



# MHSA Technological Program

## Contract Agency

## Standard Project Proposal Process

## Revision 1.3

March 2010

# Table of Contents

<b>1. CONTRACT AGENCY PROJECT PROPOSAL PROCESS.....</b>	<b>1</b>
1.1 PROJECT PROPOSAL PROCESS.....	1
1.2 PROJECT MONITORING PROCESS.....	3
<b>2. PROJECT PROPOSAL REVIEW CRITERIA.....</b>	<b>4</b>
<b>EXHIBITS AND APPENDICES .....</b>	<b>5</b>
<b>GENERAL GUIDANCE .....</b>	<b>6</b>
<b>INSTRUCTIONS FOR EXHIBIT 3 COVER SHEET .....</b>	<b>8</b>
<b>INSTRUCTIONS FOR EXHIBIT 3 PROPOSAL NARRATIVE DESCRIPTION .....</b>	<b>10</b>
1. PROJECT OVERVIEW .....	10
2. PROJECT MANAGEMENT .....	12
3. COSTS .....	13
4. HARDWARE CONSIDERATIONS.....	14
5. SOFTWARE CONSIDERATIONS .....	15
6. TRAINING AND IMPLEMENTATION .....	15
7. SECURITY PLANNING .....	15
<b>EXHIBIT 4 – BUDGET SUMMARY .....</b>	<b>17</b>
<b>INSTRUCTIONS FOR EXHIBIT 4 – BUDGET SUMMARY .....</b>	<b>18</b>
<b>APPENDIX A: PROJECT RISK ASSESSMENT .....</b>	<b>21</b>
<b>INSTRUCTIONS FOR APPENDIX A: PROJECT RISK ASSESSMENT.....</b>	<b>22</b>
<b>APPENDIX C: SUMMARY PROJECT SCHEDULE .....</b>	<b>26</b>
<b>APPENDIX C-1: DETAIL PROJECT SCHEDULE.....</b>	<b>27</b>
<b>INSTRUCTIONS FOR APPENDICES C AND C-1.....</b>	<b>28</b>
<b>APPENDIX B: PROPOSAL CONSIDERATIONS AND CLARIFICATIONS.....</b>	<b>31</b>
1. PROJECT OVERVIEW .....	31
2. PROJECT MANAGEMENT .....	33
3. COSTS .....	34
4. HARDWARE CONSIDERATIONS.....	35
5. SOFTWARE CONSIDERATIONS .....	35
6. TRAINING AND IMPLEMENTATION .....	35
7. SECURITY PLANNING .....	36
<b>EXHIBIT 6 – QUARTERLY PROJECT STATUS REPORT .....</b>	<b>37</b>
<b>SAMPLE EXHIBITS.....</b>	<b>43</b>
<b>EXHIBIT 3 - TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION.....</b>	<b>44</b>
<b>APPENDIX A: PROJECT RISK ASSESSMENT .....</b>	<b>54</b>
<b>APPENDIX C: SUMMARY PROJECT SCHEDULE .....</b>	<b>55</b>
<b>APPENDIX C-1: DETAIL PROJECT SCHEDULE.....</b>	<b>56</b>

## MHSA TECHNOLOGICAL PROGRAM

### 1. Contract Agency 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 Project Proposal Process

1. Contractor 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). If the agency is requesting a start-up distribution of funds for the project, the project proposal should describe the intended use for the start-up distribution. (See Notes section of Exhibit 4 and Cost Justification Section 3.1 of Exhibit 3). The distribution is limited to 20% of the approved project proposal budget.
2. Contractor 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. Please refer to Appendix B for Considerations and Clarifications on Exhibit 3.
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](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.
11. If a contractor requests distribution of project Start-up funds, the project proposal should describe the intended use of the Start-up funds. (See detailed instructions in Exhibit 3 – Technological Needs Project Proposal Description and Exhibit 4 – Budget Summary). Start-up funds are limited to 20% of the approved project proposal budget.

12. Additional instructions for consortiums:

Consortiums of contractors may be formed. If contractors form a consortium, each contractor must submit their own project proposal and budget summary showing the budgeted portion for their project. Each contractor submits the summary and detail project schedule for their portion of the project. The consortium lead agency must submit a single consolidated project schedule (in both detailed and summary formats) for the overall consortium project. Each contractor submits a DMH Quarterly Project Status Report for their portion of the project. The consortium lead agency is responsible for submission of the consolidated DMH Quarterly Project Status Report for the overall consortium project.

The consortium structure, roles, responsibilities, tasks and management are the responsibility of the consortium. DMH may require a Memorandum of Understanding (MOU) that is signed by all parties of the consortium to be on file with DMH prior to project initiation. Individual contractor projects that are part of a consortium project may be approved by DMH, but cannot be started prior to approval of all contractors' projects that form the consortium project.

## 1.2 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](http://dmh.lacounty.gov/hipaa/EDI_MHSA_IT_Project.htm) at: [http://dmh.lacounty.gov/hipaa/EDI\\_MHSA\\_IT\\_Project.htm](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 Contractors 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 Contractor must submit a DMH Quarterly Project Status Report for their portion of the project. Each Contractor 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 Contractor 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 Contractors 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](http://dmh.lacounty.gov/hipaa/EDI_MHSA_IT_Project.htm) at: [http://dmh.lacounty.gov/hipaa/EDI\\_MHSA\\_IT\\_Project.htm](http://dmh.lacounty.gov/hipaa/EDI_MHSA_IT_Project.htm).)

## 2. 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 Contractor's current EDI capability.
6. Contractor 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 Contractor based on the Statewide Capital Facilities and Technological project estimate of \$345 million. Contractors 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, with the exception of Exhibit 3 – Technological Needs Project Proposal Description.
- Address all sections clearly and sufficiently in order to enable complete understanding by an IT generalist.
- Do not include cover pages, attachments, samples, brochures, 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 Technological Needs Projects Administrative Unit, via email at [CPTT@dmh.lacounty.gov](mailto: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 \_\_\_\_\_

### Instructions for Exhibit 3 Cover Sheet

<b>Project Title</b>	Title of project as identified in your Exhibit 3 – Technological Needs Project Proposal Description narrative.
<b>Consortium (Y/N)</b>	Enter ‘Y’ if the project will be part of a consortium.
<b>Contract Agency Name</b>	Enter the name of the Contractor as it appears in your Legal Entity agreement.
<b>Legal Entity Number</b>	Enter the Legal Entity number as it appears in your Legal Entity agreement.
<b>Preparer</b>	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.
<b>Contract Agency</b>	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.
<b>Project Type</b>	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.  Identify whether the project is a: (a) new system, (b) extending the number of users of an existing system, or (c) extending the functionality of an existing system. Check all applicable.  Identify which MHSA goal is supported by the project: (a) modernization/ transformation, (b) consumer and family empowerment, or both. Check all applicable.
<b>Electronic Health Record (EHR) System Projects</b>	Check all applicable types and submit as one (1) EHR project.
<b>Client and Family Empowerment Projects</b>	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.
<b>Other Technology Needs Projects That Support MHSA</b>	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, each of the types must be submitted as a separate project proposal.

<b>Operations</b>	
<b>Project Implementation Approach and Vendor(s)</b>	Indicate the project implementation approach, which may include: (a) custom interface/ application; (b) commercial off-the-shelf (COTS) system; (c) 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 identified. If the consultant(s) or vendor(s) is/are to be determined, please indicate. 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

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 for all EHR Projects where the proposing agency does not already have EDI capability.

##### **(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, DDE entry for DMH billing, 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.

For EDI/EHR projects, the proposal should include a description of any existing software systems in use related to electronic health records/clinical systems, and indicate whether they are currently certified for EDI transactions. For full EHR projects, identify all components that will be added to the system (e.g. Practice Management, Clinical Data Management, Billing, etc.).

Replacement and supplantation: If the project includes the replacement of any existing application or system functionality that was in place prior to November 2, 2004, please

describe the reason for the replacement and describe how the proposed replacement meets the non-supplantation policy as described in DMH Letter No. 05-04 at: <http://www.dmh.ca.gov/DMHDocs/docs/letters05/05-04.pdf>. If no replacement of existing functionality that was in place prior to November 2, 2004 will occur, please state this affirmatively in this section of the proposal.

