Nebraska Information Technology Commission

Project Proposal Form

**New or Additional State Funding Requests
for Information Technology Projects**

FY2005-07 Biennium

Project Title	**AIMS Conversion to Avatar**
Agency/Entity	**HHSS**

About this form…
The Nebraska Information Technology Commission ("NITC") is required by statute to "make recommendations on technology investments to the Governor and the Legislature, including a prioritized list of projects, reviewed by the technical panel, for which new or additional funding is requested." In order to perform this review, the NITC and DAS-Budget Division require agencies/entities to complete this form when requesting new or additional funding for technology projects. For more information, see the document entitled "Guidance on Information Technology Related Budget Requests" available at http://www.nitc.state.ne.us/forms/.

Electronic versions of this form are available at http://www.nitc.state.ne.us/forms/.

For questions or comments about this form, contact the Office of the CIO/NITC at:

     Mail: Office of the CIO/NITC
              521 S 14th Street, Suite 301
              Lincoln, NE 68508
     Phone: (402) 471-3560
     Fax: (402) 471-4608
     E-mail: info@cio.state.ne.us

Submission of Form
Completed forms must be submitted by the same date biennial budget requests are required to be submitted to the DAS Budget Division. Completed project proposal forms must be submitted via e-mail to info@cio.state.ne.us. The project proposal form should be submitted as an attachment in one of these formats: Microsoft Word; WordPerfect; Adobe PDF; or Rich Text Format. Receipt of the form by the Office of the CIO will be confirmed by e-mail. If an agency is unable to submit the application as described, contact the Office of the CIO prior to the deadline, to make other arrangements for submitting a project proposal form.

Section I: General Information

Project Title	Avatar
Agency (or entity)	HHSS

Contact Information for this Project:

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Section II: Executive Summary

AIMS TO AVATAR – REGIONAL CENTER INFORMATION SYSTEM

- Lincoln Regional Center, Hastings Regional Center, and Norfolk Regional Center and Beatrice State Development Center are engaged in a State Psychiatric Hospital data system conversion from "Advanced Institutional Management Systems" (AIMS) to the Creative Socio-Medics (CSM) Corporation software called "Avatar".   The goal of this project is to replace existing functionality for a system that is being discontinued and establish a standard electronic patient record. The Avatar system will include modules that address practice management, clinician workstation, and client funds management.

Section III: Goals, Objectives, and Projected Outcomes (15 Points)

1. Describe the project, including:
   - Specific goals and objectives;
   - Expected beneficiaries of the project; and
   - Expected outcomes.

Benefits of the new system will include:

- Interface with LifeCare Technologies Inc. Performance Pharmacy System application (Hospital Pharmacy)
- Direct data entry of physician orders
- Customized data entry fields for risk management
- HIPAA Privacy and Security Criteria are met
- Imbedded standard reports and Crystal Reports

2. Describe the measurement and assessment methods that will verify that the project outcomes have been achieved.

Successful entry of admission, discharge and transfer (ADT/Census) information into each of the 3 regional center facilities as well as the Beatrice State Development Center. Successful Health Level Seven Message Standard (HL7) interface of admission, discharge and transfer (ADT) information to the Performance Pharmacy application. Successful creation of Doctor's Orders and TAR (Treatment Administration Report) using information merged from Performance Pharmacy and Avatar systems. Successful MAR (Medical Administration Report) produced from merged data from Performance Pharmacy and Avatar systems. Successful creation of a complete patient electronic medical record including treatment plans and progress notes. The successful creation of a complete patient bill that will reflect services rendered record payment, and maintain an accurate client ledger.

3. Describe the project's relationship to your agency comprehensive information technology plan.

Listed in the 24 Hour Facility unit. Support of Behavioral Health reform.

Section IV: Project Justification / Business Case (25 Points)

4. Provide the project justification in terms of tangible benefits (i.e. economic return on investment) and/or intangible benefits (e.g. additional services for customers).

The justification for this project is the replacement of existing functionality for a system that is being discontinued, and establishment a standard electronic patient record.
Support and interface of Behavioral Health reform activities (LB1083).

