



Stage 1 Business Analysis

Department of Technology, SIMM 19A, Revision 7/1/2015

1.1 General Information

Agency or State Entity Name:

Veterans Affairs, Department of

Organization Code:

8950

Proposal Name:

CalVet Electronic Health Record (CEHR)

Proposal Description:

Replace existing Veteran Home's electronic health records (EHR) system

Proposed Start Date:

January, 2019

Delegated Cost Threshold (Optional):

☐

Over

☐

Under

Department of Technology Project Number:

8950-059

1.2 Submittal Information

Contact Information:

Contact First Name:

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Submission Date:

2/28/2018

Submission Type:

☐

New Submission

☐

Updated Submission (Pre-Approval)

☐

Updated Submission (Post-Approval)

☐

Withdraw Submission

Sections Updated (For Updated Submissions Only)

☐

1.1 General Information

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1.6 Statutes or Legislation

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1.2 Submittal Information

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1.9 Business Problem or Opportunity Summary

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Summary of Changes:

Section 1.1 - Updated project start date.

Section 1.2 - Updated submitted date.

Section 1.3.2 - Updated Fund Availability Date.

Section 1.8 - Updated. Mapped to updated CalVet Strategic Plan.

Section 1.9 - Updated to be cohesive with Strategic Plan and Business Objectives.

Section 1.10 - Updated in alignment with CDT feedback.

Project Approval Executive Transmittal:



S1BA 1.2 Project Approval
Executive Transmittal.pdf
Adobe Acrobat Document
500 KB

1.3 Preliminary Assessment

1.3.1 Reportability Assessment

Yes No

1. Does the Agency/state entity anticipate requesting a budget action to support this proposal?

☒ ☐

2. Does the Agency/state entity anticipate the estimated total development and acquisition cost to exceed the Department of Technology's established Agency/state entity delegated cost threshold **and** the proposal does not meet the criteria of a desktop and mobile computing commodity expenditure?

☐ ☒

3. Does this proposal involve a new system development or acquisition specifically required by legislative mandate **or** is subject to special legislative reporting or review as specified in budget control language or other legislation?

☐ ☒

Anticipated Reportability

Is this proposal anticipated to be reportable?

☒ ☐

Planned Reporting Exemption

Does the Agency/state entity anticipate seeking an exemption from project reporting?
(Answer only if Anticipated Reportability above is "Yes.")

☐ ☒

1.3.2 Impact Assessment

Yes No

1. Has the funding source(s) been identified for this proposal?

☒ ☐

If "Yes," select applicable funding source(s) and enter the fund availability date. If funding source is "Other Funds," specify below:

FUND SOURCE
Mark all that apply

FUND AVAILABILITY DATE

☒ General Fund

FY 2018-19

☐ Special Fund

☐ Federal Fund

☐ Reimbursements

☐ Bond Fund

☐ Other Funds

2. Will the State possibly incur a financial sanction or penalty if this proposal is not implemented? If “Yes,” provide details in Section 1.9 Business Problem or Opportunity Summary.

☒

☐

3. Is this proposal anticipated to have high public visibility? If “Yes,” provide details in Section 1.9 Business Problem or Opportunity Summary.

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☒

4. On a scale of 1 to 3 (1 = None, 2 = Partially, 3 = Fully), indicate how well the current business processes are documented, communicated and available for review.

2

1.4 Business Sponsor and Key Stakeholders

Executive Sponsors

Title	First Name	Last Name	Business Program Area
Secretary	Vito	Imbasciani	CalVet

Business Owners

Title	First Name	Last Name	Business Program Area
Undersecretary	Russell	Atterberry	CalVet
Deputy Secretary	Coby	Petersen	Homes Division
Deputy Secretary	Sherri	Gastinell	Administrative Services
Assistant Deputy Secretary	Thomas	Martin	Homes Division
Chief Financial Officer	Pouneh	Simpson	Homes Division
Director of Long-Term Care	Thomas	Bucci	Homes Division
Agency Information Officer	Lisa	Senitte	Information Services Division
Administrator	Donald	Veverka	Homes Division - Yountville
Administrator	Tim	Bouseman	Homes Division- Redding
Administrator (Acting)	Lawrence	Imperial	Homes Division - Fresno