**(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**

Describe clearly and sufficiently the results or benefits expected to be derived from the 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**

Critical success factors should include reasonable and related items that could impact the cost, timeframe or overall success of the project. For example, critical success factors for an Electronic Health Record project using an Application Service Provider approach would likely include: 1) infrastructure in place to support the ASP; 2) clinician involvement in set-up decisions; 3) thorough testing of the ASP software; 4) completion of data conversion or loading of current client data into the system; 5) completion of staff training on the system; 6) development of a cut-over plan; and 7) network bandwidth assessment. Critical success factors can become major milestones in the project schedule.

### 1.3. Project Approach

Project Approach should describe how the determination was made to propose the specific approach (such as COTS, ASP, Custom Interface) and how the proposed work will be accomplished. This section might include a description of research and evaluation of various approaches, discussion with other agencies, outside consultation with a subject matter expert, use of a steering committee, or a combination of approaches or other methods.

### 1.4. Project Risks (Complete for High Risk Projects)

**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.

### 1.5. MHSA Goals and Objectives:

Describe how the project meets the 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

Describe how the project will change current operations and/or systems in ways that are consistent with the goals above.

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

**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.

### 2.1. Scope Management:

Describe the approach to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

### 2.2. Time Management:

Describe the approach to monitor the project schedule in order to complete the project on time.

### 2.3. Cost Management:

Describe the approach to monitor project costs against project budget including all expenditures for personnel, hardware, software, contract services and other expenses.

### **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
- (f) Start-up Funds

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.

#### **(f) Start-up Funds**

If Start-up funds will be requested, indicate the amount of Start-up funds requested and provide a description of how these funds will be used. Start-up funds may be requested for up to 20% of the total project proposal MHSA amount. Start-up funds may only be requested once per project proposal.

## **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.

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 the approach for establishing maintenance/service agreements for hardware, software, and/or any other equipment purchased using MHSA Technological funds.

### **4.2. Backup Processing Capability:**

Describe the approach for evaluating business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSA Technological funds.

## 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 the approach to 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.

### 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:

### 6.1. Process for Implementing the Technology:

Describe the approach for determining appropriate implementation strategies to ensure successful project completion. Describe the proposed implementation approach.

### 6.2. Process for Training:

Where appropriate, describe the approach for determining appropriate training processes to ensure successful project implementation.

## 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](http://dmh.lacounty.gov/hipaa/downloads/Operational_Recovery_Plan_How-to-Guide.pdf) at [http://dmh.lacounty.gov/hipaa/downloads/Operational\\_Recovery\\_Plan\\_How-to-Guide.pdf](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](http://dmh.lacounty.gov/hipaa/downloads/Business_Continuity_Plan_How-to_Guide.pdf) at [http://dmh.lacounty.gov/hipaa/downloads/Business\\_Continuity\\_Plan\\_How-to\\_Guide.pdf](http://dmh.lacounty.gov/hipaa/downloads/Business_Continuity_Plan_How-to_Guide.pdf).

Note: For Sections 7.2 and 7.3, proposers may indicate that approaches to Security Planning will be determined and submitted within 60 days of implementation (“go live”) date. If implementation of project is in progress and for ongoing 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 that any technology solution implemented using MHSA Technological funds 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), CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations. If the approach will be determined at a later date during project planning, a statement must be made in this section ensuring intent to comply with the above.

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

### Exhibit 4 – Budget Summary For Technological Needs Project Proposal

**Project Title:** \_\_\_\_\_  
**Contract Agency Name:** \_\_\_\_\_

**Consortium Y/N)** \_\_\_\_\_  
**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							
<b>Total Staff (Salaries &amp; Benefits)</b>							
Hardware							
<b>Total Hardware</b>							
Software							
<b>Total Software</b>							
Contract Services <i>(list services to be provided)</i>							
<b>Total Contract Services</b>							
Other Expenses (Describe)							
<b>Total Other Expenses</b>							
<b>MHSA IT Funds Request (A)</b>							
<b>Non-MHSA Funding (B)</b>							
<b>OVERALL PROJECT COSTS</b>							

NOTE: If requesting project start-up funds, please describe the reason for the request in Exhibit 3, Section 3.1 Cost Justification.

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

### Instructions for Exhibit 4 – Budget Summary

<b>Project Title</b>	Title of project as identified in your Exhibit 3 – Technological Needs Project Proposal Description narrative.
<b>Consortium (Y/N)</b>	Enter 'Y' if the project will part of a consortium.
<b>Contract Agency Name</b>	Enter the name of the Contractor as it appears in your Legal Entity agreement.
<b>Legal Entity Number</b>	Enter the Legal Entity number as it appears in your Legal Entity agreement.
<b>Whole Dollars</b>	Show amounts in whole dollars only.
<b>Fiscal Years</b>	<p>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.</p> <p>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).</p> <p>Example 2: You plan to begin your Project on March 1. Your budget for each line item for the year could be for a maximum of four (4) months, from March 1 to June 30. You are purchasing SOFTWARE that has a purchase cost of \$120,000 including service and support for the first year. In following years, service and support will cost \$6,000 per year (which your contract allows you to pay in monthly installments of \$500). Your FY1 budget would show \$120,000 for your purchase. FY2 would show \$2,000 in costs, since your initial purchase included twelve (12) months of support and eight of those months are in FY2, so you are only paying for four (4) months of support (4 months x \$500/month = \$2,000). FY3 and following would each show \$6,000 in costs, since you are paying for the full year of support.</p>

<p><b>Start-up Costs</b></p>	<p>Start-up Costs may be requested up to a maximum of twenty percent (20%) of the overall MHSA IT Funding Amount requested for the Project. To calculate maximum allowable start-up <math>[(a+d+e+f) \times 0.20 = \text{maximum start-up}]</math>. Once calculated, distribute start-up funds in column "Fiscal Year 1 Start-up (b)" in the budget categories where start-up funds are requested.</p> <p>You may request less than the maximum allowable amount of 20% of your total MHSA IT Funds Request, but you may not exceed the maximum allowable start-up. Start-up funds are awarded once only at the inception of the project. Show start-up funds in Column B "Fiscal Year 1 Start-up" next to the applicable line item.</p>
<p><b>MHSA IT Funds Request (A), Non-MHSA Funding (B) and TOTAL PROJECT COSTS</b></p>	<p>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.</p> <p>Example 3: Your project will be used to benefit both DMH and non-DMH clients. Therefore, you apportion the costs between DMH clients being served by the project and non-DMH who are also being served by the project. For example, thirty percent (30%) of your clientele are not DMH clients, but you will be using your new EHR system for ALL your 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. You may request MHSA IT funding in FY1 for \$17,500 for Contract Services (that is, <math>\\$25,000 \times 70\%</math>). The remaining \$7,500 (that is, <math>\\$25,000 \times 30\%</math>) 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 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."</p> <p>Example 4: Your current EHR system includes both DMH and non-DMH clients, in the proportions noted in Example 3 above. You will add (1) a client progress tracking module that will only be used to benefit DMH clients, and (2) an appointment scheduling module that will used to assist all clients. Your agency may request 100% funding for the progress tracking module and 70% MHSA IT funding for the scheduling module, showing the combined account as part of "MHSA IT Funds Request (A)". The agency must show the 30% cost of the scheduling module as part of "Non-MHSA Funding (B)."</p> <p>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)".</p> <p>Show the total of all MHSA and non-MHSA costs is shown on the bottom</p>

	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: \_\_\_\_\_

Category		Factor	Rating	Score*
<b>Estimated Cost of Project*</b>				
<i>*Only MHSA IT Funds Request Amount</i>		Over \$400,000	6	
		Over \$200,000	5	
		Over \$100,000	2	
		Under \$100,000	1	
<b>Project Manager Experience</b>				
Like Projects completed in a "key staff" role		None	3	
		One	2	
		Two or More	1	
<b>Team Experience</b>				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
<b>Elements of Project Type</b>				
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		
<b>TOTAL SCORE</b>				

\*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](mailto: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.

