



MHSA Technological Program

Contract Agency

Project Proposal Process

Revision 1.2

May 2009

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MHSA TECHNOLOGICAL PROGRAM

1. Contract Agency Project Proposal Process

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

- The Project Proposal Request Process to prepare and submit an individual project proposal
- The Project Proposal Monitoring Process to monitor and track progress, status reports and invoices for each individual project

1.1 Project Proposal Process

1. Contract agency prepares the MHSA Technological Needs Project Proposal Description (Exhibit 3), Budget Summary (Exhibit 4), Project Risk Assessment (Appendix A), Summary Project Schedule (Appendix C) and Detail Project Schedule (Appendix C-1). 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. If contract agencies form a consortium, each contract agency must submit their own project proposal and budget summary showing the budgeted portion for their contract agency. Each contract agency submits the summary and detail project schedule for their portion of the project. The consortium lead agency should submit a single consolidated project schedule for the entire project. Each contract agency submits a DMH Quarterly Status Report for their portion of the project. The consortium lead agency is responsible for submission of the consolidated DMH Quarterly Status Report for the overall project.
3. 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.
4. Contract agency submits Exhibit 3, Exhibit 4, Appendix A, Appendix C and Appendix C-1 to the DMH Contract Agency Project Proposal Review Committee (CAPPRC). This is the project proposal package. Please refer to Appendix B for Considerations and Clarifications on Exhibit 3.
5. CAPPRC evaluates the project proposal package using the pre-defined evaluation criteria defined in Section 2.
6. CAPPRC approves, denies or requests additional information regarding the project proposal.
7. If the project proposal is denied, the CAPPRC contacts the contract agency for more information or clarification. The contract agency returns to Step 1.
8. If the project proposal is approved, the CAPPRC notifies the contract agency.

9. The Chief Information Office Bureau (CIOB) sends the approved project proposal package to DMH Finance.
10. CIOB sends the approved project proposal package to the designated District Chief. If the contract agency legal entity location is not in a DMH Service Area, the contract agency needs to designate a District Chief to receive the proposal package. A list of all contract agencies and designated District Chiefs will be prepared and maintained by CIOB.
11. CIOB sends the approved project proposal package to DMH Contracts Division to prepare the new funding agreement for contract agency review and signature. Upon full execution of the contract, DMH Budget Division encumbers the funds.

1.2 Project Monitoring Process

1. Contract agency submits a DMH Quarterly Status Report (Exhibit 6) to CIOB. Contract agency submits an invoice to CIOB no later than two weeks after the end of the period (monthly or quarterly). The invoice should include copies of receipts for purchases and other expenditures shown on the invoice.
2. If contract agencies have formed a consortium, the lead agency for the consortium should submit a single DMH Quarterly Status Report (Exhibit 6) for the entire project. Each contract agency must submit a DMH Quarterly Status Report for their portion of the project. Each contract agency must submit a separate invoice for their portion of the project to CIOB with supporting copies of receipts indicating the purchases and other expenditures for their legal entity.
3. CIOB forwards the invoice to Finance and the designated District Chief. CIOB reviews and signs the invoice and forwards to DMH Finance for processing. CIOB tracks the total invoiced amounts, project start-up distribution, total project budget and remaining project budget amounts for each project proposal.
4. CIOB reviews the DMH Quarterly 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 Status Report is sent to the designated District Chief. The designated District Chief is notified of any project considered at risk of failure.
5. CIOB compiles and summarizes the Contract Agency DMH Quarterly Status Reports to include in the DMH Quarterly Status Report to State DMH.
6. CIOB prepares reports to track payments and progress against the plan and budget.
7. The CAPPRC contacts contract agencies on an as needed basis to conduct a project review to determine progress against plan. If progress is not satisfactory, several alternatives are possible, including, but not limited to:
 1. revise the project plan
 2. request additional funds (so long as the amount is within agency's allocation)
 3. cancel the project

The CAPPRC will review these and other alternatives with the contract agency.

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.

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 contract agency's current EDI capability.
6. Contract Agency must have an executed legal entity agreement and be financially viable.
7. The proposed project must be technically sound.
8. Buying Commercial-Off-The-Shelf (COTS) software or contracting with an Application Service Provider (ASP) is strongly preferred over custom software development for new systems.
9. The project proposal must adequately justify, through a sufficient level of detail, the expenditure of MHSA funds using the Budget Summary Form (Exhibit 4) with the corresponding Project Schedules (Appendix C and Appendix C-1).
10. The estimated total funding amount must not exceed the total MHSA allocated funding amount for the contract agency based on the Statewide Capital Facilities and Technological project estimate of \$345 million. Contract agencies may request less than the funding allocation for their contract agency.
11. Subsequent project proposals will be evaluated based on the overall agency project performance on previous MHSA Technological projects. Performance factors include adherence to MHSA Technological goals, adherence to DMH baseline EDI requirements, satisfactory project delivery and realization of expected project benefits.