Administrator	Michelle	Roulston	Homes Division - Ventura
Administrator	Julian	Manalo	Homes Division - West Los Angeles
Administrator	Norman	Andrews	Homes Division - Lancaster
Administrator	James	Sullivan	Homes Division - Barstow
Administrator	Lael	Hepworth	Homes Division - Chula Vista

Key Stakeholders

Title	First Name	Last Name	Business Program Area/Group	External
				<input type="checkbox"/>

1.5 Business Driver(s)

Mark all that apply

Financial Benefit:

- ☐ Increased Revenues
- ☐ Cost Savings
- ☐ Cost Avoidance
- ☐ Cost Recovery

Mandate(s):

- ☐ State
- ☐ Federal

Improvement:

- ☒ Better Services to Citizens
- ☒ Efficiencies to Program Operations
- ☒ Improved Health and/or Human Safety
- ☒ Technology Refresh

Security:

- ☒ Improved Information Security
- ☒ Improved Business Continuity
- ☒ Improved Technology Recovery

1.6 Statutes or Legislation

Statutes or Legislation:

- ☐ New Statutes
- ☐ Potential Legislation
- ☐ Changes to Existing Legislation
- ☒ Not Applicable

Bill Number:

Legal Reference:

Additional Information:

1.7 Program Background and Context

Program Background:

The mission of the Department of Veterans Affairs (CalVet) Homes is "to provide the state's aged or disabled veterans with rehabilitative, residential, and medical care and services in a home-like environment." This mission acknowledges the tremendous sacrifice California veterans have made and recognizes them for their noble service to our nation.

The first Veterans Home in California was established in 1884 for Civil War veterans. Today, the CalVet Homes provide long-term care to resident veterans. The eight current Homes are a system of live-in, residential care facilities offering a comprehensive plan of medical, dental, pharmacy, rehabilitation services and social activities within a homelike, small community environment. Residents engage in a wide range of activities including social events, dances, patriotic programs, volunteer activities, arts and crafts, computer access, shopping trips and other off-site activities. Residents live in an atmosphere of dignity and respect—a true home for each resident veteran.

The Homes range in size from 60 residents on a 20 acre site to over 1,000 residents on 500 acres. When all eight Homes are complete, they will house and care for approximately 3,000 veterans.

Impacted Business Programs:

At the highest level, business programs impacted by this proposal can be broken down as the Homes (8) and Headquarters (1). Below is a description for each Home, including types of care provided:

Barstow:

Barstow is a 220-bed facility, providing options for Domiciliary (Independent Living), Intermediate Nursing Care (ICF), Skilled Nursing Care, and Outpatient Clinic.

Chula Vista:

Chula Vista is a 350-bed facility, providing options for Domiciliary (Independent Living), Skilled Nursing Care, Residential Care (Assisted Living), and Outpatient Clinic.

Fresno:

Fresno is a 300-bed facility, providing options for Skilled Nursing Care, Memory Care, Residential Care (Assisted Living) and Outpatient Clinic.

Lancaster:

Lancaster is a 60-bed facility, providing options for Residential Care (Assisted Living), and Outpatient Clinic.

Redding:

Redding is a 300-bed facility, Residential Care for Skilled Nursing Care, Memory Care, Residential Care (Assisted Living), and Outpatient Clinic.

Ventura:

Ventura is a 60-bed facility, providing options for Residential Care (Assisted Living), and Outpatient Clinic.

West Los Angeles:

is a 396-bed facility, providing options for Skilled Nursing Care, Memory Care, Residential Care (Assisted Living), Transitional Housing, and Outpatient Clinic.

Yountville:

As the largest veterans' home in the United States, Yountville is a 1000-bed facility, providing options for Domiciliary (Independent Living), Intermediate Nursing Care (ICF), Skilled Nursing Care, Memory Care, Residential Care (Assisted Living), and Outpatient Clinic.

Below are descriptions for each type of care mentioned above:

Domiciliary (Independent Living): Independent living settings are for residents able to perform activities of daily living with, at most, minimal assistance. Non-nursing employees provide limited supervision. Residents have access to all of the Home's services, activities, and medical care. Individuals can transfer to higher levels of care as needed. Independent living is also referred to as Domiciliary by CalVet and the USDVA.

Intermediate Nursing Care: Residents in this care level often require licensed nursing assistance with medications and treatments, and generally require unlicensed nursing assistance with several daily living activities. Residents have access to all medical services provided by CalVet. Intermediate nursing care is also referred to by the acronym ICF, or Intermediate Care Facility.

