnerable communities. Given the depth of subject matter knowledge and technical acumen required, identifying MWBEs with aligned expertise is essential to maintaining the integrity, quality, and impact of our solutions.

While Asemio anticipates that it will perform all elements of the work on this project with its current work forces, we are nevertheless prepared to implement a multi-faceted review to ensure MWBEs are proactively informed about any possible participation opportunities in this project that may emerge, including but not limited to:

- **Continued Monitoring of Guilford County's MBE List** - We will be poised and ready to share sub-contractor opportunities for registered MBE's as skills alignment is determined.
- **Strategic Outreach to MWBE Networks & Associations** - We will directly notify MWBE advocacy groups, supplier diversity councils, and local business chambers to disseminate project opportunities and connect with qualified firms. Key outreach partners in the state of Oklahoma may include:
 - Tulsa Economic Development Corporation (TEDC) - Women & Minority-Owned Business Resources
 - American Indian Chamber of Commerce of Oklahoma
- **Targeted Communication & Public Posting of Opportunities** - We will ensure open and accessible communication of project opportunities via public-facing channels, including:
 - Asemio's website & social media to provide real-time updates on opportunities
 - Professional MWBE directories & local procurement bulletins to increase visibility
 - Direct email outreach & networking events to engage potential MWBE partners
- **Collaboration with Higher Education & Workforce Development Programs** - Asemio will engage with universities, community colleges, and technical training programs that

support diverse professionals in data science, technology, and social impact work, creating a pipeline for MWBEs to participate in project-related opportunities.

Past Experience Working with MBE/WBE Partners (unrelated to the current bid):

Since 2013, Asemio has partnered with over 150 client organizations to build tools and data insights that serve marginalized communities. Our work spans health, education, and justice sectors, addressing disparities by creating equitable, data-driven solutions. We actively consider the unique needs of underserved populations in every project to ensure our impact promotes fairness and inclusion. The following is a sampling of clients that Asemio has worked with and/or volunteered for. Client names have been anonymized for proprietary purposes.

- **[CLIENT 1]** is a nonprofit, Certified Community Behavioral Health Clinic serving adults, children, and families in a metropolitan area. With over 70 comprehensive programs, they support vulnerable children, strengthen families, and offer hope to those battling mental illness and addiction. Their services include adult and family counseling, child abuse and trauma services, crisis intervention, and substance abuse treatment. The long term partnership with Asemio involves strategic service delivery with integrated data systems.
- **[CLIENT 2]** is a pre-college STEM program that provides free, high-quality computer science education to youth from historically underserved and underrepresented communities. Through hands-on, project-based learning in coding, software development, and more, the program equips students with vital technical skills and fosters problem-solving, critical thinking, and collaboration abilities. Asemio's team has also volunteered to support coding and project management training events for [CLIENT 2's] students.
- **[CLIENT 3]** aims to disrupt intergenerational poverty by providing a comprehensive continuum of care for children. By collaborating with public, non-profit, and private organizations, [CLIENT 3] focuses on early brain development, expanding access to quality early childhood programs, connecting families to support services, and improving conditions for children's success. Asemio has supported this initiative by building a care management tool and facilitating data analytics insight cycles with numerous [CLIENT 3] partner organizations.
- **[CLIENT 4]** provides eligible families with the necessary food resources during the summer months to purchase nutritious groceries. In 2024, [CLIENT 4] partnered with tribal nations to offer relevant programs to thousands of eligible students within their reservations. Asemio has supported this program for the last two years by delivering the technology solution that enables the cross-agency coordination to ensure children have consistent access to essential nutrition when school is out, complementing other initiatives like Summer Meals, SNAP, and WIC.

- **[CLIENT 5]** helps students and schools succeed by providing holistic support through AmeriCorps members who serve as near-peer mentors and tutors in high-need schools. Their goal is to bridge the gap in educational equity by fostering academic success, social-emotional development, and a sense of belonging for students while also cultivating young leaders dedicated to service. Asemio was honored to design and deliver the custom student management system that AmeriCorps members utilize to ensure students are supported to succeed by the organization.

In addition to the clients we serve, our Culture Club and Leadership Team are always looking for opportunities to engage and expose Asemio's colleagues through cross-employee and community interactions. For example,

- Asemio's team's offsite guest speaker last year was a member of the Cherokee Nation. She is the founder and executive director of **[ORGANIZATION 1]**, a nonprofit and women-led organization dedicated to addressing socioeconomic disparities, health crises, and cultural disconnection affecting the Tulsa Native community by re-establishing ancestral foodways and wellness practices. We selected this vendor for the opportunity to learn and experience the Cherokee way of "food as medicine".
- Asemio's Tulsa-based team moved into **[ORGANIZATION 2]**- a new location with a mission to foster innovation and entrepreneurship in Tulsa by providing tools, programs, and support that elevate work, expand networks, and drive regional progress. **[ORGANIZATION 2]** provides a thoughtfully designed workspace to meet the diverse needs of entrepreneurs and startups. Aaron Bean, Asemio's co-founder and Managing Director, serves as a speaker and mentor through **[ORGANIZATION 2's]** comprehensive portfolio of programs.

Appendix A: Requirements Fit/Gap

The Requirements Fit/Gap section provides alignment between Guilford County's requirements and the proposed solution's capabilities. It offers an assessment to ensure transparency, validate solution readiness, and highlight how the proposed system addresses key technical, operational, and compliance expectations.

	Requirement		Solution Fit & Approach
3.1.1	Interoperability – Coordination and integration with existing/future systems and external partners.	✓	The system will leverage MagicBox for seamless integration with existing and mandated systems (e.g., NC FAST) and external partners, ensuring interoperability and compliance. In addition, Mosaic has built-in templates that help configure your architecture, project, and insights to align with your compliance demands and federal, state, regional, or local influences.
3.1.2	Cloud-Based Expertise – Data warehousing, data sharing, cloud integration, and data extraction.	✓	Since inception Asemio has developed applications in cloud environments and our expertise in data architecture spans not only standard cloud environments, but more sophisticated governance environments that include FedRAMP-authorized infrastructure and FERPA, HIPAA, and other compliance influences.
3.1.3	Automated Data Collection, Data Quality, and Integration – Expertise in ETL/ELT, data validation, and inter-agency integration.	✓	Automated data integration and quality assurance is provided by MagicBox's ETL/ELT capabilities. MagicBox ensures high-quality inter-agency data exchanges through built-in deduplication, normalization, data quality metrics, and schema enforcement. Backed by extensive experience integrating data across government and social service organizations, Asemio delivers reliable, secure, and accurate data pipelines to support cross-departmental workflows and analytics.
3.1.4	Software Updates and System Backups – Procedures, frequency, and backup storage.	✓	Regular backups and updates included as part of the annual operational budget, ensuring system reliability and data integrity. Asemio employs a layered backup approach, performing daily encrypted database backups, supplemented by archived

			backups to meet long-term data protection needs. Updates are applied through a controlled CI/CD pipeline, leveraging GCP-managed containers for secure, automated deployment of patches and system enhancements.
3.1.5	Data Visualization and Reporting – Use of COTS products like Power BI and supporting multiple source systems.	✓	Data visualization and advanced analytics provided through integrated Power BI dashboards and reporting tools across multiple data sources. Asemio’s solution supports direct, secure connections to multiple databases and APIs, enabling dynamic, real-time reporting. Dashboards can be customized for various user roles—caseworkers, managers, and executives—and include drill-down capabilities, trend analysis, and KPI monitoring.
3.1.6	Data Matching and Linking – Supports deterministic/probabilistic matching, fuzzy linking.	✓	IDS supports both deterministic and probabilistic data matching, including fuzzy linking, enabling efficient record management across systems. MagicBox leverages configurable matching rules, phonetic matching, and weighted scoring models to link records accurately across disparate systems.
3.1.7	Data Sharing – Secure record sharing and transfer mechanisms with external users/systems.	✓	Secure data sharing mechanisms embedded within the IDS ensure controlled access and secure external transfers. The IDS provides secure, role-based data sharing through encrypted APIs, SFTP, and automated workflows, enabling secure transfers to external systems and partners. All data exchanges are governed by Asemio’s security controls, including encryption in transit (TLS 1.2+), data use agreements, and audit logging of all transactions.
3.1.8	Consolidation and Cleaning of Data – Normalization and standardization processes.	✓	The system includes comprehensive data normalization and standardization through the MagicBox data pipeline. This includes aligning field formats (e.g., standardizing dates to ISO 8601), cleaning and standardizing values (e.g., converting “M” or “Male” into a consistent code), and applying address validation to meet USPS standards. The platform also deduplicates records using deterministic and probabilistic matching and maps program or service codes to a unified taxonomy.

3.1.9	System Integrity - Audit trails and change tracking mechanisms.	✓ System integrity ensured through audit trails and comprehensive logging of user activity and data changes through the Mosaic platform. Every interaction—such as data access, edits, approvals, and system updates—is recorded with time stamps and user attribution. These logs support compliance by providing a complete, immutable history of system activity.
3.1.10	Data Integration and Deidentification - Methods for aggregating, disaggregating, and storing data securely.	✓ Data integration processes include comprehensive deidentification and secure storage of aggregated data for analysis and reporting. Sensitive identifiers are transformed using salted cryptographic hashing and tokenization to ensure privacy compliance while maintaining data utility for matching and reporting. All data is stored in encrypted environments aligned with HIPAA and SOC 2 requirements.
3.1.11	Access and Security - Security measures, SDLC, privacy controls, and different user access levels.	✓ Security is embedded throughout the Software Development Lifecycle (SDLC), with continuous monitoring using tools such as GCP Security Command Center and GitHub vulnerability scanning to identify and mitigate potential security vulnerabilities. Code reviews include security-focused checks to ensure that any changes are thoroughly vetted for compliance with security standards before being merged. Role-based access control (RBAC) enforces the principle of least privilege, ensuring users only have access to the data and functions required for their roles. Multi-factor authentication (MFA) is required for all administrative and sensitive data access. All data is encrypted at rest and in transit using industry-standard encryption (e.g., AES-256+, TLS 1.2+). Additionally, privacy-preserving record linkage deidentifies sensitive identifiers during data integration.
3.1.12	Staffing - Recommendations for future staffing for support over 5-7 years.	✓ Asemio provides full support during implementation, handling system setup, initial data cleaning, governance, and training. In the blended transition phase, Guilford County should staff System Administrators, Data Stewards, Privacy Officers, and Helpdesk Specialists, while Asemio continues to fill technical, governance, and training gaps. For sustained operations, System Administrators, and Data Stewards are critical for success,

