Information Technology Technical Requirements

This Technical Requirements Attachment ("Attachment") sets forth the County and the Contractor's commitment and agreement to fulfill each of their obligations under applicable State or federal laws, rules, or regulations, as well as applicable industry standards concerning privacy, data protections, information security, confidentiality, availability, and integrity of such information. The technology requirements and procedures in this Attachment are to be established by the Contractor by the Effective Date of the Contract and maintained throughout the term of the Contract.

These requirements and procedures are a minimum standard and are in addition to the requirements of the underlying base agreement between the County and Contractor (the "Contract") and any other agreements between the parties. Failure to comply with the minimum requirements and procedures set forth in this Attachment will constitute a material, non-curable breach of Contract by the Contractor, entitling the County – in addition to the cumulative of all other remedies available to it at law, in equity, or under the Contract – to immediately terminate the Contract.

1. Definitions

Unless otherwise defined in the Contract, the definitions herein contained are specific to the uses within this Attachment.

a. Application Programming Interface (API): A set of rules or protocols that enable software applications to communicate with each other to exchange data, features and functionality. It acts as an intermediary, enabling one software component to request services or data from another.

b. Electronic Data Interchange (EDI): The automated, computer-to-computer exchange of standardized business documents (e.g. claims, invoices) between providers and the Department using HIPAA-compliant (Health Insurance Portability and Accountability Act) X12 standard.

c. ProviderConnect: A web portal provided by DMH to its contracted providers for sharing DMH-required program-specific information with the Department's Electronic Health Record system.

d. Fast Healthcare Interoperability Resources (FHIR): An HL7 standard for representing and exchanging healthcare information electronically, using modular "resources" and web-based APIs (e.g. REST over HTTP) in JSON form.

e. HL7: A set of international standards for exchanging, integrating, sharing, and retrieving electronic health information between healthcare systems, developed by the nonprofit organization Health Level Seven International (HL7).

f. **Modular Resources**: Independent, self-contained components (whether hardware or software) that perform specific functions that can be easily separated, managed, and recombined to form larger, more complex systems.

g. **Web-based API**: a set of rules and definitions that allow different software applications to communicate with each other over the internet using standard protocols, most commonly HTTP.

h. **Representational State Transfer (REST)**: An architectural style that defines a set of constraints for building scalable, simple, and stateless web services.

i. **Hypertext Transfer Protocol (HTTP)**: The foundational set of rules for transferring data—such as web pages, images, and videos—across the World Wide Web, using a client–server model in which clients request resources and servers return responses.

j. **JavaScript Object Notification (JSON)**: A lightweight, text-based format for storing and exchanging data, using key-value pairs that are easy for humans and machines to read.

k. **Healthcare Interoperability Data Exchange (HIDEX):** Mental Health Integration platform which supports FHIR based data exchanges.

2. General Technology Requirements

The General Technology requirements are applicable to all contracts through which the Contractor has agreed to provide behavioral health services to clients as a covered entity.

2.1. Contractor will acquire, manage, and maintain Contractor's own information technology, infrastructure, platforms, systems and/or services in order to meet all requirements specified by County for interoperability (as stated in section 3.2). Contractors delivering remote mental health services must use a Telehealth platform that complies with HIPAA regulations.

2.2. Contractor will ensure that each individual using electronic methods to sign electronic health records in the performance of work specified under this Contract completes an Electronic Signature Agreement annually.

2.2.1 Contractor will maintain a copy of each Electronic Signature Agreement and make them available for inspection by County upon request.

2.2.2 Contractor will submit to County the Electronic Signature Agreement to certify compliance with this provision of this Contract. Contractors who implement electronic methods to sign electronic health records subsequent to the execution of this Contract will submit to County the

Electronic Signature Agreement immediately upon implementation. The Electronic Signature Agreement is available at https://dmh.lacounty.gov/pc/cp/iefsaf/ as part of the EFT Data Access Request Form.

3. Unique Requirements

3.1 Data Integration

The Data Integration technology requirements are applicable to all contracts through which the Contractor has agreed to provide behavioral health services to clients as a covered entity.

