



# Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.2, 5/31/2020)

## 1.1 General Information

Agency or State Entity Name: Department of Developmental Services

If Agency/State entity not in list, then enter here. [Click or tap here to enter text.](#)

Organization Code: 4300

Proposal Name: Clinical Facilities Software – Electronics Health Record

Proposal Description: The Department of Developmental services proposes to replace the clinical software used at the state operated Developmental Center, Community Facility and at the growing network of Stabilization, Training, Assistance Reintegration (STAR) Homes.

When do you want to start the project? 7/1/2022

Department of Technology Project Number (0000-000): [4300-063](#)

## 1.2 Submittal Information

### Contact Information

Contact First Name: Jim

Contact Last Name: Switzgable

Contact Email: [Jim.switzgable@dds.ca.gov](mailto:Jim.switzgable@dds.ca.gov)

Contact Phone Number: 916-896-6488

Submission Date: 7/23/2021

Version Number: 1.0

Project Approval Executive Transmittal – (Attach Transmittal to the email submission.)

## 1.3 Business Sponsorship

Add additional Executive Sponsors or Business Owners as needed.

Executive Sponsors

Title: Deputy Director, State Operated Facilities Division

First Name: Dawn

Last Name: Percy

Title: Deputy Director and Chief Information Officer

First Name: Jim

Last Name: Switzgable

Business Program Area: (Name of the business program area represented by the Executive Sponsor(s))

State Operated Facilities Division

Information Technology Division

Business Owners

Title: Executive Director

First Name: Gabriela

Last Name: Maleszewski

Business Program Area: Porterville Developmental Center

Title: Acting Facility Director

First Name: Samantha

Last Name: Steele

Business Program Area: Canyon Springs Community Facility

Title: Senior Supervising Psychologist

First Name: Brad

Last Name: Backstrom

Business Program Area: STAR Homes

## Program Background and Context

The Department of Developmental Services (Department) is committed to adhering to the Lanterman Developmental Disabilities Services Act (Lanterman Act), which ensures that individuals with developmental and intellectual disabilities have access to the services and supports needed to lead independent and productive lives in the least restrictive setting, appropriate to their needs. Per requirements of the Lanterman Act, the Department has been transitioning from the Developmental Center based care model to the community living and increased use of community medical/clinical services model. The successful transition of individuals moving to a community based setting has occurred, however, there remains a need to provide services in one licensed State Operated Facility for acute, intermediate care for the developmental disabilities community, one small community facility and numerous certified community acute crisis homes that provide Stabilization, Training, Assistance, and Reintegration (STAR) into the community, all which are facilities operated by the Department. Individuals in all of the Department's facilities including STAR homes will receive some internal clinical and professional services, medical/clinical/medical ancillary services and support; varies based on facility services/staff available as well as use of local community medical, psychiatric/social services, specialized acute hospital services for complex medical/surgical needs, clinical laboratory, and other diagnostic services. The transfer of information to and from the internal staff and community providers and the reports demands interoperability to facilitate coordination of care, meet the immediate behavioral and medical needs, reduce duplication of services and costs, and meet the HHS-Health HITECH requirements for interoperability for providers as well as make the clinical information readily available to the resident's representatives and clinical team.. The lack of an electronic healthcare record (EHR) with interoperability impedes integration of health care and the reporting to quickly transmit health care needs and treatments which leaves contract/community and facility services with no choice but to fax or phone the information which potentially delays care, potentially increase costs of care/treatment and most importantly impacts quality of care due to lack of quick access to client's medical/clinical information. Health Information Portability and Accountability Act are impeded by the lack of immediate information available to the resident's representative as spelled out in the HITECH requirements.

The Department is lagging behind the community sector and the ability to provide high quality care and treatment integrated with the community which is a stated DDS Goal. The electronic clinical record is imperative to the Department's Goal to "achieve and maintain high quality services, integrated among community, facility treatment/ staff and clinical staff, and the resident/responsible party/ Regional Center and others providing services. An electronic new clinical record that meets the latest HHS/CMS requirements will enhance communication thru interoperability, support the reimbursement framework including the Federal reimbursement to the State for in-residence and community services to focus on timely access to clinical information timely for services within a facility/community resources as well as on success as individuals served in the in-resident facilities and transition into the community. To support this transition, the Porterville Developmental Center and Canyon Springs Community Facility will experience a change in internal and external EHR use and functionality as the delivery model for and type of services are refined, increasingly requiring more specialized clinical diagnostic. Many of these services currently requires community resource use with only 'paper' access or fax to clinical information, which may delay services, some of which are emergency in nature and certainly impact the access to the total resident's clinical picture.

