MHSA Technological Program

Contract Agency

Maintenance Project Proposal Process

Version 1

March 2010

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DEFINITION AND LIMITATIONS OF A "MAINTENANCE PROJECT"

A Maintenance Project Proposal may only include extending the duration of use of an existing system for a fixed period of time. Maintenance Projects must meet the following criteria:

- System(s) is currently fully operational and in use.
- EHR system(s) must be certified for EDI transactions with DMH.
- Regular system updates and upgrades that are included in annual service fees or software licensing costs are permitted.

MHSA TECHNOLOGICAL PROGRAM

1. Contract Agency Maintenance Project Proposal Process

The Contract Agency Project Proposal Process consists of two separate processes:

- Proposal Submission includes contractor preparation and submission of an individual proposal for funding of one or more related projects.
- The Project Proposal Monitoring Process to monitor and track progress, status reports and invoices for each individual project

1.1 Maintenance Project Proposal Process

1. Contract agency prepares the MHSA Technological Needs Project Proposal Description (Exhibit 3), Budget Summary (Exhibit 4), Project Risk Assessment (Appendix A), Summary Project Schedule (Appendix C) and Detail Project Schedule (Appendix C-1).
2. Contract agency submits Exhibit 3, Exhibit 4, Appendix A, Appendix C and Appendix C-1 to the DMH Contract Provider Technological Needs Projects (CPTNP) Administrative Unit. These documents comprise the project proposal package.
3. The CPTNP Administrative Unit evaluates the proposal using the pre-defined evaluation criteria presented on the Level One Evaluation Form posted on the LAC DMH MHSA IT Project Proposal website at: http://dmh.lacounty.gov/hipaa/EDI_MHSA_IT_Project.htm.
4. The CPTNP Administrative Unit approves, denies or requests additional information regarding the project proposal from the contractor. If approved, the proposal proceeds to a Level Two Evaluation by the Contract Agency Project Proposal Review Committee (CAPPRC).
5. The CAPPRC approves, denies or requests additional information regarding the project proposal.
6. If the project proposal is denied, the CPTNP Administrative Unit contacts the contractor for more information or clarification. The contractor submits a revised proposal (Step 1 above).
7. If the project proposal is approved, the CPTNP Administrative Unit notifies the contractor and drafts the contractor's Technological Needs Funding Agreement (TNFA), unless a TNFA is already in existence for the contractor.
8. The CIOB sends the TNFA and approved proposal package to DMH Contracts Development and Administration Division (CDAD) and to DMH Finance for processing.
9. CIOB sends the approved project proposal package to the designated District Chief.
10. CIOB sends the TNFA and approved proposal package to DMH Contracts Development and Administration Division (CDAD), which will contact the contractor for review and

signature of the TNFA. Upon full execution of the contract, DMH Budget Division encumbers the funds.

1.2 Maintenance Project Monitoring Process

1. Contract agency submits a DMH Quarterly Project Status Report (Exhibit 6) to CIOB. (For a blank Project Status Report form, instructions and a sample, please see the LAC DMH CPTT website at: http://dmh.lacounty.gov/hipaa/EDI_MHSA_IT_Project.htm.) Contract agency submits an invoice to CIOB no later than two weeks after the end of the period (monthly or quarterly). The invoice should include copies of receipts for purchases and other expenditures shown on the invoice.

2. If contract agencies have formed a consortium, the lead agency for the consortium should submit a single DMH Quarterly Project Status Report (Exhibit 6) for the entire project. Each contract agency must submit a DMH Quarterly Project Status Report for their portion of the project. Each contract agency must submit a separate invoice for their portion of the project to CIOB with supporting copies of receipts indicating the purchases and other expenditures for their legal entity.

3. CIOB forwards the invoice to Finance and the designated District Chief. CIOB reviews and signs the invoice and forwards to DMH Finance for processing. CIOB tracks the total invoiced amounts, project start-up distribution, total project budget and remaining project budget amounts for each project proposal.

4. CIOB reviews the DMH Quarterly Project Status Report to determine if there are any risks and/or issues that could compromise the success of the project. CIOB may consult with the agency to provide guidance, assistance and solicit clarification. A copy of the Quarterly Project Status Report is sent to the designated District Chief. The designated District Chief is notified of any project considered at risk of failure.

5. CIOB compiles and summarizes the Contract Agency DMH Quarterly Project Status Reports to include in the DMH Quarterly Project Status Report to State DMH.

6. CIOB prepares reports to track payments and progress against the plan and budget.

7. The CAPPRC contacts contract agencies on an as needed basis to conduct a project review to determine progress against plan. If progress is not satisfactory, several alternatives are possible, including, but not limited to:

    1. revise the project plan
    2. request additional funds (so long as the amount is within agency's allocation)
    3. cancel the project

    The CAPPRC will review these and other alternatives with the contractor.

8. Other potential audits may occur including a financial audit, contract terms and conditions audit, State MHSA audit, or County audit. Audit requirements will be defined in the technology contract.

9. Contract agency submits a final invoice at project completion. Contract agency submits the Post Implementation Evaluation Report (PIER) with the last Quarterly Project Status Report to CIOB. (For a blank PIER form, instructions and a sample, please see the LAC DMH CPTT website at: http://dmh.lacounty.gov/hipaa/EDI_MHSA_IT_Project.htm.)

2. MAINTENANCE PROJECT PROPOSAL REVIEW CRITERIA

The Project Proposal Review Criteria are defined as follows:

1. The project proposal must meet the MHSA goals of modernization/transformation or consumer/family empowerment within a framework of an Integrated Information System Infrastructure.

2. The project type must be one of the project types listed in the MHSA Technological Program Project proposal (Exhibit 3).

3. The first priority for project type must be Electronic Data Interchange (EDI) to enable all agencies to achieve a baseline EDI level of claim submittal (837 EDI) to and receipt of remittance advices (835 EDI) from the Integrated Behavioral Health Information System (IBHIS).

4. The project type may indicate an Electronic Health Record System (EHRS) if the EDI component is part of the proposed EHRS.

5. All projects will be evaluated based upon an assessment of the contract agency's current EDI capability.

6. Contract Agency must have an executed legal entity agreement and be financially viable.

7. The proposed project must be technically sound.

8. Buying Commercial-Off-The-Shelf (COTS) software or contracting with an Application Service Provider (ASP) is strongly preferred over custom software development for new systems.

9. The project proposal must adequately justify, through a sufficient level of detail, the expenditure of MHSA funds using the Budget Summary Form (Exhibit 4) with the corresponding Project Schedules (Appendix C and Appendix C-1).