			with Asemio available to provide advisory support and fill any gaps in privacy and governance as needed.
3.1.13	Testing – Comprehensive test plan including defect tracking and regression testing.	✓	Asemio delivers a comprehensive testing strategy covering all layers of quality assurance, including code-level unit and security testing, full QA testing (performance, regression, and defect tracking), and user acceptance testing (UAT) to validate business requirements. Our SDLC approach intentionally includes team time in our development cycles for the implementation team to focus on remediating defects and further align specifications with user value after receiving testing feedback.
3.1.14	Support – Defined types of support including emergency fixes and configuration adjustments.	✓	Comprehensive support including break-fix solutions, emergency response, and regular system enhancements included within the annual maintenance plan. Our implementation services include a single point of contact for tactical project concerns, a relationship manager for any issues, questions, or feedback regarding the project, and once we have transitioned from implementation to support we have a single point of contact for all support issues that are reported into our support system.
3.1.15	Training – Development and delivery of comprehensive user training and onboarding materials.	✓	Our team has extensive experience with providing project change management support including collaborative designed training plans (train-the-trainer approach or we can co-collaborate on delivery), including curriculum, materials, videos, and ongoing knowledge transfer sessions.
3.1.16	Management & Operations (M&O) – Support services including defect resolution and enhancements.	✓	Management & Operations (M&O) services include end-to-end system maintenance and defect resolution to optimize system performance and user experience. The M&O plan covers monitoring, security patching, performance tuning, and incident management. Support services will begin upon a contract start date.
3.1.17	Predictive Modeling – Implementation of statistical analysis and machine learning within IDS.	✓	MagicBox integrates advanced predictive analytics and statistical modeling within the IDS, supporting machine learning frameworks like TensorFlow, Scikit-learn, and cloud-based AI services alongside robust statistical methodologies, including regression analysis, Bayesian inference, and time-series forecasting. This architecture enables

		real-time data transformation, automated model deployment, and adaptive learning, ensuring actionable insights for decision-making.
3.2	Universal CMS Requirements – Includes comprehensive data management, timeline/calendar functionality, facility/community evaluation tracking, electronic Functional Assessment Report conversion, conditional logic, data auto-population, service plan management, secure signatures, and Medicaid tracking.	✓ Mosaic and Salesforce CMS can be configured or customized to meet universal data management requirements, including calendar and timeline management, electronic conversion of comprehensive Functional Assessment Reports with structured data entry, conditional logic for tailored data collection, auto-population of repetitive fields, integrated service plan and Medicaid tracking, secure electronic signature support, and facility/community data evaluation with real-time analytics. The system also provides alerts, deadline reminders, and customizable reports to ensure compliance and efficient case management.
3.2.1	Intake Process – System supports complete intake workflow (logging referrals, screening decisions, assignments).	✓ Mosaic or Salesforce CMS can be configured or customized to provide a comprehensive intake workflow, logging referrals, categorizing issues, managing screening decisions, and assigning cases efficiently.
3.2.2	Guardianship – Manages all documentation, signatures, court hearing dates, and ongoing client management.	✓ Mosaic or Salesforce CMS can be configured or customized to support comprehensive guardianship case management, including court documentation tracking, electronic Functional Assessment forms, secure electronic signatures, and compliance-driven case monitoring. The system enables efficient tracking of petitions, hearing dates, ongoing medical and community interactions, financial management (Medicaid, SSI, food stamps), and state-mandated reporting (quarterly, annual, and 6-/12-month status updates) while ensuring all documentation is securely stored and easily accessible.
3.2.3	Special Assistance In-Home – Tracking of Medicaid status, service plan management, annual	✓ Mosaic or Salesforce CMS supports Medicaid tracking, annual recertifications, secure document retention, and automated alerts, ensuring compliance and efficient service management.

	recertifications, and state-mandated forms.		
3.2.4	In-Home Aide – Manages case loads, service plans, agency coordination, and budget tracking.	✓	Mosaic or Salesforce CMS streamlines In-Home Aide case management by automating intake processing, document tracking, service plan updates, agency coordination, and budget controls. It ensures compliance with funding requirements, tracks eligibility, and supports role-based access for Office Specialists, Social Workers, and Supervisors.
3.2.5	Rep Payee – Application management, functional assessments, budget management, SSI reporting automation.	✓	Mosaic or Salesforce CMS streamlines Rep Payee management by automating SSA form submissions, intake processing, assessment tracking, budget management, and approvals. It ensures compliance with timelines, facilitates case assignments, and supports regular reporting to SSI..
3.2.6	Adult Day Services – Facility management, technical assistance, monitoring, compliance tracking, and automated scheduling.	✓	Mosaic or Salesforce CMS streamlines Adult Day Services by automating facility applications, approvals, and compliance tracking. It enables real-time monitoring, automated scheduling, deficiency tracking, and detailed reporting to ensure regulatory adherence.
3.2.7	Unclaimed Bodies – Workflow for tracking referrals, diligent search documentation, authorization and payment processing.	✓	Mosaic or Salesforce CMS streamlines Unclaimed Bodies management by integrating referral tracking, search documentation, authorization workflows, and financial processing to ensure compliance with legal and procedural timelines.
3.2.8	Adult Placement Services – Comprehensive client assessment, placement tracking, follow-ups, and documentation management.	✓	Mosaic or Salesforce CMS supports Adult Placement Services by streamlining client documentation, medical assessments, placement coordination, follow-ups, and ongoing reassessments, ensuring efficient tracking and regulatory compliance.
3.2.9	Adult Resource Team – Coordination with Fire/EMS, functional assessments, comprehensive	✓	Mosaic or Salesforce CMS facilitates Adult Resource Team operations by streamlining referrals, functional assessments, service planning, and interagency coordination with Fire/EMS. It ensures timely client interactions, comprehensive tracking, and compliance-driven reporting.

	service plans, referral management, and data tracking.		
3.3.1	Cloud-Based Solutions – SaaS model with HIPAA and SOC2 compliance.	✓	Our solution will be hosted on Google Cloud Platform (GCP), which is SOC 2 compliant. We have an existing Business Associate Agreement (BAA) with Google, to support HIPAA requirements. Thus, combined with our internal security practices and application controls, our application fully aligns with Guilford County's HIPAA and SOC 2 requirements.
3.3.2	Infrastructure – Dedicated infrastructure with high security and optional multi-tenancy.	✓	Dedicated cloud infrastructure is provisioned with secure tenant isolation, ensuring data protection and compliance with HIPAA, SOC 2, and other regulatory requirements. The environment is hosted on Google Cloud Platform (GCP) with hardened configurations, network segmentation, and encryption by default. The solution supports both single-tenant and multi-tenant deployment models, providing flexibility based on Guilford County's future scaling and governance needs.
3.3.3	Architecture and Solution Design – Comprehensive documentation and risk assessment cooperation.	✓	Detailed documentation provided, including system architecture, solution design documentation, data flow diagrams, security models, and technical configurations. Asemio will actively collaborate with County IT and security teams to support risk assessments, providing detailed inputs for threat modeling, controls mapping, and compliance reviews.
3.3.4	County Integration – Secure data extraction and integration with future county systems.	✓	The solution provides secure, standards-based APIs and data pipelines to enable extraction and integration with both current and future County systems. MagicBox supports API-based integrations, direct database connections, and secure file transfers (e.g., SFTP), ensuring flexibility to accommodate legacy and modern platforms. All data exchanges are encrypted and governed by Asemio's security policies, supporting secure interoperability and future scalability as Guilford County expands its technology ecosystem.

3.3.5	Third-Party Software Plugins/Tools – Provider responsibility for licensing and operational support.	✓	Third-party tools licensing and operational support included within the proposal’s ongoing support plan.
3.3.6	Reporting and Analytics – Standards for operational data reporting and analytics.	✓	Solution includes standardized reporting and advanced analytics integrated with County dashboards.
3.3.7	Backups – Regular database and VM backups, retaining for at least 30 days.	✓	Comprehensive backup protocols include encrypted daily backups of databases, applications, and configurations, with retention exceeding 30 days. The solution leverages GCP-managed services, where backup and recovery processes are streamlined through native platform capabilities, reducing operational overhead while enhancing security and reliability. Where applicable, Asemio supplements GCP’s automated backups with additional controls aligned to its security policies, including regular backup verification, secure off-site retention, and documented recovery procedures to ensure business continuity and regulatory compliance.
3.3.8	Environments – Dedicated URLs for production, test, and training environments.	✓	Dedicated production, testing, and training environments are provided, each with distinct URLs to ensure strict separation of data and system functions. Asemio follows a multi-environment strategy that includes isolated environments for development, QA/testing, training, and production, each with its own access controls and deployment pipelines.
3.3.9	Administrative Controls – Multi-factor authentication, role-based access, and comprehensive auditing.	✓	Administrative security includes MFA, robust role-based access controls are implemented to enforce least-privilege access, and extensive audit capabilities are integrated to log all administrative actions, including access requests, changes to configurations, and data interactions.
3.3.10	Access and Availability – Continuous application availability and coordinated maintenance.	✓	Continuous application availability is prioritized, with proactive monitoring to ensure uptime and performance. Maintenance activities, including system updates and patches, are scheduled outside of regular business hours to minimize impact on users.

		High availability is maintained through redundant systems and automated failover mechanisms where possible, ensuring minimal downtime. All maintenance processes are coordinated and communicated in advance, with contingency plans in place to address any potential issues swiftly and efficiently.
3.3.11	Performance – High performance and availability during peak usage.	✓ The system is designed to deliver high performance and availability during peak usage through the use of GCP’s auto-scaling capabilities and load balancing, ensuring consistent response times even under fluctuating workloads. Infrastructure resources automatically scale based on demand, optimizing performance while maintaining cost efficiency. Performance tuning and capacity planning are incorporated into deployment and ongoing operations, supported by monitoring and alerting to proactively resolve potential issues.
3.3.12	Service Levels – Clearly defined service levels for response and resolution times.	✓ SLAs put in place for the system will ensure timely incident resolution with 24-hour critical issue response, hourly updates, multiple support channels, and KPI reporting for performance tracking.
3.3.13	Configuration Management – Robust configuration and version control capabilities.	✓ Strong configuration management is supported through version-controlled infrastructure and application components, ensuring traceability and consistency across environments. All configurations and customizations are managed through secure repositories and automated deployment pipelines, reducing the risk of configuration drift.
3.3.14	Change Management – Controlled handling of application changes with rollback capabilities.	✓ Asemio maintains a change management process that governs all application updates and system changes. Changes are deployed through controlled CI/CD pipelines with peer review, testing, and approval gates prior to release. Rollback mechanisms are built into the deployment process to ensure rapid recovery in the event of unexpected issues.