5. Describe other solutions that were evaluated, including their strengths and weaknesses, and why they were rejected. Explain the implications of doing nothing and why this option is not acceptable.

The agency was able to save licensing costs in that "Creative Socio Medics" -the company the owns AVATAR "bought out" the AIMS software company. Doing nothing would result in an obsolete system that would no longer be supported by the vendor.

6. If the project is the result of a state or federal mandate, please specify the mandate being addressed.
Tied to LB 1083.

Section V: Technical Impact (20 Points)

7. Describe how the project enhances, changes or replaces present technology systems, or implements a new technology system. Describe the technical elements of the project, including hardware, software, and communications requirements. Describe the strengths and weaknesses of the proposed solution.

This project involves the replacement of a system residing on an AS400 platform, with that of a client/ server windows platform. Each of the 3 regional centers and the Beatrice State Development Center will operate the system on a server residing at their location. A test server will also reside In the NSOB and support the testing and rollout of system enhancements and updates. An Health Level Seven Messaging Standard (HL7) interface will provide communication between the AVATAR and Performance Pharmacy Systems with regard to Admissions, Discharge and Transfers (Census/ADT) information.

8. Address the following issues with respect to the proposed technology:
    *   Describe the reliability, security and scalability (future needs for growth or adaptation) of the technology.
Address conformity with applicable NITC technical standards and guidelines (available at http://www.nitc.state.ne.us/standards/) and generally accepted industry standards.

Infrastructure Required for Avatar Implementation

Hardware/Operating System Platform

Parameters are based on the total number of users, the number of transactions and the overall volume of data.

It is assumed that the Avatar products will reside on a dedicated server or sets of servers. Pharmacy and other departmental solutions will have their own server requirements.

To help determine system requirements, we have included the following table:

No# of Users	Microsoft NT on Intel	Unix on IBM P-Series Platform	Unix on Sun Platforms
1 – 16	Pentium III 600 w/1 GB	Single Processor w/1GB	Single Processor w/1GB

	RAM	RAM	RAM
up to 32	Pentium III 600 w/1 GB RAM	Single Processor w/1GB RAM	Single Processor w/1GB RAM
up to 48	Pentium III 600 w/1 GB RAM	Single Processor w/1GB RAM	Single Processor w/1GB RAM
up to 64	Pentium III 600 w/1 GB RAM	Single Processor w/1GB RAM	Single Processor w/1GB RAM
up to 96	SMP Dual PIII or Xeon w/2 GB	Single Processor w/1GB RAM	Single Processor w/1GB RAM
up to 128	SMP Dual PIII or Xeon w/2 GB	Single Processor w/1GB RAM	Single Processor w/1GB RAM
up to 192	SMP Dual PIII or Xeon w/4 GB	Dual Processor w/2 GB RAM	Dual Processor w/2 GB RAM
up to 256	SMP Quad PIII or Xeon w/4 GB	Dual Processor w/2 GB RAM	Dual Processor w/2 GB RAM
256 to 320	SMP Quad PIII or Xeon w/4 GB	Quad Processor w/4 GB RAM	Quad Processor w/4 GB RAM
up to 400	SMP Quad PIII or Xeon w/6 GB	Quad Processor w/4 GB RAM	Quad Processor w/4 GB RAM

System platform is directly related to the deployment options discussed previously. Creative recommends the following:

- For a pure centralized solution with all datasets residing on a single server and over 500 named users; a UNIX configuration is appropriate

- For a decentralized solution of any type (area servers or servers for each facility) that distributes named users across several servers, an NT solution is satisfactory

It is important to note that any solution that deploys the Master Patient Index (MPI) requires a separate server for that function.