DDS Internal custom legacy software developed 30 years ago is limited only to individual identifiable data, and billing information (input only from a paper process). Physician orders are communicated through the legacy system to the in-facility pharmacy only at Porterville with the limited ability to maintain physician's orders, provide printed records, limited medication diagnosis listings, and billing to Medicare/Medi-Cal. The legacy system was developed thirty years ago, it no longer supports the needs of the facilities and the individuals. One facility, Canyon Springs, does not have the IT infrastructure for the DDS internal custom software ("ER2000 – pharmacy/physician's orders) and must handwrite recap orders and send to an outside vendor to prepare each month. The Pharmacy is a contract pharmacy; the facility is required to scan and fax all orders and new/discontinued orders to the contract pharmacy. In addition, the Department is opening STAR homes within the community and these specialized facilities will heavily utilize community providers, i.e. general practice and specialty physicians, specialty pharmacies, laboratory, x-ray, pharmacies, etc. Star Homes will also need a clinical software solution to meet the Federal Certification and State licensing regulations.

## 1.4 Stakeholders

### Key Stakeholders

(Stakeholder" are individuals or groups impacted by the business processes addressed by the proposed project)

Organization Name: DDS Porterville Developmental Center / DDS Canyon Springs Community Facility / DDS STAR Homes

Stakeholder Name: Clinical Staff

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The system will be principal source of information for current, past clinical records as well for Community providers and those who also contract with DDS. The system will be used to order and document current clinical/nursing services/medications/treatment/laboratory, x-rays, rehabilitation services, document interactive care/services meetings with the legal responsible party and the individuals served. The Clinical record is a principal source of review by Center for Medicare/Medicaid Services, Department of Health Services and internal quality assurance and management; needs to easily interpret and show an integration of high quality services worth being 'certified by the CMS/DPH and to receive reimbursement. EHR is DDS's system of record for patient care in litigation services against the State.

How will the Stakeholder Participate?

Stakeholder will participate in identification of requirements elicitation, document review, solution evaluation, testing, and training. They will receive regular project status updates and be involved in project governance activities.

Organization Name: DDS Porterville Developmental Center / DDS Canyon Springs Community Facility / DDS STAR Homes

Stakeholder Name: Client Financial Services.

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

Clinical records and billing processes are utilized, added to and maintained at all levels of the user chain of services for client assessment and treatment. The system will be used to order and document current clinical/nursing services/medications/treatment/laboratory, x-rays, rehabilitation services, document interactive care/services meetings with the legal responsible party and the individuals served and manage trust accounts. The Clinical record is a principal source of review by Center for Medicare/Medicaid Services, Department of Health Services and internal quality assurance and management; needs to easily interpret and show an integration of high quality services worth being 'certified by the CMS/DPH and to receive reimbursement. EHR is DDS's system of record for patient care in litigation services against the State.

How will the Stakeholder Participate?

Stakeholder will participate in identification of requirements elicitation, document review, solution evaluation, testing, and training. They will receive regular project status updates and be involved in project governance activities.

Organization Name: Various community providers and hospitals

Stakeholder Name: Community medical and diagnostic services stakeholders

Stakeholder Internal or External? External

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The system will be principal source of information for current, past clinical records as well for Community providers and those who also contract with DDS. The system will provide documentation of current clinical consultation/medications/treatment/laboratory, x-rays, rehabilitation services, document interactive care/services meetings with the legal responsible party and the individual. The Clinical record is a principal source of review by Center for Medicare/Medicaid Services, Department of Health Services and internal quality assurance and management; needs to easily interpret and show an integration of high-quality services worth being 'certified by the CMS/DPH and to receive reimbursement. EHR is DDS's system of record for patient care in litigation services against the State.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

Clinical staff, Qualified Health Information Professional, Client Financial Services, Clinical Administrators and IT will participate in identification of requirements elicitation, document review, solution evaluation, testing, and training. They will receive regular project status updates and be involved in project governance activities”.

