



**CALVET ELECTRONIC HEALTH RECORD
(CEHR) PROJECT
#8950-059**

SPECIAL PROJECT REPORT 3

January 2025

Table of Contents

1.0 Executive Approval Transmittal.....	5
2.0 Information Technology: Project Summary Package.....	5
2.1 Section A: Executive Summary	5
2.2 Section B: Project Contacts	5
2.3 Section C: Project Relevance to State and/or Agency Plans.....	5
2.4 Section D: Budget Information	5
2.5 Section E: Vendor Project Budget.....	5
2.6 Section F: Risk Assessment Information.....	5
3.0 Proposed Project Change	5
3.1 Project Background/Summary.....	5
3.1.1 Business Program Background.....	5
3.1.2 Project Background.....	9
3.2 Project Status	10
3.2.1 Work Completed.....	10
3.2.2 Work in progress.....	13
3.2.3 Expenditures to Date	14
3.3 Reason for Proposed Change.....	17
3.4 Proposed Project Changes	18
3.4.1 Add Time for Project Activities	18
3.4.2 Revise Project Governance	19
3.4.3 Project Budget Change.....	19
4.1 Project Manager Qualifications	22
4.2 Project Management Methodology	22
4.3 Project Organization	22
4.4 Project Priorities.....	22
4.5 Project Plan.....	22
4.5.1 Project Scope	22
4.5.2 Project Assumptions	22
4.5.3 Project Phasing.....	22
4.5.4 Project Roles and Responsibilities	22
4.5.5 Project Schedule	22
4.6 Project Monitoring and Oversight	22

4.7 Project Quality	23
4.8 Change Management	23
4.9 Authorization Required	23
5.0 Risk Management Plan	23
5.1 Risk Register	23
6.0 Financial Analysis Worksheets (FAWs)	24
6.1 FAWs from the Original S4 Approval	24
6.1.1 Existing System Cost Worksheet	24
6.1.2 Proposed Alternative Worksheet	24
6.1.3 Alternative System Worksheet	24
6.1.4 Executive Cost Summary	24
6.1.5 Project Funding Plan	24
6.2 FAWs for the Proposed Change	24
6.2.1 Existing System Cost Worksheet	24
6.2.2 Proposed Alternative Worksheet	24
6.2.3 Executive Cost Summary	24
6.2.4 Project Funding Plan	24
Appendix A: Executive Approval Transmittal	24
Appendix B: Executive Summary	24
Appendix C: Project Contacts	24
Appendix D: Project Relevance to State and/or Agency Plans	24
Appendix E: Budget Information	25
Appendix F: Vendor Project Budget	25
Appendix G: Risk Assessment Information	25
Appendix H: Project Organizational Chart	25
Appendix I: High Level Project Schedule	25
Appendix J: Risk and Issue Register	25
Appendix K: Financial Analysis Worksheets	25

TABLE OF TABLES

Table 1: Implementation Date	10
Table 2: Completed Deliverables	12
Table 3: High-Level Milestones	14
Table 4: Project Expenditures	14
Table 5: Summary of Differences.....	19
Table 6: Budget Changes.....	20
Table 7: Summary of Request	21

1.0 Executive Approval Transmittal

See Appendix A.

2.0 Information Technology: Project Summary Package

2.1 Section A: Executive Summary

See Appendix B.

2.2 Section B: Project Contacts

See Appendix C.

2.3 Section C: Project Relevance to State and/or Agency Plans

See Appendix D.

2.4 Section D: Budget Information

See Appendix E.

2.5 Section E: Vendor Project Budget

See Appendix F.

2.6 Section F: Risk Assessment Information

See Appendix G.

3.0 Proposed Project Change

This Special Project Report (SPR) 3 is being submitted to the California Department of Technology (CDT) as a result of proposed changes to the CalVet Electronic Health Record (CEHR) Project's schedule, budget, and scope as compared to the SPR 2 approval. Schedule, cost, and scope impacts are related to the following:

1. Extended length of time to address clinical project issues
2. Extended length of time to address financial project issues
3. Unanticipated configuration changes
4. Key staff resource vacancies

3.1 Project Background/Summary

3.1.1 Business Program Background

The mission of the California Department of Veterans Affairs (CalVet) 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 Veterans Homes (Home or Homes) provide medical care to resident veterans in several levels of care. Ambulatory Care Clinics (ACC) provide primary medical care services to resident veterans in Domiciliary and Residential Care Facility for the Elderly (RCFE) level of care settings. Intermediate Care Facility (ICF) and Skilled Nursing Facilities (SNF) provide long-term medical and nursing care to resident veterans. All eight (8) Homes are a system of different levels of care with 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 capacity from sixty (60) residents on a ten (10) acre site to over nine hundred (900) residents on six hundred fifteen (615) acres. In all, eight (8) Homes house and care for approximately twenty-three hundred (2,300) veterans.

Impacted Business Programs:

At the highest level, business programs impacted by this proposal begin at the Homes Division level and can be further broken down as the Homes (8) and Headquarters (HQ). Below is a description of each Home, including the levels of care provided and the budgeted bed capacity.

- **Barstow:** A 150-bed facility, providing options for Domiciliary (Independent Living), and ICF or SNF levels of care.
- **Chula Vista:** A 297-bed facility, providing options for Domiciliary (Independent Living), assisted living in a RCFE, or SNF levels of care.
- **Fresno:** A 300-bed facility, providing options for RCFE or SNF levels of care, and Memory Care.
- **Lancaster:** A 60-bed facility, providing options for RCFE only.
- **Redding:** A 150-bed facility, providing options for RCFE or SNF levels of care, and Memory Care.
- **Ventura:** A 60-bed facility, providing options for RCFE living only.
- **West Los Angeles:** A 396-bed facility, providing options for RCFE or SNF levels of care, and Memory Care.
- **Yountville:** As the largest and oldest Veterans Home in the United States, Yountville is a 876-bed facility, providing options for Domiciliary (Independent Living), RCFE, ICF or SNF levels of care, and Memory Care.
 - CalVet is constructing a new building in Yountville to be completed mid-2025; current SNF and Memory Care residents will be transitioned to the new building (240 beds).
 - The number of beds will increase by nine.

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 minimal to no assistance. Non-clinical staff provides 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. CalVet and the United States Department of Veterans Affairs (USDVA) use Domiciliary for Independent Living.
- **Residential Care Facilities for the Elderly (RCFE):** Also known as Assisted Living, RCFE level of care is available for residents who require minimal assistance and supervision with some activities of daily living. RCFE services may include care by licensed nurses.
- **Intermediate Care Facilities (ICF):** Residents in this care level often require licensed nursing assistance with medications and treatments, and generally require unlicensed nursing assistance with several activities of daily living.
- **Skilled Nursing Facility (SNF):** Skilled nursing care provides twenty-four (24) hour services of licensed nurses and certified nursing assistants. 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 residents with symptoms of confusion, memory loss, difficulty making decisions, solving problems or participating in conversations.

