



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

1.1 General Information

Agency or State Entity Name:	Emergency Medical Services Authority (EMSA)
Organization Code:	4120
Proposal Name:	California Emergency Medical Advancement Project (CEMAP)
Proposal Description:	Establishment of a software system to support regulation criteria associated with the collection, monitoring, disseminating, and analyzing Community Paramedicine (CP) program or triage to alternate destination (TAD) programs and the certification of CP on a paramedic license.
When do you want to start this project?:	7/1/2021
Department of Technology Project Number:	4120-016

1.2 Submittal Information

Contact Information:	
Contact First Name	Contact Last Name
Priscilla	Rivera
Contact Email	Contact Phone Number
Priscilla.rivera@emsa.ca.gov	916-431-3707
Submission Date:	12/10/2020
Version Number:	1

Project Approval Executive Transmittal

Attachment: Include the Project Approval Executive Transmittal as an attachment to your email submission.

1.3 Business Sponsorship

Executive Sponsors

Title	First Name	Last Name	Business Program Area
Chief Deputy Director	Louis	Bruhnke	EMSA

Select + to add additional Executive Sponsors

Business Owners

Title	First Name	Last Name	Business Program Area
Division Chief	Tom	McGinnis	Systems Division
Division Chief	Sean	Trask	Personnel Division
Division Chief	Keson	Khieu	IT Division
Staff Services Manager	Priscilla	Rivera	Personnel Standards Unit
Staff Services Manager	Kim	Lew	Licensure Unit
Staff Services Manager	Adrienne	Kim	Data/QI Unit
Staff Services Manager	Angela	Wise	Systems Unit

Program Background and Context

The Health and Safety Code authorizes EMSA to oversee all aspects of emergency medical services in California, including but not limited to training and licensing of EMS personnel, approving EMS scope of practice levels, oversight of the EMS systems, transport contracts, and hospital designations.

Community paramedicine (CP) and triage to alternate destination (TAD) programs are evolving models of community-based health care in which paramedics function outside their customary emergency response and transport roles. CP



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and TAD programs are designed to address specific local problems (such as overcrowded emergency rooms, non-medical mental health patient and substance abuse patient needs) through collaborative and innovative pre-hospital emergency medical services and other health care and social service providers.

California, through EMSA and the Office of Statewide Health Planning and Development (OSHPD) has piloted [community paramedic programs](#) for six (6) years. Through the OSHPD process, Local EMS Agencies (LEMSAs) at the EMSA pilot locations trained paramedics to perform duties outside of their normal scope of practice and roles. Pilot locations were approved in 53 cities throughout California. The pilot study focused on six (6) concept areas: Post-discharge, Frequent EMS users, directly observed therapy, hospice assistance, alternate destination mental health, and alternate destination sobering centers. These sites collected information on the efficacy of each concept area and submitted data to independent evaluators. Independent evaluators from the University of California at San Francisco (UCSF) have found the CP program to be safe and effective means of utilizing paramedics to improve the health and safety of the public by allowing expanded access to health care services and case management.

CP providers are licensed, experienced paramedics who have received specialized training and work within a designated CP program under local medical control. Paramedics are uniquely positioned for expanded roles as they are (1) geographically dispersed in nearly all communities; (2) inner-city and rural; always available 24/7/365 and rapidly dispatched; (3) trusted and accepted by the public; (4) trained to make health status assessments and recognize and manage life-threatening conditions outside of the hospital; and (5) operate under medical control as part of an organized system.

[Assembly Bill \(AB\) 1544](#) (Gipson, Ch. 138, Statutes of 2020) mandates EMSA to develop and enact regulations to establish six types of CP and TAD programs as described in the EMSA and [OSHPD Health Workforce Pilot Project \(HWPP\) #173](#); including the certification of CP on paramedic licenses. The legislative mandate goes into effect on January 1, 2021. The bill further requires EMSA to submit annual reports following the implementation of regulations and a final report by April 1, 2023. Data for these reports will be collected through the processes identified through the planning process. The bill will sunset on January 1, 2024 unless otherwise extended or approved through the legislature. Existing statutory language requires EMSA to establish a Central Registry for the tracking of EMS personnel certification/licensure, accreditation, and enforcement history (Health and Safety Code §1797.117). The statute requires all Certifying Entities to submit data specified in regulations on the certification of EMTs to EMSA's Central Registry. With the enactment of AB 1544 a new level of EMS personnel, community paramedics, has been created and would need to be tracked within the Central Registry. The current Central Registry does not have an accreditation process for the tracking of community paramedics accreditation, however, does have an existing feature for the county accreditation of paramedics.