Organization Name: Department of Developmental Services

Stakeholder Name: State Operated Facilities Division

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: Yes

During Business Process: Yes

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The DDS State Operated Facilities Division (SOFD) oversee and is responsible for setting/identifying the standards and evaluating the quality of care/services, community resource use and compliance for all State operated facilities including the Porterville Developmental Center, Canyon Springs Community Facility, and the network of STAR homes being established throughout California. They provide management guidance/oversight, setting policy and overseeing the facilities clinically and financially. The SOFD team will want various quality assurance monitoring and service utilization reports as output from the system.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

SOFD, including clinical, compliance and professional health information staff, Client Financial Services will participate in requirements gathering, clarification of statewide operational policy and have the clinical background to support other clinical stakeholders defining requirements and testing for the new solution. They will receive regular project status updates.

Organization Name: Department of Developmental Services

Stakeholder Name: Information Technology Division

Stakeholder Internal or External? Internal

When is the Stakeholder Impacted?

Input to Business Process: No

During Business Process: No

Output of Business Process: Yes

How are Stakeholders impacted? (Describe how the stakeholder is involved in the process)

The DDS Information Technology Division (ITD) utilizes the data collected through the application. DDS ITD utilizes the data to provide estimates for budgets, programs information for business customers, and legislative reporting. ITD will also have a critical role supporting the definition, cleansing and converting of historic data for loading into the new solution. A new clinical facilities software solution will affect existing business process related to data collection, aggregation, and reporting.

How will the Stakeholder participate in the project? (Describe how the stakeholder will be involved in the project)

ITD staff will review documentation, providing feedback as needed. ITD Staff will participate manage the project, in requirements elicitation, document review, solution evaluation, testing, and training. They will receive regular project status updates and be involved in project governance activities. DDS ITD Staff will provide leadership and guidance related to security, privacy, and information technology related trends.

## 1.5 Business Program

Organization Name: Department of Developmental Services.

Business Program Name: Community Services

When is the unit impacted?

Input to the Business Process: Yes

During the Business Process: Yes

Output of the Business Process: Yes

Organization Name: Department of Developmental Services.

Business Program Name: Office of Quality Assurance and Risk Management

When is the unit impacted?

Input to the Business Process: No

During the Business Process: No

Output of the Business Process: Yes

How is the business program unit impacted? (Describe how the business program unit will be involved in the project)

The DDS Office of Quality Assurance and Risk Management (QA&RM) area utilizes information from the application that is used for program monitoring, administration, and reporting. A new clinical facilities system will impact the downstream collection, analysis and reporting on the facilities. Serve as a resource for internal Quality Assurance, CMS Licensing and Certification and financial review and to support financial review.

How will the business program unit participate in the project?

The QA&RM area will act as subject matter experts providing document reviews, providing feedback and approval of requirements, proposed solution documentation, procurement and testing. QA&RM will participate as needed for QA&RM requirements, design and testing to ensure the new solution meets program needs.

Organization Name: Department of Developmental Services.

Business Program Name: Research, Evaluation, and Audits Branch

When is the unit impacted?

Input to the Business Process: No

During the Business Process: No

Output of the Business Process: Yes

How is the business program unit impacted? (Describe how the business program unit will be involved in the project)

The DDS Research, Evaluation, and Audits Branch (REAB) utilizes information from the application that is used for program monitoring, administration, and reporting. A new clinical facilities system will impact the downstream collection, analysis of services, clinical reporting and coordination, financial, auditing and reporting on the facilities.

How will the business program unit participate in the project?

The REAB will act as subject matter experts providing document reviews, providing feedback and approval of requirements and proposed solution documentation. The REAB will participate as needed in REAB requirements, design and testing to ensure the new solution meets program needs.

Organization Name: Department of Developmental Services.

Business Program Name: Office of Emergency Preparedness & Response



When is the unit impacted?

Input to the Business Process: No

During the Business Process: No

Output of the Business Process: Yes

How is the business program unit impacted? (Describe how the business program unit will be involved in the project)

The DDS Office of Emergency Preparedness and Response (OEPR) utilizes information from the application that is used for program monitoring, administration, and reporting. A new CERMS will impact which data elements they are able to access, the frequency with which data is available, and how the data is accessed. OEPR is required to have a current Emergency Preparedness Plan for the Center for Medicare and Medicaid (CMS) and California Department of Public Health.

How will the business program unit participate in the project?

The OEPR will act as subject matter experts providing document reviews, providing feedback and approval of requirements and proposed solution documentation. The Office of Emergency Preparedness and Response will participate as needed in OEPR requirement session, design, and testing to ensure the new solution meets program needs.