Exhibits

Exhibit 3 - Technological Needs Project Proposal Description

Project Title: _____ Consortium (Y/N) _

Contract Agency Name: _____ Legal Entity Number: _____

Print Name Signature Date Phone
Prepared by: _____

Print Name Signature Date Phone
Contract Agency Executive Director _____

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

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

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

➤ **Electronic Health Record (EHR) System Projects (check all that apply)**

- Infrastructure, Security, Privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full Electronic Health Record (EHR) with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)
- Electronic Data Interchange (EDI)

➤ **Client and Family Empowerment Projects**

- Client/Family Access to Computing Resources Projects
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging information sharing services)

➤ **Other Technology Needs Projects That Support MHSA Operations**

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing Projects / Decision Support
- Imaging / Paper Conversion Projects
- Other

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

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

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360**.
Email a copy to: CPTT@dmh.lacounty.gov.

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: 1) Project Purpose; 2) Background; 3) Project Goals and Objectives; 4) Project Scope; 5) Project Justification, and; 6) Project Approach.

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, etc.).

If this 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 assertion in this section of the proposal.

Include information to determine whether the organization has the capability and resources necessary to carry out the proposed project. This should include a description of the agency including the number of employees (internal and contractual), number of service locations and types of services provided. Include a description of the current Information Technology environment including number of staff, project management and implementation experience. Provide a brief description of the IT resources, both internal and contractual, that will be supporting the proposed project.

Describe the organization's client base and indicate whether non-DMH clients are served and what proportion of the client-base are DMH clients. Indicate whether the proposed system supported by MHSA funds will be used exclusively for DMH clients or used to support non-DMH client services.

1.2. Results or Benefits Expected

Describe the results and benefits to be derived from the project. Use separate paragraphs to describe both tangible and intangible benefits. Tangible benefits must be quantifiable and measurable and may be used as performance criteria to measure project success.

Identify critical success factors for 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

Describe the project approach (such as COTS, ASP, Custom Interface) and how the proposed work will be accomplished. Include factors that might influence the approach and/or schedule. Identify the key project milestones with the planned start and completion dates.

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.

1.5. MHSA Goals and Objectives:

Describe how the project meets the MHSA Information Technological 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)

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. Cost:

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: 1) Personnel; 2) Hardware; 3) Software; 4) Contract Services, and; 5) Other Expenses. Provide as much detail as possible to justify the funding request for each budget category. For example, a description of 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, and the anticipated length of their engagement. 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.

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.

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 "Total Costs B".

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.

For Application Service Provider (ASP) costs, include these costs under contract services rather than software.

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 security features as defined in DMH standards noted in Appendix B (Enclosure 3, 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.

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 PHI)

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.

7.3. Business Continuity Planning:

For EDI and EHR projects only, describe the approach to address business continuity planning.

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: **213-736-9360**.

Email a copy to: CPTT@dmh.lacounty.gov.

Exhibit 4 – Budget Summary
For Technological Needs Project Proposal
(List in Whole Dollars)

Project Title: _____ Consortium Y/N) _____

Contract Agency Name: _____ Legal Entity Number: _____

Category	Fiscal Year 1 (a) ____-____	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=c	Fiscal Year 2 (d) ____-____	Fiscal Year 3 (e) ____-____	Fiscal Year 4 (f) ____-____	Total Project Costs (a+d+e+f)
Personnel							
Total Staff (Salaries & Benefits)							
Hardware							
Total Hardware							
Software							
Total Software							
Contract Services (list services to be provided)							
Total Contract Services							
Other Expenses (Describe)							
Total Other Expenses							
Total Costs (A)							
Total Costs (B) **							
NOTE: (If requesting project start-up costs, please describe the reason for the request in project proposal Section 3.1 "Cost Justification".)							

* To calculate maximum allowable start-up $\{(a+d+e+f) \times 0.20 = \text{maximum start-up}\}$. Once calculated distribute start-up funds in column Fiscal Year 1 (b) in the budget categories where start-up funds are needed. You may request less than the maximum allowable, but you may not exceed the maximum allowable start-up. Start-up funds will be awarded one-time-only per project.
 ** For projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients) attach a description of estimated benefits and Project costs allocated to programs other than Mental Health.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360**. Email a copy to: CPTT@dmh.lacounty.gov

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

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

PROJECT INFORMATION		
Project Name:		DMH Project ID #:
Executive Sponsor: Title:		Contract Agency Name: Legal Entity #:
Project Status <input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule	Budget Status <input type="checkbox"/> Within Approved Budget <input type="checkbox"/> Over Budget	Report for Quarter Ending: mm/dd/yy
		Project Start Date: mm/dd/yy Project End Date:
MHSA IT Project Contact Person's Name: Telephone Number: E-mail Address:		
Project Objectives:		
Consortium Agencies (If applicable):		

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

TOTAL PROJECT BUDGET INFORMATION (MHSA Funding Only)		
Category	Budgeted Costs	Actual Costs to Date
Personnel (Salaries & Benefits)	\$ 0	\$ 0
Hardware	\$ 0	\$ 0
Software	\$ 0	\$ 0
Contract Services	\$ 0	\$ 0
Other Expenses	\$ 0	\$ 0
Total Project Costs	\$ 0	\$ 0

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES
<p>STATUS</p> <ul style="list-style-type: none"> •
<p>ACCOMPLISHMENTS</p> <ul style="list-style-type: none"> •
<p>SCHEDULED ACTIVITIES</p> <ul style="list-style-type: none"> •
<p>ISSUES</p> <ul style="list-style-type: none"> •

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 County DMH:** Yes or No

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.