3.1.1

(1) County has a Guide to Procedure Codes available at https://dmh.lacounty.gov/qa/qama/ which includes a "crosswalk" of DMH activity codes to Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) codes.

(2) County has electronic Data Interchange (EDI) Contract forms available at https://dmh.lacounty.gov/pc/cp/iefsaf/ and https://dmh.lacounty.gov/pc/cp/ti/ which include information about the applicable HIPAA transactions that can be processed in the Integrated Behavioral Health Information System (IBHIS).

(3) Contractor acknowledges that County is using the IBHIS where clinical, demographic, administrative, financial, claims, outcomes, and other information will be exchanged between DMH and Contractors exclusively through the use of EDI transactions and other County defined b2b ("Business-to-Business") data collection and interoperability solutions. Contractor acknowledges that County may modify interface requirements as deemed necessary by County. County will notify Contractor of the effective dates(s) by which Contractor will be required to comply with each modified interface in accordance with County's revised requirements through County's release of revised Companion Guides published to the Department website for Technical Information: https://dmh.lacounty.gov/pc/cp/ti/. Revised Companion Guides will be released prior to the effective date(s) upon which each modified interface is required in accordance with the schedule below and in accordance with County's estimate of the effort required to implement each revised interface, unless earlier effective dates are imposed by law or regulation, or earlier effective dates are established by mutual contract between County and Contractor.

The Los Angeles County Department of Mental Health will determine implementation timelines based on the following factors:

- Mandated deadlines
- Contracted behavioral health provider feedback/input
- Los Angeles County prioritization

The following is a general guideline of the schedule for the implementation and/or modification of interfaces:

a. 90 days for existing interfaces requiring major development and testing;

b. 60 days for existing interfaces that require moderate development and testing; and

c. 30 days for existing interfaces requiring minimal development and testing.

(4) Contractor agrees to comply with the exchange of all required interfaces specified by County and the method by which these transactions are to be exchanged between Contractor and County as of the effective dates specified by County.

(5) County has Trading Partner Agent Authorization Contracts available at https://dmh.lacounty.gov/pc/cp/iefsaf/ and https://dmh.lacounty.gov/pc/cp/ti/ which include the Contractor's authorization to its Agents to submit HIPAA-compliant transactions on behalf of Contractor to the IBHIS.

(6) Contractor understands and agrees that if it uses the services of an Agent in any capacity in order to receive, transmit, store or otherwise process Data or Data Transmissions or perform related activities, the Contractor will be fully liable to DMH for any acts, failures or omissions of the Agent in providing said services as though they were the Contractor's own acts, failures, or omissions.

3.1.2 DMH APIs and Services:

All technical information and companion guides on DMH Integration APIs listed below are located at: Technical Information - Department of Mental Health. Contractor will use the standard DMH Integration APIs as applicable and necessary to carry out its obligations under the applicable Statement of Work and/or Program Service Exhibit and Specialty Service Exhibit and underlying Contract. The development and use of other APIs not listed in the DMH Integration API list must be reviewed and pre-approved by LACDMH.

a. Level of Care Utilization System (LOCUS): An assessment instrument developed by the American Association of Community Psychiatrists (AACP) to evaluate behavioral health service needs across six dimensions and to guide placement into appropriate levels of care based on resource intensity. The DMH implementation of the LOCUS API uses the FHIR Questionnaire and Questionnaire Response as part of the HIDEX platform to exchange LOCUS assessment information.

b. Client Services (CS): Allows Contractors to exchange admission and client service information required for claiming and service delivery.

c. Service Request Log (SRL): Tracks the service requests to Contractors to ensure clients receive continuity of care after discharge from hospital and that clients requesting an initial appointments have access to care mandated by DHCS.

d. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): An API where Contractors can submit the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist-35 (PSC-35), if not otherwise submitted via the web application.

3.2 Meaningful Use

3.2.1 Contractor acknowledges that County participates in the Meaningful Use of Electronic Health Records Incentive Program (MU Program) under the HITECH Act which requires the annual submission of data documenting the compliance of eligible professionals with certain MU measures.