Each Home, in addition to the levels of care listed above, also provides:

- **ACC:** An onsite ACC serves the residents in each Home in the Domiciliary and RCFE levels of care with the exception of the standalone RCFEs at Lancaster and Ventura. These clinics are staffed with primary care physicians who provide comprehensive primary medical care to residents. The ACC addresses all of the residents' primary care needs and arranges subspecialty consultations when needed.
- **Pharmacy Services:** A centralized pharmacy is located onsite at Chula Vista, Yountville, and West Los Angeles Homes. The Chula Vista pharmacy supplies medications for Chula Vista and also the Barstow Home. The pharmacy at Yountville supplies medications for Yountville, Redding and Fresno Homes, and from West Los Angeles the pharmacy supplies medications for West Los Angeles, Ventura and Lancaster Homes.

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

HQ (Homes Division): The Homes Division provides Medical Cost Recovery and Revenue Support for the eight (8) Homes. Clinical and financial information is entered and tracked at

each individual Veterans Home. Revenue and reimbursements are processed through centralized billing at HQ Homes Division.

Information Technology Branch (ITB): Provides technology support services via the CalVet Help Desk. These services include support for the personal computers, mobile devices (phones, tablets, and laptops), intranet, web sites, network, and applications used throughout CalVet.

CalVet functionality performed at the Homes and HQ includes 1) Clinical care provided at the Homes and, 2) Resident Administration and Financial services such as billing third party payers (e.g. Medicare). Clinical care includes Primary Medical care services, Nursing services, Rehabilitation Care, Health Information Management, Order Management, Pharmacy Management, and Scheduling. Resident Administration and Financial services include Admissions, Discharges and Transfers (ADT), Resident Billing and Reimbursement, Resident Finances provided at the Homes and HQ Financial operations delivered at HQ.

CalVet Long Term Care (LTC) facilities, utilize electronic health record (EHR) technology to support their core business processes. All clinical services and billing aspects of the Homes are documented in their EHR through data entry. This documentation is the basis of clinical record for the medical care provided to every resident including, but not limited to, the overall treatment plan of each resident, billing for these services, and all other aspects of the resident's care (e.g. specialty care, diabetic education, screening, immunizations, etc.).

In the late 1990s CalVet implemented MEDITECH software to support their EHR needs in their Yountville and Barstow Homes. In 2009, when additional Veterans Homes were built, CalVet implemented the ADL EHR software in their newly built Veterans Homes and replaced MEDITECH in Barstow and Chula Vista. All Veterans Homes currently utilize ADL for Resident Administration, Financial services, and for Clinical Minimum Data Set (MDS) reporting to Centers for Medicare and Medicaid Services (CMS), and the USDVA. However; other business sub-functions at each Home use different variations of ADL in addition to paper charts. Additionally, Yountville is still using MEDITECH EHR for a small number of clinical activities, order entry, and scheduling.

Clinicians, registered nurses, ancillary staff, contracted providers, and support staff also currently use various formats of data entry for clinical documentation including different combinations of ADL, MEDITECH and paper charting based on the functional needs of each facility.

Three (3) of the eight (8) Homes use varying degrees of the ADL EHR for resident charting due to individual interoperability of the EHR with the processes and systems at each facility. The two (2) newer Veterans Homes, Redding and Fresno, do not use the ADL EHR and currently use paper charting only. All Veterans Homes have at least one hard copy chart per resident on site.

These three (3) Homes are currently using ADL for Resident Administration and Financial functionality. All Homes are using a custom Pre-Admission Tracking System (PATs) created in-house. PATs is a CalVet custom application which was created to meet legislative reporting

requirements on applicants to the Homes. PATS data includes basic applicant demographic information. PATS maintains waiting and prioritization lists for each Home applicant serving as the tracking and reporting mechanism for Home admissions. In order to maintain an accurate tracking system, PATS also tracks admissions to the Home, deaths, discharges and transfers. Waiting lists are viewable to applicants via MyCalVet website, a separate in-house system.

In addition to the supported clinical and financial EHR functions detailed above, CalVet also uses FrameworkLongTermCare (FrameworkLTC) for pharmacy services, GeriMenu for dietetics services and MS Dynamics for materials management. These systems remain in place and continue to be maintained as part of ongoing operations. It is the goal of the CEHR Project to replace only ADL and MEDITECH.

3.1.2 Project Background

In May 2016, the CDT approved the PAL Stage 1 Business Analysis (S1BA) submitted by the CalVet for the CEHR Project to replace CalVet's current EHR.

During development of the Stage 2 Alternatives Analysis (S2AA), CalVet published a Request For Information (RFI). Knowledge garnered through the RFI process solidified the CEHR project team's understanding of its business needs and the capabilities offered in the marketplace. It also further enlightened the differing vendor EHR offerings: LTC only, ACC only, and comprehensive EHR (both ACC and LTC) solutions and the costs associated with each. This understanding of vendor capabilities and costs versus CalVet's business needs and funding tilted the direction to a proposed alternative which addresses the LTC business needs. As a result, CalVet's requirements were re-scoped to remove ACC only specific requirements. In May 2018, the CDT approved the S2AA.

The Stage 3 Solution Development (S3SD) focused on solicitation of a software solution that would enable CalVet Homes and HQ to enter and maintain clinical and financial workflow data. This solution would be a Commercial-Off-The-Shelf (COTS) system in a Software-as-a-Service (SaaS) environment. In January 2019, the CDT approved the S3SD.

Solicitation results were reported in the Stage 4 Project Readiness and Approval (S4PRA). The S4PRA concluded with the Intent to Award being identified for Netsmart Technologies, Inc. In March 2020, the CDT approved the S4PRA with the project start date identified as March 9, 2020.

Also, in March 2020, CalVet operations were significantly impacted by federal and state government, health, and emergency officials' responses to the COVID-19 pandemic. During this period, the state implemented a statewide emergency telework order. Much of the CalVet HQ staff were now teleworking. Additionally, to protect our residents, Homes put strict guidelines in place limiting access to the Homes. The project was now operating completely remotely through conference calls and video conferencing technology. Much of the project activity that was scheduled at this time was intended to take place onsite at the Homes and HQ. This impacted the project teams as they now had to manage and schedule with these remote work constraints.