-

Contract Agency Approvals

Signature	Date	Phone
Prepared By		

Signature	Date	Phone
Contract Agency Executive Director		

Please send the **Signed Original** to the following address:

**County of Los Angeles
Department of Mental Health
Chief Information Office Bureau (CIOB)
Attn: Robert Greenless, Ph.D.
695 South Vermont Avenue 7th Floor
Los Angeles, CA 90005**

Additionally, please E-mail a **Soft Copy** to:
CPTT@dmh.lacounty.gov

APPENDICES

Appendix A: Project Risk Assessment

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

Contract Agency Name: _____ **LE Number:** _____

Category		Factor	Rating	Score*
Estimated Cost of Project		Over \$400,000	6	
		Over \$200,000	5	
		Over \$100,000	2	
		Under \$100,000	1	
Project Manager Experience				
Like Projects completed in a "key staff" role		None	3	
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development-Application Service Provider		5	
	COTS* Installation	"Off-the-Shelf"	1	
		Modified COTS	3	
	Number of Users	Over 300	5	
		Over 100	3	
		Over 20	2	
*Commercial Off-The-Shelf Software	Architecture	Under 20	1	
		Browser/thin client based	1	
		Two-Tier (client / server)	2	
		Multi-Tier (client & web, database, application, etc. servers)	3	
TOTAL SCORE				

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

Appendix B: Proposal Considerations and Clarifications

1. Project Overview:

1.1. MHSA Goals and Objectives:

LAC-DMH proposes to distribute MHSA Technological funds to Contract Agencies 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 Contract Agency 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 Contract Agencies within the LAC-DMH enterprise. Contract Agencies 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. Contract Agencies 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 Contract Agency project proposals.

Electronic Health Record Projects:

The EHR technology project implementation approaches proposed by Contract Agencies 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 Contract Agency technology projects that make computer resources such as 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 Contract Agency 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 Contract Agencies that accomplish one or more of the following objectives:

- 1) PHR awareness and education;
- 2) PHR systems and/or system enhancements such as linking Contract Agency 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 Contract Agencies 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 Contract Agencies proposing Telemedicine/Telepsychiatry Projects.

Pilot Projects: Many Contract Agencies 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 Contract Agencies 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 Contract Agencies that request MHSA funds to support Imaging/Paper Conversion projects.

Data Warehousing/Decision Support: LAC-DMH proposes to support Contract Agencies 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 Contract Agencies for inclusion in the Contract Agency 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 Contract Agency 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 Contract Agency. 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 Contract Agency will be responsible for managing the scope of each technology project they undertake. The LAC-DMH Project Manager will be responsible for monitoring each Contract Agency 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 Contract Agency to monitor project scope, evaluate requests for changes in scope, and approve or deny requests for changes in scope.

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

2.4. Cost Management:

Each Contract Agency will be responsible for managing project costs. LAC-DMH will be responsible for monitoring Contract Agency 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 Contract Agency invoices associated with approximately 125 contract agency contracts.

LAC-DMH will require the Contract Agencies to provide invoices no more than monthly and no less than quarterly depending upon the type of project and the preferences of the Contract Agency. 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 Contract Agencies 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. Cost:

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 Contract Agencies 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 Contract Agency Technology projects will not by itself ensure sustainable technology programs. Contract Agencies, 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:

Contract Agencies 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:

Contract Agencies 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, Contract Agencies 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 Contract Agencies 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, Contract Agencies 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, Contract Agencies 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, Contract Agencies are responsible for developing and maintaining effective security and privacy policies and procedures. Additionally, per contract, Contract Agencies 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, Contract Agencies 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, Contract Agencies will be required to address business continuity planning in project proposals submitted to LAC-DMH.

7.4. State and Federal Laws and Regulations:

Contract Agencies 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.

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

Legal Entity Number: 00999

Sandra Sample

Sandra Sample

03/03/09

213-555-1212

Print Name

Signature

Date

Phone

Prepared by: Sandra Sample

Dr. John Doe

Dr. John Doe

03/03/09

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: **213-736-9360**.
Email a copy to: CPTT@dmh.lacounty.gov.

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: 1) Project Purpose; 2) Background; 3) Project Goals and Objectives; 4) Project Scope; 5) Project Justification, and; 6) Project Approach.

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, etc.).

If this 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 assertion in this section of the proposal.