3.3.15	Recovery Time Objective (RTO) and Recovery Point Objective (RPO) – 4-hour RPO and 24-hour RTO.	✓	System designed to meet critical RTO (24 hours) and RPO (4 hours) with detailed disaster recovery planning.
3.3.16	Data Security and Privacy – Mechanisms for data classification, access, and auditing.	✓	Data security and privacy controls are embedded throughout the system, including data classification processes that define handling requirements based on sensitivity levels. Role-based access controls enforce least-privilege access, while auditing captures data access and modification events for all users. These mechanisms are governed by Asemio’s security controls, ensuring compliance with HIPAA, SOC 2, and other regulatory frameworks while supporting secure and accountable data management.
3.3.17	Data Encryption – Strong encryption for data in transit and at rest.	✓	All data is fully encrypted in transit and at rest using industry-standard encryption protocols. Data in transit is secured via TLS 1.2+ over HTTPS, while data at rest is encrypted using AES-256 or stronger algorithms, in line with HIPAA and SOC 2 requirements. Encryption is enforced across databases, file storage, and backup media.
3.3.18	Cyber Security Incident Response – Defined incident response and timely breach reporting.	✓	Asemio maintains a formalized incident response plan, outlining procedures for the identification, containment, eradication, and recovery from security incidents. The plan includes clear escalation paths, defined roles and responsibilities, and mandatory breach notification timelines aligned with HIPAA and other regulatory requirements.
3.3.19	Security Patching and Vulnerability – Regular vulnerability scanning and timely patch management.	✓	Regular vulnerability scanning and patch management are core to Asemio’s secure operations. GitHub Dependabot is used to monitor application code and third-party dependencies for known vulnerabilities during development. On the infrastructure side, GCP’s native vulnerability scanning service assesses container images and virtualized workloads for security risks. These scans are supplemented by GCP Security Command Center, which provides centralized visibility into misconfigurations, threat detection, and asset monitoring across the cloud environment. All findings feed into Asemio’s patch management process, where vulnerabilities are triaged and remediated. This layered

		<p>approach ensures that both code and infrastructure are continuously monitored, patched, and aligned with HIPAA, SOC 2, and internal security standards.</p>
4.1.1	<p>Enabling Technology – Data Hub, Client/Provider Portals, Case Management Tool.</p>	<p>✓ Mosaic or Salesforce CMS, combined with MagicBox IDS, meets the Enabling Technology Deliverables by providing a secure, scalable, and compliant solution. MagicBox IDS integrates data from multiple sources into a unified model that is HL7 and HIPAA compliant, supports de-identification, and allows for statistical queries without exposing PII. Mosaic serves as a data collaboration platform, powering CMS Client Portal for searching services, completing eligibility and referral processes, and communicating with providers. The Provider Portal enables bi-directional referrals and collaboration across internal and external care teams. Mosaic or Salesforce CMS, provides a Case Management Portal with tools for tracking client progress, automating needs assessments, managing KPIs, and facilitating coordinated care.</p>
4.1.2	<p>Testing – Comprehensive testing plans including performance, UAT, and security testing.</p>	<p>✓ Complete testing suite including unit, business, performance, UAT, security, and regression testing documented and planned. Testing is structured across different phases of the project, with detailed plans and documentation for each type of test. Unit testing ensures individual components function correctly, while business logic and performance testing validate the system's ability to meet operational and user load expectations. UAT is conducted with key stakeholders to ensure the solution meets business requirements. Security testing includes vulnerability assessments to identify potential weaknesses, while regression testing ensures that new updates do not disrupt existing functionality.</p>
4.1.3	<p>Training – Knowledge transfer plans, training materials, and delivery mechanisms.</p>	<p>✓ Training plans include knowledge transfer, comprehensive materials, training videos, and detailed onboarding documentation.</p>

4.1.4	Management and Operations (M&O) – General, Storage, Database, Middleware, and Continuity services.	✓	Comprehensive M&O support including data, storage, middleware, database, and continuity services have been defined and are budgeted in our response.
4.1.5	Integrated Database Management System (IDMS) – Integration planning, testing, and knowledge transfer.	✓	IDMS deliverables covered through MagicBox data integration, testing management, issue resolution, and comprehensive training.
4.1.6	System Design – Detailed system design and configuration documentation.	✓	Detailed system design documents provided, including business process documentation, comprehensive data models, ETL/ELT configurations, and UML-based technical designs. The design includes requirements documents that ensure alignment on delivery and validation, as well as appropriate data models that outline tables, views, stored procedures, and database structures to ensure scalable, structured data storage and integration.
4.1.7	Development and Configuration – Software configuration management, technical specifications, and CI/CD practices.	✓	Detailed development and configuration deliverables provided, including CI/CD implementation, DevOps/DataOps best practices, and modern SDLC techniques for seamless deployment. Comprehensive technical documentation, system architecture specifications, and a software configuration management plan ensure structured development. The approach includes business process validation, knowledge transfer, and organizational change management, with continuous testing and enhancements throughout the project lifecycle.
4.1.8	Project Management – Charter, schedule, QA, communication, risk management, and staffing plans.	✓	Our PMP-certified project manager will provide deliverables that cover all requirements, including a Project Charter, Work Breakdown Structure (WBS), Quality Assurance Plan, and Risk Management Plan to ensure structured execution. A Communication Plan facilitates stakeholder engagement, while staffing, change management, and release management plans support seamless coordination, issue resolution, and controlled deployment throughout the project lifecycle.

4.2.1	Intake System – Digital queuing, case assignment, document linking, and replication of forms.	✓ Mosaic or Salesforce CMS provides digital queuing for service follow-ups, automated resident assignment to social workers, and seamless intake submission linkage to case files. It supports replication and completion of State and SSA forms while offering scalability across Aging and Adult Services and all HHS programs, ensuring efficient and structured intake management.
4.2.2	Guardianship – Comprehensive case management, state/county form retention, and audit trail.	✓ Guardianship management is fully supported by Mosaic or Salesforce CMS, offering case load management, automated documentation, and retention of State and County forms. A comprehensive audit trail ensures full tracking of changes within client records, maintaining compliance and accountability.
4.2.3	Special Assistance In-Home – State/county forms retention, application document management, and audit trails.	✓ Special Assistance functionalities are integrated into Mosaic or Salesforce CMS, ensuring completion and retention of State and County forms, secure document storage for application processes, and Medicaid tracking. A comprehensive audit trail provides full visibility into client record changes, ensuring compliance and accountability.
4.2.4	In-Home Aide – Caseload management, narrative entry capabilities, forms retention, and audit trails.	✓ In-Home Aide caseload management, narrative-based entries, and State/County form retention are fully supported by Mosaic or Salesforce CMS, ensuring efficient documentation, secure record-keeping, and a comprehensive audit trail for tracking changes and maintaining compliance.
4.2.5	Rep Payee – Caseload management, form retention, automation of SSI data reporting, and audit trails.	✓ Rep Payee functionalities are fully integrated into Mosaic CMS, enabling automated SSA form submissions, efficient case load management, and secure retention of State and County forms. A comprehensive audit trail ensures full tracking of changes within client records, maintaining compliance and accountability.
4.2.6	Adult Day Services – Facility/individual management, narrative recording, referrals, and automated scheduling.	✓ Adult Day Services are effectively managed with Mosaic or Salesforce CMS, offering facility-level and individual-level management, narrative recording, and automated scheduling. The system supports location-based referrals and facility reporting, ensuring seamless coordination and service delivery.

4.2.7	Indigent Burials – Workflow document solution for tracking and linking to APS intake.	✓ Workflow management for Indigent Burials will be supported through Mosaic or Salesforce CMS, enabling accurate request tracking, seamless APS intake linkage, and streamlined documentation to ensure efficient case processing and compliance.
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asemio

It takes good data to do good.

211 W Archer
Tulsa, Oklahoma 74103
918.213.059

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF GUILFORD

I, Aaron Bean (the individual attesting below), being duly authorized by and on behalf of Asemio, LLC (the responding entity hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. Mark "Yes" or "No":
 - a. YES _____; or,
 - b. NO X

4. Employer's subcontractors comply with E-Verify, and if Employer is awarded a contract for this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

This 17 day of March, 2025.

Jovanna Carey
Signature of Affiant

JOVANNA CAREY
NOTARY PUBLIC - STATE OF OKLAHOMA
MY COMMISSION EXPIRES 08/08/2028
COMMISSION # 16007613

Print or Type Name: _____ State of

North Carolina County of Guilford

Signed and sworn to (or affirmed) before me, this the _____

day of _____, 20____.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

Jovanna Carey
State of OK
County: Tulsa

Asemio

918.213.0594
www.asemio.com

Representative

Aaron Bean
aaron@asemio.com



Integrated Data System and Software

Ref: Guilford County #90007624: Integrated Data System and Aging and Adult Case Management Software

Prepared for:

Alice Mahood

Director of Integrated Data and Services
Guilford County Manager's Office
September 30, 2025



Master Services Agreement

This Master Services Agreement (the “**Agreement**”) is effective as of the date of last signature below (the “**Effective Date**”) between Asemio, LLC, an Oklahoma limited liability company (“**Asemio**”) and Guilford County Government (“**Client**”), with its principal place of business at 201 S. Greene Street, Basement Suite 072, Greensboro, NC 27402 (collectively referred to as the “**Parties**”). The provisions of this Agreement shall apply to Services provided to Client under this Agreement.

This Agreement, together with Guilford County’s Contract No. 90007624 (including, without limitation, the Client’s Request for Proposal (dated February 5, 2025) and Asemio’s Proposal dated (February 27, 2025) (collectively, the “**Client Agreement**”), governs the provision of services and licensing by Asemio to Guilford County. In the event of a conflict between the Client Agreement and this Agreement, the terms of this Agreement shall prevail, except to the extent expressly agreed otherwise in writing by the parties.

1. BACKGROUND

1.1 The Parties mutually agree to Client engaging Asemio to perform services (“**Services**”) described in any statement of work (“**SOW**”) that references or incorporates this Agreement, including without limitation scope, hourly rates, percent completion rates and fees. This Agreement establishes the business relationship between the Parties. All terms, provisions or any condition of this Agreement not in conflict with the SOW will control the business relationship. Terms in any SOW in conflict with any term or terms of this Agreement will supersede and control.

2. COMPENSATIONS AND TAXES

2.1 Compensation. The rates and basis of compensation for the Services will be as described in the SOW.

2.2 Invoicing and Payment. Unless otherwise specified in a SOW, Asemio will invoice Client 50% of the total contract amount upon signature of the SOW and 50% of the contract amount when 50% of the hours have been utilized. Charges shall be payable thirty (30) days from the date of Client’s receipt of the invoice and shall be deemed overdue if they remain unpaid thereafter. Any undisputed amount payable by Client hereunder which remains unpaid after the due date shall be subject to late penalty fees of .83% per 30 days from the due date until the amount is paid.

2.3 Incidental Expenses. Except where expenses are included within the fees charged to Client by Asemio, Client shall reimburse Asemio for reasonable air travel, lodging, meal and other out-of-pocket expenses incurred at Client’s request in conjunction with the Services.

2.4 Taxes. The Parties shall each be responsible for their own taxes required to be paid by any municipality, state, or federal agency.

2.5 Non-Refundable Prepayments. All payments made by Client in advance, including but not

Master Services Agreement

limited to prepayments for Services outlined in the applicable SOW, are non-refundable. Prepaid amounts represent a commitment to allocate resources and plan for the completion of the agreed-upon Services. In the event Client does not utilize all prepaid Services within the agreed scope or timeline specified in any SOW, any remaining unused balance shall be forfeited, unless otherwise agreed in writing by the Parties.