<b>Project Title</b>	Title of project as identified in the Exhibit 3 – Technological Needs Project Proposal Description.
<b>Consortium (Y/N)</b>	Enter ‘Y’ if the project will be part of a consortium.
<b>Contract Agency Name</b>	Enter the name of the Contractor as it appears in your Legal Entity agreement.
<b>Legal Entity Number</b>	Enter the Legal Entity number as it appears in your Legal Entity agreement.
<b>Estimated Cost of Project</b>	The estimated cost of project rating should be based on the Exhibit 4 – Budget Summary line “MHSA IT Funds Request (A)”.
<b>Project Manager Experience</b>	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.
<b>Team Experience</b>	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.
<b>Elements of Project Type – Hardware</b>	<p><b>New Install</b> Score this section if any new hardware will be purchased to support the project that is not a replacement of existing hardware. This hardware may include desktop computers, laptops and wireless cards for field staff.</p> <p><u>Local Desktop/Server</u> Hardware is typically installed at a single location and supported by a local area network (LAN).</p> <p><u>Distributed/Enterprise Server</u> Hardware is typically installed at multiple locations with shared data and applications across the locations via both local and wide area networks (WAN).</p>
<b>Elements of Project Type – Hardware</b>	<p><b>Update/Upgrade</b> Score this section if existing hardware will be replaced with new hardware and/or upgraded hardware to support the project. Basic</p>

	<p>upgrades to IT infrastructure (desktops, printers, etc.) are not permitted with MHSA funds. All hardware update/upgrade costs must be project related</p> <p><u>Local Desktop/Server</u> Hardware is typically installed at a single location and may include desktop computers, laptops and wireless cards for field staff supported by a local area network (LAN).</p> <p><u>Distributed/Enterprise Server</u> Hardware is typically installed at multiple locations with shared data and applications across the locations via both local and wide area networks (WAN). A WAN is created by connecting multiple local area networks (LAN) s together. This hardware may include desktop computers, laptops and wireless cards for field staff.</p>
<p><b>Elements of Project Type – Hardware</b></p>	<p><b>Infrastructure</b></p> <p><u>Local Network Cabling</u> Cabling is typically installed within a single location to support smaller organizations. The LAN connects desktops, laptops and other devices and enables the sharing of devices such as scanners and printers.</p> <p><u>Distributed Network</u> The cabling is typically installed at multiple locations with shared data and applications across the locations via multiple local area networks combined into one or more wide area networks (WAN). This type of network may support a medium to large organization.</p> <p><u>Data Center/Network Operations Center</u> A data center is typically a facility used to house computer systems and associated components, such as telecommunications and storage systems. It generally includes redundant or backup power supplies, redundant data communications connections, environmental controls (e.g., air conditioning, fire suppression) and security devices. A Data Center/Network Operations Center typically supports larger organizations such as the County and includes multiple systems.</p>
<p><b>Elements of Project Type – Software</b></p>	<p><b>Custom Development</b> Custom development is the development of an application that is unique to a single organization. The organization typically will develop the software using internal resources or contracted resources to design, develop and implement the application from the “ground-up”. The Integrated System is an example of a “custom development” system.</p>
<p><b>Elements of Project</b></p>	<p><b>Application Service Provider (ASP)</b></p>

<p><b>Type – Software</b></p>	<p>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.</p> <p>The ASP typically provides services to setup and configure the system, convert existing data and files and provide initial training.</p>
<p><b>Elements of Project Type – Software</b></p>	<p><b>COTS Installation</b></p> <p><u>“Off-the-Shelf”</u> Short for <b>Commercial Off-The-Shelf</b>, 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.</p> <p>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.</p> <p><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.</p> <p>It is highly recommended to minimize modifications to a COTS.</p>
<p><b>Elements of Project Type – Software</b></p>	<p><b>Number of Users</b></p> <p>Select the number that best describes the number of users that will be using the software application described in the project proposal.</p> <p>The number entered here should be consistent with the agency description in Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (b) Background.</p>
<p><b>Elements of Project Type – Software</b></p>	<p><b>Architecture</b></p> <p><u>Browser/thin client based</u></p> <p>The term “Client” as used in the software arena refers to a software</p>

	<p>program that is used to request some type of service from another program (called the “server”)</p> <p>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.</p> <p><u>Two-Tier (client/server)</u></p> <p>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.</p> <p><u>Multi-Tier (client &amp; web, database, application, etc. servers)</u></p> <p>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.</p>
<b>Total Score</b>	Please indicate total score. Items marked “N/A” equal zero.
<b>Project Risk Rating</b>	<p>Check applicable rating</p> <p>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.</p> <p>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.</p>





## 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.

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

<b>Project Title</b>	Title of project as it appears in the Exhibit 3 – Technological Needs Project Proposal Description.
<b>Consortium</b>	Enter ‘Y’ if the project will be part of a consortium.
<b>Contract Agency Name</b>	Enter the name of the Contractor as it appears in your Legal Entity agreement.
<b>Legal Entity Number</b>	Enter the Legal Entity number as it appears in your Legal Entity agreement.
<b>ID Number</b>	Enter a sequential number to identify Summary Tasks, Tasks or Milestones.
<b>Summary Task/Task or Milestone Name</b>	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

	<p>dates and completion dates.</p> <p>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.</p> <p>The Critical Success Factors described in Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1 (c) typically become key milestones in a project schedule.</p> <p>Tasks and Milestones should be consistent with projects of a similar type and scope.</p> <p>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.</p>
<b>Duration in Days</b>	All Summary Tasks, Tasks and Milestones must include duration (in days). Duration in days generally includes only working days and excludes weekends and holidays.
<b>Original Start</b>	<p>The Original Start date is the planned start date.</p> <p>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).</p>
<b>Revised Start</b>	Leave blank.
<b>Original Completion</b>	The Original Completion date is the planned completion date.
<b>Revised Completion</b>	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.

## **APPENDIX B: CONSIDERATIONS AND CLARIFICATIONS**

## Appendix B: Proposal Considerations and Clarifications

### 1. Project Overview:

#### 1.1. MHSA Goals and Objectives:

LAC-DMH proposes to distribute MHSA Technological funds to Contractors for the following types of technology projects:

- 1) Electronic Health Record (EHR) System Projects including hardware and software to support field-based services, remote access to EHR, and EHR training;
- 2) Electronic Data Interchange (EDI) Projects;
- 3) Client/Family Access to Computer Resources Projects;
- 4) Personal Health Record Projects;
- 5) Online Information Resource Projects;
- 6) Telemedicine and other rural/underserved access methods projects;
- 7) Pilot Projects to monitor new programs and service outcome improvement;
- 8) Data Warehousing/Decision Support Projects; and
- 9) Imaging/Paper Conversion Projects.

Additionally, LAC-DMH will support Contractor requests for Treatment Planning Libraries that are consistent with MHSA treatment models, automation of eligibility verification, forms translations, and software and hardware to support e-signatures.

LAC-DMH has developed a review process to evaluate all technology project proposals submitted by Contractors within the LAC-DMH enterprise. Contractors will be required to submit project proposals describing project goals and objectives, indicate high-level project milestones, and provide project budgets. All projects must meet the MHSA goals of modernization/transformation or client/family empowerment within a framework of an Integrated Information System Infrastructure. Contractors must choose from the project types outlined above. The first priority is EDI. LAC-DMH has discouraged requests for funding to support custom software development for EHR/EDI projects. A review team comprised of LAC-DMH, CIOB staff will review all Contractor project proposals.

#### Electronic Health Record Projects:

The EHR technology project implementation approaches proposed by Contractors will vary. LAC-DMH will support EHR project implementation approaches such as commercial-off-the-shelf (COTS), Application Service Provider (ASP), and Billing Services or Clearinghouses.

#### Client/Family Empowerment Projects:

**Client/Family Computer Access Projects:** LAC-DMH will support Contractor technology projects that make computer resources such desktop computers, peripheral devices, and videoconferencing tools available to clients/family in mental health service settings and other appropriate and secure residential settings. LAC-

DMH will also support Contractor projects that make computer skills training programs and technical support available to the clients/family they serve.

**Personal Health Record (PHR) Projects:** LAC-DMH will support PHR projects, particularly those involving the Network of Care PHR, proposed by Contractors that accomplish one or more of the following objectives:

- 1) PHR awareness and education;
- 2) PHR systems and/or system enhancements such as linking Contractor EHR data with a PHR; and
- 3) PHR training programs for clients/family and service agencies.

Other Technological Needs Projects that Support MHSA Operations:

**Telemedicine/Telepsychiatry:** Some Contractors within the LAC-DMH enterprise deliver services to clients in rural/underserved areas of Los Angeles County. Telemedicine/Telepsychiatry is promising technology for increasing access to mental health services. LAC-DMH will support Contractors proposing Telemedicine/Telepsychiatry Projects.

