

Adult Behavioral Health - Home and Community Based Services Behavioral Health Information Technology Program:

Program Guidelines and Frequently Asked Questions

For the purposes of this document:

- * Behavioral Health Information Technology will be referred to as “BHIT”
- * Adult BH-HCBS provider will be referred to as “provider”
- * Adult BH-HCBS Qualified Vendor will be referred to as “Qualified Vendor”
- * Adult BH-HCBS Qualified Vendor list will be referred to the “Qualified Vendor list”
- * Electronic Health Record will be referred to as EHR
- * Electronic Billing Solution will be referred to as EBS
- * Rest of State will be referred to as ROS

BHIT Program Background

The Centers for Medicare and Medicaid Services (CMS) has authorized various home and community based services (HCBS) under their Medicaid waiver authority. HCBS services were initially established in an effort to keep individuals out of hospitals, nursing homes or other institutions.

The New York State Office of Mental Health (OMH), Office for Alcoholism and Substance Abuse Services (OASAS), and Department of Health (DOH) oversee a provider application process for adult behavioral health provider organizations wishing to provide services in NYS.

Adult Behavioral Health - Home and Community Based Services (Adult BH-HCBS) are an enhanced benefit package of services available to those who are determined eligible and enrolled in a Health and Recovery Plan (HARP). A HARP is a new type of managed care product that manages physical health, mental health, and substance use services in an integrated way for adults 21 and older who have significant behavioral health needs (serious mental health and/or substance use disorders). All entities interested in delivering services must apply for and be designated by New York State.

The BHIT Program was established to assist providers in the adoption, implementation and/or upgrade of an EHR and/or an EBS in order to properly document the case, bill Medicaid, and report on HCBS Services. This program was structured to meet the provider’s needs through technical services and funding support.

HCBS Services:

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment (CPST)
- Habilitation Services
- Family Support and Training
- Short-Term Crisis Respite
- Intensive Crisis Respite
- Education Support Services
- Peer Support Services
- Pre-vocational Services
- Transitional Employment
- Intensive Supported Employment
- On-going Supported Employment

BHIT Program Guidelines

BHIT Program Eligibility Requirements

Providers that are eligible to receive HCBS startup funds will also be eligible to participate in the BHIT program. The State analyzed provider Medicaid revenue and claims history and offered startup funds for providers whose Medicaid claims volume and revenue fell below an established threshold.

BHIT Eligibility Criteria:

- Provider has been designated to provide Adult BH-HCBS
- Provider has been eligible for Adult BH-HCBS startup funding
- Provider has contracted with and been credentialed by at least one Managed Care Organization (MCO) (or have a Letter of Intent (LOI) to contract with and be credentialed by at least one MCO.)
- Provider must be ready to deliver, at least one of the designated Adult HCBS Services (non-hiatus status as determined through the submission of the OMH Adult HCBS Readiness Survey)

Technical Services Offered Through the BHIT Program

Technical services available to each eligible provider are determined by their current HIT status, Health Information Technology (HIT) needs, and the program support category each provider falls into under the BHIT program. These services include:

- On-site assessment
- Vendor selection assistance
- EHR HCBS implementation, training, and operational workflow assistance *(supported by the Vendor and overseen by the BHIT Team)*
- Adult BH-HCBS Medicaid Managed Care billing assistance

Funding Support Offered Through the Grant Program

Eligible Adult BH-HCBS provider organizations will be assigned to one of the BHIT program support categories based on their level of adoption and use of health information technology as the start date of the BHIT Grant Program.

- **NYC:** BHIT program start date was July 1, 2015
- **ROS:** BHIT program start date was June 1, 2016

This support category determines the technical and financial support available for each organization to use towards the EHR/EBS software implementation and/or upgrade, as well as for up to the first two years of HCBS staff monthly user licensing fees for the BHIT Qualified Vendor Solution.

** Reference Appendix A for BHIT Program Support Categories*

Financial support will assist the provider for:

- One-time EHR set up
- One-Time module set up fee *(case documentation and/or billing module)*
- New monthly user EHR/EBS licensing fee for up to 2 years *(based on milestone achievements)*

Provider Organization's Setup fees

The BHIT program will financially support provider organizations for set-up fees related to EHR Implementation and configuration. This includes a set-up fee for an EHR and/or a setup fee for an additional module (case documentation and/or EBS). This is dependent on the organization's HIT needs and which program support category they fall into.