Skilled Nursing Care: Skilled nursing care provides 24-hour services of licensed nurses and certified nursing assistants. It is more comprehensive than intermediate care. Skilled nursing residents have greater access to rehabilitation therapies, nursing care, pharmacy management, structured activities and clinical dietary services. A memory care program within this level of care provides a supervised environment for veterans with symptoms of confusion, memory loss, difficulty making decisions, solving problems or participating in conversations.

Memory Care: CalVet offers memory care programs within the Skilled Nursing level of care. This service provides a supervised environment for veterans with symptoms of confusion, memory loss, difficulty making decisions, solving problems or participating in conversations. Programs are designed to actively engage residents and promote a safe and familiar environment.

Residential Care - Assisted Living: Residential Care Facilities for the Elderly (RCFE) are available for residents who require minimal assistance and supervision with some activities of daily living. RCFE services may include care by licensed nurses.

Outpatient Clinic: An in-home outpatient clinic serves residents in each Home. These clinics provide comprehensive multidisciplinary assessments as well as ongoing primary care. The clinics address the veteran's routine care needs or they will arrange visits with medical specialties as needed.

Transitional Housing: CalVet has collaborated with the VA Greater Los Angeles Healthcare System (GLA) to operate an 84-bed Transitional Housing Program (THP). The program is located within the West Los Angeles facility, adjacent to the VA GLA West Los Angeles campus. The THP aims at providing supportive services for Veterans who have been chronically homeless or living in unstable housing in order to help prepare those Veterans for maintaining a stable living arrangement.

In addition to providing governance, policy and guidance to each Home via the Homes Division, Headquarters provides administrative support to Home in areas such as Budgets, Accounting Office, Procurement, Facilities Management and Information Technology Services Division (ITSD). Below is a description of administrative support functions impacted by this proposal.

HQ (Accounting Office): The Accounting services provides Medical Cost Recovery and Revenue Support for the eight Homes. While clinical and financial information is entered and tracked at each individual home, revenue and reimbursements are supported through the billing process centralized with the Headquarters Accounting Office.

HQ (ITSD): ITSD provides technology support services via the CalVet Helpdesk. These services are inclusive of support for Personal Computer (PC), mobile devices support (phones, tablets, laptops), intranet, web site, network, and application. While the level of assistance provided by ITSD related to application support is expected to change with this proposal, the overall support services provided are not expected to change.

1.8 Strategic Business Alignment

Strategic Business Goals	Alignment
CalVet 2018-2020 Strategic Plan	Implementation of this proposal will provide standard automated order entry, giving improved accuracy of patient care. This is directly in alignment with CalVet's strategic goal of providing the highest quality care and services for our veterans and their families.
Goal 1: Provide the highest quality care and services for our veterans and their families.	
Goal 2: Enhance operational effectiveness to maximize service to California veterans.	Implementation of this proposal will provide: <ul style="list-style-type: none"> • Standard enterprise-wide processing of CalVet resident information which will provide improved resident records management. • Compliance to regulations and accessibility needs. • Standardized billing and accounts receivable processes. • Efficient accounting processing. • Efficient and responsive back office processing.
Goal 4: Provide excellent customer service to our veterans, colleagues, and partners.	Implementation of this proposal will allow CalVet to realize an EHR solution that keeps up with the changing trends in technology.
Strategic Plan Last Updated	1/1/2018

1.9 Business Problem or Opportunity Summary

Long Term Care (LTC) facilities, such as those run by CalVet, are adopting the latest in Electronic Health Record (EHR) technology, despite the lack of financial incentives provided to hospitals and physicians. Almost all LTC facilities today use EHRs to complete the Minimum Data Set (MDS) and have the ability to transmit MDS data to federally required repositories.

At CalVet, all clinical, financial and administrative aspects of the Veterans Homes rely heavily on documentation. In the late 1990's CalVet implemented MEDITECH software to support their EHR needs in their Yountville and Barstow veterans homes. Starting in 2009, and as additional Veterans Homes were built, CalVet implemented the ADL EHR software in their newly built Veterans Homes and replaced MEDITECH in Barstow. Presently all Veteran's Homes currently utilize ADL for Resident Administration and Financial functions and also for Clinical Minimum Data Source (MDS) reporting to Centers for Medicare and Medicaid Services (CMS). However, remaining business functions at each home are using differing variations of ADL and paper for resident charting. Additionally Yountville is still using the MEDITECH EHR for a small number of clinical activities, order entry and scheduling.