10. The estimated total funding amount must not exceed the total MHSA allocated funding amount for the contract agency based on the Statewide Capital Facilities and Technological project estimate of $345 million. Contract agencies may request less than the funding allocation for their contract agency.

11. Subsequent project proposals will be evaluated based on the overall agency project performance on previous MHSA Technological projects. Performance factors include adherence to MHSA Technological goals, adherence to DMH baseline EDI requirements, satisfactory project delivery and realization of expected project benefits.

Exhibits and Appendices

Exhibits and Appendices have retained the numbering and naming conventions used by California Department of Mental Health Capital Facilities and Technological Needs Component Proposal Guidelines. Some exhibits and appendices have been placed in a different sequential order so that required forms are placed forward.

GENERAL GUIDANCE

- Use only LAC DMH provided forms and templates for proposal submission.
- Address all sections clearly and sufficiently in order to enable complete understanding by an IT generalist.
- Do not include cover pages, attachments, samples, brochures, spreadsheets, data reports, financial reports or other materials to support your proposal. They will not be reviewed.
- If you have questions, please contact the LAC DMH Chief Information Office Bureau, Contract provider Technology Needs Projects Administrative Unit, via email at CPTT@dmh.lacounty.gov or by telephone at (213) 480-3683.
- No Proposal submission or resubmission will be accepted without a Proposal Cover Sheet submitted in electronic format including images of “wet” signatures.

Exhibit 3 - Technological Needs Project Proposal Description

Project Title: _____ Consortium (Y/N) _

Contract Agency Name: _____ Legal Entity Number: _____

_____
Print Name Signature Date Phone
Prepared by:

_____
Print Name Signature Date Phone
Contract Agency Executive Director

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***

  ☐ New system
  ☐ Extend the number of users of an existing system
  ☐ Extend the functionality of an existing system
  ☐ Supports goal of modernization/transformation
  ☐ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☐ Practice Management
    - ☐ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☐ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☐ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☐ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Interface/Application *Name of Consultant (if applicable)* _____
  ☐ Commercial Off-The-Shelf (COTS) System *Name of Vendor* _____
  ☐ Application Service Provider (ASP) *Name of Vendor* _____
  ☐ Billing Service/Clearinghouse *Name of Vendor/Service* _____
  ☐ Other _____

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov.

Instructions for Exhibit 3 Cover Sheet

Project Title	Title of project as identified in your Exhibit 3 – Technological Needs Project Proposal Description narrative.
Consortium (Y/N)	Enter 'Y' if the project will be part of a consortium.
Contract Agency Name	Enter the name of the Contractor as it appears in your Legal Entity agreement.
Legal Entity Number	Enter the Legal Entity number as it appears in your Legal Entity agreement.
Preparer	Print the name and phone number of the person who prepared the proposal. This is generally the contractor's primary contact for issues related to the proposal. Please sign and date.
Contract Agency	Print the name and phone number of the Contractor Executive Director, and have the individual sign and date the cover page. No Proposal submission or resubmission will be accepted without a Proposal Cover Sheet submitted in electronic format including images of "wet" signatures of both the Proposal Preparer and the Contractor's Executive Director.
Project Type	Check all selections that apply. However, do not check "New System", as this option is not applicable to Maintenance Projects. All selections (check boxes) must be consistent with, and fully described in, the project description (narrative) of Exhibit C: Technological Needs Project Proposal and all other required exhibits and appendices of the proposal.
Electronic Health Record (EHR) System Projects	Check all applicable types and submit as one (1) EHR project.
Client and Family Empowerment Projects	Check only one (1) item and submit as one (1) project. If more than one (1) "Client and Family Empowerment Project" type is being proposed, each of the types must be submitted as a separate project proposal.
Other Technology Needs Projects That Support MHSA Operations	Check only one (1) item and submit as one (1) project. If more than one (1) "Other Technology Needs Projects That Support MHSA Operations" project type is being proposed for maintenance, each of the types must be submitted as a separate maintenance project proposal.
Project Implementation	Indicate the project implementation approach, which may include: (a) custom interface/ application; (b) commercial off-the-shelf (COTS) system; (c)

Approach and Vendor(s)	application service provider (ASP); (c) billing service/clearinghouse; or (d) other. Only one (1) approach may be selected per project proposal. Include the consultant or specialty vendor name(s), if applicable. Do not include general commercial IT vendors, such as Microsoft, HP, Dell, Cisco, et al.

Instructions for Exhibit 3 Proposal Narrative Description

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION (Continued)

1. Project Overview

1.1. Project Description

The following instructions are limited to Maintenance Project Proposals only. For regular Project Proposals, please refer to separate instructions. Pursuant to MHSA IT funding priorities, Maintenance Projects may only be proposed by Contractors with implemented systems that are EDI certified.

Describe the following in separate paragraphs divided by subject headings:

(a) Project Purpose
(b) Background
(c) Project Goals and Objectives
(d) Project Scope
(e) Project Justification

(a) Project Purpose

Project Purpose should be clearly stated and consistent with MHSA IT Guidelines and priorities, including EDI capability and compatibility with DMH standards.

(b) Background

Background should provide a clear overall description of agency, including general background, types of services provided, client population(s), number of employees (directly employed and contractual), number of service locations (e.g., those in Los Angeles County and those not, if any),

Describe the agency's client base and indicate if non-DMH clients are served. If the agency serves non-DMH clients, indicate whether the project will serve or support all clients or exclusively DMH clients and Los Angeles sites, if applicable. If non-DMH clients will be served, include the percentage of DMH and non-DMH clients. This percentage is required for calculation of your request for MHSA IT Funds, since the funds can only be requested in proportion to the percentage of DMH clients served by the project. If non-DMH clients will be served, indicate source(s) of other funds.

Describe the current IT environment and current operational processes related to the project proposal (e.g., manual clinical record keeping, etc.), the number of IT staff (both directly employed and contractors), and descriptions of roles or titles. Describe the current IT staff that will support the project, including both directly employed and contract staff and their project management / implementation experience (required to justify Appendix A: Project Risk Assessment). This portion of the Background description should include information to allow evaluators to determine whether the organization has the capability and resources necessary to carry out the proposed project. Describe existing software systems in use related to electronic health records/clinical systems. Systems must be certified for EDI transactions.

To ensure non-supplantation, Maintenance Projects may only be proposed for systems placed into operation after November 2, 2004.