Through the remainder of 2020 and throughout 2021, the Project continued to operate with most of CalVet HQ staff teleworking. While the pandemic mitigations limited impact to the Homes, strict guidelines continued to limit access to the Homes. The Project continued to operate completely remotely through conference calls and video conferencing technology. This impacted the project teams as they continued to manage and schedule with these remote work constraints.

In April 2021, CalVet submitted Special Project Report (SPR) 1, which was approved in June 2021. Following approval of SPR 1, CalVet and the Contractor completed planning phase activities, worked to incorporate SPR 1 changes throughout project documentation, updated the integrated master project schedule, and planned and implemented the temporary e-prescribing functionality (OrderConnect).

Proceeding into 2022, the project identified multiple risk and issues related to schedule impacts due to inaccurate predecessors/dependencies, added complexity in configuration of system interfaces, extended length of time to complete User Acceptance Testing (UAT), staff turnover of several key roles, and scope increase of sixteen (16) financial requirements, which were determined to be cut off (truncated) in the contract. As a result, SPR 2 was submitted in July 2022 and approved in January 2023.

3.2 Project Status

Through the remainder of 2022 and through calendar year 2023, the Project completed UAT for enterprise-wide configurations, completed phases 1 and 2, completed the first Home implementation in phase 3, and completed UAT for the second Home implementation in phase 3.

The following sections provide details for deliverables completed, work progress, and expenditures to date.

3.2.1 Work Completed

In January 2023, SPR 2 was approved with contract amendment 2 executed in December 2022. The project completed UAT for the enterprise-wide configuration, training for the early phase 2 modules (CareConnect Inbox, CareQuality, Key Performance Indicators, and Laboratory/Radiology Integration), implementation of the pilot Home followed by three additional Homes. UAT for the fourth Home was completed with configuration changes for the organizational structure.

Table 1 lists the Homes and the corresponding Go-Live dates:

Table 1: Implementation Date

HOME IMPLEMENTATION	GO LIVE DATE
West LA/Headquarters Go-Live 1 (Phase 1)	October 1, 2022
Lancaster Go-Live 1 (Phase 1)	February 1, 2023

Ventura Go-Live 1 (Phase 1)	May 1, 2023
West LA Go-Live 2 (Phase 2)	February 15, 2024
Ventura Go-Live 2 (Phase 2)	February 15, 2024
Lancaster Go-Live 2 (Phase 2)	February 15, 2024
Chula Vista Go-Live (Phase 3)	November 1, 2023

The West LA/Headquarters and Lancaster Home Go-Live dates were met as approved in SPR 2. In February 2023, Issue 186 was accepted due to remodeling activities taking place in the Ventura Home during the proposed month of Go-Live for CEHR. To mitigate the concerns with the parallel projects, Change Request 177 was approved to move the Ventura Home's Go-Live date to by one (1) month to May 1, 2023.

Completion of Phase 2 functionality (eLearning, M*Modal, myHealthPointe) was delayed and tracked through risks/issues and change requests. While SPR 2 approved a Go-Live date for each Home in Phase 2 for all three (3) associated modules, the functionality was trained at different intervals. The Go-Live date of February 15, 2024 for Phase 2 represents when the administrative training for myHealthPointe was provided to CalVet.

The Chula Vista Home Go-Live date was met as approved in the SPR 2 for November 1, 2023; this is the first Home implementation for Phase 3.

In November 2023, a change request was approved to update the organizational structure for the Barstow Home. All Home organizational structures were approved during the discovery phase of the project. Since approval of the Barstow organizational structure, there were unanticipated changes in the level of care between floor units.

In December 2023, Issue 222 was approved to address concerns that the Barstow Home's organizational changes would impact the January 1, 2024 Go-Live date. The organizational configuration changes not only impacted set up within the EHR, but also impacted the interface between the EHR and the pharmacy management solution. Additionally, during planning for the configuration change, it was identified that two (2) of the levels of care (SNF and ICF) were configured as the same level of care based on discussions during the discovery phase. The two levels of care are similar; however, the current clinical and financial SMEs determined the SNF and ICF need to be configured as separate levels of care. A change to the levels of care would impact the Yountville Home's organizational structure as well, as the Home has ICF residents.

A gate approval meeting to move forward with training in the Barstow Home was held on December 8, 2023 in which the decision was made to not proceed forward with training as scheduled. Without training proceeding, the January 1, 2024 Go-Live date would not be met

as approved in SPR 2. The Go-Live dates for the remaining Homes were impacted by the downstream effect.

In January 2024, Change Request 261 was submitted to implement the level of care changes for both the Barstow and Yountville Homes' organizational structures. Discovery sessions were held throughout February and March to document the configuration changes. The configuration changes for both Homes were completed and UAT approved.

The list of completed deliverables and associated project phases are in table 2 below.

Table 2: Completed Deliverables

PROJECT DELIVERABLES COMPLETED	PHASE
D.3.2.1.a: Initial Configuration Early Phase 2 Modules	Phase 1
D.3.1.1.a: System Integration Testing Early Phase 2 Modules	Phase 1
West LA Home Implementation D.11.2: Role Based Access Control Report D.11.3: Training to CalVet Team Staff D.11.4: Data Conversion and Migration Report D.11.5: User Acceptance Testing	Phase 1
Lancaster Home Implementation D.7.2: Role Based Access Control Report D.7.3: Training to CalVet Team Staff D.7.4: Data Conversion and Migration Report D.7.5: User Acceptance Testing	Phase 1
Ventura Home Implementation D.6.2: Role Based Access Control Report D.6.3: Training to CalVet Team Staff D.6.4: Data Conversion and Migration Report D.6.5: User Acceptance Testing	Phase 1
D.3.2.2: Initial Configuration Phase 2	Phase 2
D.3.1.2: Phase 2 System Integration Testing (SIT-2)	Phase 2

Implement Remaining Modules for First 3 Homes D.11.6: Implement at West LA D.6.6: Implement at Ventura D.7.6: Implement at Lancaster	Phase 2
Chula Vista Home Implementation D.4.1: Configuration Assessment 2 D.4.6: Remaining Modules D.4.2: Role Based Access Control Report D.4.3: Training to CalVet Team Staff D.4.4: Data Conversion and Migration Report D.4.5: User Acceptance Testing	Phase 3
Barstow Home Implementation D.5.5: User Acceptance Testing	Phase 3

Between the months of November 2023 and March 2024, the project accepted several risks and issues related to financial and clinical concerns. While the project continued addressing the concerns, the project presented four (4) options to the Executive Steering Committee (ESC) in April 2024, to resume Home implementations. The ESC agreed to a new targeted schedule, which included implementing the Barstow Home on June 1, 2024. During the May 17, 2024 gate approval meeting to move forward with training in the Barstow Home for a second time, the decision was made to not proceed forward with training as scheduled. The decision was based on the outstanding financial and clinical concerns.