As a result, CalVet currently utilizes multiple formats of documentation, but mostly paper for our veterans health records. This can include any combination of ADL, MEDITECH and Paper. Such a hybrid approach does not afford the quality outcomes, regulation compliance, efficiencies, and patient safety a fully functional EHR system affords. Additionally this has resulted in the following problems:

- An order entry process is not standardized resulting in CalVet having to support both electronic and physical paper orders.
- CalVet not being able to guarantee absolute compliance with applicable laws and regulations.
- Resident Health Information Management that is not standardized throughout the eight Veteran Homes of California resulting in inefficient clinical business operations and inconsistencies in reporting and data integrity.
- Resident finance, billing, accounts receivable and reimbursement processes not being standardized resulting in inefficient financial business operations and inconsistencies in reporting and data integrity issues.

At the beginning of 2018, CalVet finalized its 2018-20 Strategic Plan which laid out its vision and guiding principles for the years ahead. It also outlined how all programmatic and support divisions within CalVet will work toward the same strategic goals to deliver services to California's veterans. Each element of that plan directly supports CalVet's Mission and Vision, to ensure it acts in accordance with the Guiding Principles. The goals and objectives laid out in this strategic plan and identified in Section 1.8 directly align with the business drivers as previously detailed in section 1.5.

To qualitatively align with CalVet's business goals it is essential that the problems as stated above are addressed.

Upon solution implementation the latest in EHR technology will provide CalVet:

- Completely paperless electronic health record resulting in standardized processing of CalVet resident health records.
- Standardized electronic physician order entry process.
- Compliance to regulations and accessibility needs.
- Accurate resident care billing submitted to headquarters finances from Veterans' Home.
- Accurate billing submitted to fiscal intermediaries including CMS from headquarters finances.
- A solution that is current and responsive to the changing trends in technology.

These outcomes enable CalVet to realize its mission "To serve and honor all California veterans by connecting them and their families with their earned benefits through education, advocacy and direct services.".

1.10 Business Problem or Opportunity and Objectives Table

ID Problems or Opportunities

- 1 Currently, the physician order entry process is not standardized throughout the eight Veteran Homes of California, resulting in CalVet having to support both electronic and physical paper orders.

Obj # Objective

- 1 Upon solution implementation treatment orders submitted by physicians for CalVet residents will yield a 95% rate of accuracy or higher.

Metric	Baseline	Target	Measurement Method
Order Accuracy	n/a	95%	Post Implementation Verification Report

ID Problems or Opportunities

- 2 Currently, CalVet is not able to guarantee absolute compliance with applicable laws and regulations.

Obj # Objective

- 1 Upon solution implementation CalVet will ensure compliance to laws and regulations that apply to the agency as well as its Veteran's Homes and residents.

Metric	Baseline	Target	Measurement Method
Compliance	n/a	Compliant	CMS Surveys ISO Audits CDPH Surveys

ID Problems or Opportunities

- 3 Currently, Resident Health Information Management is not standardized throughout the eight Veteran Homes of California. This results in inefficient clinical business operations and inconsistencies in reporting and data integrity issues.

Obj # Objective

- 1 Upon solution implementation processing of CalVet resident health records will be standardized.

Metric	Baseline	Target	Measurement Method
Electronic Health Information	ADL Meditech Paper	Single System of Record	Post Implementation Verification Report

ID Problems or Opportunities

- 4 Currently, the resident finance, billing, accounts receivable and reimbursement processes are not standardized throughout the eight Veteran Homes of California and CalVet Headquarters. This results in inefficient financial business operations and inconsistencies in reporting and data integrity issues.

Obj # Objective

- 1 Upon solution implementation the Veterans' Home resident care billing submitted to headquarters finances will yield a 95% accuracy rate or higher.

Metric	Baseline	Target	Measurement Method
Accounting Accuracy	n/a	95%	Financial Pre-Billing Checklist

Obj # Objective

- 2 Upon solution implementation headquarters finances billing submitted to fiscal intermediaries including CMS will yield a 98% accuracy rate or higher.

Metric	Baseline	Target	Measurement Method
Accounting Accuracy	n/a	98%	Total % of Accepted Claims

ID Problems or Opportunities

- 5 Currently, Veteran Homes of California is using an EHR solution that has not kept up with technology.