Asemio shall make reasonable efforts to accommodate scheduling changes or additional scope requested by Client; however, such changes are subject to resource availability and may require an amended SOW.

2.6 Client Responsiveness and Project Continuation. Asemio's ability to deliver the agreed Services relies on timely feedback, approvals, and engagement from the Client. If Asemio does not receive the required feedback, approvals, or other necessary input from Client within sixty (60) calendar days of a documented request, Asemio reserves the right to consider the project inactive. In such cases:

1. **Archiving of Inactive Projects:** The engagement will be archived, and Asemio shall not be obligated to continue work unless the Client and Asemio agree in writing to reactivate the project. Reactivation may be subject to additional fees for resource reallocation or adjustment of project scope.
2. **Non-Refundable Prepayments:** Any funds prepaid by the Client for the inactive project contract shall remain non-refundable and will not be subject to reimbursement.
3. **Reallocation of Funds:** At Asemio's discretion and upon mutual written agreement, the Client may reallocate any remaining prepaid funds to a new or existing Asemio initiative within ninety (90) days of the project's archive date. Any funds not reallocated within this period shall be forfeited.

3. TERM AND TERMINATION

3.1 Term. This Agreement shall commence on its Effective Date and shall remain in effect until terminated in accordance with this Section 3.

3.2 Voluntary Termination of Agreement. Either party may terminate this Agreement at any time voluntarily by providing sixty (60) days (the "Notice Period") written notice to the other party (the "Notice Date"). Client shall pay Asemio for all Services performed and any outstanding incidental expenses under Section 2.3 as of the Notice Date in connection with any such voluntary termination. All invoices for Services and expenses incurred during the Notice Period shall be paid in accordance with Section 2.2.

3.3 Termination for Breach. A party may terminate this Agreement if the other party is in material breach of any of its obligations hereunder and, after having been provided notice of breach within ten (10) days of discovery of the breach, has not cured the breach within thirty (30) days of written notice specifying the breach. Consent to extend the cure period shall not be unreasonably withheld, so long as the breaching party has commenced cure during the thirty-day notice period and pursues cure of the breach in good faith.

3.4 Effect of Termination. Termination of this Agreement shall not limit either party from pursuing any other remedies available to it, including injunctive relief, nor shall termination relieve Client of its

Master Services Agreement

obligation to pay all charges that accrued prior to such termination. The parties' rights and obligations under Sections 2, 3, 4 and 5 shall survive termination of this Agreement.

3.5 Client-Initiated Cancellations. If the Client cancels a project before its completion, any prepaid amounts for unused Services shall remain non-refundable. Upon cancellation, the Client and Asemio may collaborate to reallocate any remaining prepaid funds to a different Asemio project or initiative, provided such reallocation is agreed upon in writing and occurs within three (3) months of the cancellation. Any funds not reallocated within this period shall be forfeited.

4. INTELLECTUAL PROPERTY, INFRINGEMENT, WARRANTY, AND REMEDY

4.1 Intellectual Property.

A. Client shall obtain and retain all rights and permissions including without limitation copyrights, moral rights, rights associated with works of authorship, trademark and trade name rights, and all other intellectual property rights, however designated ("**Intellectual Property Rights**") for any and all text, graphics, photographs, illustrations, audio recordings, video recordings, user information, and all other data supplied by Client to Asemio pursuant to this Agreement ("**Client Property**").

B. Client represents and warrants that it either possesses all right and title to any Client Property or has obtained the right to use Client Property.

C. Client agrees that Asemio shall retain all rights, title and interest in all software, methodologies, data, configuration data, specifications, listings, printout, documentation, notes, records, reports, policies, agreements, flow charts, diagrams or other similar instruments or writings ("**Developer Tools**") developed or created by Asemio prior to the Effective Date or independently developed outside the scope of this Agreement or Developer Tools generally applicable to Asemio's customers and created to provide the Deliverables but not the Deliverables. As used herein, "Deliverables" shall mean any and all final works of any form and format provided to Client as part of the Services.

D. Client grants Asemio a perpetual, fully paid-up, royalty-free, non-transferable, non-sublicensable, worldwide license to reproduce, display, and distribute Deliverables solely for the purposes of advertising and promoting Asemio's services to others.

4.2 Infringement Indemnity. Each party ("**Provider**") will defend and indemnify the other party ("**Recipient**") against a claim that any information, design, specification, instruction, software, data, or material furnished by the Provider ("**Material**") under this Agreement infringes a trademark, copyright or patent provided that: (a) the Recipient notifies the Provider promptly of such claim; (b) the Provider has sole control of the defense and all related settlement negotiations; and (c) the Recipient provides the Provider with the assistance, information, and authority reasonably necessary to perform the above obligations. Reasonable out-of-pocket expenses incurred by the Recipient in providing such assistance will be reimbursed by the Provider.

A. The Provider shall have no liability for any claim of infringement resulting from: (a) the Recipient's use of a superseded or altered release of some or all of the Material if infringement would have been avoided by the

Master Services Agreement

use of a subsequent unaltered release of the Material which is provided to the Recipient; or (b) any information, design, specification, instruction, software, data, or material not furnished or recommended by the Provider.

B. In the event that some or all of the Material is held or is believed by the Provider to infringe a trademark, patent or copyright, the Provider shall have the option, at its expense, (a) to modify the Material to be non-infringing; or (b) to obtain for the Recipient a license to continue using the Material.

4.3 Warranty and Disclaimers.

A. Asemio warrants that the Services will be performed in a first-class, workmanlike manner consistent with generally accepted industry standards and that the Services will be performed by competent personnel with experience and skill commensurate with the task or project to which each such personnel shall be assigned. Asemio warrants that it will comply with all applicable laws and regulations in the performance of the Services.

B. Except those specifically provided herein, there are no implied warranties, including the warranties of merchantability and fitness or use for a particular purpose. No agent or representative of either party has any authority to bind the other party to any affirmation, representation or warranty concerning products or services supplied by the Provider. Except for claims of infringement under Section 4.2, in no event shall either party be liable for loss or profit, loss of data, damage to other property used in conjunction with any other products or services supplied by such party, whether or not used properly, or any other incidental, consequential, special or exemplary damages whatsoever, whether or not the possibility of such damages was disclosed to the Provider in advance or could have been reasonably foreseen by the Provider.

4.4 Remedy. Asemio warrants that the Work Product shall conform in all material respects to the specifications applicable to such Work Product as established by Asemio, in cooperation with Client. In the event of a breach of the foregoing warranty, Asemio shall either correct the error which caused the warranty breach.

4.5 Work Product. Asemio shall transfer to Client title to all Deliverables developed specifically for Client by Asemio. The Services performed hereunder and all such Intellectual Property shall be considered works made for hire and made in the course of this Agreement. To the extent that title to any such works may not by operation of law vest in Client or such works are held not to be works made for hire, Asemio retains the sole right, title and interest in such works and Asemio's copyright therein.

4.6 Indemnification. Client agrees to indemnify, defend and hold harmless Asemio, its affiliates, clients, employees, successors and assigns (all referred to as "**Asemio**") from and against any losses, damages, claims, fines, penalties and expenses (including reasonable attorneys' fees) that arise out of or result from injuries or death to persons or damage to property, including theft, which was proximately caused by the negligence or misconduct of Client or any of its employees.

Master Services Agreement

Asemio and all persons furnished by Asemio shall comply at their own expense with all applicable laws, ordinances, regulations and codes, including the identification and procurement of required permits, certificates, licenses, insurance, approvals and inspections in performance hereunder.

Asemio agrees to indemnify, defend and hold harmless Client from and against any fines, penalties and expenses that arise out of or result from delays in the provision of Services directly attributable to Asemio's action or inaction or adhere to an agreed-upon schedule; provided, however, that Client shall, to the best of its knowledge, provide to Asemio prompt notice of any such fines or penalties.

5. GENERAL

5.1 Relationship Between the Parties. Asemio is an independent contractor and nothing in this Agreement shall be construed to create a partnership, joint venture, or agency relationship between the parties. Each party will be solely responsible for payment of all compensation owed to its employees, as well as employment related taxes. Each party will maintain appropriate worker's compensation for its employees as well as general liability insurance.

5.2 Governing Law. This Agreement, and all matters arising out of or relating to this Agreement, will be governed by and construed in accordance with the laws of the state of Oklahoma.

5.3 Dispute Resolution. In the event of any dispute arising out of or relating to this Agreement, the parties shall seek to settle the dispute via direct discussions. If a dispute cannot be settled through direct discussions, the parties agree to first endeavor to settle the dispute via voluntary non-binding mediation, before resorting to arbitration. A mediator will be selected by voluntary agreement of both parties, or in the event both parties cannot agree on a mediator, a mediator will be selected in accordance with the rules of the American Arbitration Association. The mediation shall be held in Tulsa, Oklahoma. Each party shall bear its own costs and expenses and an equal share of the administrative and other fees associated with the mediation. Any dispute that remains unresolved following mediation shall be subject to a court of competent jurisdiction in the state of Oklahoma. The court shall award to the prevailing party, if any, as determined by the court, all of its costs and fees. "Costs and fees" mean all reasonable pre-award expenses of the arbitration, including the arbitrators' fees, administrative fees, travel expenses, out-of-pocket expenses such as copying and telephone, court costs, witness fees, and attorneys' fees. In rendering the award, the court shall determine the rights and obligations of the parties according to the substantive and procedural laws of the state of Oklahoma.

5.4 Notice. All notices, including notices of address change, required to be sent under this Agreement shall be in writing in English and shall be sent by (a) registered or certified mail, return receipt requested and postage prepaid; or (b) reputable international courier service. Notices to Client shall be sent to the address listed in the introductory paragraph of this Agreement.

Master Services Agreement

Notices to Asemio shall be sent to:

Asemio LLC
12 N. Cheyenne Ave., #312
Tulsa, OK 74103

with a copy to

Zachariah O. Lindsey
LINDSEYfirm
1209 S. Frankfort Ave., Ste. 202
Tulsa, OK 74120

Notices to Client shall be sent to:

<Client>

5.5 Severability. In the event any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions of this Agreement will remain in full force.

5.6 Waiver. The waiver by either party of any default or breach of this Agreement shall not constitute a waiver of any other prior or concurrent or subsequent default or breach.

5.7 Force Majeure. Neither party shall be in default or otherwise liable for any delay in or failure of its performance under this Agreement where such delay or failure arises by reason of any Act of God, or any government or any governmental body, acts of the common enemy, the elements, strikes or labor disputes, global pandemics, or other similar or dissimilar cause beyond the control of such party.

5.8 Entire Agreement. This Agreement constitutes the complete agreement between the parties and, except as provided in Section 5.2 above, supersedes all previous and contemporaneous agreements, proposals, or representations, written or oral, concerning the subject matter of this Agreement. In the event of a conflict between the terms of the Agreement and the terms of an exhibit or statement of work, the terms of this Agreement shall take precedence. This Agreement may not be modified or amended except in writing signed by a duly authorized representative of each party; no other act, document, usage, or custom shall be deemed to amend or modify this Agreement.

