

**Technological Needs Project Proposal  
Level Two Evaluation Form**

**Contract Agency Project Proposal Review Committee**

Date Received: _____ Review Date: _____ Reviewer: _____			
Proposal #: _____ Project #: _____ Project Title: _____			
LE #: _____ LE Name: _____			
<b>Review Findings:</b>	<input type="checkbox"/> <b>Pass as is</b>	<input type="checkbox"/> <b>Pass, pending changes</b>	<input type="checkbox"/> <b>Fail</b>
If "Pass, pending changes", does revision require CAPPRC review?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**List of Projects Proposed:**      *\*Check types of TNPs proposed per face sheet*

➤ **Electronic Health Record (EHR) System Projects**

- |  |  |
|--|--|
| <input type="checkbox"/> Infrastructure, Security, Privacy   | <input type="checkbox"/> Practice Management               |
| <input type="checkbox"/> Clinical Data Management            | <input type="checkbox"/> Computerized Provider Order Entry |
| <input type="checkbox"/> Full Electronic Health Record (EHR) | <input type="checkbox"/> Electronic Data Interchange (EDI) |

➤ **Client and Family Empowerment Projects**

- Client/Family Access       PHR Systems Projects       Online Information Resources

➤ **Other Technological needs Projects/Initiatives That Support MHPA Operations**

- |   |  |
|---|--|
| <input type="checkbox"/> Telemedicine etc.                  | <input type="checkbox"/> Pilot Projects to monitor programs/outcomes |
| <input type="checkbox"/> Data Warehousing/ Decision Support | <input type="checkbox"/> Imaging / Paper Conversion Projects         |
| <input type="checkbox"/> Other                              |  |
| <input type="checkbox"/> Treatment Planning Library         | <input type="checkbox"/> Automation of Eligibility Verification      |
| <input type="checkbox"/> Forms Translation                  | <input type="checkbox"/> e-Signature                                 |
| <input type="checkbox"/> Legal Services                     | <input type="checkbox"/> Technical Writing Services                  |
| <input type="checkbox"/> Contracted Training Services       | <input type="checkbox"/> Contracted Technical Support                |
| <input type="checkbox"/> Community-based Treatment QI       | <input type="checkbox"/> Electronic Clinical Assessment              |

Are there any Projects/Initiatives included in the Contractor Proposal that are not identified above?  
 Yes     No

If yes, what additional Projects/Initiatives are included? \_\_\_\_\_

**Exhibit 3 Project Narrative**

	NA	Y	N
<b>1.1 Project Overview</b> (Narrative)			
1.1.a) <b>Project Purpose</b> is clearly stated and consistent with MHSA IT Guidelines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.b) <b>Background</b> includes clear and sufficient description of agency, including services provided, staffing, and number of service locations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client base</b> is clearly and sufficiently described and indicates whether non-DMH clients are served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If non-DMH clients are served, proposal indicates whether the proposed system will be used exclusively for DMH clients or used to support non-DMH clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If non-DMH clients will be served by this project, percentage or proportion of DMH and non-DMH clients is described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Current IT environment</b> is clearly and sufficiently described, including number of IT staff and description of roles, and identifying both employed and contract staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IT resources</b> that will support project are described, including both internal and contractual staff, amount (or percentage) of time that will be applied to project, and duration of time on project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.c) <b>Project Goals and Objectives</b> are clearly stated and appear reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.d) <b>Project Scope</b> is clearly stated and appears reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.e) <b>Project Justification</b> is clear and sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.f) <b>Project Approach</b> is described? <i>(See Section 1.3)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.g) <b>Replacement and supplantation:</b> If project includes replacement of any existing application or system functionality that was in place prior to November 2, 2004, proposal includes a description of the reason for the replacement and how the proposed replacement does not constitute supplantation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1.1 Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.2 Results, Benefits and Critical Success Factors**

Y N

1.2.a) **Tangible results or benefits expected** are clearly described and quantified?

1.2.b) **Intangible results or benefits expected** are clearly described?

1.2.c) **Critical Success Factors** are clearly described?

Section 1.2 Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**1.3 Project Approach**

Y N

1.3.a) **Project approach** (how work will be done) is clearly and sufficiently described?

1.3.b) **Factors** that may influence the approach/schedule have been adequately described?

Section 1.3 Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.4 Project Risks**    *\*\*See next page.*

**1.5 MHSA Goals and Objectives**

Y N

Proposed project meets one or both overarching MHSA IT goals:

(a) Increase Consumer/Family Empowerment, and/or

(b) Modernization and Transformation of Clinical and Administrative Systems?

Section 1.5 Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appendix A: Project Risk Assessment**

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Scores provided appear consistent with Exhibit 3 description?

Project is High Risk

Appendix A Comments: \_\_\_\_\_  
\_\_\_\_\_

**High Risk Projects Only**  
(Sections 1.4, 2.1, 2.2, and 2.3)

**1.4 Risks and Mitigation Strategies**

NA	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4.a) Risks are identified, and are clearly and sufficiently described?

1.4.b) Mitigation strategies are identified, described, and appropriate?