Obj # Objective

- 1 Upon solution implementation Veteran Homes of California will be partnered with a solution provider that is responsive to the changing trends in technology.

Metric	Baseline	Target	Measurement Method
Industry Best Practices relative to EHR	Desktop Based Client Server Model	Web Based Leveraging Cloud	Contract

1.11 Business and Stakeholder Capacity

1.11.1 Business Program Priorities

Yes No

Does this proposal share resources (state staff, vendors, consultants or financial) with other business program priorities within the Agency/state entity?

☒ ☐

Existing staff within Homes and Information Services Division are expected to assist with this proposal.

1.11.2 External Stakeholder Involvement

None

1.11.3 New or Changes to Business Processes

Yes No

Does the Agency/state anticipate this proposal will result in the creation of new business processes?

☒ ☐

Does the Agency/state entity anticipate changes to existing business process?

☒ ☐

Existing Clinical, Financial and Administrative business processes will be modified in relation to this proposal.

1.12 Organizational Readiness

1.12.1 Governance Structure

Yes No

Does the Agency/state entity have an established governance structure for combined business and IT decision making, including information security and privacy?

☒ ☐

Yes, CalVet has an established governance structure for combined business and IT decision making. The Governance Structure for this proposal will be similar to other Information Technology efforts at CalVet. A governance plan exists for each technology project at CalVet. (The Governance Plan for the existing Talyst Project can be provided as a reference if needed.)

The purpose of a Governance Plan is to describe the overall governance and decision-making process for the project and its stakeholders.

For a project to be successful, decisions must be made timely and at the right level of the project. An active governance structure has been shown to result in more efficient teams, improved results, reduced risks, and better resource utilization. The defined process is intended to benefit the project by:

- Ensuring the Project maintains Sponsorship;
- Providing strategic leadership and direction;
- Fostering a culture of accountability and transparency;
- Providing oversight and guidance to improve the potential for success;

To achieve these objectives, a documented, structured approach to decision-making must exist. A Governance Plan documents how decisions will be made on the project. It also defines roles and responsibilities, and the timeframe in which decisions must be made. When a party wants to appeal a decision, an escalation and appeal process is used.

Upon approval of this proposal, the CEHR Governance Plan will be developed. The CEHR Governance Plan will be reviewed quarterly and updated as needed as the project proceeds through each phase. Changes to the CEHR Governance Plan may be proposed by any stakeholder at any time. The Project Executive Sponsor and Project Manager will provide final approval. The documented plan will contain a revision history log.

The CEHR Project Governance Structure will be supported by various entities and personnel from the Agency, as noted below:

- **Executive Management:** The CalVet Secretary and Undersecretary

- **Veterans Homes Division:** Deputy Secretary of Veterans Homes, Home Administrators, Director of Long Term Care, Chief Financial Officer, Pharmacist Manager, and other resources within the Veterans Homes Division as needed
- **Administrative Services Division:** The Deputy Secretary of Administrative Services
- **Information Services Division (ISD):** The Agency Information Officer, Project Management Office (PMO), IT Procurement, Application & Web Support, and Infrastructure & Operational Support
- Other resources within CalVet as needed

Below are the key roles and responsibilities specific to the governance of the CEHR Project. It is important to note individuals may support other CalVet activities and have responsibilities and duties for other roles within CalVet external to the scope of this effort.

Executive Sponsor

- Highest possible level of project review and approval within the CalVet organization
- Chairs the Executive Steering Committee (ESC)
- Tie breaking vote for ESC as needed
- Supports the Project Manager in maintaining project discipline
- Ensures timely and effective decision making
- Resolves project issues (e.g., policy, fiscal, and resource allocation) that cannot be resolved through the Risk and Issue Management process
- Mitigates project risks (e.g., policy, fiscal, and resource allocation) that cannot be mitigated through the Risk and Issue Management process
- Actively participates in the Change Control Board
- Retains decision-making authority related to project changes that cannot be resolved through the Change Management process

Executive Steering Committee (ESC) - Chaired by the Executive Sponsor

Comprised of CalVet Undersecretary, Deputy Secretary of Veterans Homes, Home Administrators, Director of Long Term Care, Chief Financial Officer, Pharmacist Manager, Deputy Secretary of Administrative Services, Agency Information Officer

- Resolves risks, issues, change requests, and decisions escalated by the Project Manager

