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Sales Order: SO78322  
Quote #: Q-04018  
Quote Date: June 8th, 2021  
Quote Expiration: July 10<sup>th</sup>, 2021

Presented to:  
Rigoberto Hinojosa  
Hidalgo County Health and Human Services  
1304 S. 25<sup>th</sup> Street  
Edinburg, TX 78539

Netsmart Contact:  
Sarah Neal (sneal@ntst.com)  
(913)-272-2133

Expenditures

**ONE-TIME  
CHARGES:**

<u>Netsmart Professional Services</u>	<u>Qty</u>	<u>Charges</u>	<u>Payment Terms</u>
myInsight Professional Services	1	\$66,000.00	50% due upon the effective date with the remaining 50% due 90 days after the execution date.
<b>Total Non- Recurring Charge: \$66,000.00</b>			
<b>Total Charges: \$66,000.00</b>			

## SCOPE OF WORK (“SOW”)

### Netsmart Technologies, Inc. and Hidalgo County Health and Human Services



### Hidalgo County Health & Human Services Department

#### 1. Purpose

The purpose for this statement of work is to outline the requirements and deliverables for the Client’s myInsight project. The scope is based on the latest generally available software release, project timeline, and use of Plexus Foundations implementation methodology, Plexus Home content and recommendations. The details of the scope of services are included below. This is a Fixed-Fee, Fixed Scope Statement of Work.

#### 2. Project Duration

##### Project Duration

The project start and end dates are estimates, and are subject to adjustment based upon the Effective Date of the Agreement and both parties overall cooperation of such implementation.

#### 3. Scope of Services

<b>myInsight Configuration</b>	<b>Scope of Services</b>
Netsmart will provide consulting and project management services to continue Go Live Support of myInsight implementation project	
<b>Form Creation</b>	TB form creation (see list under #6)
	Form installation, event linking, security
	Training and Workflow review
	Testing
	Project Management
<b>Exclusions</b>	See list under #7

#### 4. Assumptions to Support a Successful Installation

- Netsmart will devote sufficient resources and timely communication to the project in order to assure its reasonable success.
- New hardware, if required, will be delivered by the date required in the Project Schedule.
- Client will provide sufficient resources as identified in the work breakdown structure of the project plan.
- If on-site training has been purchased, a training room will be available for the training sessions with working equipment and appropriate software loaded prior to the arrival of the Netsmart team if it is part of the planning and expectations for the project. In the event of state- or county-imposed travel restrictions, training will be delivered virtually, and a revised training plan will be agreed upon.
- Individuals scheduled to attend training will attend and participate in the entire session as defined by the agenda. Super User Training will be limited to up to 10 super users.
- The Client's project manager will attend all consulting/training events.
- Netsmart delivered forms for a Program will be standard for all sites.
- Workflows and Forms will be standardized across program and sites. The Client will work with all locations to determine and finalize the go-forward single process/workflow that will be adopted by all locations. The estimates for this project are based on all locations using this single optimized workflow for the programs implemented.
- Any usage of diagnosis and/or procedure code content that is utilized within the Netsmart solutions must be fully licensed by the client. This includes Micromedex content (licensed from Netsmart), CPT, Revenue, or DSM codes.
- Client shall be responsible for the review of department(s) policy and procedures and the updates, creation or deactivation to them as required by the project as part of this implementation.
- Client will have a documented plan for level 1 and level 2 internal support.

#### 5. Location of Work & Client Responsibilities

Work by Netsmart and Client will be conducted remotely.

#### 6. Forms included in Build:

Program	File name w/Sample	Form Name
TB	Targeted TB Screening Form	Tuberculin Skin Test Consent Form
TB	Targeted TB Screening Form	General Consent and Disclosure
TB	Targeted TB Screening Form	General Consent and Disclosure (Spanish)
TB	Targeted TB Screening Form	Targeted Tuberculin/IGRA Testing Screening Form