User licensing fees

The BHIT program will financially support provider staff for monthly user license fees for any BHIT BH-HCBS Qualified EHR and/or EBS (up to a cap amount.)

BHIT Provider Support Categories

The provider's current HIT needs will determine the provider's support category. These three need-based support categories are determined by a provider agency's current EHR and/or EBS status (case documentation &/or EBS) as indicated by BHIT survey data.

BHIT Provider Program Support Categories

** Reference Appendix B for BHIT Program Milestone Payments*

As part of the BHIT Grant Program, the undersigned Provider Organization must meet the required milestone deliverables associated with the assigned support category. Providers are broken down into three support categories:

- Full Implementation Service
- Partial Implementation Service
- Upgrade Implementation Service.

Frequently Asked Program Guideline Questions

1. What funding support does the provider program cover?

The BHIT program will support setup and license fees for EHR and/or EBS.

** Reference Appendix B for BHIT Program Milestone Payments*

2. How will the BHIT program accommodate those provider agencies that have not yet hired all provider staff?

Providers are required to maintain a current list of HCBS staff using the BHIT program enrollment form. The state BHIT team has modeled a milestone based program to offset the cost of license for current HCBS staff members.

3. How will the BHIT program accommodate newly designated providers?

Any newly designated provider that is eligible to participate in the BHIT program will be eligible to receive BHIT technical and financial support pending achievement of milestone deadlines and funding availability.

4. Will the BHIT program financially support a provider where “all” designated services are on “hiatus” status?

The BHIT program will not support a provider where all HCBS services are on “hiatus” status. The provider must notify the State when their agency has come off hiatus status. Any provider on hiatus status has one year from the distribution of the OMH readiness survey to come off Hiatus status.

Providers must notify the State of any changes via email at omh.sm.co.HCBS-Application@omh.ny.gov. Providers must still meet all milestone timeline obligations in order to become eligible for BHIT financial support.

5. How will the BHIT program fund a provider who paid for an EHR or EBS solution prior to participating in the BHIT program? Will they be eligible for reimbursement?

The BHIT program will recognize a provider’s support category as full or partial if the provider contracted with a qualified vendor in the following timeframes:

NYC: July 1, 2015 – March 31, 2017

ROS: June 1, 2016 – December 31, 2017

6. If my provider agency has more than one site, will we be eligible for more than one setup fee or additional license dollars?

As each Provider is considered one organization (regardless of the number of sites), eligible Providers will receive one lump sum payment to help offset costs for EHR/EBS setup fees. Additionally, Providers may be eligible for up to two lump sum payments to offset the cost for EHR/EBS license fees.

BHIT Vendor Guidelines

7. What are the BHIT timeframes for when a provider may contract with and/or add a module (case documentation and/or billing module) from a vendor listed on the Qualified Vendor list?

A provider, eligible under the full and partial implementation support categories must contract with one of the BHIT Qualified Vendors in order to be eligible for BHIT financial support.

NYC Provider Agencies: Providers needing full or partial implementation must have executed a contract with a BHIT Qualified Vendor Solution between **July 1, 2015** and **March 31, 2017**.

ROS Provider Agencies: Providers needing full or partial implementation must have executed a contract with a BHIT Qualified Vendor Solution between **June 1, 2016** and **December 31, 2017**.

8. What timeframes will the BHIT use to determine when a vendor may apply for a single source contract with either the Fund for Public Health in the New York City region or the New York e-Health Collaborative (NYeC) in the ROS region?

Note: A “footprint” in this context is defined as any EHR vendor with a client in NYS that has been designated as an HCBS provider and has at least one service in “active status”

NYC: Vendors with a “footprint” in NYC have until December 31, 2016 to request a single source contract with “The Fund” to upgrade their solutions to include HCBS functionality.

ROS: Vendors with a “footprint” in ROS have until June 30, 2017 to request a single source contract with NYeC to upgrade their solutions to include HCBS functionality.

9. What are the criteria for a BHIT provider to contract with an EHR and/or /EBS Vendor?

Providers must contract with one of the BHIT Qualified Vendor Solutions in order to be eligible for funding through the BHIT program. If a provider is using a vendor solution that is not on the Qualified Vendor list, the provider may encourage the vendor to go through the application process to be considered as a BHIT Qualified Vendor.