**Pilot Projects:** Many Contractors provide MHSA services other than Full Service Partnership (FSP) services. FSP outcome measures are already captured in the Outcomes Measures Application (OMA). No similar applications are available to capture the outcomes of non-FSP MHSA services. LAC-DMH proposes to support Contractors who wish to develop technology systems to monitor the outcomes of non-FSP mental health services. These projects will allow the assessment of program effectiveness and assist in service program planning.

**Imaging/Paper Conversion:** To support the conversion of mental health record files from hard-copy to digital format, LAC-DMH proposes to support Contractors that request MHSA funds to support Imaging/Paper Conversion projects.

**Data Warehousing/Decision Support:** LAC-DMH proposes to support Contractors that request MHSA funds to support Data Warehousing/Decision Support projects. Ready access to digitally captured information is vital to the accomplishment of the transformation goals of MHSA and to monitoring progress towards transformational goals over time. Mental health program planning and development, outcomes assessment, quality improvement, implementation of evidence-based practices, and cost-efficient streamlined business processes cannot be fully realized without structured improvements in the processes for consolidating, storing, and reporting information from disparate data sources.

LAC-DMH will support other MHSA technology project initiatives that cover a variety of contracted services such as legal services to assist in preparing and reviewing vendor contracts, technical writing services to create training, technical and business process documentation essential to the successful implementation of the EHR, contracted training services for new applications and contracted technical support to assist in hardware/network/software installations to support the EHR.

Other funding requests that may be submitted by Contractors for inclusion in the Contractor Technology Project include projects that were not specifically identified in

the MHSA Capital Facilities and Technological Guidelines but do relate to overall MHSA goals. These projects include a Community-based Treatment Quality Improvement Project, an Electronic Clinical Assessment Project, automated treatment libraries for mental health, and costs for signature pads and EHRS e-signature integration.

## **2. Project Management:**

### **2.1. Independent Project Oversight:**

The Contractor Technology project will have numerous sources of independent project oversight, which includes the following; 1) LAC-DMH Information Technology Advisory Board (ITPAB); 2) LAC-DMH Executive Management Team (EMT); 3) LAC Chief Executive Office (CEO); 4) LAC Chief Information Office; and 5) LAC Board of Supervisors. Each source of independent project oversight and their roles in this project is described below.

The ITPAB provides strategic, operational, and clinical guidance to information technology (I/T) planning and ensures that I/T projects are consistent with LAC-DMH Business Goals and I/T objectives. The ITPAB establishes priorities for projects within the department's project portfolio, assesses risks, monitors progress, and ensures that appropriate resources are deployed to complete the project. The ITPAB meets at least quarterly.

The EMT will provide oversight of this project to ensure that the project supports the broad goals of MHSA across the full spectrum of MHSA plans.

The CEO evaluates whether LAC-DMH has appropriate financial controls on the project.

The CIO has designated a representative, Henry Balta, who will evaluate whether the project has appropriate Project Management controls in place.

Given the number of contracts that will be initiated as part of this project, the County Board of Supervisors will provide independent project oversight. Each supervisor has a Health Deputy. All Health Deputies will be given regular written project status reports and occasional presentations of project status at meetings of the health deputies. Similar to the CEO, the Board of Supervisors will be interested in the overall value of the project to County, project consistency with County's strategic plan, and the appropriate distribution of resources across the County's eight Service Planning Areas and five Supervisorial Districts.

### **2.2. Scope Management:**

The Project Manager will manage the overall project scope. LAC-DMH will be requesting project schedules from each participating Contractor. The Project Manager and a team of technical experts will evaluate each project schedule for consistency with the goals and objectives outlined in the MHSA Technological guidelines. Each Contractor will be responsible for managing the scope of each technology project they undertake. The LAC-DMH Project Manager will be responsible for monitoring each Contractor Project to ensure that each project stays within its defined scope as specified in each project plan. The LAC-DMH Project Manager will work with each

Contractor to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

Contractors will be required to submit Project Status Reports quarterly. The status reports will provide information on scope compliance and performance measured against individual project schedules. Each Contractor receiving MHSA Technological funding will enter into a contract with LAC-DMH. Each contract will have specific language regarding performance expectations, reporting requirements, and consequences for poor performance and/or failure to perform according to the terms and conditions of the contract.

### **2.3. Time Management:**

Each Contractor will be responsible for ensuring appropriate time management. Through Quarterly Project Status Reports and periodic site visits, LAC-DMH will monitor each Contractor's progress over time. In the event that a Contractor falls behind schedule on a project, LAC-DMH will work with that agency to identify obstacles and assist the Contractor to develop an action plan to move each project forward to completion.

### **2.4. Cost Management:**

Each Contractor will be responsible for managing project costs. LAC-DMH will be responsible for monitoring Contractor expenditures specific to each technology project. Under the supervision of the Project Manager, two Senior Information Systems Analysts (SISA), and an Administrative Assistant (AA) will be devoted full-time to this project. A SISA will be assigned to each contract to review invoices and monitor contractor performance. The AA will be responsible for processing and tracking Contractor invoices associated with approximately 125 Contractor contracts.

LAC-DMH will require the Contractors to provide invoices no more than monthly and no less than quarterly depending upon the type of project and the preferences of the Contractor. The AA will maintain an invoice tracking system to track expenses against each contract award amount, and track expenses associated with start-up costs and expenses to be reimbursed in arrears. The AA will forward invoices submitted by Contractors to the SISA(s), District Chief and Finance. The SISA(s) will evaluate expenses against project deliverables to determine the appropriateness of each expense. Upon review and approval by a SISA, the AA will forward invoices to DMH Finance. DMH Finance will maintain a log of all invoices paid.

## **3. Costs:**

### **3.1. Cost Justification:**

Within the Los Angeles County public mental health services system, Contract Providers provide mental health services to more than 50 percent of consumers served in the system and provide nearly two-thirds of billable services annually.

MHSA information technology funding is intended to support technology projects to build a technical infrastructure that ultimately results in improved consumer services and provides tools to empower consumers and family. Building that technical infrastructure without including a means for Contract Providers to improve their technical resources would likely create inequities in the quality of services consumers

receive. LAC-DMH must ensure that the benefits of MHSA information technology funding are distributed so that all mental health consumers benefit regardless of where they receive services.

### **3.2. Ongoing Sustainability of System:**

MHSA Technological funds are requested to assist Contractors in acquiring sustainable information systems that will allow them to efficiently and effectively interface with LAC-DMH, and develop sustainable technology programs that empower the clients/family they serve. Additionally, these funds will support their capacity to effectively sustain their participation in the delivery of services they provide. However, the use of MHSA Technological funding to support Contractor Technology projects will not by itself ensure sustainable technology programs. Contractors, in developing their project plans, must take into consideration their business model, current resources, and their means for obtaining resources to sustain their technology projects over time.

## **4. Hardware Considerations:**

### **4.1. Hardware Maintenance:**

Contractors will be responsible for establishing maintenance/service agreements for any hardware, software, and/or any other equipment purchased using MHSA Technological funds.

### **4.2. Backup Processing Capability:**

Contractors will be responsible for evaluating their business needs and determining the appropriate backup processing capabilities of any system(s) purchased using MHSA Technological funds.

## **5. Software Considerations:**

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

By contract, Contractors will be required to meet, at a minimum, all 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:**

All Contractors receiving MHSA Technological funding to support EHR/EDI projects will be required to ensure that the EHR/EDI system software they select 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:**

### **6.1. Process for Implementing the Technology:**

Where appropriate to the type of project supported by MHSA Technological funds, Contractors will be responsible for determining appropriate implementation strategies

to ensure successful project completion. LAC-DMH will perform appropriate monitoring to regularly assess the implementation status of each technology project supported by MHSA Technological funds.

**6.2. Process for Training:**

Where appropriate to the type of project supported by MHSA Technological funds, Contractors will be responsible for determining appropriate training processes to ensure successful project implementation.

**7. Security Planning:**

**7.1. Protecting Data Security and Privacy:**

By contract, Contractors are responsible for developing and maintaining effective security and privacy policies and procedures. Additionally, per contract, Contractors will be responsible 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, Contractors will be required to address operational recovery planning in project proposals submitted to LAC-DMH.