In June 2024, the Chula Vista Home made the decision to revert to the legacy EHR beginning August 1, 2024. The decision to revert was based on the outstanding financial and clinical concerns.

3.2.2 Work in progress

Based on a collaborative meeting with CalVet and the Contractor in June 2024 onsite at the Chula Vista Veterans Home, the project identified twenty-nine (29) issues to be resolved before resuming Home implementations. These items are being addressed through appropriate project processes.

Based on work in progress, the project is proposing new dates for the high-level milestones listed in Table 3 below. The table displays the SPR 2 approved dates compared to the new proposed dates.

Table 3: High-Level Milestones

KEY ACTIVITIES	SPR 2 DATES	PROPOSED DATES
Chula Vista Go-Live 2	N/A	October 1, 2025
Barstow Go-Live	January 1, 2024	December 1, 2025
Yountville Go-Live	March 1, 2024	April 1, 2026
Redding Go-Live	May 1, 2024	July 1, 2026
Fresno Go-Live	July 1, 2024	September 1, 2026
Certificate of Delivery	October 8, 2024	October 16, 2026

In addition to the remaining Go-Live activities, the project continues working through issue 226 to track activities CalVet needs to complete to release the myHealthPointe functionality. Contractor responsibilities related to the functionality were completed and deliverables approved. Business decisions need to be made about policies, procedures, and business processes. The revised project schedule will include target dates to complete these activities.

3.2.3 Expenditures to Date

Please see table 4 below for the most recent project expenditure information. This table compares the actual costs to the baselined budget that was approved in SPR 2. The “LTC EHR” line item refers to CalVet’s solution vendor.

Table 4: Project Expenditures

Reporting Period: (December 1, 2024 – December 31, 2024)			
	Last Approved Budget (\$)	Cumulative Actual Cost (\$)	Comments
IT Project Costs (One-Time)			
Staff (Salaries & Benefits)	\$9,329,536	\$10,509,394	
Staff OE&E Rollup (Gen. Exp.; Printing, Comm.; Postage; Ins.; Travel – In/Out of State; Training; Fac. Ops.; Utilities)			
Consulting & Prof. Services: Interdepartmental	\$1,024,153	\$1,100,196	
ITPOD Project Assessment	\$117,267	\$117,267	
ITPOD Project Oversight	\$826,532	\$894,208	
STPD Consulting	\$80,354	\$88,721	
Consulting & Prof. Services: External	\$1,765,647	\$1,788,767	
Business Analyst – 2 Positions	\$731,274	\$754,554	
IV&V Vendor – 1 Position	\$1,034,373	\$1,034,213	
Consolidated Data Centers			
Information Technology	\$12,616,590	\$7,836,757	
LTC EHR	\$12,514,821	\$7,791,233	
Pharmacy Management - FrameworkERX	\$101,769	\$45,524	
Misc. OE&E Rollup (Dept. Services; Central Admin. Services; Office Equip.; Other; Unclassified/Special Adjustment; Local Assistance)			
Total IT Project Costs (One-Time):	\$24,735,927	\$21,235,114	

Reporting Period: (December 1, 2024 – December 31, 2024)			
	Last Approved Budget (\$)	Cumulative Actual Cost (\$)	Comments
Future Operations IT Staff and OE&E Costs (Continuing)			
Staff (Salaries & Benefits)	\$1,070,915	\$0	
Staff OE&E Rollup (Gen. Exp.; Printing, Comm.; Postage; Ins.; Travel – In/Out of State; Training; Fac. Ops.; Utilities)			
Consulting & Prof. Services: Interdepartmental			
Consulting & Prof. Services: External			
Consolidated Data Centers			
Information Technology	\$3,685,267	\$0	
LTC EHR	\$3,610,134	\$0	
Pharmacy Management – SureScripts Subscription	\$75,133	\$0	
Misc. OE&E Rollup (Dept. Services; Central Admin. Services; Office Equip.; Other; Unclassified/Special Adjustment; Local Assistance)			
Future Operations IT Staff and OE&E Costs (Continuing):	\$4,756,182	\$0	
TOTAL:	\$29,492,110	\$21,235,114	

3.3 Reason for Proposed Change

Between the months of November 2023 and August 2024, the project reported risks and issues related to CalVet Home organizational changes, financial and clinical concerns, impact to the project schedule due to unexpected configuration changes, turnover in key decision-making roles, and leadership changes. Due to these factors, the decision was made to not proceed with training in the Barstow Home. This created a downstream impact to all remaining Home implementations. Additionally, one Home made the decision to revert to the legacy EHR solution due to these concerns.

These concerns are detailed in the project status reports from November 2023 through December 2024:

- 1) CalVet Home organization changes
 - a. CalVet Homes reconfigured care delivery which impacted the planned CEHR rollout, configurations and pharmacy interfaces
 - b. The organizational structures for the Barstow Home required reconfiguration
 - c. It was identified that additional organization structures would also be required for Yountville.
 - d. The new SNF building at the Yountville Home will require organizational structure changes
- 2) Clinical concerns
 - a. The Homes ceased using myUnity for non-controlled medication orders for SNF level of care and reverted to using OrderConnect for all medication orders
 - b. The system functionality to change current medication orders impacted accuracy of medication orders between myUnity and OrderConnect
 - c. The Chula Vista Home reverted to the legacy EHR
- 3) Financial concerns
 - a. The Medi-Cal response file was incompatible with myUnity; short-term and long-term solutions were implemented
 - b. Additional training added for billing staff
 - c. Challenges to complete month-end close activities
 - d. Completion of service and rate workbooks delayed
 - e. Revenue Transaction Report required configuration changes
- 4) Unanticipated configuration changes
 - a. The organizational structures for the Barstow and Yountville Homes required reconfiguration
 - b. The new SNF building at the Yountville Home will require organizational structure changes
- 5) Staff turnover of several key roles
 - a. The IT Sponsor role was vacated in January 2023 and backfilled in August 2023
 - b. The IT Sponsor role was vacated in November 2024
 - c. The Agency Chief Information Officer role was vacated in January 2023 and backfilled in August 2023
 - d. The Agency Chief Information Officer role was vacated in November 2024

- e. The Executive Sponsor role was vacated in February 2023 and reassigned in October 2023
- f. The Contractor Financial SME role was vacated in July 2023 and backfilled in August 2023
- g. The Project Director role was vacated in August 2023 and backfilled in January 2024
- h. The Project Director role was vacated in August 2024 and backfilled in November 2024
- i. The Director of Long Term Care role on extended leave beginning August 2023
- j. The Project Sponsor role was vacated May 2024 and reassigned in August 2024

Multiple project risks and issues were introduced to address these concerns and their impacts to the schedule and scope. The project determined the schedule related risks and issues would be best addressed through re-baselining the schedule.