The BHIT program will provide funding to a provider if the new vendor solution complies with the technical scorecard, technical specifications, and for EMRs - be 2014 ONC certified (*See Appendix E for a list of Minimum Modules that must be must be ONC Certified*).

Once the vendor solution meets all BHIT requirements, the solution will be provisionally eligible to be placed on the Qualified Vendor list.

Once a vendor solution has been declared provisionally eligible to be placed on the Qualified Vendor list, the BHIT team must ultimately see proof of successful billing transmission and remittance. This is accomplished by having at least one provider agency use the EHR/EBS solution to bill Medicaid Managed Care. Assuming successful transmission to and remittance from the Managed Care Organization, the Qualified Vendor Solution will be placed on permanent qualified status.

If billing transmission/remittance cannot be achieved through the selected EHR/EBS, the provider agency will have the right to change vendor solutions.

To access the Adult BH-HCBS Qualified Vendor List, go to [the Fund for Public Health NYC](#). Once on this webpage, scroll down and click on the link to the BHIT HCBS Qualified Vendor List.

For “New” BHIT Software Vendors with a Footprint in ROS:

Vendors that have never responded to the Adult BH-HCBS Vendor RFI must do so no later than **June 30, 2017**.

10. What training will the Qualified Vendor provide relative to HCBS functionalities?

The BHIT program will oversee training for HCBS staff who have been listed on the BHIT provider enrollment form. The enrolled organization will be responsible for any costs associated with the provision of EHR/EBS vendor training to non-provider staff.

11. Will the BHIT program provide funding to any provider selecting an EHR or EBS from a vendor that is not included on the Qualified Vendor list?

No. The BHIT program will **only** provide funding support for providers who select a solution that has been placed on the Qualified Vendor list.

12. Will the BHIT program financially support hardware, software (other than EHR/EBS) and network development required to operate a new system?

BHIT funds remaining after setup fees and/or license fees have been spent may be used to support technology and/or services that will support providers in the successful delivery of Adult BH-HCBS.

** Reference Appendix D for BHIT funding spend down guidance*

13. If a provider has an existing form that includes more fields than those outlined on the provider technical specifications documentation, will the BHIT program cover the costs for the vendor to accommodate those additional fields?

BHIT funds that remain after setup fees and/or license fees have been spent may be used to support the development of forms or inclusion of additional fields beyond those that have been incorporated into the Technical Specifications document.

** Reference Appendix D for BHIT funding spend down guidance*

14. If a provider pays their “current” vendor to incorporate HCBS functionality, will the provider be eligible for BHIT “reimbursement”?

Funding will not be available to support providers who contract directly with vendors to “upgrade” their current system. The BHIT program is contracting directly with Qualified Vendors to upgrade solutions. Providers must work through the BHIT program to ensure their Qualified Vendor Solution contains complete HCBS functionality.

15. What must an Electronic Billing Solution be capable of in order to be placed on Adult BH-HCBS Qualified Vendor List?

Qualified Electronic Billing Solutions will be held responsible to create a bi-directional interface with at least one of the Electronic Medical Records on the Qualified Vendor List. This will be determined on a case by case basis. For example, should a Provider wish to purchase a qualified EMR and EBS, the EBS must demonstrate a bi-directional interface with the chosen EMR – or the BHIT program cannot support this purchase

Appendix A: BHIT Program Support Categories

These categories outline the appropriate **Technical and Funding** support available for eligible providers.

BHIT Program Provider Support Category	Provider Criteria
<p>Full Implementation</p>	<ul style="list-style-type: none"> • Providers on a paper-based system that will adopt and contract with an EHR vendor from the BHIT Qualified Vendor list <i>e.g. provider does all paper chart documentation and may have in-house billing or outsourced billing</i> • Providers switching from a non- BHIT Qualified EHR to an EHR from the BHIT Qualified Vendor List <i>e.g. provider uses a non-HCBS Qualified or custom (“in house”) system to manage documentation and billing</i>
<p>Partial Implementation</p>	<ul style="list-style-type: none"> • Providers switching from a module (case documentation system or billing system) to a module from the BHIT Qualified Vendor list <i>e.g. provider uses a qualified EHR, but uses a separate EBS</i> • Providers adding a module from the BHIT Qualified Vendor list <i>e.g. provider already uses a qualified EHR, but outsources billing services</i>
<p>Upgrade Implementation</p>	<ul style="list-style-type: none"> • Providers currently using an EHR from the BHIT Qualified Vendor list <i>e.g. provider already uses a HCBS Qualified EHR (includes case documentation and billing)</i>

Appendix B: BHIT Program Milestones Payments for Adult BH-HCBS Providers in NYC

Tables below indicate the deliverables that providers need to complete in order to achieve each milestone.