Assembly Bill 1544 also requires EMSA to collect patient care information to ensure patient safety and provide EMSA the ability to assess the approval, review, withdrawal, and revocation of CP and TAD sites approval.

The UCSF independent evaluator of the Pilot Project concluded that these programs will “enables cities and counties to design and administer community paramedicine programs to meet local needs, while both local and state oversight and regulation ensure patient safety.”

EMSA currently depends on multiple systems: A vendor-managed License and Application Records System (LARS), EMSA's legacy Training and Continuing Education (CE) Tracking Database (TCETD), California EMS Information System (CEMSIS) and various standalone tracking spreadsheets. LARS tracks and monitors activities related to accounting and processing initial, reinstatement and renewal paramedic licenses, paramedic complaints, and paramedic enforcement. TCETD tracks and monitors activities related to the approval and continuation of initial EMS training and CE courses. CEMSIS is a centralized data system that collects EMS data from 32 of the 33 local EMS Agencies (LEMSAs). CEMSIS currently uses the national data standard called the National Emergency Medical Services Information System (NEMSIS).



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Of these systems none are set up to collect the data required by the legislature for the CP and TAD programs.

Business Inefficiencies:

EMSA has identified the need to expand current LARS system to collect additional information on CP and TAD projects, CP paramedic accreditation and training program approvals as mandated by the legislature through AB 1544. Currently business process has this information tracked by an independent contractor in paper documents and spreadsheets. This is inefficient for purposes of access and analysis of the data. As the programs expand from pilot sites to statewide programs, the need for easier access to this information will be important to ensure proper quality improvement and assurance for the EMS system.

Online Presence:

Due to current system limitations, initial licensing, reinstatement and renewal of paramedic licenses do not have the ability to apply CP, or TAD certification data or collect, monitor, review, approve CP or TAD training. Current system limitations also do not have the ability to collect, monitor, review, approve CP or TAD programs.

Data Collection and Reporting Capabilities:

Data collection for EMS data is collected using the most current NEMSIS standard with no customizations. EMS data from providers is collected from LEMSAs then sent to CEMSIS. From CEMSIS, staff is able to use run reports to validate data, for the annual EMS report, for data requests, for ambulance patient offload time, for core measures, and ad-hoc reports.

EMSA is seeking a data repository for paramedic license CP and TAD certification information, CP and TAD program information, and CP and TAD program activity data.

To ensure CP program, TAD program, and paramedic license certification success, EMSA requires an electronic license, certification, and program record system to oversee, monitor, collect, analyze, and report data and approve these programs and certifications. The system must allow for the following:

1. EMSA-led solution administration
2. Certification or accreditation of CP and TAD programs by the LEMSA external end-users
3. EMSA and LEMSA data collection and submission

1.4 Stakeholders

Key Stakeholders

Org. Name	Name
EMSA IT Division	Keson Khieu – Chief Information Officer Kevin Rollins – Information Security Officer (ISO)
Internal or External?	<input checked="" type="checkbox"/> Internal <input type="checkbox"/> External
When is the Stakeholder impacted?	



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Input to Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How are Stakeholders impacted?		
<p>The CIO and ISO are charged with ensuring all Information Technology (IT) solutions are in alignment with the State and EMSA strategic plans. As one of the key stakeholders with a vested interest in the outcome and success of this project, the CIO and ISO have a clear understanding of EMSA's business needs and play a fundamental part in ensuring that the project aligns with the EMSA strategic plan and business program needs.</p>		
How will the Stakeholders participate in the project?		
<p>The CIO and ISO partners directly with the Executive personnel to ensure all interests are addressed. The CIO and ISO are directly involved in the planning and implementing the EMSA's IT vision and objectives. The CIO and ISO will be an active participant in the decision-making and necessary support for this projects successful outcome. The CIO and ISO will provide program with policies on security, data collection and advise on a systems approach. As the project is further defined, the CIO and ISO will advise on requirement gathering and assess solutions for viability against these requirements.</p>		
Org. Name	Name	
Local EMS Agency Administrators represented through EMSAAC	Kristin Weivoda – President of EMSAAC (or current president)	
Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External	
When is the Stakeholder impacted?		
Input to Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How are Stakeholders impacted?		
<p>The LEMSA Administrators are charged with oversight of the EMS system within the local areas, including the creation and implementation of CP programs and accreditation of CP paramedics.</p>		
How will the Stakeholders participate in the project?		
<p>The LEMSA Administrators partners directly with EMSA through the Advisory Committee required by the legislature to ensure the process and business rules are adequate for the local needs of the program. The LEMSA Administrators will be an active participant in the decision-making and necessary support for a successful outcome of this project. As one of the key stakeholders with a vested interest in the outcome and success of this project, the administrators have a clear understanding of the need for CP projects within the EMS system. Each LEMSA that implements a CP project will be required to report information on the project and accreditation of CP paramedics to EMSA. The LEMSA representative will participate in the advisory group that generates system requirements and analysis solutions for viability against identified needs.</p>		
Org. Name	Name	
CP Advisory Committee (The advisory group is still being created and does not have specific members identified yet)	Medical Directors, Public Safety Representative Nurse Representative Hospital Administrators Representative Paramedic Representative (Public and Private) Home Health Medical Professional Representative Hospice/Palative Care Representative Department of Healthcare Services Mental Health Physician Representative EMS Educators Representative Clinical Social Workers Representative Local Public Health Care Departments Representative	
Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External	
When is the Stakeholder impacted?		