**7.3. Business Continuity Planning:**

For EDI and EHR projects only, Contractors will be required to address business continuity planning in project proposals submitted to LAC-DMH.

**7.4. State and Federal Laws and Regulations:**

Contractors will be required to ensure that any technology solution implemented using MHSA Technological funds 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), CCHIT, and MHSA Capital Facilities and Technological Guidelines and Regulations.

**Exhibit 6 – Quarterly Project Status Report  
For Funded Technological Needs Project**

**County of Los Angeles  
Department of Mental Health  
Quarterly Project Status Report  
For an MHSA-Funded IT Project**

**DMH CONTROL NO. (DMH Use Only)**

PROJECT INFORMATION		
<b>Project Name:</b>		<b>Project ID No.:</b>
<b>Contractor Name:</b>		<b>Legal Entity No.:</b>
<b>Contractor's Executive Sponsor:</b>		<b>Title:</b>
<b>Project Status</b>	<b>Budget Status</b>	<b>Report for Quarter Ending:</b>
<input type="checkbox"/> On Schedule	<input type="checkbox"/> Within Approved Budget	<b>Project Start Date:</b>
<input type="checkbox"/> Ahead of Schedule	<input type="checkbox"/> Over Budget	<b>Project End Date:</b>
<input type="checkbox"/> Behind Schedule		
<b>Contractor's Project Director:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>Project Objectives:</b>		
<b>Consortium Agencies (If applicable):</b>		

MAJOR TASK/MILESTONE STATUS							
Task / Milestone	Original Start	Revised Start	Actual Start	Original Completion	Revised Completion	Actual Completion	Status

<b>TOTAL PROJECT BUDGET INFORMATION</b> (MHSA Funding Only)		
<b>Category</b>	<b>Budgeted Costs</b>	<b>Actual Costs to Date</b>
Personnel		
Hardware		
Software		
Contract Services		
Other Expenses		
<b>Total Project Costs</b>		

<b>PROJECT STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES</b>
<p><b>PROJECT STATUS</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>MAJOR ACCOMPLISHMENTS DURING THE REPORTING PERIOD</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>SCHEDULED ACTIVITIES FOR THE NEXT FISCAL QUARTER</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>ISSUES</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>

## RISK MANAGEMENT

### Risk Report

(Please Provide the Risk Log Along with Mitigation, Contingency Plan for each High Priority Short Term Risk)

ID	Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets. )	Probability	Impact	Timeframe	Response	Escalated To DMH

### Explanation Of Entries

- **Probability And Impact Are Based On Three (3) Possible Entries:** High (H), Medium (M), Low (L)
- **Timeframe, Estimation Of How Long The Risk Will Be Relevant:** Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- **Response:** Possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact.
- **Escalated to DMH:** Enter the appropriate description of action(s) taken with regard to each reported risk as follows:  
  - “Yes” = DMH informed of risk immediately upon recognition of the risk and through means other than the *Quarterly Project Status* Report because the risk represents a significant threat to project success.
  - “No – M/L” = DMH was not informed because both the Probability and Impact of the risk are not high.
  - “No – H” = DMH should have been informed of the risk prior to completion of the current *Quarterly Project Status Report*, but was not informed timely.

### List Of Risks That You Might Want To Consider

1. Lack of Clearly-Defined Project Objectives and Business Processes
2. Lack of Clearly Defined Roles and Responsibilities for Stakeholders and Team Members
3. No Project Steering Committee Established
4. Required Funds and Resources are not available in a Timely Manner
5. Lack of Subject Matter Experts with Availability To Share Knowledge in a Timely Manner with The Project Team
6. Lack of Well Defined Requirements or Requirements that are not Finalized
7. Lack of Project Management Methodology and Change Management Process
8. Lack of Knowledge on Technologies Being Used and Stability of Technologies Being Used
9. No Proven Vendor Product (If Package Solution)
10. Excessive Changes after the Completion of the Requirements Phase
11. Lack of User Group Involvement and Buy-In Throughout The Project
12. No Provision for Appropriate Training

## Post Implementation Evaluation Report

Please Include the Following Sections in Your Final Status Report

### OBJECTIVES ACHIEVED

Describe the Achieved Objectives in Comparison to the Objectives Listed in the Project Description Section 1.1 of Exhibit 3.  
Also describe the User and Management Acceptance of the Completed Project.

- 

### LESSONS LEARNED

Describe Lessons Learned, Best Practices used for the project, any Notable Occurrences, or Factors that contributed to the project's success or problems, or other information, which could be helpful during future project efforts. Describe Problems that were Encountered and How they were Overcome.

- 

### CORRECTIVE ACTIONS

**Note:** This section must be included when the project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results.  
If this condition applies, summarize alternatives for improving the outcome.

- 

### NEXT STEPS

Describe if the project has any Future Phases or Enhancements; or will it be in Maintenance Phase.

-

Contractor Approvals		
Signature Prepared By	Date	Phone
Signature Contractor's Project Director	Date	Phone

Please submit *Quarterly Project Status Reports* in an electronic format or via fax, including images of "wet" signatures of both the Report Preparer and the Contractor's Project Director.

Email *Quarterly Project Status Reports* to:

[CPTT@dmh.lacounty.gov](mailto:CPTT@dmh.lacounty.gov)

Or FAX *Quarterly Project Status Reports* to:

**DMH CIOB Attn: CPTT**

**(213) 252-8744**

# **SAMPLE EXHIBITS**

### (SAMPLE) Exhibit 3 - Technological Needs Project Proposal Description

Project Title: Clinical Data and Practice Management System 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

Dr. John Doe

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 To Be Determined
- 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](mailto:CPTT@dmh.lacounty.gov).

## EXHIBIT 3 – TECHNOLOGICAL NEEDS PROJECT PROPOSAL DESCRIPTION (Continued)

### 1. Project Overview:

#### 1.1. Project Description

##### **(a) Project Purpose**

*XYZ Agency, Inc., proposes the Clinical Data and Practice Management (CDPM) Project for the purpose of acquiring and deploying a web-based solution to submit EDI transactions to DMH, to record appointments, clinical documentation and progress notes, and to track client progress.*

##### **(b) Background**

*XYZ Agency offers community-based mental health programs for children ages birth to 21 years old and their families living in Los Angeles County. XYZ Agency provides an individualized and specialized approach using a strength-based, family-driven model to support the child to excel in school, the family and the community. Additionally, XYZ Agency has a drug and alcohol outpatient treatment program serving all age groups supported by grant funding from Los Angeles County Alcohol and Drug Program and Substance Abuse & Mental Health Services Administration. 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. 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). The ITM will serve as the Project Manager for XYZ Agency on this project and will work closely with the selected ASP vendor's project management team. The ITM has recent experience in managing the successful deployment of one ASP electronic health record system solution for a mental health service agency. The ITA has experience in unrelated large scale system deployments and will provide assistance in selecting and deploying equipment purchases that meet vendor specifications.*

*XYZ Agency is currently using a paper-based scheduling system. Medical records are also paper-based. We currently submit claims to DMH through direct data entry into the IS. We are seeking a solution that will enable our agency to automate client scheduling, maintain clinical, financial, and other administrative data electronically, and submit certified EDI transactions to the IS. These actions will prepare us for DMH's streamlined business processes and prepare us for the transition to the IBHIS.*

##### **(c) Project Goals and Objectives**

*The goal of the CDPM Project is to optimize services to our clients by improving operational efficiency, reducing costs, and streamlining communications and access to information. Specifically, our objective is to identify and transition to an electronic clinical data and practice management system that will automate client and counselor scheduling, reduce reliance on paper records, help us identify opportunities to*

*improve clinical services and streamline administrative tasks, and have the necessary EDI functionality to support the requirements to exchange data electronically with DMH.*

***(d) Project Scope***

*The scope of this project includes (a) evaluating our business needs for a Clinical Data and Practice Management (CDPM) solution, (b) evaluating Application Service Providers (ASP), (c) selecting and contracting with a vendor, (d) training staff on the ASP software, and (e) purchasing and installing the additional desktop computers and peripheral devices necessary to support the new system. At this point, XYZ Agency will limit its deployment to practice management, clinical data management and EDI components. Further, the scope of this project is limited to our Los Angeles County service locations. (The XYZ clinic in Kern County is a small satellite clinic and is limited to Alcohol and Drug counseling services. There are no immediate plans to implement a Practice and Clinical Data Management solution at that location.) All products and services purchased with MHSA funds as part of this project will be used exclusively for our Los Angeles-based operations to capture data on clients served at Los Angeles locations.*