CalVet Undersecretary, Deputy Secretary of Veterans Homes

- Actively participates in the ESC
- Brings Homes' business and clinical services needs and perspective to the project
- Helps generate project buy-in and sustain system adoption
- Provides resources and subject matter experts as needed to support the project

Agency Information Officer (AIO)

- Actively participates in the ESC
- Actively participates in the Risk and Issue Committee
- Actively participates in the Change Control Board
- Brings IT policy and IT enterprise needs to the project
- Provides IT resources as needed to support the project

Director of Long Term Care

- Actively participates in the ESC
- Actively participates in the Risk and Issue Committee
- Actively participates in the Change Control Board
- Brings clinical long term care needs and perspective to the project

Chief Financial Officer

- Actively participates in the ESC

- Actively participates in the Risk and Issue Committee
- Actively participates in the Change Control Board
- Brings financial business needs and perspective to the project

Pharmacist Manager

- Actively participates in the ESC
- Actively participates in the Risk and Issue Committee
- Actively participates in the Change Control Board
- Brings pharmaceutical services needs and perspective to the project

Homes Administrators

- Actively participate in the ESC
- Bring enterprise business needs and perspective to the project
- Identify and communicate potential conflicts in Agency policy and the project
- Help generate project buy-in and sustain system adoption
- Support the Executive Sponsor and the Project Manager
- Provide resources and subject matter experts as needed to support the project

Project Manager

- Maintains project discipline through effective project management
- Plans and direct the daily activities of contractor and State staff assigned to the project
- Actively participates in the Risk and Issue Committee
- Actively participates in the Change Control Board
- Escalates risks and issues when they are not resolved through the Risk and Issue Management process
- Escalates change requests when they are not resolved through the Change Management process
- Escalates decisions to the ESC when they are not resolved at the project team level

ESC meetings will be scheduled on a weekly basis and are to be chaired by the Executive Sponsor. The Project Manager will be responsible for escalating risks, issues, change requests, and decisions to the ESC when they are not resolved at the project team level. Decisions will be presented and finalized based on a voting process. The Project Manager will also be responsible for participating in the Change Control Board and Risk and Issue Management Team activities.

The following voting rules will apply during ESC meetings:

- All voting members have one vote
- Voting members may designate an alternate who can attend and vote on their behalf
- A quorum (50% of members + 1) must be present to conduct a valid vote
- In the case of a tie, the Executive Sponsor may vote as a tie breaker

Upon approval of this proposal, the CEHR Organizational Change Plan will be developed. Below are key aspects to be covered within the Organizational Change Plan:

1. Ensure stakeholder involvement in the organizational change process
2. Interview stakeholders often to better understand their needs and concerns
3. Ensure effective delegation
4. Manage expectations
5. Ensure commitment
6. Ensure effective communications
7. Maintain a positive attitude

Additionally, the following plans will be developed specifically for the CEHR Project:

- **Training Management Plan** to address one-time and ongoing training needs related to the project. The plan will address key aspects such as the training approach, channel and materials.
- **Requirements Management Plan** to describe how the project will manage the baseline functional and

technical requirements throughout the project life cycle.

- **Change Management Plan** is outline the processes that will be used to manage changes to the items that are subject to formal change for the Project. The categories that fall under project change management will include (at minimum) Functional and Technical Requirements, Contractor Deliverables and Services, Project Schedule, Business Process, Project Cost, Configuration, Resources and Project Management Plans.
- **Risk and Issue Management Plan** to identify and document roles and responsibilities, actions, methods and processes for identifying, assessing, responding to, monitoring, and reporting risks and issues as they relate to the project.

1.12.2 Leadership Participation

Identify the levels of leadership that are aware of and engaged in addressing the business problem(s)/ opportunity(ies) identified in this proposal (check all that apply):

- ☒ Executive
- ☒ Senior Management Business/Program
- ☒ Mid-level Management Business/Program
- ☒ Senior Management IT
- ☒ Mid-level Management IT
- ☒ Enterprise Architect

All levels of leadership identified above are aware of and expected to be engaged in addressing the business problems and opportunities identified in this proposal. Below is an indication of availability, commitment and past Organizational Change Management (OCM) experience for top-level leadership at CalVet for this proposal.