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Input to Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How are Stakeholders impacted?

The CP Advisory Committee are representatives from groups that involved in the healthcare system throughout California and will be directly impacted by the creation and implementation of the CP programs. Advisory members will include representatives from groups that will work directly with CP programs (such as nurses, paramedics, physicians, local health departments and local EMS representatives). These members represent medical professionals who will work with CP program sites, paramedics certified as paramedics and have local oversight of the programs within the local jurisdiction.

How will the Stakeholders participate in the project?

The Advisory Committee will meet regularly (schedule TBD) to advise EMSA on the CP Program structure, data element collection and regulations. The advisory committee will be directly involved in decision making on business requirements and creation of training standards.

While the advisory committee will influence EMSA's approach, through input at meetings, they will not be directly involved in, system testing, change management, or training related to the CEMAP System

Org. Name	Name
Policy makers	Stakeholders include the Legislature, the Governor's Office and other state departments and agencies

Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External
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When is the Stakeholder impacted?

Input to Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How are Stakeholders impacted?

The policymaker stakeholders are the entities involved in influencing healthcare policy in California. Policymakers will have access to reports, analyses, and other products produced from the CEMAP system. Through EMSA-initiated outreach, policymakers will have the opportunity to provide input on CEMAP System business processes. Policymakers also created the legislature that will guide the project.

How will the Stakeholders participate in the project?

EMSA will identify and engage key policymakers prior to the start of the project to help ensure that relevant policymaker needs are included in the high-level requirements. Policymakers have been involved through the creation of state statute which is driving this project.

Policymakers will likely influence EMSA's approach to, but will not be directly involved in, system testing, change management, or training related to the CEMAP System

Select + to add additional Stakeholders

1.5 Business Program

Org. Name	Name
EMSA – Personnel Division, Personnel Standards Unit	Priscilla Rivera – Staff Services Manager I

When is the unit impacted?

Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How is the business program unit impacted?



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The EMSA Personnel Standards Unit is charged with the oversight of creating policies, regulations, and business rules for the implementation and oversight of the EMS system and approval of training programs consistent with State and EMSA's strategic plans. The Personnel Standards Unit also provides technical assistance to the LEMSAs with regard to their use of the State IT databases.

How will the business program participate in the project?

The Personnel Standards Manager is identified as the manager that will be the POC and oversee this IT project. The Personnel Standards Unit Manager will directly partner with the Executive personnel, external stakeholders, and advisory groups to ensure all interests are addressed. The Personnel Standards Manager will be an active participant in the decision-making and necessary support for a successful outcome of this project.

The CP and TAD programs will require the Standards Unit to create policies for the implementation of this program as well as oversee the approval of training programs. The Standards Unit will test the LEMSA access, and ability to submit data through the identified system following the policies created.

Org. Name	Name
EMSA Personnel Division, Licensure Unit	Kim Lew, Staff Services Manager I

When is the unit impacted?

Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How is the business program unit impacted?

The EMSA Personnel Division Licensure Unit is charged with the oversight paramedic licensure and accreditation processes.

How will the business program participate in the project?

The Unit shall be impacted by the addition of the accreditation process and collection of accreditation information within the State licensure system.

The Licensure Unit will be an active participant in the decision-making and necessary support for a successful outcome of this project by attending and contributing to advisory meetings. The Licensure Unit will test the features that collect and maintain licensure and accreditation data elements.