3.2.2 County and Contractor further understand and agree that mutual cooperation in the collection and reporting of MU Program measures may be required in cases in which both County and Contractor have employed or contracted the professional medical services of the same eligible professional during any calendar year in which the MU Program is in effect. In such cases, the requesting party will deliver to the receiving party a letter on agency letterhead indicating the specific information requested, the format in which the information is to be delivered to the requesting party, and the required date of delivery of the information requested. The receiving party will have 30 days from receipt of the request to deliver the requested information to the

requesting party in the format specified by the requester.

3.3 County Informational Website

Contractor understands that County operates an informational website https://dmh.lacounty.gov/our-services/consumer-and-family-affairs/privacy/ related to the services under this attachment and the underlying Contract, and the parties' HIPAA obligations, and agrees to utilize said website to obtain updates, other information, and forms to assist Contractor in its performance.

4. ProviderConnect Requirements

A subset of providers contracted with the Department of Mental Health (DMH) are required to utilize the ProviderConnect portal for the exchange of information with DMH. Such use will be in accordance with the program requirements and obligations specified in each provider's respective contract and Statement of Work.

Access to the ProviderConnect portal shall be initiated through submission of a System Access Request (SAR) application. DMH will assign access levels to the portal based on the provider's contract type and the scope of information exchange required under the agreement. DMH will grant access to the ProviderConnect portal only to contracted providers and solely for the specific contracted service types and operational functions listed below. All other information sharing must be reviewed by DMH and comply with the guidelines outlined in Section 3.2.

4.1 Community Outreach Services (COS) Only Providers

A COS Only Provider is designated as a provider who is contracted with DMH to deliver only Community Outreach Service.

4.1.1 A COS Only Provider can use the ProviderConnect portal for submitting COS claims to DMH for payment.

4.1.2 The claims submitted will follow the DMH payment process and adjudicated claims will be available on the same portal.

4.1.3 Contracted providers should utilize the same portal to void claims that were submitted incorrectly or replace claims that require corrections.

4.2 Outpatient Programs – Organizational Providers Requiring Pre/Concurrent Authorizations

4.2.1 Outpatient Programs – Organizational Providers who are required to receive pre/concurrent authorizations for services should submit the authorization request through ProviderConnect.

4.2.2 DMH Publishes the required training documents related to the use of ProviderConnect at https://dmh.lacounty.gov/pc/cp/provider-connect. The document referenced here will be updated periodically based on the changes to the application.

4.3 Acute Psychiatric Inpatient Providers

4.3.1 A DMH-contracted provider who is designated as Acute Psychiatric Inpatient will utilize the ProviderConnect Portal for registering each inpatient admission to the DMH Electronic Health Records (her) System, IBHIS.

4.3.2 Provider is required to follow the training documents available at https://dmh.lacounty.gov/pc/cp/provider-connect and complete all required information on ProviderConnect Portal.

4.4 Individual and Group Outpatient Providers

4.4.1 A DMH-Contracted provider who is designated as Individual and Group Outpatient will utilize the ProviderConnect Portal for registering each outpatient client to the DMH EHR System.

4.4.2 Provider is required to follow the training documents available at https://dmh.lacounty.gov/pc/cp/ffs2 and complete all required information on ProviderConnect Portal.

4.5 Other County Health Organizations

4.5.1 Other county health organizations contracted with DMH as Outpatient Programs- Organizational Providers will utilize the ProviderConnect Portal for registering clients to the DMH EHR system as well as to submit and receive pre/concurrent authorizations.

4.5.2 Provider is required to follow the training documents available at https://dmh.lacounty.gov/pc/cp/provider-connect and complete all required information on ProviderConnect Portal.

5. DMH Standard Applications

Contractor will use DMH's standard applications listed at https://dmh.lacounty.gov/for-providers/web-apps/standard-applications/ to ensure compliance with all applicable requirements necessary to fulfill its obligations under

the Statement of Work and Program Service Exhibit and/or Specialty Service Exhibit and respective Contract.

It is the Contractor's responsibility to request access to DMH's Standard Applications. Access requests will be initiated through the SAR application portal.