(c) Project Goals and Objectives

Project Goals and Objectives should be clearly stated. Generally speaking, goals are broad, intangible and indicate general intentions, e.g., "Improve services to our clients by implementing electronic health records." Objectives are narrow, precise, tangible, and able to be quantified or validated, e.g., "Implement an enterprise EHR solution by January 2011."

(d) Project Scope

Project Scope should provide a clear and comprehensive overview of the size of the project. The description should include, as applicable: application scope (functionalities or modules or being added, installed, deployed, and/or upgraded), physical scope (facilities/sites) and duration.

(e) Project Justification

Project Justification should clearly describe why the project is needed, and should include a description of current business processes that will be improved as a result of the proposed project.

1.2. Results or Benefits Expected; Critical Success Factors

Describe clearly and sufficiently the results or benefits expected to be derived from the Maintenance Project, and the factors that could impact the project success, using subject headings:

(a) Tangible Results or Benefits Expected
(b) Intangible Results or Benefits Expected
(c) Critical Success Factors

(a) Tangible Results or Benefits Expected

Tangible results or benefits must be quantifiable and measurable and may be used as performance criteria to measure project success.

(b) Intangible Results or Benefits Expected

Intangible results or benefits are more generalized and not precisely measurable.

(c) Critical Success Factors

This section is not required for Maintenance Project proposals. However, please include heading and statement, "Section not required."

1.3. Project Approach

This section is not required for Maintenance Project proposals. However, please include heading and statement, "Section not required."

1.4. Project Risks

For All Projects: Complete Appendix A: Project Risk Assessment, to ascertain whether a response in this section is required.

Describe the project risks including possible risk mitigation strategies. Please refer to the Quarterly Project Status Report for an example of the Risk and Issue Management

report. If project rates "low" or "medium" risk, include section heading and statement, "Section not required because project is not high risk."

1.5. MHSA Goals and Objectives

Describe how the project meets one or both MHSA Information Technology goals:

- increase Consumer and Family Empowerment by providing tools for secure access to health information within a wide variety of public and private settings
- modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness

2. Project Management

For All Projects: Complete Appendix A: Project Risk Assessment, to ascertain whether responses in this section are required. If Sections 2.1 – 2.3 are not required, due to low or medium risk, please include a statement that this section is not required.

3. Costs

3.1. Cost Justification:

Describe the use of MHSA funds in each of the project budget categories using separate paragraphs divided by the following subject headings:

(a) Personnel
(b) Hardware
(c) Software
(d) Contract Services
(e) Other Expenses

Provide as much detail as possible to justify the funding request for each budget category.

(a) Personnel

Personnel costs should include a description of the type of resources needed, how many positions are needed, a description of the role these positions will have on the project, the anticipated length of their engagement and percentage effort on the project.

(b) Hardware

Hardware costs should include a description of the hardware that will be purchased, why the equipment is needed, whether maintenance is included in the cost, and if maintenance is included, the estimated maintenance costs should be indicated.

(c) Software

Software costs should include a description of the software or annual software licensing fees. Do not include ASP annual service fees, which should be shown under Contract Services.

(d) Contract Services

Contract services should include costs for consultants or other contract labor, ASP annual fees for ASPs, data center services, broadband or network access fees, etc.

(e) Other Expenses

Other Expenses should include costs that cannot be categorized in the above categories.

NOTE: Start-up funds may not be requested for Maintenance Projects.

ADDITIONAL INSTRUCTIONS

Fiscal Years for Project Budgets are July 1 to June 30. This is important to note when budgeting annual costs, especially for the first year of the project.

If applicable, describe project costs that are not eligible for reimbursement by MHSA IT funds. Non-eligible costs include IT project costs for applications or systems that support services to non-DMH clients or IT project costs for applications or systems that support non-Mental Health Services programs. Describe the proposed allocation methodology to determine project costs to be paid by DMH MHSA IT funds. Project costs that are not eligible for reimbursement by MHSA IT funds and costs that the agency will incur above what the agency's MHSA IT funding allocation will cover should be reflected on Exhibit 4 – Budget Summary, in the section marked "Non-MHSA Funding (B)."

If only DMH clients will be served, then one hundred percent (100%) of project costs may be requested, up to the maximum IT allocation for the Contractor. If the project will benefit both DMH and non-DMH clients, the costs must be apportioned equal to the client proportions. In either case, the amount shown in the row labeled "MHSA IT Funds Request (A)" will be the funding request.

Proportional costs for non-DMH clients should be shown in the row labeled "Non-MHSA Funding (B)." Amount shown for any year is the sum of any adjustments made because the project is serving non-DMH clients, together with any other project costs that will be paid using non-MHSA funding. See example below.

The total amount shown in last column of row labeled, "MHSA IT Funds Request (A)", may not exceed Agency's MHSA IT Allocation.

Exhibit 4 – Budget Summary is a summary budget form for planning purposes. Each agency will be required to have a detailed budget available for review if requested by the CAPPRC.

3.2. Ongoing Sustainability of System

Describe the ongoing costs and the approach to maintaining the system after MHSA funds are exhausted.

4. Hardware Considerations

4.1. Hardware Maintenance

Describe maintenance/service agreements for hardware used to support this Maintenance Project. If maintenance costs are not included in the Project Budget, describe funding source(s) for possible hardware replacement(s) or upgrade(s) required during the term of the Project.

4.2. Backup Processing Capability

Describe data and application backup processing capabilities of the system to be maintained using MHSA IT funding.

5. Software Considerations

5.1. Availability of necessary software security features as defined in DMH standards noted in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines, pgs 37 – 41

Describe software security features that meet, at a minimum, all security standards set forth in
Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines, pgs 37 – 41, at http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09_Enclosure_3.pdf.

5.2. Ability of the software to meet current technology standards or be modified to meet them in the future

Describe the approach to ensure that the system software is compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), Certification Commission for Healthcare Information Technology (CCHIT), and MHSA Capital Facilities and Technological Guidelines and Regulations.

6. Training and Implementation

This section is not required for Maintenance Project proposals. However, please include heading and statement, “Section not required.”

7. Security Planning: If Project Request is EDI/EHR or Includes Protected Health Information (PHI)

If Section 7: Security Planning is not required of the proposed project, please include a statement that the section is not required.

7.1. Protecting Data Security and Privacy:

Describe the approach for developing and maintaining effective security and privacy policies and procedures. Additionally, describe the approach for ensuring compliance with local, State, and Federal security and privacy laws and regulations as they pertain to each project activity supported by MHSA Technological funds.

7.2. Operational Recovery Planning:

For EDI and EHR projects only, describe the approach to address operational recovery planning. For additional information, see the Operational Recovery Plan How-To-Guide at http://dmh.lacounty.gov/hipaa/downloads/Operational_Recovery_Plan_How-to-Guide.pdf.