Include information to determine whether the organization has the capability and resources necessary to carry out the proposed project. This should include a description of the agency including the number of employees (internal and contractual), number of service locations and types of services provided. Include a description of the current Information Technology environment including number of staff, project management and implementation experience. Provide a brief description of the IT resources, both internal and contractual, that will be supporting the proposed project.

Describe the organization's client base and indicate whether non-DMH clients are served and what proportion of the client-base are DMH clients. Indicate whether the proposed system supported by MHSA funds will be used exclusively for DMH clients or used to support non-DMH client services.

Purpose:

The purpose of this Clinical Data and Practice Management project is to acquire a web-based software solution to enter client appointments, complete required documentation, enter progress notes, track patient progress, and submit EDI transactions to DMH.

Background:

XYZ agency offers a community-based mental health program 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 that aims to support the child to excel in school and family and in 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 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, 6 part-time employees, and 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. Also, included among the employees described above, we have one full-time Information Technology Manager (ITM) and 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.

Goals and Objectives:

Through this project, XYZ Agency will be able to automate client and counselor scheduling, reduce reliance on paper records, and improve operational efficiency. Additionally, this software will have the necessary EDI functionality to support the requirements to exchange data electronically with DMH.

The scope of this project is limited to evaluating our business needs for a Clinical Data and Practice Management solution, evaluating Application Service Providers (ASP), selecting a vendor, staff training on the ASP software, and purchasing additional desktop computers and peripheral devices. At this point, XYZ Agency will limit its deployment to Practice Management and Clinical Data Management 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 through this project using MHSA funds will be used exclusively for our Los Angeles-based operations and will be used to capture data on all clients served at our Los Angeles locations.

Project Justification:

Currently, XYZ Agency is submitting claims to DMH via direct data entry into the 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 in the short-term, will enable us to be better prepared for meeting the new EDI transaction requirements anticipated when DMH implements the IBHIS.

Project Approach:

XYZ Agency considered a number of project approaches and determined that an Application Service Provider (ASP) is the most suitable approach for our business. 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.

1.2 Results or Benefits Expected

Describe the results and benefits to be derived from the project. Use separate paragraphs to describe both tangible and intangible benefits. Tangible benefits must be quantifiable and measurable and may be used as performance criteria to measure project success.

Identify critical success factors for 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.

Tangible Benefits Expected:

Increase in client services: Although a short-term decrease in client services is anticipated as clinicians are being trained on the new system, in the long-term, we expect a significant decrease in the amount of time clinicians devote to manual charting/documentation. This will allow more time for direct client-services.

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.

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 1 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.

Intangible Benefits Expected:

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

General Clinical Management: We anticipate an increase in efficiency with respect to data mining and general access to real-time clinical business statistics that will provide the agency valuable information on 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.

Critical Success Factors:

Critical success factors for the Clinical Data and Practice Management 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

Describe the project approach (such as COTS, ASP, Custom Interface) and how the proposed work will be accomplished. Include factors that might influence the approach and/or schedule. Identify the key project milestones with the planned start and completion dates using Exhibits C - "Summary Project Schedule", and C-1 - "Detail Project Schedule".

The project approach will be the evaluation of our business needs, evaluation of ASP vendors, and selection of an appropriate vendor. Given the relatively moderate size of our business and the limited resources to support the purchase and maintenance of a commercial-off-the-shelf solution, we have determined that an ASP solution is the more appropriate choice for XYZ Agency.

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:

Describe how the project meets the MHSA Information Technological 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.

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. Further, this project is consistent with State and Federal goals for improving operational efficiency and cost effective service delivery via electronic health record systems.

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 Cost:

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: 1) Personnel; 2) Hardware; 3) Software; 4) Contract Services, and; 5) Other Expenses. Provide as much detail as possible to justify the funding request for each budget category. For example, a description of 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, and the anticipated length of their engagement. 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.

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.

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 "Total Costs B".

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.

For Application Service Provider (ASP) costs, include these costs under contract services rather than software.

Personnel:

We are requesting funding to support the Information Technology Manager who will act as Project Manager for this project for a period of 5-months. We estimate this project management role will require 50% effort for the 5-month period. The annual salary and employee benefits costs for this position are \$100,000. Since three-quarters of XYZ clients served in Los Angeles County are DMH clients, we will charge 75% of the project management cost to MHSA. $(\$100,000 \times 0.75 \times 0.50 [50\% \text{ effort}] \times 0.4167 [5\text{-months}]) = \$15,626$

Hardware:

Currently, all claiming information is entered into the DMH IS by medical records/billing staff and all medical record documentation is paper-based. As such, we do not have computers in counseling rooms. With the implementation of the Practice and Clinical Data Management EHR components, XYZ Agency will need 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 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 \$32,000. Since three-quarters of XYZ clients served in Los Angeles County are DMH clients, we are requesting \$24,000 for Hardware. $(\$32,000 \times 0.75) = \$24,000$

Software:

No funding for software is requested.