*The total project is budgeted at \$210,797 over a period of 40 months. We are requesting \$158,098 in MHSA IT Funds. XYZ Agency will fund the remaining \$52,699 and any additional costs from general operating funds.*

***(e) Project Justification***

*XYZ Agency currently submits claims to DMH via direct data entry (DDE) into the DMH IS. With DMH's planned implementation of the IBHIS electronic health record, XYZ Agency will not have a method to submit claims to DMH unless we implement a solution that will enable the agency to submit claims and other clinical and administrative data to DMH via EDI transactions. Our need for an electronic Practice and Clinical Data Management system is immediate and will allow the agency to complete the certification process for submitting EDI transactions to the IS. Completing the EDI certification process will prepare us to meet the new EDI transaction requirements anticipated when DMH implements the IBHIS.*

**1.2. Results or Benefits Expected; Critical Success Factors**

***(a) Tangible Benefits Expected***

*Reduction in documentation time: XYZ Agency anticipates a four hour reduction in the amount of time each clinician devotes weekly to manual charting/documentation, following an initial period of familiarization with the new system.*

*Increased Quality of Documentation: It is projected that use of the new system will reduce State audit findings based on issues such as untimely documentation, incomplete documentation, and missing documentation from 5% to 2% within one year.*

*Increased Efficiency in Billing Processes: It is anticipated that the amount of resources spent on the manual process of data entry for billing purposes will be*

*reduced by at least one Full Time Equivalent (FTE).*

*Client Flow Management: It is estimated that the amount of time spent managing client scheduling and referrals will be reduced by at least 0.5 FTE.*

***(b) Intangible Benefits Expected***

*Increased Security and Privacy of Client Information: XYZ Agency will choose a system that offers password security, role-based security, data encryption and other security features to protect client privacy.*

*General Clinical Management: The CDPM solution is expected to improve access to real-time clinical and business statistics related to client flow, timeliness of documentation, staff productivity and billing revenue. Ready availability of this information will enhance our ability to make sound business decisions proactively.*

***(c) Critical Success Factors***

*Critical success factors for the CDPM Project include: 1) having the necessary infrastructure in place to support the ASP; 2) obtaining full clinician involvement in set-up decisions; 3) thorough testing of the ASP software; 4) loading client data into the system; 5) completion of staff training on the system; 6) development of a cut-over plan; and 7) network bandwidth assessment.*

**1.3. Project Approach**

*XYZ Agency convened a Project Steering Committee to consider a number of project approaches and determined that an Application Service Provider (ASP) approach is the most suitable approach for our business. The committee of clinicians, an outside behavioral health IT consultant and our operations management team determined that XYZ Agency is of sufficient size to warrant choosing an ASP solution that will offer practice and clinical data management, rather than other less costly options such as a billing service or clearinghouse.*

**1.4. Project Risks (Complete for High Risk Projects)**

Describe the project risks including possible risk mitigation strategies. Please refer to the IT Project Status Report for an example of the Risk and Issue Management report. Also, complete Appendix A – Project Risk Assessment for each project proposal.

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

**1.5. MHSA Goals and Objectives:**

*This project supports the goal of modernization and transformation of clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness. As described earlier in this proposal, XYZ Agency currently relies on manual, paper-based processes for client scheduling and referrals, and maintaining clinical treatment records. We expect that through this project, clinicians will have more ready access to client information, have a more efficient method to document services, and as such, have more time to provide direct client services, and deliver more improved client services.*

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

### 2.1 Scope Management:

Describe the approach to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

*This is not a high-risk project.*

### 2.2 Time Management:

Describe the approach to monitor the project schedule in order to complete the project on time.

*This is not a high-risk project.*

### 2.3 Cost Management:

Describe the approach to monitor project costs against project budget including all expenditures for personnel, hardware, software, contract services and other expenses.

*This is not a high-risk project.*

## 3. Costs:

### 3.1. Cost Justification:

#### **(a) Personnel**

*XYZ Agency is requesting funding to support the Information Technology Manager (ITM) who will act as Project Manager for this project for a period of five (5) months at 50% time. The annual salary and employee benefits costs for this position are \$100,000. 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.  $(\$100,000 \times 0.75 \times 0.50 [50\% \text{ effort}] \times 0.4167 [5\text{-months}]) = \$15,625$ .*

*Proposer's note regarding budgeting of all costs: Because this project is starting on April 1, 2010, we are budgeting 4 months' costs in FY09-10, and remaining costs in FY10-11 and following years, as applicable. However, purchases requiring full payment up front (e.g., the ASP contract) and which include in the purchase price one (1) year of service and support, are allocated to the year in which the purchase is anticipated.*

#### **(b) Hardware**

*Implementation of the CDPM Project requires the installation of computer terminals in all counseling rooms. Additionally, we will need laptop computers for clinic staff providing field-based services. We are requesting funds to purchase 20 desktop computers, 5 laptop computers, and 4 network printers. We estimate the cost of desktop computers with monitors as \$1,200 per unit and laptops at \$1,500 per unit with standard office software loaded. We estimate the cost of network printers at \$500 per unit. Total Hardware costs are estimated at \$33,500  $[(20 \times \$1200) + (5 \times$*

$\$1500)+(4 \times \$500)$ ]. Since three-quarters of XYZ Agency clients served in Los Angeles County are DMH clients, we are requesting \$25,125 for Hardware [ $\$33,500 \times 0.75 = \$25,125$ ].

**(c) Software**

No funding for software is requested.

**(d) Contract Services**

*Electronic Health Records System Software:* We have consulted with other mental health service agencies of similar size to XYZ Agency and expect the selected ASP vendor to charge a \$5,000 set-up fee. Additionally we expect \$30,000 in annual licensing fees. We are requesting MHSA IT funds to support the annual licensing fee for 3.25 years (\$97,500). Since three-quarters of XYZ Agency clients served in Los Angeles County are DMH clients, we are requesting \$71,250 for Electronic Health Records System software expenses [ $(\$97,500 \times .75) = (\$5,000 \times .75) = 76,875$ ].

*Information Technology Assistant:* We are requesting funding to support an ITA at 1.0 FTE for a period of 8 months (52 weeks / 12 months = 4.33 average weeks per month; 8 months X 4.33 weeks X 40 hours per week = 1,386 hours) at \$25.00 per hour through a subcontractor agreement. This position will assess hardware requirements, software configuration requirements, data cleansing, and assist in EDI certification processes. This position will also receive comprehensive training on the EHR software and will provide ongoing staff training and user support post Go-Live. Total consultant costs will be \$34,650. XYZ Agency will apply the same allocation method (75%) to establish the cost allowable to support services to DMH clients [ $\$34,650 \times 0.75 = \$25,988$ ].

*Hardware Maintenance:* We anticipate annual hardware maintenance costs at 17-percent of the original hardware cost beginning in the second year of equipment ownership. The first year of maintenance will be at no cost under standard warranty provisions. XYZ Agency will apply the same allocation method (75%) to establish the cost allowable to support services to DMH clients. [ $\$33,500 \times 0.75 \times 0.17 \times 2.25$  years = \$9,610].

*Upgrade Internet Bandwidth:* XYZ Agency is currently paying \$3,000 per year for Internet services. Increased bandwidth is necessary to move to a web-based CDPM System. Increasing bandwidth at our Los Angeles service locations only will cost an additional \$2,000 per year above what we are currently paying. We are requesting MHSA funding to support this increased cost. XYZ Agency will apply the same allocation method to establish the cost allowable to support services to DMH clients [ $\$2,000 \times .75 \times 3.25$  years = \$4,875].

**(e) Other Expenses**

No other expenses are anticipated.

**(f) Start-up**

Total MHSA IT funding requested for this project is \$149,301. XYZ Agency is requesting \$28,875 in Start-up funding to support the purchase of hardware (\$25,125) and \$3,750 to support 75% of the ASP setup cost (\$5,000 x 0.75 = \$3,750). This start-up amount is less than 20% of the total MHSA IT funding requested.