BHIT Program Milestone 0: Pre-Requisite Requirements

1. Designation as NYC Adult BH HCBS provider
2. Eligible to receive start-up funds from the State to provide HCBS services
3. Completion of State HCBS readiness Survey
4. Completion of HCBS Provider BHIT Survey
5. Contracted with at least one MCO or Letter of Intent (LOI) to contract with one MCO (Applicable to M1 and M2)
6. Currently ready to deliver at least 1 active HCBS service (Agency is not on complete Hiatus status)

Milestone 1: BHIT Program Enrollment Completed no later than February 15, 2017

- M1: Deliverables**
1. Signed Adult BH HCBS Provider Participation Agreement (PPA)
 2. Signed Business Associate Agreement (BAA)
 3. Provider Organization W9
 4. Completed BHIT Enrollment Form
 5. Proof of Executed Vendor Agreement
 - a. Executed Vendor contract signature page and Vendor Invoice **[Pertaining to Full]**
 - b. Vendor contract signature page **and/or** Vendor Invoice for setup fee **and/or** Letter from vendor informing the setup of additional module **[Pertaining to Partial]**
 - c. Screen shot of solution activation licensing number **[Pertaining to Upgrade]**
 6. Milestone 1 Attestation – Signed form attesting the organization has completed BHIT M1 Deliverables (Template will be provided.)
 7. Milestone 1 Invoice – signed form by Authorized Representative

Milestone 1: BHIT Program Enrollment Completed no later than February 15, 2017

Provider Support Categories	Technical Support	Funding Support	Funding Amount
Full Implementation Service	<ul style="list-style-type: none"> • On-site IT needs assessment • Supported by vendor but overseen by BHIT team 	<ul style="list-style-type: none"> • One-time EHR set-up 	\$35,000
Partial Implementation Service	<ul style="list-style-type: none"> • On-site IT needs assessment • Supported by vendor but overseen by BHIT team 	<ul style="list-style-type: none"> • One-time HCBS Module (case documentation or billing) set-up fee 	\$25,000

Upgrade Implementation Service	<ul style="list-style-type: none"> On-site IT needs assessment Supported by vendor but overseen by BHIT team 	<ul style="list-style-type: none"> Upgrade of existing EHR to include HCBS functionality 	—
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Milestone 2: HCBS Go Live Completed no later than May 31, 2017

M2: Deliverables

- Completed BHIT Enrollment form – Updated to include new staff
- Evidence of access to the EHR/EBS system:
 - Completed HCBS Vendor Training (Attendee sign-in sheet)
 - Report listing of all HCBS registered system users (include Staff First Name, Last Name, System Username)
- Vendor invoice/PO for HCBS Licensing – (current/new year)
- HCBS Go-Live Documentation:

Print out of completed sample case documents and/or screen shots, per HCBS Provider Organization as delineated below. Documents can be produced from the testing environment. **If documents are for an actual HCBS recipient, ALL identifying data and Personal Health Information (PHI) should be blocked or removed to ensure confidentiality.*

The documents are:

 - One completed HCBS Recipient Demographic Information
 - One completed HCBS Provider Assessment
 - One completed Service Authorization Form
 - One completed HCBS Individual Service Plan (ISP)
 - One completed HCBS Progress Note (it can be Individual or Group)
 - One completed Discharge Note
 - One completed Request for Extended Services or Request for Additional Services
- Milestone 2 Attestation Signed form attesting the organization has completed BHIT M2 deliverables
- Milestone 2 Invoice – signed form by Authorized Representative