Desktop Requirements

Avatar minimum desktop requirements are as follows assuming a PC running Windows2000 (W2000):

- Pentium P-200 or better with a minimum of 32MB RAM
- Minimum 800x600 resolution monitor
- Minimum 1GB Hard Drive
- Microsoft W2000 TCP/IP compliant network card

However, this assumes a user who is not using any other applications besides Avatar. Assuming a user desktop that is supporting the full suite of Microsoft Office tools and running W2000, the desktop requirements are more robust and are described below:

Processor

According to Microsoft, W2000 will run on a machine with a 233-MHz Pentium processor or equivalent. Their minimum recommended processor speed however, is a 300-MHz Pentium II.

Creative recommends that Avatar products running under W2000 require a minimum 500-MHz Pentium III. Optimal configurations run on a 733-MHz Pentium III or faster processor.

Memory

Microsoft has set 64 MB as the minimum amount of memory for running Windows XP but also states that having 64 MB of memory will seriously degrade performance. Creative's minimum memory requirement under W2000 for Avatar is 128 MB. Optimal Avatar operations occur with 512 MB on the W2000 machines.

Hard disk

Given the storage requirements of W2000, Creative recommends a minimum of 5 GB of space available for the W2000 plug-ins and related Microsoft tools.

Video adapter and monitor

Avatar's minimum resolution requirement is 800 x 600. However, at 800 x 600 resolution, users may eventually have trouble with the Start menu. As programs are loaded onto the machine, the Programs section of the Start menu gets larger. When the menu gets too large to fit on the desktop, it starts leaving out menu choices and it may eventually become impossible or a user to access some applications via the Start menu.

Optimal video is 1024 x 768 resolution.

Another thing to consider is color depth. It is possible to run W2000 in 16- or 256-color mode. However, the default W2000 color depth is 32-bit. Having a video card and a monitor that support at least 1024 x 768 x 32-bit resolution is the optimal video configuration.

Application Requirements

The primary applications for Practice Management and the Electronic Medical Record are based on the Cache' database, a product of InterSystems Corporation. The Cache' database is ODBC compliant and accessible by any commercial off-the-shelf office automation or report writer product.

Cache' is backed by the InterSystems Corporation, a 100-million dollar company based out of Boston, MA and with offices worldwide. Developers of Cache' applications have backgrounds in object and SQL technology and these technical personnel are widely available.

In addition to the database, Creative's products are all based upon a common presentation layer, included with Avatar, that displays screens to our users in a consistent manner. It is called *RADplus*. The presentation layer does not control the content of the system screens, but does control how they are displayed to the user. This presentation layer is developed in Microsoft Visual Basic version 6.0. Creative has recently migrated the presentation to the Java development environment, which allows customers to take advantage of the reduced costs of deployment, and enhanced bandwidth utilization of a true thin client product.

All proposed application products are supported by databases that are ODBC compliant. Data integration with office applications (e.g.; Word, Excel), statistical and query report writing tools like Crystal Reports and SPSS is fully supported.

The Avatar products are delivered with a standard set of reports written in the Cache' scripting language or developed through Crystal Reports (version 7.0 or higher). Reports developed in Crystal Reports are available for modification by the customer. In addition, any ODBC compliant query language or report writer can access and report on data contained in the Avatar SQL tables. Creative has standardized access by Crystal Reports that supports the integration of reports into the Avatar menu structure. The browser included with Avatar includes the Crystal Report viewer for retrieval of reports by the authorized user.

End-user access to report and SQL tables is controlled in the password maintenance functions. Additionally, access to the SQL tables requires a system code, user name and password.

CSM develops and supports reports, queries and views using Crystal Reports Version 7.0 Professional Edition.

New content is developed using the RADplus object-oriented application development platform, included with the Avatar products. This environment supports the definition of new content within the application and related SQL tables and includes functions related to Table and Option definition. Sample RADplus documentation is shown in the attachments to this proposal.

One-time queries are supported using and ODBC report writing product including, but not limited to Crystal Reports (CSM's standard), Microsoft Access and SPSS.

Section VI: Preliminary Plan for Implementation (10 Points)

9. Describe the preliminary plans for implementing the project. Identify project sponsor(s) and examine stakeholder acceptance. Describe the project team, including their roles, responsibilities, and experience.