3.4 Proposed Project Changes

3.4.1 Add Time for Project Activities

- Clinical concerns – additional time is needed to resolve the remaining system and contract concerns identified in the list of twenty-nine (29) items. Of the 29 items, two (2) are contract related issues and twenty-seven (27) are system related issues that include defects, requests for change, and business decisions. Twenty-one (21) of the system related issues are resolved and the two (2) contract related issues are anticipated to be resolved with contract amendment 3. Five (5) of the system issues are identified as business decisions and/or configuration changes and will be managed through governance and the change management process. The project is tracking and addressing the remaining six (6) issues and assigning expected completion dates.
- Financial concerns – additional time is needed to provide billing staff with over-the-shoulder support and to resolve configuration changes related to federal updates for submitting resident charges.
- Organizational configuration changes – Change Request 261 addressed configuration changes for the organizational structures for the Barstow and Yountville Homes. The configuration separated the SNF and ICF levels of care. This work was completed, but had an impact on the project schedule starting with the Barstow Home implementation. Organizational structure changes are required for the new SNF building in the Yountville Home.
- Remediate the Chula Vista Home – as the Home reverted to the legacy EHR solution, there will be re-work to bring the Home back to the CEHR solution. Discovery sessions will be required to review the changes that were made, identify solutions to reverse the actions, and tasks required to bring the Home back on the CEHR solution.

- Evaluate Barstow Home tasks – while the Barstow Home did not proceed with training staff and thus did not Go-Live, backloading and data conversion and migration activities occurred in preparation for training and Go-Live. The project will evaluate what tasks need to be conducted to resume preparation for Go-Live.
- Homes Live on the EHR – based on the configuration changes and possible workflow changes, implemented homes will also need documentation updates and additional training. Operational resources for live homes will also be extended as part of the implementation.
- Governance concerns – the large number of project role changes and delays in decision-making for CalVet is requiring the governance structure and documentation to be re-evaluated and updated for the project.

3.4.2 Revise Project Governance

The long-term vacancy of and turnover in decision making roles, 1) lessened support for project direction and vision; 2) delayed resolution of strategic and major issues; and 3) delayed business decisions. Revisions to the governance structure are required in order to ensure successful transition to the new solution, enforce business processes, and meet the project's objectives. All project management plans and processes therein will be updated to align with and support these changes.

3.4.3 Project Budget Change

The financial analysis worksheets were updated to account for additional costs:

- 1) Staff (Salaries & Benefits)
- 2) Consulting & Professional Services
 - a. Independent Project Oversight (Interdepartmental)
 - b. Independent Verification and Validation (External)
- 3) Information Technology
 - a. LTC EHR
 - b. Pharmacy Management

A summary of cost differences between SPR 2 and 3 is displayed in the table below.

Table 5: Summary of Differences

Category	Summary of Differences			Notes
	SPR 2	SPR 3	Difference	
Staff (Salaries & Benefits)	\$ 10,400,451	\$ 13,236,085	\$ 2,835,634	Additional time added to schedule and updated the benefits rate from 49.3% to 51.09% starting in FY 24/25.
Consulting & Prof Services: Interdepartmen	\$ 1,024,153	\$ 1,696,597	\$ 672,444	
ITPOD Project Assessment	\$ 117,268	\$ 117,268	\$ -	No changes.
ITPOD Project Oversight	\$ 826,532	\$ 1,459,542	\$ 633,010	Additional time added to schedule and added 5% yearly increases.
STPD Consulting	\$ 80,354	\$ 119,787	\$ 39,433	Additional time added to schedule and to account for Amendment 3 costs.
Consulting & Prof. Service: External	\$ 1,765,647	\$ 2,090,647	\$ 325,000	
Business Analyst - 2 positions	\$ 731,274	\$ 731,274	\$ -	No changes.
IV&V Vendor - 1 position	\$ 1,034,373	\$ 1,359,373	\$ 325,000	Additional time added to schedule and continuous IV&V Consulting Services needed.
Information Technology	\$ 16,301,858	\$ 22,462,748	\$ 6,160,890	
LTC EHR*	\$ 16,124,956	\$ 22,197,646	\$ 6,072,690	Additional time added to schedule and costs for the Project costs, unanticipated tasks, increase in M&O costs, and partial system handover - M&O costs for Homes in Production, while remaining Homes are working towards going live.
Pharmacy Management - Frameworks ERX	\$ 176,902	\$ 265,102	\$ 88,200	Additional time added to schedule.
Total	\$ 29,492,110	\$ 39,486,078	\$ 9,993,968	

The table below displays the key project budget changes and the reason for variance.