Milestone 2: HCBS Go Live Completed no later than May 31, 2017

Provider Support Categories	Technical Support	Funding Support	Funding Amount
Full Implementation Service	<ul style="list-style-type: none"> EHR implementation EHR Operational workflow assistance HCBS EHR Training Supported by vendor but overseen by BHIT Tech team 	<ul style="list-style-type: none"> Year 1 - New BH HCBS monthly User EHR licensing fee 	\$22,500
Partial Implementation Service	<ul style="list-style-type: none"> HCBS EHR or EBS Module implementation EHR operational workflow assistance HCBS EHR training Supported by vendor but overseen by BHIT Tech team 	<ul style="list-style-type: none"> Year 1 - BH HCBS monthly User EHR licensing fee 	\$18,000

Upgrade Implementation Service	<ul style="list-style-type: none"> EHR operational workflow assistance HCBS EHR training <i>Supported by vendor but overseen by BHIT Tech team</i> 	<ul style="list-style-type: none"> Year 1 - BH HCBS monthly User EHR licensing fee 	\$13,500
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Milestone 3: HCBS Billing - Remittance from an MCO

Completed no later than June 30, 2017

(Providers must have contracted with and been credentialed by at least one MCO in order to receive payment for milestone 3)

M3: Deliverables

- BHIT Enrollment Form – updated to include new staff
- Access to the system
 - Updated Report list of registered system users (include Staff First Name, Last Name, System Username)
- Complete the claim cycle for a HCBS member. Provider should submit copies of:
 - Claims Transmission report
 - Claims Acceptance Report
 - Remittance Report or Explanation of Benefits (EOB) from the MCO
- Vendor invoice/PO for HCBS Licensing – (upcoming/future year)
- Milestone 3 Attestation –Signed form attesting the organization has completed BHIT M3 deliverables Milestone
- 3 Invoice - signed form by Authorized Representative

Milestone 3: HCBS Billing - Remittance from an MCO

Completed no later than June 30, 2017

(Providers must have contracted with and been credentialed by at least one MCO in order to receive payment for milestone 3)

Provider Support Categories	Technical Support	Funding Support	Funding Amount
Full Implementation Service	<ul style="list-style-type: none"> Adult BH HCBS MMC billing assistance <i>Supported by vendor but overseen by BHIT Tech team</i> 	<ul style="list-style-type: none"> Year 2 - New BH HCBS monthly User EHR licensing fee 	TBD: see Note <i>(Potential of \$22,500)</i>
Partial Implementation Service	<ul style="list-style-type: none"> Adult BH HCBS MMC billing assistance <i>Supported by vendor but overseen by BHIT Tech team</i> 	<ul style="list-style-type: none"> Year 2 - BH HCBS monthly User EHR licensing fee 	TBD: see Note <i>(Potential of \$18,000)</i>
Upgrade Implementation Service	<ul style="list-style-type: none"> Adult BH HCBS MMC billing assistance <i>Supported by vendor but overseen by BHIT Tech team</i> 	<ul style="list-style-type: none"> Year 2 - BH HCBS monthly User EHR licensing fee 	TBD: see Note <i>(Potential of \$13,500)</i>

- ❖ *Providers must complete all deliverables above to receive BHIT funding support*
- ❖ *Funding Support is available to assist providers in the setup fees and licensing cost for Qualified Vendor systems. HCBS Provider Organizations will be provided with a Spending Guidance Document on allowable uses for remaining BHIT funds.*
- ❖ *Providers must complete all deliverables above to receive BHIT funding support*
- ❖ *Funding Support is available to assist providers in the setup fees and licensing cost for Qualified Vendor systems. HCBS Provider Organizations will be provided with a Spending Guidance Document on allowable uses for remaining BHIT funds.*

Appendix C: BHIT Program Milestone Timelines

New York City BHIT Contract Timeframe:	July 2015 – March 2018
Milestone Completion Dates:	
<i>M0: BHIT Enrollment</i>	No later than 1/15/16
<i>M1: Contracting with HCBS Qualified Vendor</i>	No later than 3/31/17
<i>M2: HCBS Go Live</i>	No later than 10/31/17
<i>M3: MCO Billing for HCBS service:</i>	No later than 1/31/18

Rest of State BHIT Contract Timeframe:	June 2016 – May 2018
Milestone Completion Dates:	
<i>M0: BHIT Enrollment:</i>	No later than 6/30/17
<i>M1: Contracting with HCBS Qualified Vendor:</i>	No later than 12/31/17
<i>M2: HCBS Go Live:</i>	No later than 2/28/18
<i>M3: MCO Billing for HCBS service:</i>	No later than 5/31/18