## 1.6 Business Alignment

### Business Driver(s)

Financial Benefit: Yes

Increased Revenue: No

Cost Savings: No

Cost Avoidance: Yes

Cost Recovery: Yes

**Mandate(s):** Both

### Improvement

Better Services to Citizens: Yes

Efficiencies to Program Operations: Yes

Improved Health and/or Human Safety: Yes

Technology Refresh: Yes

### Security

Improved Information Security: Yes

Improved Business Continuity: Yes

Improved Technology Recovery: Yes

Technology End of Life: No

## **Strategic Business Alignment**

Strategic Plan Last Updated 7/14/2008

Strategic Business Goal: CHHS Strategic Priority: Build a Healthy California for All. Ensure all Californian's have meaningful access to care by modernizing the health workforce and expanding care delivery capacity.

Alignment: This proposal will modernize the clinical and related care documentation and financial systems supporting the Department's state operated facilities. In addition, it will extend the capabilities of the state operated facilities to achieve greater continuity with the home and community-based services and solutions implemented at the regional centers, to support reimbursement and meet national IT Standards.

Strategic Business Goal: Department Goal: Accountability - Establish a system within DDS, state developmental centers, regional centers, and service providers to meet compliance with all applicable federal and state laws, regulations and contracts, including accounting for their funding in an appropriate manner.

Alignment: Implementing a modernized clinical facilities software for state operated facilities will provide a system will ensure DDS in alignment with State, Federal laws, regulations and contracts.

Strategic Business Goal: CHHSA Strategic Priority: Improve the Lives of California's Most Vulnerable - Address the needs of persons with disabilities and our growing aging population including issues such as care, support, housing and transportation for our most vulnerable populations.

Alignment: Implementing a modernized clinical facilities software for state operated facilities will provide a system that our clinicians can easily document and access clinical records from any location/service provider, provide a pharmacy history, dietary requirements and consumer trust account information. It will also ensure that this information is always available to authorized personnel, including during emergency situations, stored securely and available for sharing with clinical partners such as hospitals and clinical specialists, clinical diagnostic services.

## **Executive Summary of the Business Problem or Opportunity:**

DDS seeks to implement a, modernized interoperable clinical records and billing software to better meet the needs of their strategy to create a continuum of care. With the closure of state-operated developmental centers, the safety net system is developed to be person-centered, trauma-informed, and to prevent or transition individuals from placements and interventions that are highly restrictive. The Department is committed to an evolving safety net system to ensure individuals with co-occurring

behavioral, mental health, and medical needs are identified in childhood and adolescence and that a range of safety net supports and specialized services are in place to provide a continuum of care throughout their lifespan. The lack of the continuum of care has led to:

- Consumer services and treatments are being delayed due to lack of accurate patient information. Healthcare providers and staff have to review multiple systems and paper documents to get latest information on patient.
- DDS will not be able to provide secure telehealth as required by State and Federal regulations (42 CFR 410.78) once the 1135 Waiver (COVID-19) expires.
- Lack of consumer coordinated care. Healthcare providers do not have access to the most currently updated information concerning their patients to optimize medical treatment while minimizing unnecessary tests, reducing cost duplication. Better care coordination can lead to better quality of care and improved patient outcomes.

In order to support a continuum of care at state operated facilities, the clinical software solution must be optimized. The Department is implementing a new framework of support services to help ensure success after individuals have transitioned into the community, while likewise developing new programs for the developmentally disabled who are most behaviorally/mental/physical challenges in the community which require even more coordinated clinical services, medications, clinical services. To support this transition, the Porterville Developmental Center and Canyon Springs Community Facility have undergone a change in functionality as the delivery model and type of service has been refined. Custom legacy software that is limited only to individual identifiable data, billing information, physician orders for use internally only and internal facility pharmacy system provide medication records and limited diagnosis listings. Billing to Medicare/Medi-Cal developed thirty years ago is no longer able to support the needs of the facilities and the individuals they support. In addition, the Department is expanding the STAR home presence within the community and these specialized facilities also need a clinical software solution as with any licensed certified facility's licensed requirements; all of which are using more varied community professional, ancillary services that require interoperability that is in compliance with HHS-Health HITECH to meet the clinical/medical needs of the individuals we serve and the facility and to support billing.

## **Business Problem/Opportunities and Objectives List**

Business Problem/Opportunity ID: 1

Business Problem/Opportunity Description:

Consumer services and treatments are being delayed due to lack of accurate patient information. Healthcare providers and staff have to review multiple systems and paper documents to get latest information on patient.