Table 6: Budget Changes

Description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total	Reason for Variance
Planning/One-Time														
Total Personal Services Expenditures														
Approved Stage 4	\$ 1,287,117	\$ 1,287,117	\$ 749,787										\$ 3,324,021	Additional time added to schedule
SPR#1	\$ 1,287,117	\$ 1,287,117	\$ 749,787										\$ 3,324,021	
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#2	\$ 1,287,117	\$ 1,287,117	\$ 749,787										\$ 3,324,021	Additional time added to schedule
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#3	\$ 1,287,117	\$ 1,287,117	\$ 749,787										\$ 3,324,021	
Variance	\$ -	\$ -	\$ -										\$ -	No changes
Consulting and Professional Services - Interdepartmental														
ITPOD Project Assessment														
Approved Stage 4	\$ 49,500	\$ 32,340	\$ 16,170										\$ 98,010	CDT IPO services estimated in PAL did not take into consideration CDT's new hourly cost structure in 20/21-21/22. Plus additional project duration.
SPR#1	\$ 49,500	\$ 32,340	\$ 16,170										\$ 98,010	
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#2	\$ 49,500	\$ 32,340	\$ 16,832										\$ 98,672	Additional time added to schedule
Variance	\$ -	\$ -	\$ 662										\$ 662	
SPR#3	\$ 49,500	\$ 32,340	\$ 16,832										\$ 98,672	
Variance	\$ -	\$ -	\$ -										\$ -	No changes
Consulting and Professional Services - Interdepartmental														
STPD Consulting														
Approved Stage 4	\$ -	\$ 25,578	\$ 31,752										\$ 57,330	CDT IPO services estimated in PAL did not take into consideration CDT's new hourly cost structure in 20/21-21/22. Plus additional project duration.
SPR#1	\$ -	\$ 25,578	\$ 31,752										\$ 57,330	
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#2	\$ -	\$ 25,578	\$ 11,214										\$ 36,792	Additional time added to schedule
Variance	\$ -	\$ -	\$ (20,538)										\$ (20,538)	
SPR#3	\$ -	\$ 25,578	\$ 11,214										\$ 36,792	
Variance	\$ -	\$ -	\$ -										\$ -	No changes
Consulting and Professional Services - External														
Business Analyst														
Approved Stage 4	\$ 339,758	\$ 391,516	\$ -										\$ 731,274	STPD Consulting Services needed for assistance for contract amendments for the LTC EHR Vendor.
SPR#1	\$ 339,758	\$ 391,516	\$ -										\$ 731,274	
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#2	\$ 339,758	\$ 391,516	\$ -										\$ 731,274	Additional time added to schedule
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#3	\$ 339,758	\$ 391,516	\$ -										\$ 731,274	
Variance	\$ -	\$ -	\$ -										\$ -	No changes
Consulting and Professional Services - External														
IV&V Vendor														
Approved Stage 4	\$ -	\$ -	\$ 104,000										\$ 104,000	Additional funding for IV&V services due to additional time added to schedule. IV&V required for duration of project.
SPR#1	\$ -	\$ -	\$ 104,000										\$ 104,000	
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#2	\$ -	\$ -	\$ -										\$ -	Additional time added to schedule
Variance	\$ -	\$ -	\$ -										\$ -	
SPR#3	\$ -	\$ -	\$ (104,000)										\$ (104,000)	
Variance	\$ -	\$ -	\$ -										\$ -	No changes
Project Costs One-Time														
Total Personal Services Expenditures														
Approved Stage 4			\$ 749,787	\$ 1,287,117	\$ 814,293	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,851,197	Additional time added to schedule
SPR#1			\$ 749,787	\$ 1,287,117	\$ 1,287,117	\$ 1,287,117	\$ 254,239	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,865,377	
Variance			\$ -	\$ -	\$ 472,824	\$ 1,287,117	\$ 254,239	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,014,180	
SPR#2			\$ 749,787	\$ 1,287,117	\$ 1,287,117	\$ 1,287,117	\$ 107,260	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,005,515	Additional time added to schedule
Variance			\$ -	\$ -	\$ -	\$ -	\$ 1,032,878	\$ 107,260	\$ -	\$ -	\$ -	\$ -	\$ 1,140,138	
SPR#3			\$ 749,787	\$ 1,287,117	\$ 1,287,117	\$ 1,287,117	\$ 1,302,549	\$ 1,302,549	\$ 325,637	\$ -	\$ -	\$ -	\$ 8,828,990	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,195,289	\$ 1,302,549	\$ 325,637	\$ -	\$ -	\$ 2,823,475	Additional time added to schedule and updated the benefits rate from 49.3% to 51.09% starting in FY 24/25.
Consulting and Professional Services - Interdepartmental														
ITPOD Project Assessment														
Approved Stage 4			\$ 8,085	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,085	CDT IPO services estimated in PAL did not take into consideration CDT's new hourly cost structure in 20/21-21/22. Plus additional project duration.
SPR#1			\$ 8,085	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,085	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SPR#2			\$ 18,596	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,596	Additional time added to schedule
Variance			\$ 10,511	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,511	
SPR#3			\$ 18,596	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,596	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	No changes
Consulting and Professional Services - Interdepartmental														
ITPOD Project Oversight														
Approved Stage 4			\$ 56,280	\$ 112,560	\$ 112,560	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 281,400	CDT IPO services estimated in PAL did not take into consideration CDT's new hourly cost structure in 20/21-21/22. Plus additional project duration.
SPR#1			\$ 56,280	\$ 175,944	\$ 184,867	\$ 186,749	\$ 23,167	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 627,007	
Variance			\$ -	\$ 63,384	\$ 72,207	\$ 186,749	\$ 23,167	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 345,607	
SPR#2			\$ 70,119	\$ 182,942	\$ 184,412	\$ 186,749	\$ 15,562	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 826,533	Additional time added to schedule
Variance			\$ 13,839	\$ 6,998	\$ (455)	\$ -	\$ 163,582	\$ 15,562	\$ -	\$ -	\$ -	\$ -	\$ 199,526	
SPR#3			\$ 70,119	\$ 182,942	\$ 184,412	\$ 73,133	\$ 260,208	\$ 296,148	\$ 310,955	\$ 81,626	\$ -	\$ -	\$ 1,459,543	
Variance			\$ -	\$ -	\$ -	\$ (113,617)	\$ 73,459	\$ 280,586	\$ 310,955	\$ 81,626	\$ -	\$ -	\$ 633,009	Additional time added to schedule
Consulting and Professional Services - Interdepartmental														
STPD Consulting														
Approved Stage 4			\$ 7,938	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,938	STPD Consulting Services needed for assistance for contract amendments for the LTC EHR Vendor.
SPR#1			\$ 7,938	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,938	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SPR#2			\$ -	\$ 7,560	\$ 16,002	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,562	Additional time added to schedule
Variance			\$ (7,938)	\$ 7,560	\$ 16,002	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,624	
SPR#3			\$ -	\$ 7,560	\$ 16,002	\$ 22,428	\$ 5,304	\$ 24,671	\$ 5,569	\$ 1,462	\$ -	\$ -	\$ 82,996	
Variance			\$ -	\$ -	\$ -	\$ 2,428	\$ 5,304	\$ 24,671	\$ 5,569	\$ 1,462	\$ -	\$ -	\$ 39,434	Additional time added to schedule and to account for A3 costs
Consulting and Professional Services - External														
IV&V Vendor														
Approved Stage 4			\$ 104,000	\$ 208,000	\$ 208,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 520,000	Additional funding for IV&V services due to additional time added to schedule. IV&V required for duration of project.
SPR#1			\$ 104,000	\$ 208,000	\$ 208,000	\$ 208,000	\$ 35,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 763,000	
Variance			\$ -	\$ -	\$ -	\$ 208,000	\$ 35,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 243,000	
SPR#2			\$ 198,000	\$ 198,000	\$ 205,040	\$ 208,000	\$ 208,000	\$ 17,333	\$ -	\$ -	\$ -	\$ -	\$ 1,034,373	Additional time added to schedule
Variance			\$ 94,000	\$ (10,000)	\$ (2,960)	\$ -	\$ 173,000	\$ 17,333	\$ -	\$ -	\$ -	\$ -	\$ 271,373	
SPR#3			\$ 198,000	\$ 198,000	\$ 205,040	\$ 208,000	\$ 17,333	\$ 260,000	\$ 65,000	\$ -	\$ -	\$ -	\$ 1,359,373	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 260,000	\$ 65,000	\$ -	\$ -	\$ 325,000	Additional time added to schedule
Information Technology														
LTC EHR Vendor														
Approved Stage 4			\$ 874,689	\$ 8,909,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,783,789	Additional funding for moving ePrescribe up in schedule to meet AB2789 January 1, 2022 mandate, moving modules from phase II to I, additional testing activities, additional planning and discovery.
SPR#1			\$ 620,272	\$ 7,584,565	\$ 1,982,358	\$ 2,344,269	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,531,464	
Variance			\$ (254,417)	\$ (1,324,535)	\$ 1,982,358	\$ 2,344,269	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,747,675	
SPR#2			\$ 533,571	\$ 4,157,069	\$ 1,764,023	\$ 6,018,950	\$ 41,209	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,514,821	Additional time added to schedule
Variance			\$ (86,701)	\$ (3,427,496)	\$ (218,335)	\$ 3,674,681	\$ 41,209	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (16,643)	
SPR#3			\$ 533,571	\$ 4,157,069	\$ 1,764,023	\$ 6,018,950	\$ 581,719	\$ 2,778,775	\$ 200,940	\$ -	\$ -	\$ -	\$ 16,035,047	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 540,510	\$ 2,778,775	\$ 200,940	\$ -	\$ -	\$ 3,520,225	Additional time added to schedule
Information Technology														
Pharmacy Management - Frameworks Ex														
Approved Stage 4			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Additional funding for Frameworks Ex module needed to deploy ePrescribe
SPR#1			\$ 15,500	\$ 39,200	\$ 39,200	\$ 6,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,434	
Variance			\$ 15,500	\$ 39,200	\$ 39,200	\$ 6,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,434	
SPR#2			\$ 3,550	\$ 4,671	\$ 51,081	\$ 39,200	\$ 3,267	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,769	Additional time added to schedule
Variance			\$ (11,950)	\$ (34,529)	\$ 11,881	\$ 32,666	\$ 3,267	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,335	
SPR#3			\$ 3,550	\$ 4,671	\$ 51,081	\$ 39,200	\$ 3,267	\$ -	\$ 39,200	\$ 9,800	\$ -	\$ -	\$ 186,702	
Variance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,933	\$ 39,200	\$ 9,800	\$ -	\$ -	\$ 84,933	Additional time added to schedule