Contract Services:

Clinical Data and Practice Management 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 \$20,000 in annual licensing fees. We are requesting MHSA IT funds to support the annual licensing fee for four years. Since three-quarters of XYZ clients served in Los Angeles County are DMH clients, we are requesting \$63,750 for Clinical Data and Practice Management software expenses. $(\$85,000 \times .75) = \$63,750$

Information Technology Assistant: We are requesting funding to support an ITA at 1.0 FTE for a period of 8-months (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 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 will apply the same allocation method (75%) to establish the cost allowable to support services to DMH clients. $(\$32,000 \times 0.75 \times .17 \times 3 \text{ years}) = \$12,240$

Other Expenses:

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 Clinical Data and Practice Management system. Increasing bandwidth at our Los Angeles service locations 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 will apply the same allocation method (75%) to establish the cost allowable to support services to DMH clients. $(\$2,000 \times .75 \times 4 \text{ years}) = \$6,000$

Start-up:

XYZ agency is requesting \$29,000 in Start-up funding to support the purchase of hardware (\$24,000) and \$3,750 to support 75% of the ASP setup cost $(\$5,000 \times 0.75 = \$3,750)$ and \$1,250 toward the first month of ASP fees.

3.2 Ongoing Sustainability of System:

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

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

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.

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 3-years of the maintenance agreement. Thereafter, general operational funding will support continuation of the maintenance agreements.

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.

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):

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.

Upon vendor selection, XYZ Agency will ensure that our contract with the selected Clinical Data and Practice Management 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:

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.

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, we will ensure that the vendor contract includes language requiring the vendor to meet all future standards as they become available.

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.

The implementation approach and timeline will be later defined with the selected vendor.

6.2 Process for Training:

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

The selected vendor will provide training as part of the setup. The IT Manager and part-time contracted IT Assistant will be trained in order to provide ongoing assistance to all other users post go-live. The IT Assistant will remain for 3-months post go-live.

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

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.

The approach will be defined as part of the project. In addition, the selected vendor contract terms will include privacy and security policies as defined by HIPAA.

7.2 Operational Recovery Planning:

For EDI and EHR projects only, describe the approach to address operational recovery planning.

The approach will be defined with the selected vendor. XYZ Agency will submit to DMH an Operational Recovery Plan following vendor engagement.

7.3 Business Continuity Planning:

For EDI and EHR projects only, describe the approach to address business continuity planning.

The approach will be defined with the selected vendor. XYZ Agency will submit to DMH a Business Continuity Plan following vendor engagement.

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.

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. The selected vendor will need 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: **213-736-9360**.
Email a copy to: CPTT@dmh.lacounty.gov.

(SAMPLE) Exhibit 4 – Budget Summary
For Technological Needs Project Proposal
(List in Whole Dollars)

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

Contract Agency Name: XYZ Agency Legal Entity Number: 00999

Category	Fiscal Year 1 (a) 09-10	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=c	Fiscal Year 2 (d) 10-11	Fiscal Year 3 (e) 11-12	Fiscal Year 4 (f) 12-13	Total Project Costs (a+d+e+f)
Personnel							
Project Manager (.50 FTE)	\$15,626	\$0	\$15,626	\$0	\$0	\$0	\$15,626
Total Staff (Salaries & Benefits)	\$15,626	\$0	\$15,626	\$0	\$0	\$0	\$15,626
Hardware							
PC(s), Laptops, and Printers	\$24,000	\$24,000	\$0	\$0	\$0	\$0	\$24,000
Total Hardware							
Software							
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services (list services to be provided)							
ASP Vendor	\$18,750	5,000	\$13,750	\$15,000	\$15,000	\$15,000	\$63,750
Information Technology Assistant	\$25,988	\$0	\$25,988	\$0	\$0	\$0	\$25,988
Hardware Maintenance	\$0	\$0	\$0	\$4,080	\$4,080	\$4,080	\$12,240
Internet Services	\$1,500	\$0	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
Total Contract Services	\$46,238	\$0	\$41,238	\$20,580	\$20,580	\$20,580	\$107,978
Other Expenses (Describe)							
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs (A)	\$85,864	\$29,000	\$56,864	\$20,580	\$20,580	\$20,580	\$147,604
Total Costs (B) **	\$15,996	\$0	\$15,996	\$9,580	\$9,580	\$9,580	\$44,736
NOTE: (If requesting project start-up costs, please describe the reason for the request in project proposal Section 3.1 "Cost Justification".)							

* To calculate maximum allowable start-up $\{(a+d+e+f) \times 0.20 = \text{maximum start-up}\}$. Once calculated distribute start-up funds in column Fiscal Year 1 (b) in the budget categories where start-up funds are needed. You may request less than the maximum allowable, but you may not exceed the maximum allowable start-up. Start-up funds will be awarded one-time-only per project.

** For projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients) attach a description of estimated benefits and Project costs allocated to programs other than Mental Health.