Objective ID: 1.1,

Objective:

Decrease Delivery time for services and treatments.

Metric: Delivery time for services and treatments.

Baseline: Unknown

Target: Decrease delivery time by 10%.

Measurement Method: Survey consumers/conservators before the project starts and 1 year after the project has been implemented.

Business Problem/Opportunity ID: 2

Business Problem/Opportunity Description:

DDS will not be able to provide secure telehealth as required by State and Federal regulations (42 CFR 410.78) once the 1135 Waiver (COVID-19) expires.

Objective ID.2.1.

Provide Telehealth medicine to consumers.

Metric: Number of consumers that have access to secure telehealth.

Baseline: 0

Target: All eligible consumers have access to secure telehealth.

Measurement Method: Report on number of eligible consumers and consumers that received secure telehealth 1 year after the project has been implemented

Business Problem/Opportunity ID: 3

Business Problem/Opportunity Description:

Lack of consumer coordinated care. Healthcare providers do not have access to the most updated information concerning their patients to optimize medical treatment while minimizing unnecessary tests and keeping costs controlled for Federal, State and personal insurances. Better care coordination can lead to better quality of care and improved patient outcomes.

Objective ID: 3.1

Objective:

Improved coordination of consumer healthcare needs.

Metric: Time it takes healthcare providers to evaluate consumer information.

Baseline: 0

Target: Decrease by 25%

Measurement Method: Survey healthcare providers before the system is implemented and one year after project implementation.

## **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)?

Answer (yes or no): **Yes**

2. Does the Agency/ state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

Answer (No, New, Existing, or Both): **Both New and Existing Processes**

## 1.7 Project Management

Project Management Risk Score: 1.2

(Attach a completed [Statewide Information Management Manual \(SIMM\) Section 45 Appendix A](#) to the 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?

Answer (Unknown, Yes, No, Clear): Yes

If Yes, include the data governance organization 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?

Answer (Unknown, Yes, No, Clear): Yes

If Yes, include the data governance policies as an attachment to your email submission.

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

Answer (Unknown, Yes, No, Clear): Yes

If Yes, attach the existing documented security policies, standards, and controls used to your email submission.

4. Does the Agency/state entity have user accessibility policies, standards, controls, and procedures formally defined, documented, and implemented?

Answer (Unknown, Yes, No, Clear): Yes

If Yes, attach the existing documented policies, accessibility governance plan, and standards used to the email submission.

5. Do you have existing data that you are going to want to access in your new solution?

Answer (Unknown, Yes, No, Clear): Yes

If Yes, include the data migration plan as an attachment to your email submission.

6. If data migration is required, please rate the quality of the data.  
Select data quality rating: Some issues identified with the existing data.

## 1.8 Criticality Assessment

### Business Criticality

**Legislative Mandates:** No

Bill Number(s)/Code(s): [Click or tap here to enter text.](#)

Language that includes system relevant requirements: [Click or tap here to enter text.](#)

TIP: Copy and paste to add Bill Numbers/Codes and relevant language.

**Business Complexity Score:** 2.0

(Attach a completed [SIMM Section 45 Appendix C](#) to the email submission.)

**Noncompliance Issues:** Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is noncompliant.

Programmatic regulations: No

HIPAA/CIIS/FTI/PII/PCI: No

Security: No

ADA: Yes

Other: Yes HealthIT, Office of National Coordinator, Cures Act and latest regulations.

N/A: Yes

**Noncompliance Description:** The system was developed more than 30 years ago and is a “green screen” display developed on in an IBM iSeries environment for the clinical records, dietary plan, and trust management modules. The cost recovery module was developed on the CDT mainframe.

### Additional Assessment Criteria

1. What is the proposed project Implementation start date? [7/1/2023](#)
2. Is this proposal anticipated to have high public visibility? No  
If “Yes”, then please identify the dynamics of the anticipated high visibility below:  
[Click or tap here to enter text.](#)
3. If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, then include as an attachment to your email submission.
4. Does this proposal affect business program staff located in multiple geographic locations? Yes

If Yes, provide an overview of the geographic dynamics below and enter the specific information in the space provided.