Description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total	Reason for Variance
Future Operations														
Total Personal Services Expenditures														
Approved Stage 4					\$ 207,666	\$ 558,738	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 766,404	Variance due to the project end date change within the final fiscal year. \$4 included 18 months M&O. SPR1 includes 22 months M&O
SPR#1					\$ -	\$ -	\$ 422,428	\$ 557,615	\$ -	\$ -	\$ -	\$ -	\$ 980,043	
Variance					\$ (207,666)	\$ (558,738)	\$ -	\$ 422,428	\$ -	\$ -	\$ -	\$ -	\$ 213,639	
SPR#2					\$ -	\$ -	\$ -	\$ 512,177	\$ 558,738	\$ -	\$ -	\$ -	\$ 1,070,915	Additional time added to schedule
Variance					\$ -	\$ -	\$ (422,428)	\$ (45,438)	\$ 558,738	\$ -	\$ -	\$ -	\$ 90,872	
SPR#3					\$ -	\$ -	\$ -	\$ -	\$ -	\$ 424,078	\$ 565,437	\$ 141,359	\$ 1,130,874	Additional time added to schedule, which shifts the start date of M&O and added costs due to the increase in benefit rates from 49.3% to 51.09%
Variance					\$ -	\$ -	\$ -	\$ (512,177)	\$ (558,738)	\$ 424,078	\$ 565,437	\$ 141,359	\$ 59,959	
Information Technology														
LTC EHR Vendor														
Approved Stage 4					\$ 767,406	\$ 1,534,812	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,302,218	Variance due to the project end date change within the final fiscal year. \$4 included 18 months M&O. SPR1 includes 22 months M&O
SPR#1					\$ -	\$ -	\$ 1,279,010	\$ 1,534,812	\$ -	\$ -	\$ -	\$ -	\$ 2,813,822	
Variance					\$ (767,406)	\$ (1,534,812)	\$ -	\$ 1,279,010	\$ -	\$ -	\$ -	\$ -	\$ 511,604	
SPR#2					\$ -	\$ -	\$ -	\$ 1,659,644	\$ 1,950,490	\$ -	\$ -	\$ -	\$ 3,610,134	Additional time added to schedule
Variance					\$ -	\$ -	\$ (1,279,010)	\$ 124,832	\$ 1,950,490	\$ -	\$ -	\$ -	\$ 796,312	
SPR#3					\$ -	\$ -	\$ -	\$ 247,486	\$ 2,085,428	\$ 1,706,762	\$ 1,695,447	\$ 427,476	\$ 6,162,599	Additional time added to schedule and costs for partial system handover - M&O Costs for Homes in Production, all Homes will go live starting Oct. 2026, which starts the official first year of M&O
Variance					\$ -	\$ -	\$ -	\$ (1,412,158)	\$ 134,938	\$ 1,706,762	\$ 1,695,447	\$ 427,476	\$ 2,552,465	
Information Technology														
Pharmacy Management - Frameworks Erx														
Approved Stage 4					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Additional funding for Frameworks Erx module needed to maintain ePrescribe
SPR#1					\$ -	\$ -	\$ 32,667	\$ 39,200	\$ -	\$ -	\$ -	\$ -	\$ 71,867	
Variance					\$ -	\$ -	\$ 32,667	\$ 39,200	\$ -	\$ -	\$ -	\$ -	\$ 71,867	
SPR#2					\$ -	\$ -	\$ -	\$ 35,933	\$ 39,200	\$ -	\$ -	\$ -	\$ 75,133	Additional time added to schedule
Variance					\$ -	\$ -	\$ (32,667)	\$ 39,200	\$ -	\$ -	\$ -	\$ -	\$ 3,266	
SPR#3					\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,400	\$ 39,200	\$ 39,200	\$ 107,800	Additional time added to schedule
Variance					\$ -	\$ -	\$ -	\$ (35,933)	\$ (39,200)	\$ 29,400	\$ 39,200	\$ 39,200	\$ 32,667	
Total Budget Changes														
Planning/One-Time	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Total Budget Change from SPR #2 to SPR #3
Project Costs One-Time	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (111,189)	\$ 78,763	\$ 2,076,989	\$ 4,697,049	\$ 684,465	\$ -	\$ 7,426,077	
Future Operations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,960,268)	\$ (463,000)	\$ 2,160,240	\$ 2,300,084	\$ 608,035	\$ 2,645,091	
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (111,189)	\$ 78,763	\$ 116,721	\$ 4,234,049	\$ 2,844,705	\$ 2,300,084	\$ 608,035	