FAX forms to: **DMH CIOB** Attn: **CPTT** using the FAX Number: **213-736-9360**. Email a copy to: CPTT@dmh.lacounty.gov

(SAMPLE) Exhibit 6 – Status Report
County of Los Angeles
Department of Mental Health
Project Status Report
For an MHSA-Funded IT Project

PROJECT INFORMATION		
Project Name: Clinical Data and Practice Management Project		DMH Project ID #: EHR0001
Executive Sponsor: Dr. John Doe Title: Chief Operating Officer		Contract Agency Name: XYZ Agency Legal Entity #: 00999
Project Status <input checked="" type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Behind Schedule	Budget Status <input checked="" type="checkbox"/> Within Approved Budget <input type="checkbox"/> Over Budget	Report for Quarter Ending: 12/31/09
		Project Start Date: 10/05/09 Project End Date: 07/30/13
MHSA IT Project Contact Person's Name: Sandra Sample Telephone Number: 213-555-1212 E-mail Address: Sample@xyzagency.org		
Project Objectives: Through this project, XYZ Agency will be able to automate client and counselor scheduling, reduce reliance on paper records, and improve operational efficiency. Additionally, this software will have the necessary EDI functionality to support the requirements to exchange data electronically with DMH.		
Consortium Agencies (If applicable): Not Applicable		

MAJOR MILESTONE STATUS								
Project Phase	Task / Milestone	Original Start	Revised Start	Actual Start	Original Completion	Revised Completion	Actual Completion	Status
Project Initiation	Strategy Project Charter	10/05/09			11/10/09			
		11/11//09			12/03/09			
Project Planning	Workplan Readiness Selection	12/04/09			12/28/09			
		12/29/09			02/03/10			
		02/04/10			03/22/10			
Project Execution and Control	Status	12/29/09			11/12/10			
	Solution	03/23/10			04/05/10			
	Hardware	04/06/10			06/01/10			
	Software	06/02/10			08/05/10			
	Convert	08/06/10			09/02/10			
	Train	09/03/10			10/01/10			
	Certify	08/20/10			09/27/10			
Prod EDI	09/28/10			10/05/10				
Project Implementation		10/06/10			11/10/10			
Ongoing Support		11/11/10			06/28/13			
Project Closure		07/01/13			07/30/13			

TOTAL PROJECT BUDGET INFORMATION (MHSA Funding Only)		
Category	Budgeted Costs	Actual Costs to Date
Personnel (Salaries & Benefits)	\$ 23,437	\$ 0
Hardware	\$ 24,000	\$ 0
Software	\$ 0	\$ 0
Contract Services	\$ 86,865	\$ 0
Other Expenses	\$ 0	\$ 0
Total Project Costs	\$134,302	\$ 0

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES
<p>STATUS</p> <ul style="list-style-type: none"> The Project will begin on October 5, 2009 on schedule. The Project Team has been identified. <p>ACCOMPLISHMENTS</p> <ul style="list-style-type: none"> Identified the project team. <p>SCHEDULED ACTIVITIES</p> <ul style="list-style-type: none"> Begin the Project Strategy. <p>ISSUES</p> <ul style="list-style-type: none"> No issues to report.

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
	No high priority risks identified					

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 County DMH:** Yes or No

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.

-

Contract Agency Approvals

Sandra Sample

October 14, 2009 213-555-1212

Signature

Date

Phone

Prepared By **Sandra Sample Project Manager**

Dr. John Doe

October 15, 2009

213-555-1212

Signature

Dr. John Doe

Date

Phone

Contract Agency Executive Director

Please send the **Signed Original** to the following address:

**County of Los Angeles
Department of Mental Health
Chief Information Office Bureau (CIOB)
Attn: Robert Greenless, Ph.D.
695 South Vermont Avenue 7th Floor
Los Angeles, CA 90005**

Additionally, please E-mail a **Soft Copy** to:

CPTT@dmh.lacounty.gov

(SAMPLE) Appendix A: Project Risk Assessment

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

Contract Agency Name: XYZ Agency **LE Number:** 00999

Category		Factor	Rating	Score*	
Estimated Cost of Project		Over \$400,000	6	5	
		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 Development-Application Service Provider		5	1	
	COTS* Installation	"Off-the-Shelf"	1		
		Modified COTS	3		
	Number of Users	Over 300	5		
	Over 100	3	1		
	Over 20	2			
	Under 20	1			
*Commercial Off-The-Shelf Software	Architecture	Browser/thin client based	1	1	
		Two-Tier (client / server)	2		
		Multi-Tier (client & web, database, application, etc. servers)	3		
TOTAL SCORE				17	

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

**(SAMPLE) Summary Project Schedule
For Technological Needs Project Proposal**

Appendix C

Project Title: [Clinical Data and Practice Management Project](#)

Consortium (Y/N): [N](#)

Contract Agency Name: [XYZ Agency](#)

Legal Entity Number: [00999](#)

