

SUPP1018 - Electronic Medical Record (EMR) Application

Organization's Legal Name:	SFS Supplier ID No.:
Organization's Address:	Federal Employer Identification Number (FEIN):
Please select one: <input type="checkbox"/> New EMR System <input type="checkbox"/> Upgrade of existing EMR System	Unique Entity Identifier (UEI):
Email (best email for ongoing communication regarding the project):	Contact Name and Title:
	Phone:

Scope of Work: Purchase a New/replacement or upgraded electronic medical record system. See RFA #SUPP1018 for additional details.

Contractor Eligibility Certification (Must check 1 and 2 below at least one box in A-E)

The contractor must certify they meet the requirements below by checking the appropriate boxes below.

- 1) Eligible applicants are providers that are OASAS-Certified Voluntary agencies or local governmental units (LGU) which provide one or more of the following direct care SUD treatment services:
 - A) Crisis
 - B) Inpatient
 - C) Residential
 - D) Opioid Treatment
 - E) Outpatient

- 2) The applicant organization is not a hospital.

Application Completeness Review (all boxes must be checked and completed by applicant):

- The applicant provided a response to Programmatic Questions 1 and 2.
- The applicant organization has included a completed and signed Attachment 4: Vendor Assurance of No Conflict of Interest or Detrimental Effect
- The applicant organization has included a completed and signed Attachment 8: EO 177 Certification
- The applicant organization has included a completed and signed Attachment 9: Statement on Sexual Harassment Certification
- The applicant organization has included a completed and signed Attachment 10: Executive Order 16.
- Are prequalified at time of application in Statewide Financial System (SFS)
- The applicant completed accurately all fields on this form and signed this form appropriately.
- The applicant agrees to follow all other requirements as set forth in RFA SUPP1018

Organization Representative Name (Print): _____

Organization Representative Title: _____

Organization Representative Signature: _____

Date: _____

Programmatic Questions

Answer the following two questions below in the space provided. Answers should provide sufficient details that a reviewer can understand both the need of the EMR system and the benefit of a new / replacement / upgraded EMR system. Failure to address all the questions may result in a non-awarded application.

Question 1: Describe the agency's current patient record-keeping system and what needs are not met by this system.

Responses should:

- Fit in the space provided below.
- Describe how the agency currently inputs data to OASAS's Client Data System (CDS)
- Describe the agency's current patient record-keeping methods.
- Describe the agency's need for an EMR system and or change to the agencies existing EMR system.
- Describe any other needs that are not met by the agencies current EMR system.

Question 2: Describe the desired functionality of the new/upgraded system and how it will improve operations.

Responses should:

- Fit in the space provided below.
- Describe how the agency will input data to OASAS's CDS.
- Describe the desired functionality of the new/replacement/upgraded EMR system.
- Describe the how the new/replacement/upgraded will Improve your medical record processes.
- Describe any other benefits your organization will receive from new/replacement/upgraded system.

Question 1: Describe the agency's current patient record-keeping system and what needs are not met by this system.

Question 2: Describe the functionality of the new system and how it will improve operations.