Table 7: Summary of Request

	CEHR Project Summary	FY 2020-21 thru FY 24-25 Approved BCP Amount	FY 2020-21 thru FY 2025-26 Amount Needed	BCP Amount Needed for FY 2025-26 (Project Costs + M&O Costs for Homes in Production)	Amount Needed for FY 2026-27 (All Homes Starts M&O in Oct. 2026 - 9 Months of M&O)	Savings from ADL/Meditech Costs (won't start until Oct. 2026 - savings of (\$96,618.75 per month))	Amount Needed for FY 2027-28 (12 Months of M&O - Prior to ADL/Meditech Savings)	Amount Needed for FY 2028-29 (3 Months of M&O - Prior to ADL/Meditech Savings)
Project Costs	Netsmart Contract - Projected Payment Based on the New Updated Schedule in A3	\$ 13,055,331.16	\$ 15,834,106.43	\$ 2,778,775.27	\$ 200,940.00	\$ -	\$ -	\$ -
M&O	Partial System Handover - M&O Costs for Homes in Production	\$ 247,486.00	\$ 2,332,914.00	\$ 2,085,428.00	\$ 1,706,762.00	\$ (1,159,425.00)	\$ 1,695,447.00	\$ 427,476.00
	Independent Project Oversight/CDT	\$ 799,975.00	\$ 1,116,500.00	\$ 316,525.00	\$ 83,087.87	\$ -	\$ -	\$ -
	Independent Verification & Validation (Ten Consulting)	\$ 836,373.00	\$ 1,096,373.00	\$ 260,000.00	\$ 65,000.00	\$ -	\$ -	\$ -
	Pharmacy Management - Frameworks Erx Licensing (Software Licensing)	\$ 137,702.00	\$ 176,902.00	\$ 39,200.00	\$ 39,200.00	\$ -	\$ 39,200.00	\$ 39,200.00
	Total	\$ 15,076,867.16	\$ 20,556,795.43	\$ 5,479,928.27	\$ 2,094,989.87		\$ 1,734,647.00	\$ 466,676.00

4.0 Updated Project Management Plan

In lieu of a Project Management Plan, all project management processes are covered in their own respective project plans.

4.1 Project Manager Qualifications

The CEHR Project Manager Qualifications have not changed since the approval of the PAL Stage 4 submission.

4.2 Project Management Methodology

The CEHR Project Management Methodology has not changed since the approval of the PAL Stage 4 submission.

4.3 Project Organization

The project organization changed since approval of the SPR 2 submission. Refer to Appendix H for the updated CEHR Project Organizational Chart.

4.4 Project Priorities

The CEHR Project Priorities have not changed since the approval of the PAL Stage 4 submission.

4.5 Project Plan

4.5.1 Project Scope

Changes to scope are related to organizational structure changes, remediation of the Chula Vista Home, and renewing preparation for the Barstow Home.

4.5.2 Project Assumptions

The CEHR Project Assumptions have not changed since the approval of the PAL Stage 4 submission.

4.5.3 Project Phasing

The CEHR Project phasing has not changed since approval of the SPR 2 submission.

4.5.4 Project Roles and Responsibilities

The CEHR Project Roles and Responsibilities changed since approval of the SPR 2 submission. Roles and Responsibilities are reflected in respective project management plans.

4.5.5 Project Schedule

Refer to Appendix I for the updated high-level schedule.

4.6 Project Monitoring and Oversight

The CEHR Project approach to tracking and reporting on the status of project deliverables, project schedule, and project budget have not changed from the PAL process.

The CEHR Project continues to utilize Independent Project Oversight (IPO) services from CDT.

The IPO Manager prepares a monthly Independent Project Oversight Report (IPOR) that is used to measure project progress against the baseline.

The CEHR Project continues to contract for Independent Verification and Validation (IV&V) services. The IV&V consultant prepares a monthly activity report containing observations, findings, recommendations and a determination of how well the project is positioned to support its goals and objectives based on IEEE standards.

The CalVet Project Management Office (PMO) prepares monthly status reports for external reporting to CDT through monthly Project Status Reports.

4.7 Project Quality

The project is in the process of updating the CEHR Project Quality Management Plan (v7.0); the strategy for managing quality remains the same.

4.8 Change Management

The project is in the process of updating the CEHR Project Change Management Plan (v6.0). Updates include process improvements and processes for CalVet to manage a subset of configuration changes based on maintenance and operations training.

4.9 Authorization Required

No special authorization is required for the proposed changes.

5.0 Risk Management Plan

The project is in the process of updating the CEHR Project Risk and Issue Management Plan (v8.0); the strategy for managing risks and issues remains the same.

5.1 Risk Register

See Appendix J for risks and issues identified for the CEHR Project.

6.0 Financial Analysis Worksheets (FAWs)

The worksheets include a detailed and updated project cost.

6.1 FAWs from the Original S4 Approval

See Appendix K

6.1.1 Existing System Cost Worksheet

See Appendix K

6.1.2 Proposed Alternative Worksheet

See Appendix K

6.1.3 Alternative System Worksheet

See Appendix K

6.1.4 Executive Cost Summary

See Appendix K

6.1.5 Project Funding Plan

See Appendix K

6.2 FAWs for the Proposed Change

See Appendix K

6.2.1 Existing System Cost Worksheet

See Appendix K

6.2.2 Proposed Alternative Worksheet

See Appendix K

6.2.3 Executive Cost Summary

See Appendix K

6.2.4 Project Funding Plan

See Appendix K

Appendix A: Executive Approval Transmittal

Appendix B: Executive Summary

Appendix C: Project Contacts

Appendix D: Project Relevance to State and/or Agency Plans

Appendix E: Budget Information

Appendix F: Vendor Project Budget

Appendix G: Risk Assessment Information

Appendix H: Project Organizational Chart

Appendix I: High Level Project Schedule

Appendix J: Risk and Issue Register

Appendix K: Financial Analysis Worksheets