Section 1.4 Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. Project Management**

NA	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1) **Scope Management** approach is described, including change management?

2.2) **Time Management** approach is sufficiently described?

2.3) **Cost Management** approach is sufficiently described?

Section 2 Comments: \_\_\_\_\_  
\_\_\_\_\_

**3.1 Cost Justification** *(Please reference Exhibit 4 – Budget Summary.)*

NA Y N

- 3.1.a) **Personnel costs** appear appropriate and are adequately justified?
- 3.1.b) **Hardware costs** appear appropriate and are adequately justified?
- 3.1.c) **Software costs** appear appropriate and are adequately justified?
- COTS customization or custom software development costs** appear appropriate and are adequately justified?
- 3.1.d) **Contract Services** includes all types of contracted services, e.g., consulting fees, ASP subscription fees, storage or back-up fees, annual support fees, etc.
- 3.1.e) **Other Expenses** appear appropriate and are adequately justified?
- 3.1.f) **Start-up funds** have been requested, amount is indicated, use of funds appears appropriate and adequately justified?
- 3.1.g) **Non-MHSA funding**, if applicable, is described clearly and sufficiently as means of support for project costs that are not eligible for reimbursement by MHSA funds, and these costs are included on Exhibit 4, line “Total Costs B”?
- 3.1.h) **Costs incurred in excess of MHSA IT funding allocation**, if applicable, are described clearly and sufficiently regarding source(s), and are included on Exhibit 4, line “Total Costs B”?
- 3.1.i) **Project Budget overall** appears reasonable and consistent with the objectives, scope, approach, and description of project costs, with no apparent omissions?

Section 3.1 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3.2 Ongoing Sustainability of System**

Y N

Proposal includes a sufficient description of the ongoing costs of this project and describes a reasonable approach to maintaining the system after MHSA funds have been exhausted?

Sections 3.2 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hardware Considerations**

NA Y N

**4.1 Hardware Maintenance:** Proposal includes a sufficient description of the approach for establishing maintenance and/or service agreements (i.e., extended warranties) for hardware and equipment purchased using MHSAs funds?

**4.2 Backup Processing Capability:** Proposal includes a sufficient description of the approach for evaluating business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSAs funds?

Section 4 Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Software Considerations**

NA Y N

**5.1 Software security features** and approach are clearly and sufficiently described, meeting at minimum, all security standards set forth in State DMH Appendix B – Capital Facilities and Technological Needs Guidelines (Enclosure 3, pgs 37-41)?

**5.2 Ability of the software to meet current technology standards** and be modified to meet them in the future is described, including affirmative language of assurance?

Sections 5 Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Implementation and Training**

NA Y N

**6.1 Process for implementing the technology** is clearly and sufficiently described, and approach appears reasonable?

**6.2 Process for training** is clearly and sufficiently described, and approach appears reasonable?

Section 6 Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security Planning**

**7. Security Planning**

NA	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>

**PHI Security:** Project is an EDI/EHR project or other project where security of PHI is an issue? *If "Yes", continue below. If "No", skip to Exhibit 4 – Budget Summary.*

*Note: For Sections 7.2 and 7.3 below, proposers may indicate that approaches to Security Planning will be determined and submitted within 30 days of implementation ("go live") date. If project is in implementation or ongoing, approaches must be submitted within 30 days of contract execution date.*

**Projects Involving PHI Security ONLY**

**7.1 Protecting Data Security and Privacy**

Y	N
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7.1.a) Proposal describes approach for developing and maintaining effective data security and privacy policies and procedures and the approach appears reasonable?

<input type="checkbox"/>	<input type="checkbox"/>
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7.1.b) Proposal describes approach for ensuring compliance with local, State, and Federal data security and privacy laws and regulations and the approach appears reasonable?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**7.2 Operational Recovery Planning** is clearly and sufficiently described as to approach, and approach appears reasonable?

<input type="checkbox"/>	<input type="checkbox"/>
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**7.3 Business Continuity Planning** is clearly and sufficiently described as to approach, and approach appears reasonable?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**7.4 State and Federal Laws and Regulations** are addressed, with clear description of approach to ensuring project will be compliant with all applicable federal, state, and local laws, ordinances, rules, regulations, manuals, guidelines and directives including ADA, CCHIT, and MHS Capital Facilities and Technological Needs Guidelines and Regulations **OR** proposer affirmatively states intent to ensure compliance?

<input type="checkbox"/>	<input type="checkbox"/>
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Section 7 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Exhibit 4: Budget Summary** *(Please reference Section 3.1 Cost Justification.)*

NA	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>

Budget appears reasonable and consistent with the project objectives, scope, approach, and description of project costs, with no apparent omissions?

Exhibit 4 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Appendix C and C-1: Project Schedules**

NA	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AC.a) Milestones & Tasks appear consistent with project as described in Exhibit 3?

AC.b) All Milestones & Tasks that would generally be expected of a project of this type and scope are identified?

AC.c) Project schedule appears to be realistic (all Milestone/Task start and end dates appear to be reasonable)?

Appendix C and C-1 Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments/Notes: \_\_\_\_\_  
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