7.3. Business Continuity Planning:

For EDI and EHR projects only, describe the approach to address business continuity planning. For additional information, see the Business Continuity Planning How-To Guide at http://dmh.lacounty.gov/hipaa/downloads/Business_Continuity_Plan_How-to_Guide.pdf.

Note: For Maintenance Projects, Security Planning approaches must be submitted within 60 days of execution date of the TNFA.

7.4. State and Federal Laws and Regulations:

Describe the approach to ensure compliance with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives including without limitation the Americans with Disabilities Act (ADA), CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations..

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744.**
Email a copy to: CPTT@dmh.lacounty.gov.

Exhibit 4 – Budget Summary
For Technological Needs Project Proposal

Project Title: _____ **Consortium Y/N)** ____

Contract Agency Name:_____ **Legal Entity Number:** _____

Category	Fiscal Year 1 __ - __ (a)	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=(c)	Fiscal Year 2 __ - __ (d)	Fiscal Year 3 __ - __ (e)	Fiscal Year 4 __ - __ (f)	Total Project Costs (a+d+e+f)
Personnel							
Total Staff (Salaries & Benefits)							
Hardware							
Total Hardware							
Software							
Total Software							
Contract Services							
(list services to be provided)							
Total Contract Services							
Other Expenses (Describe)							
Total Other Expenses							
MHSA IT Funds Request (A)							
Non-MHSA Funding (B)							
OVERALL PROJECT COSTS							
NOTE: No start-up funds may be requested for Maintenance Projects.							

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

Instructions for Exhibit 4 – Budget Summary

Project Title	Title of project as identified in your Exhibit 3 – Technological Needs Project Proposal Description narrative.
Consortium (Y/N)	Enter "N".
Contract Agency Name	Enter the name of the Contractor as it appears in your Legal Entity agreement.
Legal Entity Number	Enter the Legal Entity number as it appears in your Legal Entity agreement.
Whole Dollars	Show amounts in whole dollars only.
Fiscal Years	Fiscal Years for Project Budgets are July 1 to June 30. This is important to note when budgeting annual costs, especially for the first year of the project. Example 1: You are requesting MHSA IT funding for your Maintenance Project beginning February 1 (the project start date). Your budget for each line item for Fiscal Year 1 may show costs for up to a maximum of five (5) months, from Feb. 1 to June 30. As PERSONNEL, you will hire an IT Specialist to work at twenty percent (20%) time for five years to support the Maintenance Project. Her full-time salary is $5,000 per month, so MHSA IT funds will be used to pay $1,000 per month (20% of her salary). Your FY1 budget would show her being paid $5,000 ($1,000 x 5 months = $5,000), $12,000 in Fiscal Years 2-5 ($1,000 x 12 months each year), and $7,000 in FY6, the last year of your project ($1,000 x 7 months remaining in the full five-year project).
Start-up Costs	Start-up Costs may not be requested for Maintenance Projects.
Columns (b) and (c)	Do not use.
MHSA IT Funds Request (A), Non-MHSA Funding (B) and TOTAL PROJECT COSTS	Show the total MHSA IT funding request (portions of project expenses that are attributed to DMH clients and which are not paid from other funding sources) in the row "MHSA IT Funding Request (A)". The total amount shown in last column of row labeled, "MHSA IT Funds Request (A)", may not exceed Agency's MHSA IT Allocation. Example 2: Your project will be used to benefit both DMH and non-DMH clients. You may request MHSA IT funding for the proportion of the total project cost equal to the proportion of your DMH clients to all you clients For example, thirty percent (30%) of your clientele are not DMH clients, and you will be using your new EHR system for ALL your clients. You may request MHSA IT funding in FY1 for $17,500 for Contract Services (that is, $25,000 x 70%). The remaining $7,500 (that is, $25,000 x 30%) represents costs attributable to Non-MHSA funding (B) that will be funded by non-MHSA resources. The $17,500 would be included in your sum

MHSA IT Funds Request (A), Non-MHSA Funding (B) and TOTAL PROJECT COSTS	shown in the row "MHSA IT Funding Request (A)", together with all other FY1 project costs or portions of costs that can be attributed to DMH clients. The $7,500 would be included in your sum shown in the row "Non-MHSA Funding (B)", together with all other FY1 project costs or portions of costs that can be attributed to non-DMH clients. The total of all MHSA and Non-MHSA costs is shown on the bottom row, "OVERALL PROJECT COSTS." Example 3: Your agency is proposing a project to maintain its current EHR system by paying all related costs for five (5) years. The system includes 70% DMH clients and 30% non-DMH clients. Your agency may request 70% MHSA IT funding for the five years. This amount should be shown on Exhibit 4 – Budget Summary, on the line "MHSA IT Funds Request (A)". The agency must show the remaining 30% costs as being paid from other funding sources. This amount should be shown on Exhibit 4 – Budget Summary, on the line "Non-MHSA Funding (B)." Show all project costs apportioned to non-DMH clients together with all other project costs that will be paid with non-MHSA IT funds in the row "Non-MHSA Funding (B)". Show the total of all MHSA and non-MHSA costs is shown on the bottom row, "OVERALL PROJECT COSTS."

Templates
Please note that some cells the Excel workbook templates provided by LAC DMH for Exhibit 4 – Budget Summary, Appendix C: Summary Project Schedule and Appendix C-1: Detail Project Schedule may contain formulas, including auto-summing or other formula. It is recommended that preparers of these documents check the formula bar for individual cells, if they have any questions or concerns.

Appendix A: Project Risk Assessment
For Technological Needs Project Proposal

Project Title: _____ **Consortium (Y/N):** ____

Contract Agency Name: _____ **Legal Entity Number:** _____

			*Score **NA** if category is not applicable	
Category		Factor	Rating	Score*
Estimated Cost of Project*				
**Only MHSA IT Funds Request Amount*		Over $400,000	6	
		Over $200,000	5	
		Over $100,000	2	
		Under $100,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom	Custom Development	5	
	ASP	Application Service Provider	1	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS*	3	
	Number of Users	Over 300	5	
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	

*Commercial Off-The-Shelf Software

Total Score	Project Risk Rating	Check applicable rating (√)
25 – 31	High	
16 – 24	Medium	
8 – 15	Low	

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

Instructions for Appendix A: Project Risk Assessment

General Instructions

Risk areas that are not applicable should be scored "N/A."

For the Elements of Project Type section, you may need to consult with your hardware or software vendor to complete these sections.