**Non-MHSA Funding of Project**

XYZ Agency will fund the remaining one-fourth of budgeted project costs, corresponding to the one-fourth of total client population which is not DMH and which is being served by the CDPM Project, via general operational funding and capital projects funds currently held in trust. This amount is \$50,349. XYZ Agency will also fund incidental costs, e.g., network cabling, from these funding sources.

<b>Item</b>	<b>MHSA</b>	<b>Non-MHSA</b>
Project Manager	\$15,625	\$5,208
Hardware	\$25,125	\$8,375
ASP Vendor Fees	\$76,875	\$25,625
IT Assistant (Contractor)	\$25,988	\$8,663
Hardware Maintenance	\$9,610	\$3,203
Internet Service	\$4,875	\$1,625
<b>TOTAL</b>	<b>\$158,098</b>	<b>\$52,699*</b>

*\*Adjusted for rounding.*

**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 will establish long-term maintenance agreements with the hardware vendors selected for all project-related hardware purchases. We plan to use MHSA IT funds to support two (2) years of the maintenance agreement. Thereafter, general operational funding will support continuation of the maintenance agreements.

**4.2. Backup Processing Capability:**

XYZ Agency will choose an ASP vendor that offers on-site backup processing at multiple scheduled intervals daily and off-site backup at least daily.

**5. Software Considerations:**

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

*Upon vendor selection, XYZ Agency will ensure that our contract with the selected ASP vendor includes language requiring the vendor to meet or exceed the connectivity 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 will require that the selected ASP vendor comply with the technology standards set forth in Enclosure 3, Appendix B of the MHSA Capital Facilities and Technological Needs Guidelines as they are defined at the time of contract execution. Further, the vendor contract will include language requiring the vendor to meet all future standards as they become available.*

**6. Training and Implementation:**

**6.1. Process for Implementing the Technology:**

*Based on discussions with similarly sized agencies who have employed an ASP approach, as well as information presented by several potential ASP vendors, we have developed the draft implementation strategies and timeline shown in Appendix C: Summary Project Schedule and Appendix C-1: Detail Project Schedule. We believe this information is fairly accurate in its draft form. The implementation approach and timeline will be finalized after ASP vendor selection.*

**6.2. Process for Training:**

*The selected vendor will provide training as part of the setup. The IT Manager and contracted IT Assistant will receive training to provide ongoing assistance to all other users post go-live. The IT Assistant will return to part-time contract status and remain indefinitely with XYZ Agency post go-live.*

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

**7.1. Protecting Data Security and Privacy:**

*The approach to Protecting Data Security and Privacy will be defined during the Planning Phase of the project. The selected vendor contract terms will include privacy and security policies as defined by HIPAA and all related Federal, State and local regulations, guidelines and legislation.*

**7.2. Operational Recovery Planning:**

*XYZ Agency has developed an Operational Recovery Plan and Business Continuity Plan, and will revise the plans in cooperation with the selected vendor to ensure accuracy. XYZ Agency will submit an Operational Recovery Plan to DMH within 60*

*days of go-live.*

**7.3. Business Continuity Planning:**

*XYZ Agency has developed an Operational Recovery Plan and Business Continuity Plan, and will revise the plans in cooperation with the selected vendor to ensure accuracy. XYZ Agency will submit a Business Continuity Plan to DMH within 60 days of go-live.*

**7.4. State and Federal Laws and Regulations:**

*XYZ Agency will ensure compliance with all applicable State and Federal Laws and Regulations and all other requirements listed above by including these provisions/requirements in the ASP vendor contract. Pursuant terms of the contract, the selected vendor will be required to comply with the technology standards as they are defined at the time of contract execution and the vendor will be required to meet future standards as they become available.*

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

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

**Project Title:** Clinical Data and Practice Management System Project      **Consortium (Y/N)** N

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

Category	Fiscal Year 1 <i>FY09-10</i> (a)	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=(c)	Fiscal Year 2 <i>FY10-11</i> (d)	Fiscal Year 3 <i>FY11-12</i> (e)	Fiscal Year 4 <i>FY12-13</i> (f)	Total Project Costs (a+d+e+f)
<b>Personnel</b>							
<i>Project Manager (0.5 FTE)</i>	<i>9,375</i>		<i>9,375</i>	<i>6,250</i>			<i>15,625</i>
<b>Total Staff (Salaries &amp; Benefits)</b>	<i>9,375</i>		<i>9,375</i>	<i>6,250</i>			<i>15,625</i>
<b>Hardware</b>							
<i>PCs, Laptops and Printers</i>	<i>25,125</i>	<i>25,125</i>	<i>0</i>				<i>25,125</i>
<b>Total Hardware</b>	<i>25,125</i>	<i>25,125</i>	<i>0</i>				<i>25,125</i>
<b>Software</b>							
<b>Total Software</b>							<i>0</i>
<b>Contract Services</b>							
<i>(list services to be provided)</i>							
<i>ASP Vendor</i>	<i>9,375</i>	<i>3,750</i>	<i>5,625</i>	<i>22,500</i>	<i>22,500</i>	<i>22,500</i>	<i>76,875</i>
<i>IT Assistant</i>	<i>9,745</i>		<i>9,745</i>	<i>16,243</i>			<i>25,988</i>
<i>Hardware Maintenance</i>	<i>0</i>		<i>0</i>	<i>1,068</i>	<i>4,271</i>	<i>4,271</i>	<i>9,610</i>
<i>Internet Services</i>	<i>375</i>		<i>375</i>	<i>1,500</i>	<i>1,500</i>	<i>1,500</i>	<i>4,875</i>
<b>Total Contract Services</b>	<i>19,495</i>	<i>3,750</i>	<i>15,745</i>	<i>41,311</i>	<i>28,271</i>	<i>28,271</i>	<i>117,348</i>
<b>Other Expenses (Describe)</b>							
			<i>0</i>				<i>0</i>
			<i>0</i>				<i>0</i>
<b>Total Other Expenses</b>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<b>MHSA IT Funds Request (A)</b>	<i>53,995</i>	<i>28,875</i>	<i>25,120</i>	<i>47,561</i>	<i>28,271</i>	<i>28,271</i>	<i>158,098</i>
<b>Non-MHSA Funding (B)</b>	<i>17,998</i>		<i>17,998</i>	<i>15,854</i>	<i>9,424</i>	<i>9,424</i>	<i>52,699</i>
<b>OVERALL PROJECT COSTS</b>	<i>71,993</i>	<i>28,875</i>	<i>43,118</i>	<i>63,414</i>	<i>37,695</i>	<i>37,695</i>	<i>210,797</i>
NOTE: If requesting project start-up funds, please describe the reason for the request in Exhibit C, Section 3.1 Cost Justification.							

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

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

**Project Title:** Clinical Data and Practice Management System Project    **Consortium (Y/N):**    N

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

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	3	
		One	2		
		Two or More	1		
Team Experience					
Like Projects Completed by at least 75% of Key Staff		None	3	3	
		One	2		
		Two or More	1		
Elements of Project Type					
Hardware	New Install	Local Desktop/Server	1	1	
		Distributed/Enterprise Server	3		
	Update/Upgrade	Local Desktop/Server	1		
		Distributed/Enterprise Server	2		
	Infrastructure	Local Network Cabling	1		2
		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	1	
		Over 100	3		
		Over 20	2		
		Under 20	1		
	Architecture	Browser/thin client based	1	1	
		Two-Tier (client / server)	2		
Multi-Tier (client & web, database, application, etc. servers)		3			
<b>TOTAL SCORE</b>				<b>14</b>	

\*\*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](mailto:CPTT@dmh.lacounty.gov)