Appendix D: BHIT Spend Down Guidance:

(Applicable for Adult BH-HCBS Providers in both NYC and ROS)

The Two BHIT Funding Categories Support:

- EHR/EBS Standard Software Setup Fees
- EHR/EBS Software/Service Licensing Fees

Standard EHR/EMR/EBS Software Setup Fees Cover:

Primarily offset costs for implementation of new software or missing key module (e.g., Case Documentation or Billing functionalities)

This may include:

- Configuration of the EHR/EMR/EBS software to enable it to work with the specific workflow and technology conditions of each Adult BH HCBS Provider Organization.
- Trainings may include:
 - HCBS Functionality
 - General training on the use of the software on topics such as:
 - Case Documentation
 - Billing
 - Administration of the system
 - Running General Reports
 - Running Financial Reports
 - Setting up Users
- Indirect training costs (above and beyond that negotiated with vendor).
 - Onsite training including transportation and lodging expenses for vendor trainers.
 - Remote training (e.g., WebEx, GoToWebinar)
- Software guidance documentation relative to HCBS Functionalities
- Implementation project management (Implementation Project manager assigned by vendor)

EHR/EMS/EBS Software and Licensing Fees (year 1 and year 2)

Licensing funding is primarily used to offset costs of annual licensing and maintenance or monthly licensing fees associated with the use of the system by HCBS Staff. This may include and configuration and on-going support.

Allowable Uses for Unspent BHIT Funds:

General principle

Any unspent BHIT funds remaining (after the purchase of EHR/EMR/EBS setup and license fees) may be used to support a myriad of other HIT products and/or services that may enhance the delivery of Adult BH HCBS.

*Recurring fees related to BHIT funding should take into consideration that BHIT funding is limited to a maximum of two years. HCBS Provider Organizations should develop strategies to offset expenses after the 2-yrs are over.

Examples of additional HIT products or services may include (but are not limited to):

Refer to the document entitled “BHIT Program Guidance for How to Spend Down Leftover Funding” for more detailed information on each of the below products or services.

1	Data migration
2	Additional consulting fees not included in the standard setup
3	Development of additional screen fields or specialized customization of forms
4	Development of additional forms outside the standardized case documentation forms
5	Development of additional reports outside standardized formats included in the EHR.
6	Additional software that might compliment an EHR such as e-Fax or ePrescribe.
7	Purchase of a newer or upgraded computer operating systems.
8	Purchase of new or renewal software that can be used to support an EHR.
9	Purchase of Internal Computer Security Products.
10	Purchase of supporting technology devices.
11	Fees to support upgraded internet services for faster upload/download speed.
12	Fees to pay IT consultant(s) to recommend or implement upgraded hardware/software
13	Fees for monthly services required to support revenue management.
14	RHIO/QE interface and/or membership fees

Supporting BHIT Documentation:

HCBS Providers should maintain:

- Documentation related to the use, contracting and/or purchase of Setup/Licensing Fees
- Documentation related to the use, contracting and/or purchase of HIT products and/or services from the use of any BHIT spend down funding.
- Invoices for BHIT related expenses may be subject to audit by: CMS, The NYS DOH, NYS OMH, NYS OASAS, NYS Office of the Medicaid Inspector General (OMIG), NYC DOHMH, or NYeC

Appendix E: Required Certification for the following ONC Modules:

The following 15 ONC Modules have been listed as the “Minimum” for any EHR software to be placed on the BHIT Qualified Vendor List.

ONC Modules for 2014 Edition	
1	170.314 (a)(3): Demographics
2	170.314 (a)(9): Electronic notes
3	170.314 (a)(13): Family health history
4	170.314 (b)(1): Transitions of care - receive, display and incorporate transition of care/referral summaries
5	170.314 (b)(2): Transitions of care - create and transmit transition of care/referral summaries
6	170.314 (d)(1): Authentication, access, control, and authorization
7	170.314 (d)(2): Auditable events and tamper-resistance
8	170.314 (d)(3): Audit report(s)
9	170.314 (d)(4): Amendments
10	170.314 (d)(5): Automatic log-off
11	170.314 (d)(6): Emergency access
12	170.314 (d)(7): End-user device encryption
13	170.314 (d)(8): Integrity
14	170.314 (g)(1): Automated numerator recording
15	170.314 (g)(4): Quality management system