ID Number	Summary Task/Milestone Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion
1	Clinical Data and Practice Management (CDM and PM) Project	973 d	10/5/2009		7/30/2013	
1.1	Project Initiation	40 d	10/5/2009		12/3/2009	
1.1.1	Define CDM and PM Project Strategy	25 d	10/5/2009		11/10/2009	
1.1.2	Develop Project Charter	15 d	11/11/2009		12/3/2009	
1.2	Project Planning	74 d	12/4/2009		3/22/2010	
1.2.1	Project Management	16 d	12/4/2009		12/28/2009	
1.2.1.1	Prepare Required Project Work Plan (Schedule)	16 d	12/4/2009		12/28/2009	
1.2.2	Conduct CDM and PM Project Readiness Assessment	26 d	12/29/2009		2/3/2010	
1.2.3	Select CDM and PM Project Solution	32 d	2/4/2010		3/22/2010	
1.3	Project Execution and Control	223 d	12/29/2009		11/12/2010	
1.3.1	Track and Report Required Project Status	223 d	12/29/2009		11/12/2010	
1.3.2	Plan and Implement CDM and PM Project Solution	10 d	3/23/2010		4/5/2010	
1.3.3	Plan and Implement Hardware	40 d	4/6/2010		6/1/2010	
1.3.4	Plan and Implement Software	46 d	6/2/2010		8/5/2010	
1.3.5	Convert Data	20 d	8/6/2010		9/2/2010	
1.3.6	Train Staff	20 d	9/3/2010		10/1/2010	
1.3.7	Complete CDM and PM EDI Project Certification	26 d	8/20/2010		9/27/2010	
1.3.8	Begin CDM and PM Project Production Processing	6 d	9/28/2010		10/5/2010	
1.4	Project Implementation	25 d	10/6/2010		11/10/2010	
1.5	Ongoing Vendor and Project Support	674 d	11/11/2010		6/30/2013	
1.6	Project Closure	22 d	7/01/2013		7/30/2013	

**(SAMPLE) Detail Project Schedule
For Technological Needs Project Proposal**

Appendix C-1

Project Title: [Clinical Data and Practice Management](#)

Consortium (Y/N): [N](#)

Contract Agency Name: [XYZ Agency](#)

Legal Entity Number: [00999](#)

ID Number	Task Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion
1	Clinical Data and Practice Management (CDM and PM) Project	973 d	10/5/2009		07/30/2013	
1.1	Project Initiation	40 d	10/5/2009		12/3/2009	
1.1.1	Define CDM and PM Project Strategy	25 d	10/5/2009		11/10/2009	
1.1.1.1	Identify Available CDM and PM Project Solutions	10 d	10/5/2009		10/19/2009	
1.1.1.2	Define a CDM and PM Project Strategy	10 d	10/20/2009		11/2/2009	
1.1.1.3	Review and Approve the CDM and PM Project Strategy	5 d	11/3/2009		11/10/2009	
1.1.2	Develop Project Charter	15 d	11/11/2009		12/3/2009	
1.1.2.1	Prepare Project Charter	10 d	11/11/2009		11/24/2009	
1.1.2.2	Review and Approve Project Charter	5 d	11/25/2009		12/3/2009	
1.2	Project Planning	74 d	12/4/2009		3/22/2010	
1.2.1	Project Management	16 d	12/4/2009		12/28/2009	
1.2.1.1	Prepare Required Project Work Plan (Schedule)	16 d	12/4/2009		12/28/2009	
1.2.1.1.1	Define Tasks and Deliverables	10 d	12/4/2009		12/17/2009	
1.2.1.1.2	Prepare Project Work Plan	5 d	12/18/2009		12/24/2009	
1.2.1.1.3	Review and Approve Project Work Plan	1 d	12/28/2009		12/28/2009	
1.2.2	Conduct CDM and PM Project Readiness Assessment	26 d	12/29/2009		2/3/2010	
1.2.2.1	Form an Assessment Team	5 d	12/29/2009		1/5/2010	
1.2.2.2	Define Short and Long Term Goals	5 d	1/6/2010		1/12/2010	
1.2.2.3	Define Organization Strengths and Weaknesses (SWOT)	5 d	1/6/2010		1/12/2010	
1.2.2.4	Define Business Needs	5 d	1/6/2010		1/12/2010	
1.2.2.5	Assess Budget and Staff Resources	10 d	1/6/2010		1/19/10	
1.2.2.6	Prepare CDM and PM Project Readiness Report	5 d	1/20/2010		1/26/2010	