6. Non-Solicitation

Master Services Agreement

6.1 Non-Solicitation of Employees. During the term of this Agreement, and for a period of [12 months] following its termination or expiration, neither party shall, directly or indirectly, solicit, hire, or attempt to solicit or hire any employee, consultant, or independent contractor of the other party with whom they had direct contact or who became known to them through the performance of this Agreement, without the prior written consent of the other party. This restriction does not apply to general solicitations not specifically targeted at the other party's employees (such as advertisements or job postings).

6.2 Non-Solicitation of Clients. During the term of this Agreement, and for a period of [12 months] following its termination or expiration, the Client agrees not to solicit or attempt to solicit any Asemio clients or customers with whom the Client had contact or knowledge as a result of the services provided under this Agreement, without the prior written consent of Asemio.

6.3 Remedies for Breach. The parties acknowledge that any breach of this non-solicitation clause would cause substantial harm to the other party, and therefore, in the event of a breach, the non-breaching party shall be entitled to seek injunctive relief, in addition to any other remedies available at law or in equity.

7. Electronic Signature

7.1 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Counterparts may be delivered via electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, e.g., pandadoc.com) or other transmission method and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

Master Services Agreement

Acceptance

The signatories below are authorized to bind their respective Parties.



Victor Isler

Guilford County Manager

Guilford County Government

Date

Aaron Bean

Managing Director

Asemio, LLC

10.13.2025

Date

This License Agreement (“**Agreement**”) is entered into by and between Asemio LLC, an Oklahoma limited liability company (“**Licensor**”), having its principal place of business at 12 N. Cheyenne Ave., #312 Tulsa, OK 74103, and Guilford County Government, (“**Licensee**”), having its principal place of business at 201 S. Greene Street, Basement Suite 072, Greensboro, NC 27402, as of September 29, 2025. Licensor and Licensee will be referred to individually as “Party” or collectively as “Parties.” This License Agreement is subject to and made part of that certain Master Services Agreement executed by the parties and made effective on even date herewith.

Licensor is the manufacturer and owner of certain software known as Mosaic Platform (the “**Software**”). Licensee wishes to obtain a license to use the Software in its organization, and Licensor is willing to grant such license, on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants, terms, and conditions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. DEFINITIONS. Capitalized terms in this Agreement have the following meanings:

- a) “Authorized User” means an employee of Licensee who Licensee permits to access and use the Software and/or Documentation pursuant to Licensee’s license hereunder.
- b) “Documentation” means the documentation, instructions, and user’s guides, including updates thereto, relating to the Software, whether in electronic or printed form, as provided to the Licensee by Licensor for purposes of this Agreement.
- c) “Effective Date” is the date upon which this Agreement has been executed by both the Parties as set forth on the signature page hereto, or the date on which Licensor makes the Software available to Licensee, whichever is earlier.
- d) “Primary User Data” is the identification and contact information for the Licensee’s employee who will function as the primary interface with Licensor in the event such interface is required in order for Licensor to fulfill its support obligations under the terms of this Agreement. Licensee’s designation of Primary User Data as defined herein is as follows:

Name: [REDACTED]
Title: [REDACTED]
Company: [REDACTED]
Address: [REDACTED]
Telephone: [REDACTED]
E-mail: [REDACTED]

- e) “Statement of Work” is, in part, an ordering document specifying the payment terms and period of authorized use for the Software license to be provided hereunder that is entered into between Licensee and Licensor and attached hereto and made a part hereof.

2. LICENSE GRANT.

2.1 License Rights Granted in Software and Documentation. Subject to and conditioned on receipt by Licensor of applicable license fees and Licensee's compliance with the other terms of this Agreement, Licensor grants to Licensee a non-exclusive, non-sublicensable and non-transferable license during the Term (as defined below) to:

- a) install and use a serialized copy of the Software on a single workstation at Licensee's location or access and use the Software on a cloud-based server for which access has been provisioned to the Licensee solely for Licensee's internal business purposes;
- b) use the Documentation internally solely in connection with Licensee's permitted use of the Software; and
- c) use and make a reasonable number of copies of the Documentation solely for Licensee's reasonable internal use of the Software. All such authorized copies of the Documentation must comply with, and shall be subject to, Section 5 herein.

2.2 License Restrictions on Features and Performance. The features and performance of the Software are subject to the restrictions encoded therein.

2.3 License Restrictions on the Licensee. Licensee shall not use the Software or Documentation for any purposes beyond the scope of the license granted in this Agreement. Without limiting the foregoing and except as otherwise expressly set forth in this Agreement, Licensee expressly agrees that it will not, nor will it allow others to, directly or indirectly:

- a) reverse engineer or assemble, de-compile, decode, adapt, translate, or otherwise attempt to derive or gain access to the source code, the underlying ideas, algorithms, structure or organization of the Software, in whole or in part;
- b) rent, lease, lend, sell, sublicense, assign, distribute, publish, transfer, or otherwise make available the Software or the Documentation;
- c) modify, copy or create derivative works of the Software or Documentation, in whole or in part, or incorporate the Software or Documentation into any other product;
- d) remove any proprietary notices from the Software or the Documentation;
- e) disable or circumvent any licensing or control features of the Software;
- f) transmit, install, or otherwise export or re-export the Software to any country into which import or transmission of such Software has been prohibited by the United States government; or

- g) use the Software in any manner or for any purpose that infringes, misappropriates, or otherwise violates any intellectual property right or other right of any person, or that violates any applicable law.

Licensee's breach, directly or indirectly, of this Section 2.3 shall constitute a material breach of this Agreement.

2.4 Reservation of Rights. Licensors reserves all rights not expressly granted to Licensee in this Agreement. Except for the limited rights and licenses expressly granted under this Agreement, nothing in this Agreement grants, by implication, waiver, estoppel, or otherwise, to Licensee or any third party any intellectual property rights or other right, title, or interest in or to the Software.

3. TERM AND TERMINATION.

3.1 Term. The term of this Agreement will begin upon the Effective Date and will continue for the specified period in the Order Form unless sooner terminated in accordance with Section 3.2 below, or unless at least thirty (30) days' prior written notice of termination is given by a Party to the other Party (the "**Term**").

3.2 Termination in the Event of Licensee's Breach of this Agreement. Licensors may terminate this Agreement, effective on written notice to Licensee, if Licensee:

- a) breaches a material provision of this Agreement and such breach is (i) incapable of cure; or (ii) if capable of cure, remains uncured for thirty (30) days after written notice from Licensors;
- b) fails to pay any amount when due hereunder, and such failure continues more than five (5) days after Licensors's delivery of written notice thereof;
- c) breaches any of its obligations under Section 2.3 or Section 6; or
- d) (i) becomes insolvent or is generally unable to pay, or fails to pay, its debts as they become due; (ii) files or has filed against it, a petition for voluntary or involuntary bankruptcy or otherwise becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law; (iii) makes or seeks to make a general assignment for the benefit of its creditors; or (iv) applies for or has appointed a receiver, trustee, custodian, or similar agent appointed by order of any court of competent jurisdiction to take charge of or sell any material portion of its property or business.

Upon the occurrence of an event specified in Sections 3.2(a)-(d) above, Licensors will have the right, at its option, to (a) preclude use of the Software by Licensee until such breach is cured; or (b) terminate this Agreement by providing written notice thereof to Licensee, such that Licensee must immediately cease all use of the Software. The election of options (a) or (b) above will not excuse the Licensee from any obligation arising up to the effective date of termination of this Agreement. Notwithstanding the foregoing, Licensors reserves the right to terminate the Agreement immediately in the event Licensee has breached a material provision of the Agreement two or more times, regardless of whether Licensee has cured such breaches

within the permitted time.

3.3 Consequences of Termination or Expiration. Upon expiration or earlier termination of this Agreement for any reason, the license granted hereunder will also terminate, and, without limiting Licensee's obligations under Section 6, Licensee shall (i) cease use of the Software immediately, (ii) return to Licensor all copies of the Software and the Documentation, (iii) immediately destroy any copies of the Software and Documentation, and (iv) certify in writing to Licensor that its use of the Software has ceased and that the Software and Documentation, and all copies thereof, have been deleted and destroyed, which such certification shall be made by an authorized representative of Licensee. No expiration or termination of this Agreement will affect Licensee's obligation to pay all fees that may have become due up to the effective date of such expiration or termination, or entitle Licensee to any refund. Licensor will not be liable to the Licensee for damages of any sort as a result of terminating this Agreement in accordance with its terms, and termination of this Agreement will be without prejudice to any other right or remedy of Licensor available at law or in equity.

4. LICENSE AND SUPPORT FEES AND SUPPORT OBLIGATIONS.

4.1 License Fees and Support Fees. License fees for the license of the Software and the fees for Licensor's on-going support of the Software will be governed by the price structure set forth in the Order Form. All fees and other amounts payable by Licensee under this Agreement are exclusive of taxes and similar assessments. Licensee is responsible for all sales, use, and excise taxes, and any other similar taxes, duties, and charges of any kind imposed by any federal, state, or local governmental or regulatory authority on any amounts payable by Licensee hereunder, other than any taxes imposed on Licensor's income.

4.2 Support of Software. Subject to the conditions in Section 4.4 below, Licensor shall provide support for Licensee's use of the Software for the Term as specified in the Order Form. During that period, Software support shall consist of assisting Licensee in problem determination and isolation, and in providing code patches, maintenance releases, and software refreshes on a good faith basis.

4.3 Support in Subsequent Years. Subject to the conditions in Section 4.4 below, Licensor's support for Licensee's use of the Software will continue as specified in Section 4.2 above for any period in which payment for support for that period is both made by Licensee and accepted by Licensor. Notwithstanding the foregoing, Licensor reserves the right not to extend support for any period beyond the first period described in Section 4.2 above.

4.4 No Obligation of Support in Certain Circumstances. Notwithstanding the support provisions of Section 4.2 and 4.3, and notwithstanding any payments made to Licensor for purposes of support of Licensee's use of the Software, Licensor shall not be obligated to provide support to Licensee in any of the following circumstances:

- a) if Licensee is in breach of a material provision of this Agreement;
- b) if Licensor has not received payment for support of Licensee for the then current or any previous period;

- c) if Licensee fails or refuses to provide dial-in or network access to the Software on Licensee's server and where arrangements acceptable to Licensor for Licensor support in lieu of such access has not been arranged;
- d) if the Primary User Data is no longer current and Licensee is unable to provide updated Primary User Data; or
- e) if Licensee fails or refuses to upgrade the version of the Software in cases where, in an attempt to resolve Licensee's support request, Licensor has requested that Licensee upgrade the Software to some later version thereof.