Org. Name	Name
EMSA – Systems Division, Data and QI Unit	Tom McGinnis, SSMII Adrienne Kim, SSMI Angela Wise, SSMI

When is the unit impacted?

Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How is the business program unit impacted?

The EMS Systems Division is charged with general EMS systems operations including but not limited to oversight, monitoring and review of local EMS agency planning, ambulance and first responder operations, specialty care programs including hospitals, state poison control system, EMS communications, local quality improvement plans and EMS and specialty care data. The Data and Quality Unit within the EMS Systems Division is the unit that specifically works with EMS operational data including Community Paramedicine. The EMS Plans Coordinator is responsible for review and approval of the local EMS plans which will include Community Paramedicine program components.

How will the business program participate in the project?

The leadership from the EMS Systems and Data and QI unit will provide their support and expertise help implement a new system while focusing on program quality and efficiency that align key strategic goals with measurable benefits, by participating in advisory meetings, identifying necessary data elements, and software requirements and analyzing software solutions for compliance with requirements.



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Select + to add additional Business Programs

1.6 Business Alignment

Business Driver(s)

Financial Benefit – Program sees no financial benefit of this project. It is patient care based.

Increased Revenue	Cost Savings	Cost Avoidance	Cost Recovery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mandate(s)

State	Federal
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Improvement

Better Services to Citizens	Efficiencies to Program Operations	Improved Health and/or Human Safety	Technology Refresh
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Security

Improved Information Security	Improved Business Continuity	Improved Technology Recovery	Technology End of Life
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Strategic Business Alignment

Strategic Plan Last Updated?	6/15/2016
Strategic Business Goal	Alignment
EMSA Strategic Plan Goal 2 Support the development of EMS systems in California that are sustainable, visionary, and integrated with the evolving healthcare system	Create a data collection method that will allow the review and analysis of the CP programs for their integration into existing healthcare systems, sustainability, and impact.
Strategic Business Goal	Alignment
EMSA Strategic Plan Goal 3 Improve communication methods to promote timely an transparent information sharing.	Promote information sharing through a licensing system that allows real time communication of status and enforcement data of CP paramedics accreditations.
Strategic Business Goal	Alignment
EMSA Strategic Plan Goal 4 Leverage new and existing technologies to promote improved data and information systems.	Create standards and data collection system for CP programs that will allow for in-depth analysis of the systems.
Strategic Business Goal	Alignment
EMSA Strategic Plan Goal 5 Engage stakeholders to identify trends and collaboratively advance the statewide EMS system.	Support the EMS system by collecting and sharing data on CP programs to ensure system improvement and alignment with statewide standards.

Select + to add additional Business Goals and Alignment

Executive Summary of the Business Problem or Opportunity

Community paramedicine is a new EMS program that will include processes to:

- Accredited specially trained paramedics in a higher level of care allowed by standard paramedic licensure
- Allow LEMSAs to submit to EMSA for approval community paramedicine programs for improved community health care
- Establish a standard of review to ensure patient safety and oversight.



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Because this is a new program to California, business processes and data collection software are not currently customized to allow for the data collection and analysis of the new programs. It is important for data collection of these programs to be timely and accurate to ensure continued QI/QA and advancement of the EMS systems.

Currently, there are 20,000 paramedics that may train in the advanced CP scope, with six potential specialties as defined in the statute. With each patient encounter, the CPs will need to submit patient care reports to their program site, which will then be submitted to the 33 LEMSA's and eventually EMSA for QI/QA of the programs.

EMSA must update or obtain data collection software(s) that will allow for the licensure of community paramedics, program sites, and patient care reviews.