Program	File name w/Sample	Form Name
TB	TB Case Forms	Tuberculosis Case and Suspect Management Plan
TB	TB Case Forms	Hurricane/Natural Disaster Questionnaire
TB	TB Case Forms	Directions to Patients Home
TB	TB Case Forms	Report of Serious Adverse Drug Reaction Resulting in Therapeutic Changes, Hospitalization, or Death
TB	TB Case Forms	Tuberculosis Directly Observed Therapy Log
TB	TB Case Forms	Clinical Assessment for Tuberculosis Medication Toxicity
TB	TB Case Forms	Vision/Hearing Screening Form
TB	TB Case Forms	Tuberculosis Forms/Literature Checklist
TB	TB Case Forms	Tuberculosis Education/Counseling Record
TB	TB Case Forms	Tuberculosis Initial Health Risk Assessment/History
TB	TB Case Forms	Interjurisdictional TB Notification (IJN) Form
TB	TB Case Forms	Interjurisdictional TB Notification (IJN) Form Follow-Up Form
TB	TB Case Forms	Safety Questions for Clients in Preparation for Home/Field Visits Pulmonary Clinic
TB	TB Case Forms	Contact Investigation Interview Worksheet
TB	TB Case Forms	False Positive TB Culture Investigation Worksheet
TB	TB Case Forms	Disclosure and Consent Drug Therapy for Treatment of Tuberculosis Disease
TB	TB Case Forms	Disclosure and Consent Drug Therapy for Treatment of Tuberculosis Disease (Spanish)
TB	TB Case Forms	Consent to Release Confidential Medical Information
TB	TB Case Forms	Consent to Release Confidential Medical Information (Spanish)
TB	TB Case Forms	Acknowledgment of Understanding Provision of Antituberculous Drugs Limited to Clients with MTB
TB	TB Case Forms	Acknowledgment of Understanding Provision of Antituberculous Drugs Limited to Clients with MTB (Spanish)
TB	TB Case Forms	Consent to be Photographed
TB	TB Case Forms	Consent to be Photographed (Spanish)
TB	TB Encounter Form	TB Encounter
TB	TB LTBI Forms	Tuberculosis Contact Screening Form

**7. Forms Excluded from Build:**

Program	File name w/Sample	Form Name	Exclusion Note
TB	Targeted TB Screening Form	Targeted Tuberculin/IGRA Testing Screening Form Instructions	Instructions

Program	File name w/Sample	Form Name	Exclusion Note
TB	TB Case Forms	Patient Picture	System Functionality
TB	TB Case Forms	Copy of Medicaid/Insurance	System Functionality
TB	TB Case Forms	Referral Form	System Functionality
TB	TB Case Forms	Tuberculosis Referral Form	System Functionality
TB	TB Case Forms	Flow Sheet Immunizations	System Functionality
TB	TB Case Forms	Tuberculosis Bacteriology Monitoring Log	System Functionality
TB	TB Case Forms	Medications	System Functionality
TB	TB LTBI Forms	General Consent and Disclosure	Duplicate
TB	TB LTBI Forms	Tuberculosis Initial Health Risk Assessment/History	Duplicate
TB	TB LTBI Forms	Clinical Assessment for Tuberculosis Medication Toxicity	Duplicate
TB	TB LTBI Forms	Vision/Hearing Screening Form	Duplicate
TB	TB LTBI Forms	Tuberculosis Directly Observed Therapy Log	Duplicate
TB	TB LTBI Forms	Tuberculosis Forms/Literature Checklist	Duplicate
TB	TB LTBI Forms	Tuberculosis Education/Counseling Record	Duplicate
TB	TB LTBI Forms	Flow Sheet Immunizations	Duplicate
TB	TB Skin Test Screening Form	Tuberculosis Skin Test Consent Form	Duplicate
TB	TB Skin Test Screening Form	Tuberculosis Contact Screening Form	Duplicate
TB	TB Skin Test Screening Form	General Consent and Disclosure	Duplicate

Req 436258

FORM 213 - Resource Request

1. Incident Name	COVID-19				
2. To	RICARDO SALDANA, EMERGENCYMANAGEMENT				
3. From	EDUARDO OLIVAREZ, HEALTH & HUMAN SERVICES				
4. Message:	Emergency Purchase Notification	5. Date	6/25/21	6. Time	10:00 AM

7. State the reason for your emergency request

The additional forms for TB and Child Health are needed to expand our EMR system to provide additional services to our clients further expanding the services available during the current pandemic.

8. List and describe the items and quantities (supplies/resources) being requested to procure

REQUISITION - 436258  
AMOUNT - \$66,000  
VENDOR - NETSMART TECHNOLOGIES  
MYINSIGHT PROFESSIONAL SERVICES

*Approved*

9. Acknowledged by

Name

Signature

Position/Title

Date

<i>Ricardo Saldana</i>
<i>[Signature]</i>
<i>EMC</i>
<i>6/25/2021</i>



Reg 436258

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2021-772811

Date Filed:  
06/29/2021

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Netsmart Technologies, Inc.  
Overland Park, KS United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Hidalgo County

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

436258  
436258 - myInsight Professional Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

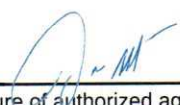
### 6 UNSWORN DECLARATION

My name is Joseph McGovern, and my date of birth is 8/3/59.

My address is 3500 Sunrise Hwy., Suite D122, Great River, NY, 11739, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Suffolk County, State of NY, on the 29th day of June, 2021.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)