4.5 Warranty.

- a) Licensor warrants to Licensee that for a period of three hundred sixty five (365) days from the date of delivery of the Software to Licensee that the Software will substantially perform in accordance with the Documentation. If during the aforementioned warranty period the Software fails to conform to the foregoing warranty and Licensee notifies Licensor of such failure within the aforementioned warranty period, Licensee's sole and exclusive remedy, and Licensor's sole obligation, shall be, at Licensor's option, (a) the modification or correction of the Software by Licensor or, (b) the return to Licensor of the defective Software in Licensee's possession and refund to Licensee of the license fees paid for such non-compliant Software.
- b) The warranty set forth in Section 4.5(a) does not apply and becomes null and void if Licensee breaches any material provision of this Agreement, or if Licensee, any Authorized User, or any other person provided access to the Software by Licensee or any Authorized User, whether or not in violation of this Agreement: (i) installs or uses the Software on or in connection with any hardware or software not specified in the Documentation or expressly authorized by Licensor in writing; (ii) modifies or damages the Software; or (iii) misuses the Software, including any use of the Software other than as specified in the Documentation or expressly authorized by Licensor in writing. The warranty set forth in Section 4.5(a) shall extend only to Licensee, and Licensee shall not extend any warranties for or on behalf of Licensor to any third parties.
- c) EXCEPT FOR THE LIMITED WARRANTY SET FORTH IN SECTION 4.5(a), THE SOFTWARE AND DOCUMENTATION ARE PROVIDED "AS IS" AND LICENSOR HEREBY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE. LICENSOR SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, AND NON-INFRINGEMENT, AND ALL WARRANTIES ARISING FROM COURSE OF DEALING, USAGE, OR TRADE PRACTICE. EXCEPT FOR THE LIMITED WARRANTY SET FORTH IN SECTION 4.5(a), LICENSOR MAKES NO WARRANTY OF ANY KIND THAT THE SOFTWARE AND DOCUMENTATION, OR ANY PRODUCTS OR RESULTS OF THE USE THEREOF, WILL MEET LICENSEE'S OR ANY OTHER PERSON'S REQUIREMENTS, OPERATE WITHOUT INTERRUPTION, ACHIEVE ANY INTENDED RESULT, BE COMPATIBLE OR WORK WITH ANY SOFTWARE, SYSTEM OR OTHER SERVICES, OR BE SECURE, ACCURATE, COMPLETE, FREE OF HARMFUL CODE, OR ERROR FREE. THE WARRANTY SET FORTH IN SECTION 4.5(a) DOES NOT APPLY, AND LICENSOR STRICTLY DISCLAIMS ALL WARRANTIES, WITH RESPECT TO ANY THIRD-PARTY MATERIALS.

5. INTELLECTUAL PROPERTY OWNERSHIP

5.1 Licensor as Sole Owner of the Software and Documentation. Licensee acknowledges and agrees that:

- a) as between Licensee and Licensor, Licensor owns all right, title, and interest, including all intellectual property rights, in and to the Software and Documentation;
- b) the Software and Documentation are licensed, not sold, to Licensee by Licensor and Licensee does not have under or in connection with this Agreement any ownership interest in the Software or Documentation, or in any related intellectual property rights; and
- c) if, without limiting any terms in this Agreement prohibiting or otherwise limiting reverse engineering, Licensee engages in reverse engineering, or if the laws of the country in which Licensee uses the Software allows reverse engineering of the Software, then Licensee agrees that the product of any such reverse engineering shall be deemed to be the proprietary and Confidential Information (as defined below) of Licensor.

6. CONFIDENTIALITY

6.1 Confidential Information. From time to time during the Term, either Party may disclose or make available to the other Party information about its business affairs, products, confidential intellectual property, trade secrets, third-party confidential information, and other sensitive or proprietary information, whether orally or in written, electronic, or other form or media, whether or not marked, designated or otherwise identified as "confidential" (collectively, "**Confidential Information**"). Confidential Information does not include information that, at the time of disclosure is: (a) in the public domain; (b) known to the receiving Party at the time of disclosure; (c) rightfully obtained by the receiving Party on a non-confidential basis from a third party; or (d) independently developed by the receiving Party. The receiving Party shall not disclose the disclosing Party's Confidential Information to any person or entity, except to the receiving Party's employees who have a need to know the Confidential Information for the receiving Party to exercise its rights or perform its obligations hereunder. Notwithstanding the foregoing, each Party may disclose Confidential Information to the limited extent required (i) in order to comply with the order of a court or other governmental body, or as otherwise necessary to comply with applicable law, provided that the Party making the disclosure pursuant to the order shall first have given written notice to the other Party and made a reasonable effort to obtain a protective order; or (ii) to establish a Party's rights under this Agreement, including to make required court filings. On the expiration or termination of the Agreement, the receiving Party shall promptly return to the disclosing Party all copies, whether in written, electronic, or other form or media, of the disclosing Party's Confidential Information, or destroy all such copies and certify in writing to the disclosing Party that such Confidential Information has been destroyed. Each Party's obligations of non-disclosure with regard to Confidential Information are effective as of the Effective Date and will expire five years from the date first disclosed to the receiving Party; provided, however, with respect to any Confidential Information that constitutes a trade secret (as determined under applicable law), such obligations of non-disclosure will survive the termination or expiration of this Agreement for as long as such Confidential Information remains subject to trade secret protection under applicable law.

7. INDEMNIFICATION

7.1 Indemnification by Licensor.

- a) Licensor agrees to release, protect, indemnify, defend, and hold harmless Licensee and Licensee's officers, directors, members, managers, employees, agents, permitted successors and permitted assigns ("**Licensee Group**") from and against any and all losses, damages, liabilities, and costs (including reasonable attorneys' fees) ("**Losses**") incurred by Licensee Group resulting from any third-party claim, suit, action, or proceeding ("**Third-Party Claim**") that the Software or Documentation, or any use of the Software or Documentation in accordance with this Agreement, infringes or misappropriates such third party's U.S. patents, copyrights, or trade secrets, provided that Licensee promptly notifies Licensor in writing of the claim, cooperates with Licensor, and allows Licensor sole authority to control the defense and settlement of such claim.
- b) If such a claim is made or appears possible, Licensee agrees to permit Licensor, at Licensor's sole discretion, to (i) modify or replace the Software or Documentation, or component or part thereof, to make it non-infringing, or (ii) obtain the right for Licensee to continue use. If Licensor determines that none of these alternatives is reasonably available, Licensor may terminate this Agreement, in its entirety or with respect to the affected component or part, effective immediately on written notice to Licensee.
- c) This Section 7.1 will not apply to the extent that the alleged infringement or misappropriation arises from: (i) use of the Software in combination with data, software, hardware, equipment, or technology not provided by Licensor or authorized by Licensor in writing; (ii) modifications to the Software not made by Licensor; (iii) use of any version other than the most current version of the Software or Documentation delivered to Licensee; or (iv) Third-Party Materials.

7.2 Indemnification by Licensee. Licensee shall release, protect, indemnify, hold harmless, and, at Licensor's option, defend Licensor and its affiliates, and each of its and their respective officers, directors, members, managers, employees, agents, subcontractors, permitted successors and permitted assigns ("**Licensor Group**") from and against any Losses resulting from any Third-Party Claim based on Licensee's, or any Authorized User's: (i) negligence or willful misconduct; (ii) use of the Software or Documentation in a manner not authorized or contemplated by this Agreement; (iii) use of the Software in combination with data, software, hardware, equipment or technology not provided by Licensor or authorized by Licensor in writing; (iv) modifications to the Software not made by Licensor, provided that Licensee may not settle any Third-Party Claim against Licensor Group unless such settlement completely and forever releases Licensor Group from all liability with respect to such Third-Party Claim or unless Licensor consents to such settlement, and further provided that each member of Licensor Group will have the right, at its option, to defend itself against any such Third-Party Claim or to participate in the defense thereof by counsel of its own choice.

7.3 Sole Remedy. THIS SECTION 7 SETS FORTH LICENSEE'S SOLE REMEDIES AND LICENSOR'S SOLE LIABILITY AND OBLIGATION FOR ANY ACTUAL, THREATENED, OR ALLEGED CLAIMS THAT THE SOFTWARE

OR DOCUMENTATION INFRINGES, MISAPPROPRIATES, OR OTHERWISE VIOLATES ANY INTELLECTUAL PROPERTY RIGHTS OF ANY THIRD PARTY.

7.4 Limitations of Liability. IN NO EVENT WILL LICENSOR BE LIABLE UNDER OR IN CONNECTION WITH THIS AGREEMENT UNDER ANY LEGAL OR EQUITABLE THEORY, INCLUDING BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, AND OTHERWISE, FOR ANY: (a) CONSEQUENTIAL, INCIDENTAL, INDIRECT, EXEMPLARY, SPECIAL, ENHANCED, OR PUNITIVE DAMAGES; (b) INCREASED COSTS, DIMINUTION IN VALUE OR LOST BUSINESS, PRODUCTION, REVENUES, OR PROFITS; (c) LOSS OF GOODWILL OR REPUTATION; (d) USE, INABILITY TO USE, LOSS, INTERRUPTION, DELAY OR RECOVERY OF ANY DATA, OR BREACH OF DATA OR SYSTEM SECURITY; OR (e) COST OF REPLACEMENT GOODS OR SERVICES, IN EACH CASE REGARDLESS OF WHETHER LICENSOR WAS ADVISED OF THE POSSIBILITY OF SUCH LOSSES OR DAMAGES OR SUCH LOSSES OR DAMAGES WERE OTHERWISE FORESEEABLE. IN NO EVENT WILL LICENSOR'S AGGREGATE LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT UNDER ANY LEGAL OR EQUITABLE THEORY, INCLUDING BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, AND OTHERWISE EXCEED THE TOTAL AMOUNTS PAID TO LICENSOR UNDER THIS AGREEMENT IN THE TWELVE (12) MONTH PERIOD PRECEDING THE EVENT GIVING RISE TO THE CLAIM.

THE SOFTWARE IS NOT FAULT-TOLERANT AND IS NOT DESIGNED, INTENDED, OR AUTHORIZED FOR USE IN ANY MEDICAL, LIFE SAVING, OR LIFE SUSTAINING SYSTEMS, OR FOR ANY OTHER APPLICATION IN WHICH THE FAILURE OF THE SOFTWARE COULD CREATE A SITUATION WHERE PERSONAL INJURY OR DEATH MAY OCCUR. SHOULD LICENSEE, ANY AUTHORIZED USER OR ANY OF ITS DIRECT OR INDIRECT CUSTOMERS USE THE SOFTWARE FOR ANY SUCH UNINTENDED OR UNAUTHORIZED USE, LICENSEE SHALL RELEASE, PROTECT, INDEMNIFY, DEFEND AND HOLD LICENSOR GROUP HARMLESS FROM AND AGAINST ALL CLAIMS, COSTS, DAMAGES, AND EXPENSES, AND ATTORNEY FEES AND EXPENSES ARISING OUT OF, DIRECTLY OR INDIRECTLY, ANY CLAIM OF PRODUCT LIABILITY, PERSONAL INJURY OR DEATH ASSOCIATED WITH SUCH UNINTENDED OR UNAUTHORIZED USE, EVEN IF SUCH CLAIM ALLEGES THAT ANY MEMBER OF LICENSOR GROUP WAS NEGLIGENT REGARDING THE DESIGN OR MANUFACTURE OF THE PART.