Leader Name	Availability	Commitment	OCM Experience
Russell Atterberry	As needed (Based on project demands)	High. This project is the top priority of the agency. We are and will remain highly committed to ensuring a successful Electronic Health Record project is implemented throughout our eight state Veterans Homes.	Over 15 Years
Coby Petersen	As executive oversight is needed	High (based on agency priority)	More than 25 years
Sherri Gastinell	As needed (Based on project demands)	High (based on agency priority)	Over 17 years
Thomas Martin	As needed (Based on project demands)	High (based on agency priority)	5 Years
Pouneh Simpson	As needed (Based on project demands)	High (based on agency priority)	
Thomas Bucci	As needed as this is a critical system for clinical success.	High (based on agency priority)	20 Years
Lisa Senitte	As needed, first priority	High (based on agency priority)	Throughout 36-year state career – 20 years in a leadership role within IT. Have had involvement and responsibility for several large-scale system implementations.

Donald Veverka	As needed (Based on project demands)	High (based on agency priority)	Over 30 years
Tim Bouseman	As needed (Based on project demands)	High (based on agency priority)	4 Years
Lawrence Imperial	As needed (Based on project demands)	High (based on agency priority)	Over 14 Years
Michelle Roulston	As needed (Based on project demands)	High (based on agency priority)	5 years
Julian Manalo	As needed for business needs review	High (based on agency priority)	10 years
Norman Andrews	As needed (Based on project demands)	High (based on agency priority)	Over 30 years
James Sullivan			
Lael Hepworth	As needed (Based on project demands)	High (based on agency priority)	18 Years
Rey Javier	As needed (Based on project demands)	High (based on agency priority)	20 Years

1.12.3 Resource Capability/Skills/Knowledge for Stage 2 Alternatives Analysis Yes No

Does the Agency/state entity anticipate requesting additional resources, through a budget request, to further study this proposal and/or perform procurement analysis?

☐ ☒

Of the Agency/state entity resources identified to perform Stage 2 Alternatives Analysis for this proposal, enter the number of staff who have had experience with planning projects of a similar nature.

16

CalVet considers this proposal the highest priority project in its portfolio. All individuals mentioned in Sections 1.2 and 1.4 above will be expected to participate in S2AA for this proposal. While the level of individual experience may vary, all individuals proposed have considerable experience with planning projects of similar nature.

1.12.4 Training and Organizational Change Management Yes No

With respect to the magnitude of this proposal, does the Agency/state entity have resources, processes, and methodologies in place to provide training and organizational change management services?

☒ ☐

Does this proposal affect business program staff located in multiple geographical locations?

☒ ☐

If "Yes," specify the city, state, number of locations and approximate staff in each location:

City	State	Number of Locations	Approximate Number of Staff
Sacramento	CA	1	428
Yountville	CA	1	884
Redding	CA	1	269
Fresno	CA	1	431
Ventura	CA	1	99
Lancaster	CA	1	99

Barstow	CA	1	210
West Los Angeles	CA	1	515
Chula Vista	CA	1	341

CalVet uses a governance structure to support organizational change management as it relates to the implementation of new technology and business processes. Currently, CalVet is working to implement the automatic medication dispensing (Talyst). Business Analysts work with business stakeholders to document "as-is" and develop/document "to-be" business processes. The implementation effort leverages the support of an Executive Project Sponsor and the Executive Steering committee for decision making relative to critical change requests and risks/issues that cannot be resolved at lower levels of the project team structure.

1.12.5 Enterprise Architecture

Yes No

Does the Agency/state entity have a documented target (or future state) enterprise architecture that provides the overall business and IT context for this proposal?

☒ ☐

The future state enterprise architecture related to this effort is essentially software as a service in the cloud. In other words, CalVet expects to leverage existing software available as service and change/adjust its business processes around that technology. CalVet does not anticipate housing any system component or data within its existing technology infrastructure.

1.12.6 Project Management

Project Management Risk Score:

0.4

1.12.7 Data Management

Yes No

1. Does the Agency/state entity have an established data governance body with well-defined roles and responsibilities to support data governance activities?

☐ ☒

2. Does the Agency/state entity have data governance policies (e.g., data policies, data standards, etc.) formally defined, documented and implemented?

☒ ☐

3. Does the Agency/state entity have data security policies, standards, controls, and procedures formally defined, documented and implemented?

☐ ☒

CalVet has security policies related to data security.

CalVet is currently working on an initiative to implement IT Governance. This will be inclusive of Data Governance and address both data quality and data security aspects.

Department of Technology Use Only

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