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

Project Title: Clinical Data and Practice Management System 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
1	<b>Clinical Data and Practice Management (CDM and PM Project)</b>	829 d	4/1/2010		6/27/2013	
1.1	<b>Project Initiation</b>	40 d	4/1/2010		5/26/2010	
1.1.1	Define CDM and PM Project Strategy	25 d	4/1/2010		5/5/2010	
1.1.1.1	Identify Available CDM and PM Project Solutions	10 d	4/1/2010		4/14/2010	
1.1.1.2	Define a CDM and PM Project Strategy	10 d	4/15/2010		4/28/2010	
1.1.1.3	Review and Approve the CDM and PM Project Strategy	5 d	4/29/2010		5/5/2010	
1.1.2	Develop Project Charter	15 d	5/6/2010		5/26/2010	
1.1.2.1	Prepare Project Charter	10 d	5/6/2010		5/19/2010	
1.1.2.2	Review and Approve Project Charter	5 d	5/20/2010		5/26/2010	
1.2	<b>Project Planning</b>	74 d	5/27/2010		9/10/2010	
1.2.1	Project Management	16 d	5/27/2010		6/18/2010	
1.2.1.1	Prepare Required Project Work Plan (Schedule)	16 d	5/27/2010		6/18/2010	
1.2.1.1.1	Define Tasks and Deliverables	10 d	5/27/2010		6/10/2010	
1.2.1.1.2	Prepare Project Work Plan	5 d	6/11/2010		6/17/2010	
1.2.1.1.3	Review and Approve Project Work Plan	1 d	6/18/2010		6/18/2010	
1.2.2	Conduct CDM and PM Project Readiness Assessment	26 d	6/21/2010		7/27/2010	
1.2.2.1	Form an Assessment Team	5 d	6/21/2010		6/25/2010	
1.2.2.2	Define Short and Long Term Goals	5 d	6/28/2010		7/2/2010	
1.2.2.3	Define Organization Strengths and Weaknesses (SWOT)	5 d	6/28/2010		7/2/2010	
1.2.2.4	Define Business Needs	5 d	6/28/2010		7/2/2010	
1.2.2.5	Assess Budget and Staff Resources	10 d	6/28/2010		7/12/2010	
1.2.2.6	Prepare CDM and PM Project Readiness Report	5 d	7/13/2010		7/19/2010	

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

<b>ID Number</b>	<b>Task Name</b>	<b>Duration in Days</b>	<b>Original Start</b>	<b>Revised Start</b>	<b>Original Completion</b>	<b>Revised Completion</b>
1.2.2.7	<i>Review and Approve CDM and PM Project Readiness Assessment Report</i>	6 d	7/20/2010		7/27/2010	
1.2.3	<i>Select CDM and PM Project Solution</i>	32 d	7/28/2010		9/10/2010	
1.2.3.1	<i>Review CDM and PM Project Solutions</i>	10 d	7/28/2010		8/10/2010	
1.2.3.2	<i>Select an CDM and PM Project Solution</i>	2 d	8/11/2010		8/12/2010	
1.2.3.3	<i>Negotiate Contract</i>	20 d	8/13/2010		9/10/2010	
1.3	<b>Project Execution and Control</b>	223 d	6/21/2010		5/10/2011	
1.3.1	<i>Track and Report Required Project Status</i>	223 d	6/21/2010		5/10/2011	
1.3.1.1	<i>Prepare required quarterly Status Reports and Monitor Progress</i>	223 d	6/21/2010		5/10/2011	
1.3.2	<i>Plan and Implement CDM and PM Project Solution</i>	10 d	9/13/2010		9/24/2010	
1.3.2.1	<i>Develop CDM and PM Project Implementation Plan and Schedule</i>	10 d	9/13/2010		9/24/2010	
1.3.3	<i>Plan and Implement Hardware</i>	40 d	9/27/2010		11/23/2010	
1.3.3.1	<i>Identify and Document Hardware Requirements</i>	10 d	9/27/2010		10/8/2010	
1.3.3.2	<i>Complete Hardware Design</i>	10 d	10/12/2010		10/25/2010	
1.3.3.3	<i>Approve Hardware Design</i>	1 d	10/26/2010		10/26/2010	
1.3.3.4	<i>Install and Configure Hardware (if applicable)</i>	15 d	10/27/2010		11/17/2010	
1.3.3.5	<i>Test Hardware</i>	2 d	11/18/2010		11/19/2010	
1.3.3.6	<i>Approve Final Hardware Delivered</i>	2 d	11/22/2010		11/23/2010	
1.3.4	<i>Plan and Implement Software</i>	46 d	11/24/2010		2/1/2011	
1.3.4.1	<i>Configure CDM and PM Project Software</i>	10 d	11/24/2010		12/9/2010	
1.3.4.2	<i>Test CDM and PM Project Software with Vendor</i>	20 d	12/10/2010		1/10/2011	
1.3.4.3	<i>Configure Services, Rates and Users</i>	6 d	1/11/2011		1/18/2011	
1.3.4.4	<i>Customize Clinical Templates and Drop-down Lists</i>	10 d	1/19/2011		2/1/2011	
1.3.4.5	<i>Customize and Develop Reports</i>	10 d	1/19/2011		2/1/2011	
1.3.5	<i>Convert Data</i>	20 d	2/2/2011		3/2/2011	
1.3.5.1	<i>Import Data from County DMH</i>	10 d	2/2/2011		2/15/2011	
1.3.5.2	<i>Perform Data Cleanup</i>	10 d	2/16/2011		3/2/2011	
1.3.6	<i>Train Staff</i>	20 d	3/3/2011		3/30/2011	
1.3.6.1	<i>Develop Training Materials</i>	10 d	3/3/2011		3/16/2011	

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

<b>ID Number</b>	<b>Task Name</b>	<b>Duration in Days</b>	<b>Original Start</b>	<b>Revised Start</b>	<b>Original Completion</b>	<b>Revised Completion</b>
1.3.6.2	<i>Train Staff on CDM and PM Project Software</i>	10 d	3/17/2011		3/30/2011	
1.3.7	<i>Complete CDM and PM EDI Project Certification</i>	26 d	2/16/2011		3/24/2011	
1.3.7.1	<i>Get Third Party Certificate from Vendor</i>	5 d	2/16/2011		2/23/2011	
1.3.7.2	<i>Complete and Submit CDM and PM EDI Project Forms</i>	5 d	2/24/2011		3/2/2011	
1.3.7.3	<i>Perform CDM and PM Project EDI Certification Testing</i>	15 d	3/3/2011		3/23/2011	
1.3.7.4	<i>Complete CDM and PM EDI Project Certification</i>	1 d	3/24/2011		3/24/2011	
1.3.8	<i>Begin CDM and PM Project Production Processing</i>	6 d	3/25/2011		4/1/2011	
1.3.8.1	<i>Install CDM and PM EDI Production Certificate</i>	1 d	3/25/2011		3/25/2011	
1.3.8.2	<i>Submit Initial CDM and PM EDI Production Transactions</i>	5 d	3/28/2011		4/1/2011	
1.3.8.3	<i>CDM and PM Project EDI Testing Complete</i>	0 d	4/1/2011		4/1/2011	
1.4	<b>Project Implementation</b>	40 d	4/4/2011		5/27/2011	
1.4.1	<i>User/System Acceptance</i>	30 d	4/4/2011		5/13/2011	
1.4.2	<i>Complete Training</i>	10 d	4/25/2011		5/6/2011	
1.4.3	<i>Complete New Procedures and Forms</i>	20 d	4/25/2011		5/20/2011	
1.4.4	<i>Go-Live</i>	0 d	5/13/2011		5/13/2011	
1.4.5	<i>Post Go-Live Support</i>	10 d	5/16/2011		5/27/2011	
1.5	<b>Ongoing Vendor and Project Support</b>	515 d	5/31/2011		5/28/2013	
1.5.1	<i>Monitor Ongoing System Problems and Implement Modifications</i>	515 d	5/31/2011		5/28/2013	
1.5.2	<i>Complete Upgrades for X12N 5010 Transactions</i>	153 d	5/31/2011		1/6/2012	
1.5.3	<i>Complete Modifications for IBHIS EDI Transactions</i>	160 d	8/10/2011		3/27/2012	
1.5.4	<i>Test and Certify IBHIS EDI Transactions</i>	100 d	3/28/2012		8/14/2012	
1.5.5	<i>Complete CCHIT Behavioral Health Certification</i>	110 d	5/31/2011		11/3/2011	
1.6	<b>Project Closure</b>	22 d	5/29/2013		6/27/2013	
1.6.1	<i>Submit Final Invoice</i>	5 d	5/29/2013		6/4/2013	
1.6.2	<i>Submit Final Project Status</i>	10 d	6/5/2013		6/18/2013	
1.6.3	<i>Complete Post Implementation Evaluation Report (PIER) Document</i>	10 d	6/5/2013		6/18/2013	
1.6.4	<i>Archive Project Documents</i>	7 d	6/19/2013		6/27/2013	

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