7.5 Licensee's Acquisition of Third-Party Licenses. Licensee is solely responsible for obtaining any and all licenses from third parties that are lawfully required for use by Licensee of any third-party products, including any Third-Party Materials, in conjunction with the Software. Licensor disclaims any obligation to bring information about such required licenses to Licensee's attention and will not be responsible for Licensee's failure to acquire any such third-party license.

7.6 Intellectual Property Compliance. Licensor will have the right to inspect the Software at Licensee's premises as reasonably necessary to verify that Licensee's use of the Software complies with this Agreement. Licensor will provide Licensee with reasonable notice prior to any inspections. Licensor will bear the costs and expenses associated with the exercise of these inspection rights, unless such inspection reveals that Licensee is not in compliance with this Agreement, in which case Licensee agrees to pay Licensor the reasonable costs of such inspection plus any additional fees related to the unauthorized use of the Software in the amount of the additional fees that would have been owing had such use been authorized.

8. GENERAL PROVISIONS.

8.1 Severability. If any provision of this Agreement is held to be invalid, ineffective, unenforceable, or illegal for any reason in any jurisdiction, such invalidity, ineffectiveness, unenforceability or illegality will not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. Upon such determination that any term or other provision is invalid, ineffective, unenforceable or illegal, the Parties hereto shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Parties as closely as possible in a mutually acceptable manner in order that the transactions contemplated hereby be consummated as originally contemplated to the greatest extent possible.

8.2 Assignment. Licensee may not assign or transfer any of its rights or delegate any of its obligations hereunder, in each case whether voluntarily, involuntarily, by operation of law or otherwise, without the prior written consent of Licensor. Any purported assignment, transfer, or delegation in violation of this Section is null and void. No assignment, transfer, or delegation will relieve the assigning or delegating Party of any of its obligations hereunder. This Agreement is binding upon and inures to the benefit of the Parties hereto and their respective permitted successors and assigns.

8.3 Governing Law and Venue. This Agreement will be governed by, interpreted, and enforced in accordance with the laws of Oklahoma, without giving effect to conflict of law principles. Any action arising out of any dispute between the Parties to this Agreement will be settled by arbitration in Tulsa County, in the State of Oklahoma, by submission by either Party to an arbitrator to be selected pursuant to the rules of the Judicial Arbitration and Mediation Center ("**JAMS**"). A decision on any dispute arbitrated pursuant to this Section 8.3 must be rendered not later than sixty (60) days following conclusion of the arbitration hearing. A written statement of decision will be issued, providing specific reasoning for the decision on each specific issue presented for decision. The decision will be binding upon the Parties. Judgment on an award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Each Party hereby submits itself to the jurisdiction of JAMS for purposes of any such action. The rights and obligations of the Parties to this Agreement will not be governed by the United Nations Convention on Contracts for the International Sale of Goods.

8.4 Arbitration Fees and Costs. In the event an action is brought before JAMS to enforce any provision of this Agreement or declare a breach of this Agreement, the prevailing Party will be entitled to recover, in addition to any other amounts awarded, reasonable legal and other related costs and expenses, including attorneys' fees, incurred thereby.

8.5 Injunction. The Parties agree that a material breach of this Agreement will cause irreparable harm to the non-breaching Party and that a remedy at law would be inadequate. Therefore, in addition to any and all remedies available at law, the non-breaching Party will be entitled to seek injunctive relief against the breaching Party in the event of a threatened or actual violation of any or all provisions of this Agreement.

8.6 Waiver. No failure or delay on the part of either Party in the exercise of any power, right, or privilege hereunder will operate to deprive a Party from making the argument that there has been no waiver thereof, nor will any single or partial exercise of any such power, right, or privilege preclude any other or further exercise thereof, or of any other right, power, or privilege. No waiver by any Party of any of the provisions

hereof will be effective unless explicitly set forth in writing and signed by the Party so waiving.

8.7 Other Licenses. Nothing contained in this Agreement will be construed as conferring by implication, estoppel, or otherwise upon either Party hereunder any license or other right except the licenses and rights expressly granted hereunder to a Party hereto.

8.8 Language. This Agreement is in the English language only, which language will be controlling in all respects, and all versions hereof in any other language will be for accommodation only and will not be binding upon the Parties hereto to the extent that their terms are in conflict with the English language version of this Agreement. All communications and technical documentation to be furnished hereunder will be in the English language only.

8.9 Notice. Any notice or other communication required or permitted hereunder will be sufficiently given only if sent by certified or registered mail or courier, postage prepaid, return receipt requested, to the addresses set forth in the preamble of this Agreement, or to such other address as may be designated by a Party by giving written notice to the other Party in accordance with this Section 8.9.

8.10 Survival. The provisions of Sections 1 (Definitions), 3 (Term and Termination), 4.1 (License Fees and Support Fees), 4.5 (Warranty), 5 (Intellectual Property Ownership), 6 (Confidentiality), 7 (Indemnification), and 8 (General Provisions) will survive the termination of this Agreement.

8.11 Force Majeure. Neither Party will be responsible or liable to the other Party for failure or delay in the performance of any of its obligations under this Agreement (except for any obligations to make payments) if and to the extent such failure or delay is caused by any circumstances beyond such Party's reasonable control, including but not limited to: (i) acts of God; (ii) flood, fire, earthquake, explosion, epidemics or pandemics; (iii) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot or other civil unrest; (iv) government order, law, or actions; (v) embargoes or blockades in effect on or after the date of this Agreement; (vi) national or regional emergency; (vii) strikes, labor stoppages or slowdowns, or other industrial disturbances; and (viii) shortage of adequate power or transportation facilities. If as a result of legislation or governmental action either Party or both Parties are precluded from receiving any benefit to which they are entitled hereunder, the Parties hereto will use good faith efforts to revise the terms of this Agreement so as to restore such Party or Parties to the same relative positions as previously obtained or contemplated hereunder.

8.12 Construction of Agreement & Headings. This Agreement has been agreed to by the respective Parties, and the Agreement language and any vagueness or indefiniteness of any Agreement term, will not be construed for or against any Party. The headings of the Agreement Sections are inserted for reference only and will have no effect on the interpretation of this Agreement.

8.13 No Agency. The relationship between the Parties is that of independent contractors. Nothing contained in this Agreement will be construed as creating any agency, partnership, joint venture, or other form of joint enterprise, employment, or fiduciary relationship between the Parties. Neither Party assumes any liability of the other Party, and neither Party shall have any authority to enter into any binding obligation on behalf of the other Party.

8.14 Government Restricted Rights.

- a) If the Software and Documentation is acquired by or on behalf of a unit or agency of the United States Government or any state or local government in the United States, this provision applies. The Software and Documentation (i) was developed at private expense, and no part of it was developed with government funds; (ii) is a trade secret of the Licensor for all purposes of the Freedom of Information Act; (iii) is "Commercial Computer Software" subject to limited utilization (Restricted Rights) as provided in the contract between the Licensor and the government entity; and (iv) in all respects is proprietary data belonging solely to the Licensor.
- b) For units of the Department of Defense ("**DOD**"), the Software and Documentation is licensed only with "Restricted Rights" as that term is defined in the DOD Supplement to the Federal Acquisition Regulations ("**DFARS**") 252.227-7013(c) or any other successor clause, and use, duplication or disclosure is subject to restriction as set forth in the Rights in Technical Data and Computer Software clause at DFARS 252.227-7013, 252.227-7014 or 252.227-7015 or any other successor clause. The manufacturer is: Asemio LLC, whose address is 12 N. Cheyenne Ave., #312, Tulsa, OK 74103.
- c) Except as specifically stated in the contract between Licensor and the government entity under which this copy was licensed, use of the Software shall be limited to use as Commercial Computer Software-Restricted Rights as set forth in Federal Acquisition Regulation 52.227-19 or any other successor clause. U.S. Government personnel using the Software, other than under a DOD contract or GSA Schedule, are hereby on notice that use of the Software is subject to restrictions which are the same as, or similar to, those specified above.

8.15 Export Regulation. The Software may be subject to US export control laws, including the Export Control Reform Act and its associated regulations. Licensee shall not, directly or indirectly, export, re-export, or release the Software to, or make the Software accessible from, any jurisdiction or country to which export, re-export, or release is prohibited by law, rule, or regulation. Licensee shall comply with all applicable federal laws, regulations, and rules, and complete all required undertakings (including obtaining any necessary export license or other governmental approval), prior to exporting, re-exporting, releasing, or otherwise making the Software available outside the US.

8.16 Entire Agreement. This Agreement, together with any other documents incorporated herein by reference and all related Exhibits contain the entire Agreement and understanding between the Parties with respect to the subject matter hereof and merges and supersedes all prior oral and written agreements, understandings, and representations with respect to such subject matter. No amendment of or addition or modification to this Agreement is valid unless made in writing and signed by both Parties hereto. In the event of any inconsistency between the statements made in the body of this Agreement, the related Exhibits, and any other documents incorporated herein by reference, the following order of precedence governs: (a) first, this Agreement, excluding its Exhibits; (b) second, the Exhibits to this Agreement as of the Effective Date; and (c) third, any other documents incorporated herein by reference.

8.17 Counterparts. This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement.

Acceptance _____

The signatories below are authorized to bind their respective Parties.



Victor Isler
Guilford County Manager
Guilford County Government

Aaron Bean
Managing Director
Asemio, LLC

10.13.2025

Date

Date

This Statement of Work ("Agreement") between Asemio, LLC ("Asemio"), an Oklahoma limited liability company, and Guilford County Government ("**Client**") (also referred to as the "Parties") shall be effective as of the last date of signature found below ("Effective Date"). Client has additionally executed a Master Service Agreement and License Agreement executed and made effective on even date herewith.

Asemio agrees to provide Client a comprehensive suite of deliverables that define and support the Integrated Data System (IDS) environment, combining technical, governance, and compliance perspectives into a single unified framework.

IDS Technical Architecture and Design

- **Technical Architecture & Reference Design**
Detailed documentation outlining the IDS system architecture, integration points, and operational considerations. Provides a reference architecture to guide consistent implementation and ensure scalability.
- **Governance & Compliance Framework**
Includes a framework and best practice-informed recommendation for IDS governance structure and compliance that addresses data privacy, security, and governance requirements.
- **Composite Architecture Facesheet**
A unified visual artifact that integrates both socio-governance and technical-infrastructure dimensions of the IDS, providing a holistic view of the system's design and oversight model.

IDS Build Services

Pipeline build, interface setup, integration orchestration, and related professional services will be executed as **fixed-budget, scope controlled** work measured in hours. The budget for this work is based each year on the scope necessary for that year's IDS goals. As the scope shrinks or grows for each subsequent year these hours can be adjusted to meet the current demand.