Project Title	Title of project as identified in the Exhibit 3 – Technological Needs Project Proposal Description.
Consortium (Y/N)	Enter "N".
Contract Agency Name	Enter the name of the Contractor as it appears in the Legal Entity agreement.
Legal Entity Number	Enter the Legal Entity number as it appears in the Legal Entity agreement.
Estimated Cost of Project	The estimated cost of project rating should be based on the Exhibit 4 Budget Summary line "MHSA IT Funds Request (A)".
Project Manager Experience	The project manager experience should be described in the Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (b) Background. If the project will be managed by a contract resource, the experience of the contract resource can be used to score this section.
Team Experience	The team experience should be described in the Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (b) Background.. If the project team will consist of existing staff and contract resources, the experience of both the existing staff and the contract resources can be used to score this section.
Elements of Project Type – Hardware	Leave blank.
Elements of Project Type – Software	**Custom Development** Custom development should be indicated if the system/application is unique to your organization. The software typically has been designed, developed and implemented from the "ground-up" using internal resources or contracted resources.
Elements of Project Type – Software	**Application Service Provider** An Application Service Provider (ASP) is both an application software solution and a service to provide ongoing support and enhancements to the application. An ASP provider typically charges a monthly service fee to a contractor such as a Legal Entity for using the application, storing the contractor's data and providing the hardware and software infrastructure at the ASP provider location.
Elements of Project Type – Software	**COTS Installation** "Off-the-Shelf"

	Short for **C**ommercial **O**ff-**T**he-**S**helf, that describes software that is ready-made and available for sale to the general public. COTS products are designed to be implemented easily without the need for customization. A COTS as used in this section describes purchased software installed at the contractor site. Some support may also be provided by the vendor such as initial software configuration, standard software upgrades and trouble calls related to the product, if needed. In addition, the hardware and other support will be provided by the contractor and installed at the contractor's location, not at a vendor location. <u>Modified COTS</u> Modification to a COTS implies software application changes to standard system functionality to support unique contractor business processes. Modifications typically represent an additional cost to the contractor. Ongoing support within a COTS of custom modifications can result in difficulty implementing standard software upgrades and new releases.
Elements of Project Type – Software	**Number of Users** Select the number that best describes the number of users that will be using the software application described in the project proposal. The number entered here should be consistent with the agency description in Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (b) Background.
Elements of Project Type – Software	**Architecture** <u>Browser/thin client based</u> The term "Client" as used in the software arena refers to a software program that is used to request some type of service from another program (called the "server") One way to think of a 'thin client' is to imagine it as unintelligent. This is because little processing is done on the client, but instead data processing tasks are delegated to the supporting server. The client's primary responsibility is merely to display data and collect input from the user for posting back to the server. An ASP is typically thin client based using the Internet (Browser) to access the application server. <u>Two-Tier (client/server)</u> A two-way interaction in a client/server environment, in which the user interface, such as the screens displayed by the application, is stored in the client and the data are stored in the server. The application logic can be in either on the client or the server.

	Multi-Tier (client & web, database, application, etc. servers) Multi-tier architecture is a client-server architecture in which the presentation/user interface, the application processing, and the management of the data are logically separate processes and typically reside on multiple servers. The Integrated System (IS) is an example of a multi-tier software architecture.
Total Score	Please indicate total score. Items marked "N/A" equal zero.
Project Risk Rating	Check applicable rating Complete the Risk Rating Table indicating the correct rating with a check mark, "x" or other clear indication in the High, Medium or Low category. If the Project Risk Rating is High, you will need to complete Sections 1.4 Project Risks and Sections 2.1 - 2.3 Project Management in Exhibit 3 – Technological Needs Project Proposal Description.

Appendix C: Summary Project Schedule
For Technological Needs Project Proposal

Project Title: _____ **Consortium (Y/N):** ___

Contract Agency Name: _____ **Legal Entity Number:** _____

ID Number	Summary Task/Milestone Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

Appendix C-1: Detail Project Schedule
For Technological Needs Project Proposal

Project Title: _____ **Consortium (Y/N):** ___

Contract Agency Name: _____ **Legal Entity Number:** _____

ID Number	Task Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

Instructions for Appendices C and C-1: Summary Project Schedule and Detail Project Schedule

General Instructions

All proposals must include a Project Schedule in two (2) formats: Appendix C: Summary Project Schedule, showing only major tasks, events or milestones, and Appendix C-1: Detail Project Schedule, including all summary items and all tasks that are parts of those summary items.

Dates should be consistent with costs identified on Exhibit 4 – Budget Summary for the fiscal years of the project. For example, if funding is requested for three years, Project Schedules must reflect a three-year project duration or if the task "Purchase and Installation of Hardware" is scheduled for Fiscal Year 2, the Budget should be consistent.

Do not include any tasks that have already been completed prior to project proposal submission or tasks that are projected to be completed prior to contract execution. These tasks should be described in Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (b) Background.

All projects must include as a final phase "Project Closure" and include the following: submit final invoice, submit final project status, complete Post-Implementation Evaluation Report (PIER), submit final inventory report and archive project documents. Project Closure cannot occur before the close of the project budget period. For example, if the budget includes ongoing costs for three years, project closure cannot occur until after the three years of ongoing support has been completed.

Appendix C – Summary Project Schedule will be included in the Technological Needs Funding Agreement (TNFA) and the Quarterly Project Status Report - Exhibit 6. Once the TNFA is executed, Appendix C – Summary Project Schedule becomes the baseline for any future project schedule changes.

Project Title	Title of project as identified in the Exhibit 3 – Technological Needs Project Proposal Description.
Consortium	Enter "N".
Contract Agency Name	Enter the name of the Contractor as it appears in the Legal Entity agreement.
Legal Entity Number	Enter the Legal Entity number as it appears in the Legal Entity agreement.
ID Number	Enter a sequential number to identify Summary Tasks, Tasks or Milestones.
Summary Task/Task or Milestone Name	Enter the name of the Summary Task, Task or Milestone. A Summary Task is comprised of multiple tasks and must include a duration, original start date and original completion date that are derived from all tasks that are defined as part of the summary task. Tasks are discrete work items or efforts. Tasks have durations, start

	dates and completion dates. A Milestone is an event with zero duration, although a start and completion date (same day) may be used to identify a deadline or target date. Milestones are used to measure the progress of a project and signify completion or start of a major deliverable or other significant metric. Tasks and Milestones should be consistent with projects of a similar type and scope. Tasks and Milestones should be realistic and achievable, based on the resources, experience, technical difficulty and other factors that would likely impact the project timeline.
Duration in Days	All Summary Tasks, Tasks and Milestones must include duration (in days). Duration in days generally includes only working days and excludes weekends and holidays.
Original Start	The Original Start date is the planned start date. Note: The Original Start Date and Original Completion Date may be adjusted at any time prior to contract execution of the Technological Needs Funding Agreement (TNFA).
Revised Start	Leave blank.
Original Completion	The Original Completion date is the planned completion date.
Revised Completion	Leave blank.