ID Number	Task Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion
1.2.2.7	Review and Approve CDM and PM Project Readiness Assessment Report	6 d	1/27/2010		2/3/2010	
1.2.3	Select CDM and PM Project Solution	32 d	2/4/2010		3/22/2010	
1.2.3.1	Review CDM and PM Project Solutions	10 d	2/4/2010		2/18/2010	
1.2.3.2	Select an CDM and PM Project Solution	2 d	2/19/2010		2/22/2010	
1.2.3.3	Negotiate Contract	20 d	2/23/2010		3/22/2010	
1.3	Project Execution and Control	223 d	12/29/2009		11/12/2010	
1.3.1	Track and Report Required Project Status	223 d	12/29/2009		11/12/2010	
1.3.1.1	Prepare required quarterly Status Reports and Monitor Progress	223 d	12/29/2009		11/12/2010	
1.3.2	Plan and Implement CDM and PM Project Solution	10 d	3/23/2010		4/5/2010	
1.3.2.1	Develop CDM and PM Project Implementation Plan and Schedule	10 d	3/23/2010		4/5/2010	
1.3.3	Plan and Implement Hardware	40 d	4/6/2010		6/1/2010	
1.3.3.1	Identify and Document Hardware Requirements	10 d	4/6/2010		4/19/2010	
1.3.3.2	Complete Hardware Design	10 d	4/20/2010		5/3/2010	
1.3.3.3	Approve Hardware Design	1 d	5/4/2010		5/4/2010	
1.3.3.4	Install and Configure Hardware (if applicable)	15 d	5/5/2010		5/25/2010	
1.3.3.5	Test Hardware	2 d	5/26/2010		5/27/2010	
1.3.3.6	Approve Final Hardware Delivered	2 d	5/28/2010		6/1/2010	
1.3.4	Plan and Implement Software	46 d	6/2/2010		8/5/2010	
1.3.4.1	Configure CDM and PM Project Software	10 d	6/2/2010		6/15/2010	
1.3.4.2	Test CDM and PM Project Software with Vendor	20 d	6/16/2010		7/14/2010	
1.3.4.3	Configure Services, Rates and Users	6 d	7/15/2010		7/22/2010	
1.3.4.4	Customize Clinical Templates and Drop-down Lists	10 d	7/23/2010		8/5/2010	
1.3.4.5	Customize and Develop Reports	10 d	7/23/2010		8/5/2010	
1.3.5	Convert Data	20 d	8/6/2010		9/2/2010	
1.3.5.1	Import Data from County DMH	10 d	8/6/2010		8/19/2010	
1.3.5.2	Perform Data Cleanup	10 d	8/20/2010		9/2/2010	
1.3.6	Train Staff	20 d	9/3/2010		10/1/2010	
1.3.6.1	Develop Training Materials	10 d	9/3/2010		9/17/2010	
1.3.6.2	Train Staff on CDM and PM Project Software	10 d	9/20/2010		10/1/2010	
1.3.7	Complete CDM and PM EDI Project Certification	26 d	8/20/2010		9/27/2010	
1.3.7.1	Get Third Party Certificate from Vendor	5 d	8/20/2010		8/26/2010	

ID Number	Task Name	Duration in Days	Original Start	Revised Start	Original Completion	Revised Completion
1.3.7.2	Complete and Submit CDM and PM EDI Project Forms	5 d	8/27/2010		9/2/2010	
1.3.7.3	Perform CDM and PM Project EDI Certification Testing	15 d	9/3/2010		9/24/2010	
1.3.7.4	Complete CDM and PM EDI Project Certification	1 d	9/27/2010		9/27/2010	
1.3.8	Begin CDM and PM Project Production Processing	6 d	9/28/2010		10/5/2010	
1.3.8.1	Install CDM and PM EDI Production Certificate	1 d	9/28/2010		9/28/2010	
1.3.8.2	Submit Initial CDM and PM EDI Production Transactions	5 d	9/29/2010		10/5/2010	
1.3.8.3	CDM and PM Project EDI Testing Complete	0 d	10/5/2010		10/5/2010	
1.4	Project Implementation	25 d	10/6/2010		11/10/2010	
1.4.1	User/System Acceptance	20 d	10/6/2010		11/3/2010	
1.4.2	Complete Training	10 d	10/6/2010		10/20/2010	
1.4.3	Complete New Procedures and Forms	15 d	10/6/2010		10/27/2010	
1.4.4	Go-Live	0 d	11/3/2010		11/3/2010	
1.4.5	Post Go-Live Support	5 d	11/4/2010		11/10/2010	
1.5	Ongoing Vendor and Project Support	674 d	11/11/2010		6/28/2013	
1.5.1	Monitor Ongoing System Problems and Implement Modifications	674 d	11/11/2010		6/28/2013	
1.5.2	Complete Upgrades for X12N 5010 Transactions	240 d	1/20/2011		1/2/2012	
1.5.3	Complete Upgrades for ICD-10 Codes	130 d	12/26/2012		6/25/2013	
1.5.4	Complete Modifications for IBHIS EDI Transactions	160 d	1/27/2011		9/13/2011	
1.5.5	Test and Certify IBHIS EDI Transactions	100 d	9/14/2011		2/6/2012	
1.5.6	Complete CCHIT Behavioral Health Certification	80 d	1/20/2011		5/12/2011	
1.6	Project Closure	22 d	7/1/2013		11/5/2013	
1.6.1	Submit Final Invoice	5 d	7/1/2013		7/5/2013	
1.6.2	Submit Final Project Status	10 d	7/8/2013		7/19/2013	
1.6.3	Complete Post Implementation Evaluation Report (PIER) Document	10 d	7/8/2013		7/19/2013	
1.6.4	Archive Project Documents	7 d	7/22/2013		7/30/2013	