- **Infrastructure Setup**
Deploy the foundational technical environment (e.g., cloud hosting, security framework, databases) for the IDS. Ensure compliance with HIPAA and County IT standards (e.g., FedRAMP-authorized cloud setup).
- **Data Integration**
IDS integration of data sources from initial pilot through year three, including initial integration as well as maintenance and updates.

Project Management & Governance Services

Ongoing coordination across stakeholders, ensuring scope adherence, budget tracking, and schedule alignment; facilitation of and support for governance design and implementation.

Scope Management

To ensure that the budget is used most effectively, it is essential to be intentional about scope and planning. This requires continually aligning work with organizational priorities, making tradeoffs when necessary, and proactively managing factors that influence effort and cost. Key drivers of cost for IDS development include the following:

- Analytical Boundedness
- Analytical Complexity
- Structural Change Volatility
- Data Reuse Frequency
- Initial Data Access Setup Complexity
- Governance Overhead
- Privacy and Security Model Complexity
- Self-Service Level
- Number of Data Contributors

For additional detail about these factors, refer to Appendix A.

Despite our team's best efforts to represent uncertainty in planning, we realize that there will likely be areas that have more complexity than anticipated or risks that we did not account for. The most effective method to reduce the impact of those factors on the budget or timeline is scope management. **A critical component of scope management and overall successful project execution is to partner with a primary Project Steward from the Client team who will support day-to-day activities.** This person acts as both the primary liaison and is a key partner in navigating internal dynamics, surfacing aligned input, and ensuring that what's shared with us reflects coordinated direction. While many voices shape a project, the Project Steward is the one person responsible for synthesizing that input and communicating unified guidance. This role gives us confidence that the direction we receive is representative, timely, and actionable.

Additionally, partnering with a designated executive stakeholder ensures that the project team has a clearly defined contact who can ensure alignment with organizational strategy, serve as an escalation point, and make decisions on behalf of the organization that may not be within the scope of the project's primary point of contact.

Statement of Work

By continually reassessing priorities, distinguishing between foundational and secondary needs, resolving key process and governance questions early, and incorporating rapid feedback from stakeholders, we can ensure the budget is directed toward the most impactful outcomes. This intentional approach ensures the budget is applied to the highest-value effort, maximizing impact while working within project constraints.

Budget Model

Asemio recommends a billing model that includes a composite **Fixed Fee, Fixed Budget/ Scope Controlled and Retainer** model for the services in this project as well as **annual Licensing** fees.

All services will be performed at our current hourly labor rate of **\$185/hour**. This Agreement will not exceed \$685,000.

Deliverable	Description	Frequency	Billing Type	Unit Budget	Total: 3 Year
IDS Technical Architecture & Design	<i>Comprehensive technical design document outlining system architecture, integration points, and operational considerations for the IDS environment.</i>	One Time	Fixed Fee	\$20,000	\$20,000
IDS Build Services	<i>Fully functional data pipelines to extract, transform, and load data from identified sources into the data asset repository. The integrated data will be available for analytics through defined data products.</i>	Annually, at Pipeline Build Kick-Off	Fixed Budget/ Scope Controlled	Yr. 1: \$35,000 Yr 2: \$80,000 Yr. 3: \$55,000	\$170,000
Project Management & Governance Services	<i>Ongoing coordination across stakeholders, ensuring scope adherence, budget tracking, and schedule alignment, development of a compliance framework addressing data privacy, security, and governance standards aligned to project requirements, and facilitation of governance meetings.</i>	Annual	Retainer	\$45,000	\$135,000
Total					\$325,000

Budget

License

Mosaic Platform

Secure, containerized platform for data ingestion, transformation, and privacy-preserving record linkage (Spotlight). Includes platform hosting and maintenance. (Initial Term: 10/1/2025-9/30/26, Annual Recurring)

Total: 3 Year

\$360,000

Fee Summary

Project fees will be invoiced per the following schedule:

Licensing & Services:

Invoice	Invoice Date	Amount
Year One Fees		
Invoice #1: <ul style="list-style-type: none"> Mosaic Platform Software License (Term: 10/1/25-9/30/26) Project Management and Governance Services 	Upon Contract Signature	\$120,000 <u>\$45,000</u> \$165,000
Invoice #2: IDS Technical Architecture & Design	At Design Kick-off	\$20,000
Invoice #3: IDS Build Services	At Pipeline Build Kick-off	\$35,000
<i>Year One Total</i>		\$ 220,000
Year Two Fees		
Invoice #4: <ul style="list-style-type: none"> Mosaic Platform Software License (Term: 10/1/26-9/30/27) Project Management and Governance Services 	October 1, 2026	\$120,000 <u>\$45,000</u> \$165,000
Invoice #5: IDS Build Services	At Pipeline Build Kick-off	\$80,000

<i>Year Two Total</i>		<i>\$ 245,000</i>
Year Three Fees		
Invoice #6:		<i>\$120,000</i>
<ul style="list-style-type: none"> • Mosaic Platform Software License (Term: 10/1/27-9/30/28) • Project Management and Governance Services 	October 1, 2027	<i><u>\$45,000</u></i>
		<i>\$165,000</i>
Invoice #7: IDS Build Services	At Pipeline Build Kick-off	<i>\$55,000</i>
<i>Year Three Total</i>		<i>\$ 220,000</i>
Total		\$ 685,000

Note: *Licensing costs for third-party analytics tools are not included in the table above. Our current assumption is that the County’s existing Microsoft/Azure suite provides access to PowerBI. If an alternative analytics solution is preferred or additional licenses are needed, we can scope those separately based on the County’s preferences.

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Acceptance _____

The signatories below are authorized to bind their respective Parties.



Victor Isler
Guilford County Manager
Guilford County Government

Aaron Bean
Managing Director
Asemio, LLC

10.13.2025

Date

Date

Appendix A: IDS Cost Factor Detail

Projects are assessed against a standardized set of attributes that define analytical, operational, and governance dimensions of work. Reuse, governance, and data access complexity are core cost drivers. Projects evolve over time, often growing in complexity. Additional detail about each dimension is below.

- **Analytical Boundedness:** Defines the degree of determinism in analytical queries, from rigid to exploratory.
 - Low (Strictly Deterministic): Queries are fully structured, explicitly predefined, and allow negligible exploratory variance.
 - Medium (Bounded Exploratory): Queries have defined parameters but permit some flexibility, supporting moderate exploratory analysis within specified constraints.
 - High (Fully Exploratory): Queries are explicitly designed for open-ended analysis, aiming to discover unknown patterns, generate hypotheses, or pose new analytical questions without predefined constraints.
- **Analytical Complexity:** Classifies analysis according to statistical sophistication and model complexity.
 - Low (Descriptive Analytics): Basic descriptive statistical operations: counts, percentages, averages, medians, simple distributions, and straightforward aggregations.
 - Medium (Correlative Analytics): Statistical methods focused on identifying associations, correlations, trends, or simple comparative relationships between variables.
 - High (Predictive/Prescriptive Analytics): Advanced methodologies: regression models, classification algorithms, predictive forecasting, causal inference analyses, and optimization techniques that provide predictive or prescriptive insights.
- **Structural Change Volatility:** Captures complexity driven by frequency and magnitude of changes in data structure, semantics, or contributor composition.
 - Low (Stable Structure): Rare or no changes in partner composition, data structure, or semantics. Variable definitions remain stable over long periods.
 - Medium (Moderate Volatility): Periodic changes such as quarterly or semi-annual partner additions, occasional variable introduction, or incremental semantic shifts requiring manageable adjustments.
 - High (Frequent Structural Changes): Regular and substantial modifications to data structure, variable definitions, semantics, or frequent changes in contributing partners, necessitating continuous governance and data-management adaptations.
- **Data Reuse Frequency:** Specifies the frequency of updates or refreshes required for analytical outputs.
 - Low (One-time Use): Single-use, static data products with no planned updates or refreshes.
 - Medium (Periodic Updates): Data products designed with regular, scheduled updates at moderate intervals (e.g., quarterly, annually).

- High (Continuous Use): Data products intended to be continuously updated, refreshed, and maintained as evergreen assets.
- **Initial Data Access Setup Complexity:** Indicates complexity and cost associated with initial configuration for data access.
 - Low (Appliance-based Access): Simple, ready-to-use appliances requiring minimal initial configuration; suitable for limited or single-time data interactions.
 - Medium (Cloud Server Hosted Solution): Cloud-hosted, managed data environments (e.g., MBox instance) offering balance between ease of setup, access, and governance control.
 - High (API Integration): Complex API integration setup providing direct, programmatic, high-utility access without intermediate data storage layers. Highest complexity and setup cost, optimized for continuous and scalable use.
- **Governance Overhead:** Describes the scope and complexity of oversight and decision-making processes.
 - Low (Single Project Insight): Minimal governance involving straightforward approval from funders and direct data contributors. Compliance limited to immediate project scope without long-term reuse considerations.
 - Medium (IDS-Lite Data Products): Moderate governance processes due to reuse and ongoing data access, requiring defined but streamlined authorization processes from project partners and funders. Expanded ethical/legal compliance needs compared to single-project scenarios.
 - High (Full IDS Data Products): Complex governance involving multiple committees, extensive workflows, multidisciplinary oversight (engineering, policy, ethics, legal), detailed compliance agreements, and community involvement due to comprehensive and ongoing data reuse.
- **Privacy and Security Model Complexity:** Categorizes the complexity of privacy and security protections applied.
 - Low (Plaintext): Standard, minimal-security approaches without specialized data protection beyond basic encryption at rest and in transit.
 - Medium (Privacy-Preserving Record Linkage - PPRL): Enhanced privacy protection techniques applied specifically during data linking and integration processes, reducing risk through input-level protections.
 - High (Advanced Compute & Output Protections): Advanced privacy techniques including secure multi-party computation (SMPC), differential privacy, synthetic data generation, output obfuscation, and secure computation environments, ensuring highest-level confidentiality and compliance.
- **Self-Service Level:** Describes the degree to which end-users independently generate analytical insights without external technical assistance.
 - Low (Full-service by Asemio): Complete analytical pipeline managed entirely by Asemio personnel, from initial question formulation through final insight generation.

- Medium (Technical Self-Service): External data scientists, analysts, or engineers generate insights independently using provided tools, requiring moderate training and domain-specific expertise.
- High (Non-Technical Self-Service): User-friendly, intuitive tools allowing non-technical stakeholders to independently generate analytical insights without significant technical training. This tier requires heightened governance, security considerations, and intuitive UX design.
- **Number of Data Contributors:** Quantifies complexity based on number of entities contributing data.
 - Low (≤ 4 contributors): Minimal logistical complexity with small, easily coordinated contributor sets.
 - Medium (5-10 contributors): Moderate logistical complexity, necessitating clearly defined governance, data-sharing protocols, and coordination mechanisms.
 - High (11-20 contributors): High complexity involving extensive coordination, increased governance complexity, multi-layered compliance and agreements, and possibly diverse institutional frameworks.