Templates
Please note that some cells the Excel workbook templates provided by LAC DMH for Exhibit 4 – Budget Summary, Appendix C: Summary Project Schedule and Appendix C-1: Detail Project Schedule may contain formulas, including auto-summing or other formula. It is recommended that preparers of these documents check the formula bar for individual cells, if they have any questions or concerns.

SAMPLE EXHIBITS

(SAMPLE) Exhibit 3 - Technological Needs Project Proposal Description

Project Title: *EHR Maintenance Project* **Consortium (Y/N)** *N*

Contract Agency Name: *XYZ Agency, Inc.* **Legal Entity Number:** *00999*

Sandra Sample	*Sandra Sample*	*12/31/09*	*213-555-1212*
Print Name	Signature	Date	Phone

Prepared by: Sandra Sample

Dr. John Doe	*John Doe, Ph.D.*	*12/31/09*	*213-555-1212*
Print Name	Signature	Date	Phone

Contract Agency Executive Director

- ***Please check at least one box from each group that describes this MHSA Technological Needs Project***

  ☐ New system
  ☐ Extend the number of users of an existing system
  ☒ Extend the functionality of an existing system
  ☒ Supports goal of modernization/transformation
  ☐ Supports goal of consumer and family empowerment

- ***Please indicate the type of MHSA Technological Needs Project***

  - **Electronic Health Record (EHR) System Projects (check all that apply)**
    - ☐ Infrastructure, Security, Privacy
    - ☒ Practice Management
    - ☒ Clinical Data Management
    - ☐ Computerized Provider Order Entry
    - ☒ Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
    - ☒ Electronic Data Interchange (EDI)
  - **Client and Family Empowerment Projects**
    - ☐ Client/Family Access to Computing Resources Projects
    - ☐ Personal Health Record (PHR) System Projects
    - ☐ Online Information Resource Projects (Expansion / Leveraging information sharing services)
  - **Other Technology Needs Projects That Support MHSA Operations**
    - ☐ Telemedicine and other rural/underserved service access methods
    - ☐ Pilot projects to monitor new programs and service outcome improvement
    - ☐ Data Warehousing Projects / Decision Support
    - ☐ Imaging / Paper Conversion Projects
    - ☐ Other

- ***Please Indicate the Technological Needs Project Implementation Approach***

  ☐ Custom Interface/Application *Name of Consultant (if applicable)* _____
  ☐ Commercial Off-The-Shelf (COTS) System *Name of Vendor* _____
  ☒ Application Service Provider (ASP) *Name of Vendor* *USEFUL EHR Systems, Inc.*
  ☐ Billing Service/Clearinghouse *Name of Vendor/Service* _____
  ☐ Other _____

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744.**
Email a copy to: CPTT@dmh.lacounty.gov.

EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION (Continued)

1. Project Overview:

1.1. Project Description

(a) Project Purpose

XYZ Agency proposes EHR Maintenance Project for the purpose of extending the use of current EHR system including EDI for three (3) years, beginning July 1, 2010, prior to the anticipated implementation of LAC DMH's Integrated Behavioral Health Information System (IBHIS).

(b) Background

XYZ Agency offers community-based mental health programs for children. Additionally, XYZ Agency has a drug and alcohol outpatient treatment program serving all ages. Three-fourths of our client services in our Los Angeles sites are supported through our Legal Entity Contract with DMH.

XYZ Agency has two service locations in Los Angeles County and one in Kern County. The Kern County location is a satellite, offering substance abuse services only and will not be included in this project. XYZ has 35 full-time and 6 part-time employees, as well as 4 part-time contractual employees. Of these, 25 full-time staff and 5 part-time staff provide direct mental health and/or substance abuse services. The agency directly employees one full-time Information Technology Manager (ITM), who is assisted by one part-time contractual Information Technology Assistant (ITA).

Our ITM will serve as Maintenance Project Manager and monitor USEFUL EHR Systems' services as part of its annual contract with XYZ. The USEFUL EHR System was implemented in January 2007 and has been in use consistently since then, including its EDI component that is certified by LAC DMH. The EHR System is used only in Los Angeles sites. Our ITM was involved in the original deployment and configuration of the system and has overseen system training, operation, upgrades, expansion and regular servicing since implementation.

(c) Project Goals and Objectives

The goal of the EHR Maintenance Project is to fund the USEFUL EHR Systems at XYZ Agency for three (3) years, allowing us to continue to optimize services to our clients by maintaining operational efficiency, limiting costs, and streamlining communications and access to information.

(d) Project Scope

The scope of this maintenance project includes costs for three (3) years for (a) USEFUL EHR Systems annual costs, (b) data center services, (c) ITM part-time project Management, and (c) ITA part-time support for equipment and users. MHSA funds will be used exclusively to support the EHR System at our Los Angeles sites to capture data on LAC-DMH clients.

The total project is budgeted at $126,000 over a period of three (3) years. We are

requesting $94,500 in MHSA IT Funds. XYZ Agency will fund the remaining $31,500 and any additional costs from general operating funds.

(e) Project Justification

XYZ Agency currently maintains all client health data (including treatment plans, provider notes, and prescriptions), financial records, and practice management data using its comprehensive EHR system. The system is accessed regularly by 30 clinicians, 4 management staff, and 11administrative and support staff. Using the EHR application, XYZ Agency submits billing claims to DMH via DMH-certified EDI. To avoid reverting to manual processes and to ensure continuity of this successful and practical system, XYZ Agency is requesting MHSA IT funding, as provided for under the goal of modernization and transformation of clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

1.2. Results or Benefits Expected; Critical Success Factors

(a) Tangible Benefits Expected

The following tangible results and benefits are expected to continue:

Reduced Documentation Time: XYZ Agency has reduced the amount of time each clinician devotes charting and documentation by 4 hours per week.

Efficiency in Billing Processes: Resources spent on billing data entry have been reduced by 1.0 Full Time Equivalent (FTE) since the EHR System was implemented.

(b) Intangible Benefits Expected

The following intangible results and benefits are expected to continue:

Improved Security and Privacy of Client Information: The EHR System employs password security, role-based security, data encryption and other security features to protect client privacy.