Business Problem or Opportunity and Objectives Table

Problem ID	Problems/Opportunities
1	Assembly Bill 1544 requires EMSA to collect training and licensure information on paramedics with the specialty training in CP topics. In order to do this EMSA licensure staff need the ability to associate and analyze CP and TAD certifications with an existing paramedic licence and to provide self-service options that allow paramedics to register CP and TAD certification associated with their paramedic licenses.
Objective ID	1.1
Objectives	Allow EMSA/LEMAs to enter additional licensure information regarding CP and TAD certifications.
Metric	Percentage of CP and TAD certification entries.
Baseline	0% new feature. Baseline to be established upon implementation.
Target	50% of paramedic CP and TAD certifications records exist in the system within six months of implementation.
Measurement Method	System generated monthly reports.
Objective ID	1.2
Objectives	Allow paramedics to register CP and TAD certifications associated with their paramedic licenses.
Metric	Percentage of CP and TAD certification entries.
Baseline	0% new feature. Baseline to be established upon implementation.
Target	50% of paramedic CP and TAD certifications records exist in the system within six months of implementation.
Measurement Method	System generated monthly reports.
<i>Select + to add additional Objectives</i>	
2	Assembly Bill 1544 requires EMS to collect patient care information to ensure patient safety. Due to current system limitations, EMSA is unable to collect data elements specific to patient care provide by CP programs.
Objective ID	2.1
Objectives	Enable EMSA to review 20% of patient care data for compliance every 3 months.
Metric	Number of CP electronic patient care records (ePCRs) collected.
Baseline	0, system repository does not exist
Target	A minimum of 20% of CP patient care data collected in a 3 month time frame.
Measurement Method	Quarterly system generated reports.



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<i>Select + to add additional Objectives</i>	
4	Currently there is no options within existing systems for CP and TAD training program information collection and monitoring is restricted due to limited system functionality.
Objective ID	4.1
Objectives	Provide a method to collect and maintain CP and TAD training information.
Metric	Percentage of CP and TAD training program entries
Baseline	0% new feature. Baseline to be established upon implementation.
Target	60% of CP and TAD training programs are viewable online within six months of implementation.
Measurement Method	System generated reports run on a quarterly basis.
<i>Select + to add additional Objectives</i>	
<i>Select + to add additional Problems</i>	
Project Approval Lifecycle Completion and Project Execution Capacity Assessment	
1. Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)? Yes	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	
2. Does the Agency/ state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes? BOTH	
<input type="radio"/> No <input type="radio"/> New Processes <input type="radio"/> Existing Processes <input checked="" type="radio"/> Both New and Existing <input type="radio"/> Clear	
1.7 Project Management	
Project Management Risk Score:	3.3
Attach completed Statewide Information Management Manual (SIMM) Section 45 Appendix A:	Include the completed SIMM 45 Appendix A as an attachment to your email submission.
Existing Data Governance and Data	
1. Does the Agency/state entity have an established data governance body with well-defined roles and responsibilities to support data governance activities? If an existing data governance org chart is used, please attach. NO	<input type="radio"/> Unknown <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
If applicable, include the data governance org chart as an attachment to your email submission.	
2. Does the Agency/state entity have data governance policies (data policies, data standards, etc.) formally defined, documented, and implemented? If yes, please attach the existing data governance plan, policies or IT standards used. YES	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
If applicable, include the data governance policies as an attachment to your email submission.	



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<p>3. Does the Agency/state entity have data security policies, standards, controls, and procedures formally defined, documented, and implemented? If yes, please attach the existing documented security policies, standards, and controls used. YES</p>	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	<p>If applicable, include the documented security policies, standards, and controls as an attachment to your email submission.</p>
<p>4. Does the Agency/state entity have user accessibility policies, standards, controls, and procedures formally defined, documented, and implemented? If yes, please attach the existing documented policies, accessibility governance plan, and standards used, or provide additional information below. YES</p>	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	<p>If applicable, include the documented accessibility policies, standards, and controls as an attachment to your email submission.</p>
<p>5. Do you have existing data that you are going to want to access in your new solution? NO</p>	<input type="radio"/> Unknown <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear	<p>If applicable, include the data migration plan as an attachment to your email submission.</p>
<p>6. If data migration is required, please rate the quality of the data.</p>	<p>Not applicable</p>	

1.8 Criticality Assessment

Business Criticality

<p>Legislative Mandates:</p>	<p>N/A <input type="checkbox"/></p>	
<p>Bill Number(s)/Code(s):</p>		<p>Chapter 138, Statutes of 2020 (AB 1544)</p>
<p>Language that includes system relevant requirements:</p>	<p>§1830. Existing statutory language requires EMSA to establish a Central Registry for the tracking of EMS personnel certification/licensure, accreditation, and enforcement history (Health and Safety Code §1797.117). The statute requires all Certifying Entities to submit data specified in regulations on the certification of EMTs to EMSA’s Central Registry. With the enactment of AB 1544 a new level of EMS personnel, community paramedics, has been created and would need to be tracked within the Central Registry. The current Central Registry does not have an accreditation process for the tracking of community paramedics accreditation, however, does have an existing feature for the county accreditation of paramedics.</p> <p>Assembly Bill 1544 also requires EMSA to collect patient care information to ensure patient safety and provide EMSA the ability to assess the approval, review, withdrawal, and revocation of CP and TAD sites approval.</p>	