City [Sacramento](#) State: [CA](#)

Number of locations: DDS Headquarters - 1

Approximate number of Staff: approximately 15

City [Porterville](#) State: [CA](#)

Number of locations: Porterville Developmental Center/ Central Star - 3

Approximate number of Staff: 1200

City [Cathedral City](#) State: [CA](#)

Number of locations: Canyon Springs Community Facility - 1

Approximate number of Staff: 200

City [Vacaville](#) State: [CA](#)

Number of locations: STAR Homes - 3

Approximate number of Staff: 152

City [Costa Mesa](#) State: [CA](#)

Number of locations: STAR Homes- 2

Approximate number of Staff: 100



City [Costa Mesa](#) State: [CA](#)

Number of locations: STAR Homes - 2

Approximate number of Staff: 100

City [Porterville](#) State: [CA](#)

Number of locations: STAR Homes - 1

Approximate number of Staff: 68

City [Springville](#) State: [CA](#)

Number of locations: STAR Homes - 1

Approximate number of Staff: 68

## 1.9 Funding

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to complete the project approval lifecycle?

Answer (Yes, No, Clear): Yes

2. Will the state possibly incur a financial sanction or penalty if this proposal is not implemented?

Answer (Yes, No, Clear): No

If yes, please identify the financial impact to the state:

[Click or tap here to enter text.](#)

### FUNDING SOURCE

### FUND AVAILABILTY DATE

General Fund: Yes

7/1/2022

Special Fund: [Choose an item.](#)

[Click or tap to enter a date.](#)

Federal Fund: [Choose an item.](#)

[Click or tap to enter a date.](#)

Reimbursement: [Choose an item.](#)

[Click or tap to enter a date.](#)

Bond Fund: [Choose an item.](#)

[Click or tap to enter a date.](#)

Other Fund: [Choose an item.](#)

[Click or tap to enter a date.](#)

If "Other Fund" is selected, specify the funding source: [Click or tap here to enter text.](#)

## 1.10 Reportability Assessment

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](#)?

Answer (Yes, No, Clear): Yes

If No" this initiative is not an IT project and is not required to complete the Project Approval Lifecycle. ([Reportable Project Decision Tree \(RPDT\) Reference Guide](#), Reference R1.)

2. Does the activity meet the definition of Maintenance or Operations found in [SAM Section 4819.2](#)?

Answer (Yes, No, Clear): No

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:

[Click or tap here to enter text.](#)

3. Has the project/effort been previously approved and considered an ongoing IT activity identified in [SAM Section 4819.2](#), [4819.40](#)? **NOTE:** Requires a Post Implementation Evaluation Report (PIER) submitted to the CDT.

Answer (Yes, No, Clear): No

If Yes, this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.

4. Is the project directly associated with any of the following as defined by [SAM Section 4812.32](#)? Includes single-function process-control systems; analog data collection devices, or telemetry systems; telecommunications equipment used exclusively for voice communications; Voice Over Internal Protocol (VOIP) phone systems; acquisition of printers, scanners and copiers.

Answer (Yes, No, Clear): No

If Yes, this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.

5. Is the primary objective of the project to acquire desktop and mobile computing commodities as defined by [SAM Section 4819.34](#), [4989](#) ([RPDT Reference Guide](#), References R8)?

Answer (Yes, No, Clear): No

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.

6. Does the Project meet all of the criteria for Commercial-off-the-Shelf (COTS) Software and Cloud Software-as-a-Service (SaaS) delegation as defined in [SAM Section 4819.34](#), [4989.2](#), and [SIMM Section 22](#)? ([RPDT Reference Guide](#), Reference R9.)

Answer (Yes, No, Clear): No

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 COTS/SaaS Acquisition Information Form](#) to the CDT.

7. Will the project require a Budget Action to be completed?

Answer (Yes, No, Clear): Yes

8. Is it anticipated that the project will exceed the delegated cost threshold assigned by CDT as identified in [SIMM Section 15 Departmental Delegated Cost Thresholds](#)?

Answer (Yes, No, Clear): Yes

9. Are there any previously imposed conditions place on the state entity or this project by the CDT (e.g. Corrective Action Plan)?

Answer (Yes, No, Clear): No

If Yes, provide the details regarding the conditions below: [Click or tap here to enter text.](#)

10. Is the system specifically mandated by legislation?

Answer (Yes, No, Clear): No

Department of Technology Use Only

Original "New Submission" Date: [1/10/2022](#)

Form Received Date: [1/10/2022](#).

Form Accepted Date: [1/10/2022](#).

Form Status: [Completed](#)

Form Status Date: [1/10/2022](#).

Form Disposition: [Approved](#)

If Other, specify: [Click or tap here to enter text](#).

Form Disposition Date: [1/10/2022](#).