More Effective Client Interaction and Treatment Adherence for Better Outcomes: The EHR system has allowed clinicians to better focus on client support and interaction since documentation and data re consolidated and facilitated. Anecdotal data from clinicians and clients indicate that the system has improved interaction and support of treatment plans and adherence, thereby improving outcomes.

(c) Critical Success Factors

This section is not required for Maintenance Project proposals.

1.3. Project Approach

This section is not required for Maintenance Project proposals.

1.4. Project Risks (Complete for High Risk Projects)

See Appendix A – Project Risk Assessment. This project is low risk and does not require discussion of project risks.

1.5. MHSA Goals and Objectives:

This Maintenance Project supports the goal of modernization and transformation of clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness.

2. Project Management: (Complete for High Risk Projects)

See Appendix A – Project Risk Assessment. This project is low risk and does not require discussion of project risks.

3. Costs:

3.1. Cost Justification:

(a) Personnel

XYZ Agency is requesting funding to support the Information Technology Manager (ITM) who will act as EHR Maintenance Project Manager for three (3) years at 20% time. The annual salary and employee benefits costs for this position are $60,000. Since three-quarters of XYZ Agency clients served in Los Angeles County are DMH clients, we will charge 75% of the project management cost to MHSA. ($60,000 salary x 0.75 MHSA x 0.20 time = $9,000 annually, for a total of $27,000 for 3 years.)

(b) Hardware

No hardware costs in included in this Maintenance Project.

(c) Software

No software costs in included in this Maintenance Project. ASP annual service and support costs are identified under Contract Services.

(d) Contract Services

Electronic Health Records Application: XYZ Agency has contracted with USEFUL EHR Systems, Inc., to provide service and support for the current EHR application for a $20,000 annual licensing fee. We are requesting MHSA IT funds to support the annual licensing fee for three (3) years. Since three-quarters of XYZ Agency clients served in Los Angeles County are DMH clients, we are requesting $45,000 for USEFUL EHR Systems licensing ($20,000 fee x 0.75 MHSA = $15,000 annually for a total of $45,000 for three years).

Information Technology Assistant: We are requesting funding to support an ITA for three (3) years at 20% time. This equates to eight (8) hours per week at $25.00 per hour through the ITA's 1099 subcontractor agreement. This position will support

users of the EHR system, including ad-hoc training, data cleansing and hardware installation, configuration and maintenance. Total ITA costs will be $22,500. ($25.00 per hour x 8 hours x 50 weeks x 0.75 MHSA = $7,500 annually for a total of $22,500.)

(e) Other Expenses

No other expenses are anticipated.

(f) Start-up

No Start-up costs may be requested for a Maintenance Project.

Non-MHSA Funding of Project

Total EHR Maintenance Project costs are $126,000. XYZ Agency is requesting $94,500 in MHSA IT funding (75%) and will fund $31,500 of costs (25%) from general operating funds to cover costs associated with non-DMH clients. XYZ will also fund annual cost increases and incidental costs from these non-MHSA funding sources.

Item	*MHSA*	*Non-MHSA*
ITM / Project Manager	*$27,000*	*$9,000*
EHR System Annual Fee	*$45,000*	*$15,000*
ITA Consultant	*$22,500*	*$7,500*
TOTAL	*$94,500*	*$31,500*

3.2. Ongoing Sustainability of System:

After MHSA IT funding for this project is fully expended, XYZ Agency intends to support ongoing costs of the system through general operational funding.

4. Hardware Considerations:

4.1. Hardware Maintenance:

XYZ Agency has long-term maintenance agreements with the hardware vendors selected for all project-related hardware. These agreements and all hardware service costs are funded using non-MHSA general operating funds.

4.2. Backup Processing Capability:

USEFUL EHR Systems, Inc., is under contract with XYZ Agency to provide full data and application backup and recovery services. Data is automatically backed up twice daily, including weekends, on daily use servers, and backed up weekly at a remote HOT facility located in Nevada.

5. Software Considerations:

5.1. Availability of necessary security features as defined in DMH standards noted in Appendix B (Enclosure 3, pgs 37 – 41):

XYZ Agency's contract with USEFUL EHR Systems, Inc., requires USEFUL to meet or exceed the connectivity and security standards set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines.

5.2. Ability of the Software to Meet Current Technology Standards or be Modified to Meet Them in the Future:

XYZ Agency's contract with USEFUL EHR Systems, Inc., requires USEFUL to comply with current technology standards as set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines, and to meet all future standards as they become available.

6. Training and Implementation:

This Section is not required for Maintenance Projects.

7. Security Planning: If Project Request is EDI/EHR or Includes Protected Health Information (PHI)

7.1. Protecting Data Security and Privacy:

XYZ Agency's contract with USEFUL EHR Systems, Inc., includes privacy and security policies as defined by HIPAA and all related Federal, State and local regulations, guidelines and legislation. These policies and procedures include, among other measures: password security with required password changing every 30 days, role-based security, data encryption, locked equipment facilities with continuously monitored and logged card-key entry by authorized staff only, two levels of firewall protection, spyware and malware surveillance and repellent, and other security features to protect data privacy.

7.2. Operational Recovery Planning:

XYZ Agency, in cooperation with USEFUL EHR Systems, has developed an Event Response and Recovery Plan, including an Operational Recovery Plan (ORP) and a Business Continuity Plan (BCP), to reduce the risks associated with unanticipated outages for critical applications and systems. The ORP includes:

- *Agency administrative information (ORP and BCP);*
- *Description of critical business functions and applications (ORP and BCP);*
- *Recovery strategy and priorities (ORP);*
- *Backup and offsite storage procedures (ORP);*
- *Operational recovery procedures, responsibilities and assignments (ORP);*
- *Communications Plan (ORP and BCP);*
- *Description of data center services (ORP);*

- *Description of resource requirements (ORP and BCP);*
- *Contact information for employees, contractors and services (ORP and BCP); and*
- *Plan Testing, Improvement and Revision Schedule (ORP and BCP).*

XYZ Agency is submitting with this Maintenance Project Proposal a copy of its complete Operational Recovery Plan, incorporating essential parts of the ORPs of USEFUL EHR Systems.