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Business Complexity Score	2.8	Include the completed SIMM 45 Appendix C as an attachment to your email submission.			
Noncompliance Issues					
Indicate if your current operations include noncompliance issues and provide a narrative explaining the how the business process is noncompliant. N/A					
Programmatic Regulations	HIPPA/CJIS/FTI/PII/PCI	Security	ADA	Other	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. What is the proposed project start date?					
					7/1/2021
2. Is this proposal anticipated to have high public visibility? YES					
					<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
If "Yes," please identify the dynamics of the anticipated high visibility below:					
EMSA has stakeholders who are highly visible interested in the outcome of this project. The CP project data validity and need has been debated with the CA Nurses Association during the legislative process. This group and others may continue to question the project. EMSA's plan is to release, per legislation, regular reports supporting the safety and efficacy of the project.					
3. If there is an existing Privacy Information Assessment, include as an attachment to your email submission.					
4. Does this proposal affect business program staff located in multiple geographic locations? NO					
					<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
If "Yes," provide an overview of the geographic dynamics below and enter the specific information in the space provided.					
City	State	Number of Locations	Approximate Number of Staff		
<i>Select + to add Locations</i>					
1.9 Funding					
1. Does the Agency/state entity anticipate requesting additional resources through a budget action to complete the project approval lifecycle? YES					
					<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
2. Will the state possibly incur a financial sanction or penalty if this proposal is not implemented? If yes, please identify the financial impact to the state below: NO					
					<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
3. Has the funding source(s) been identified for this proposal? YES					
					<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
FUNDING SOURCE		FUND AVAILABILITY DATE			
General Fund	<input checked="" type="checkbox"/>	7/1/2021			
Special Fund	<input type="checkbox"/>	Date Picker			
Federal Fund	<input type="checkbox"/>	Date Picker			
Reimbursement	<input type="checkbox"/>	Date Picker			
Bond Fund	<input type="checkbox"/>	Date Picker			
Other Fund	<input type="checkbox"/>	Date Picker			



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If "Other Fund" is checked,
specify the funding:

1.10 Reportability Assessment

<p>1. Does the Agency/state entity's IT activity meet the definition of an IT Project found in the State administrative Manual (SAM) Section 4819.2? If "No," this initiative is not an IT project and is not required to complete the Project Approval Lifecycle. YES</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear</p>
<p>2. Does the activity meet the definition of Maintenance or Operations found in SAM Section 4819.2? NO</p> <p>If "Yes," this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report. And provide an explanation below.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear</p>
<p>3. Has the project/effort been previously approved and considered an ongoing IT activity identified in SAM Section 4819.2, 4819.40? NO</p> <p>If "Yes," this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear</p>
<p>4. Is the project directly associated with any of the following as defined by SAM Section 4812.32? NO</p> <p>Single-function process-control systems; analog data collection devices, or telemetry systems; telecommunications equipment used exclusively for voice communications; Voice Over Internet Protocol (VOIP) phone systems; acquisition of printers, scanners and copiers.</p> <p>If "Yes," this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear</p>
<p>5. Is the primary objective of the project to acquire desktop and mobile computing commodities as defined by SAM Section 4819.34, 4989? NO</p> <p>If "Yes," this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity. Submit a copy of the completed, approved Stage 1 Business Analysis to the CDT and track the initiative on the Agency Portfolio Report.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear</p>
<p>6. Does the project meet all of the criteria for Commercial-off-the-Shelf (COTS) Software and Cloud Software-as-a-Services (SaaS) delegation as defined in SAM 4819.34, 4989.2 and SIMM 22 NO</p> <p>If "Yes," this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity; however, submit an approved SIMM Section 22 form to CDT.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear</p>
<p>7. Will the project require a Budget Action to be completed? YES</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear</p>
<p>8. Is it anticipated that the project will exceed the delegated cost threshold assigned by CDT as identified in SIMM 10? YES</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear</p>



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

<p>9. Are there any previously imposed conditions place on the state entity or this project by the CDT (e.g., Corrective Action Plan)? NO</p> <p>If "Yes," provide the details regarding the conditions below.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
<p>10. Is the system specifically mandated by legislation? YES</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear

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Original "New Submission" Date	1/14/2021	
Form Received Date	1/14/2021	
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Form Status	Complete	
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