7.3. Business Continuity Planning:

See above response to Section 10.2 above for shared sections of the ORP and BCP. Sections specific to the BCP include:

- *Business continuity strategy and priorities;*
- *Business functions continuity procedures, responsibilities and assignments;*
- *Critical documents, forms, templates and other tools; and*
- *Contingency work/service provision location(s).*

XYZ Agency is submitting with this Maintenance Project Proposal a copy of its complete Business Continuity Plan

7.4. State and Federal Laws and Regulations:

USEFUL EHR Systems, Inc., ensures compliance with all applicable Federal, State and local laws and regulations, and related requirements pursuant to its contract with XYZ Agency.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-252-8744.**
Email a copy to: CPTT@dmh.lacounty.gov.

(SAMPLE) Exhibit 4 – Budget Summary
For Technological Needs Project Proposal

Project Title: *EHR Maintenance Project* **Consortium (Y/N)** *N*

Contract Agency Name: *XYZ Agency, Inc.* **Legal Entity Number:** *00999*

Category	Fiscal Year 1 *FY09-10* (a)	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=(c)	Fiscal Year 2 *FY10-11* (d)	Fiscal Year 3 *FY11-12* (e)	Fiscal Year 4 *FY12-13* (f)	Total Project Costs (a+d+e+f)
Personnel							
Project Manager (0.2 FTE)	*9,000*			*9,000*	*9,000*		*27,000*
Total Staff (Salaries & Benefits)	*9,000*			*9,000*	*9,000*		*27,000*
Hardware							
Total Hardware							
Software							
Total Software							
Contract Services							
(list services to be provided)							
EHR Application Annual Fee	*15,000*			*15,000*	*15,000*		*45,000*
IT Assistant	*7,500*			*7,500*	*7,500*		*22,500*
Total Contract Services	*22,500*			*22,500*	*22,500*		*67,500*
Other Expenses (Describe)							
Total Other Expenses							
MHSA IT Funds Request (A)	*31,500*			*31,500*	*31,500*		*94,500*
Non-MHSA Funding (B)	*10,500*			*10,500*	*10,500*		*31,500*
OVERALL PROJECT COSTS	*42,000*			*42,000*	*42,000*		*126,000*
NOTE: No start-up funds may be requested for Maintenance Projects.							

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

(SAMPLE) Appendix A: Project Risk Assessment For Technological Needs Project Proposal

Project Title: *EHR Maintenance Project* **Consortium (Y/N):** *N*

Contract Agency Name: *XYZ Agency, Inc.* **Legal Entity Number:** *00999*

			*Score **NA** if category is not applicable	
Category		Factor	Rating	Score*
Estimated Cost of Project*				
**Only MHSA IT Funds Request Amount*		Over $400,000	6	*2*
		Over $200,000	5	
		Over $100,000	2	
		Under $100,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	*2*
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	*2*
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom	Custom Development-	5	*1*
	ASP	Application Service Provider	1	
	COTS** Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 300	5	*2*
		Over 100	3	
		Over 20	2	
		Under 20	1	
	Architecture	Browser/thin client based	1	*2*
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
			TOTAL SCORE	*11*

**Commercial Off-The-Shelf Software

Total Score	Project Risk Rating	Check applicable rating (√)
25 – 31	High	
16 – 24	Medium	
8 – 15	Low	√

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

(SAMPLE) Appendix C: Summary Project Schedule For Technological Needs Project Proposal

Project Title: *EHR Maintenance Project*

Consortium (Y/N): *N*

Contract Agency Name: *XYZ Agency, Inc.*

Legal Entity Number: *00999*

ID Number	Summary Task/Milestone Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion
	EHR MAINTENANCE PROJECT	***782***	***07/01/10***		***06/28/13***	
1	*Project Implementation*	*782*	*07/01/10*		*06/28/13*	
2	*Ongoing Vendor and Project Support*	*530*	*07/05/10*		*07/13/12*	
3	*Track and Report Required Project Status*	*716*	*10/01/10*		*06/28/13*	
4	*Review and Update Emergency Plans*	*530*	*07/12/10*		*07/20/12*	
5	*Project Closure*	*5*	*06/24/13*		*06/28/13*	

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov

(SAMPLE) Appendix C-1: Detail Project Schedule For Technological Needs Project Proposal

Project Title: *EHR Maintenance Project*

Consortium (Y/N): *N*

Contract Agency Name: *XYZ Agency, Inc.*

Legal Entity Number: *00999*

ID Number	Task Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion
	EHR MAINTENANCE PROJECT	***782***	***07/01/10***		***06/28/13***	
1	***Project Implementation***	***782***	***07/01/10***		***06/28/13***	
1.1	*Ongoing Implementation Tasks*	*782*	*07/01/10*		*06/28/13*	
1.2	*2010 Annual EHR Hardware and Software Review*	*5*	*07/12/10*		*07/16/10*	
1.3	*2011 Annual EHR Hardware and Software Review*	*5*	*07/18/11*		*07/22/11*	
1.4	*2012 Annual EHR Hardware and Software Review*	*5*	*07/16/12*		*07/20/12*	
2	***Ongoing Vendor and Project Support***	***530***	***07/05/10***		***07/13/12***	
2.1	*2010 Annual Training of New Users, "Refresher" Training*	*5*	*07/05/10*		*07/09/10*	
2.2	*2011 Annual Training of New Users, "Refresher" Training*	*5*	*07/11/11*		*07/15/11*	
2.3	*2012 Annual Training of New Users, "Refresher" Training*	*5*	*07/09/12*		*07/13/12*	
3	***Track and Report Required Project Status***	***716***	***10/01/10***		***06/28/13***	
3.1	*Quarterly Project Status Reporting*	*716*	*10/01/10*		*06/28/13*	
4	***Review and Update Emergency Plans***	***530***	***07/12/10***		***07/20/12***	
4.1	*2010 Ops Recovery and Business Continuity Plans Update*	*5*	*07/12/10*		*07/16/10*	
4.2	*2011 Ops Recovery and Business Continuity Plans Update*	*5*	*07/18/11*		*07/22/11*	
4.3	*2012 Ops Recovery and Business Continuity Plans Update*	*5*	*07/16/12*		*07/20/12*	
5	***Project Closure***	***5***	***06/24/13***		***06/28/13***	
5.1	*Submit Final Invoice*	*5*	*06/24/13*		*06/28/13*	
5.2	*Submit Final Project Status*	*5*	*06/24/13*		*06/28/13*	
5.3	*Complete Post Implementation Evaluation Report (PIER) Document*	*5*	*06/24/13*		*06/28/13*	
5.4	*Archive Project Documents*	*5*	*06/24/13*		*06/28/13*	

FAX forms to: **DMH CIOB** Attn: **CPTT** at: **213-252-8744.** Email a copy to: CPTT@dmh.lacounty.gov