There are 3 basic areas that are represented within each facility:

❑ Client Management—census, appointment scheduling, medical records, ORYX reporting, etc.
❑ Clinical – assessments, progress notes, treatment planning, physician's orders, restraint/seclusion, medication errors, quality assurance, incident reporting, etc.
❑ Billing – patient billing, 3rd party billing, trust, accounts receivable, etc.

The Financial Responsibility division will be representing the Billing area for the Regional Center and BSDC. The two remaining areas are the client management area and the clinical area where resources must be designated at the facility level.

The following resources are necessary:
1. **Facility Project Manager** -- Each facility will designate one person who will represent the facility in all areas pertaining to this project—both clinical and client management issues. This person will be the final approval authority for the facility.
    a. Person will be the "go to" person for CSM/IS&T if there are issues that need to be discussed (both internally and externally), facility staff resources are needed, security issues, etc.
    b. Person will also be final decision-maker on any areas of conflict between the clinical side of the house and the client management area.

2. **Facility Application Specialists (Clinical and Client Management)** -- A person is also designated to represent issues pertaining to the client management area and a second person that can represent issues related to the clinical area. Of course, the persons representing these two areas will need to be very knowledgeable of the area they are representing to make sure the area is optimally represented in all discussion/decisions. Note: the person designated above as the final decision-maker will also serve as one of these representatives, if necessary.

3. **Facility Business Specialists** –are familiar with the day-to-day activities of their business area. Each facility has an expert in the medical records unit that understands all of the issues this unit handles, an expert that handles quality assurance issues, knowledge of how assessments are done, knowledge of treatment planning, Physician's Orders, etc.

The steering committee for the AVATAR project will be composed of the following members:

AVATAR Steering Committee:

Project Director	Fred Turner
Facility Project Manager	4
Application Specialist	10
❑ Clinical	(4)
❑ Patient Management	(4)
❑ Billing	(2)

Training Specialist	Kathie Lueke(or her designated representative)
IS&T Project Coordinator	Bonnie Bartels
IS&T Application Specialists	Dawn Longwell
	Don Losh
	John McMahan

(optional: Deputy Directors, CEO's, IS&T Administrator, Application Services Manager, Financial Services Administrator)

The AVATAR project team at the facility level will be composed of the following persons:

Facility Project Team

IS&T Project Director	Fred Turner
Facility Project Manager	1
Facility Training Representative	1
Application specialists	
❑ Clinical	1
❑ Patient Management	1
Facility Business Specialists	2-10
IS&T Facility Coordinator	1-2

Available/Assigned As Needed:

IS&T Server Specialist	Mike McCormick
IS&T Networking Specialist	Steve Mayer

10. List the major milestones and/or deliverables and provide a timeline for completing each.

CSM and Licensee will formally develop and approve a detailed implementation plan within thirty (30) days of contract execution and is referenced herein as a contract schedule. High-level project milestones, and a project plan received by the State of Nebraska June 22, 2004, are as follows:

ID	Name	Duration	Start	Finish
	0	297.d	1/10/2004 8:00	3/11/2005 17:00
1	Project Management	218.d	1/12/2004 8:00	11/16/2004 17:00
2	Pharmacy Interfaces	124.d	1/12/2004 8:00	7/2/2004 17:00
3	Pharmacy Interface - ADT	3.d	1/12/2004 8:00	1/14/2004 17:00
4	Pharmacy Interface Spec-Orders Out Cancelled	.d	4/26/2004 8:00	4/26/2004 8:00
5	Pharmacy Interface Spec-ACK Back Cancelled	.d	1/12/2004 8:00	1/12/2004 8:00
6	Pharmacy Interfaces -Orders Report,TARS Report	3.d	6/21/2004 8:00	6/23/2004 17:00
7	Pharmacy Interface and Flat Files -Testing	5.d	6/28/2004 8:00	7/2/2004 17:00
8	File Build Assistance	24.d	6/7/2004 8:00	7/9/2004 17:00
9	File Build Assistance-Test Box	5.d	6/7/2004 8:00	6/11/2004 17:00
10	Follow up on Test Box file build	4.d	6/14/2004 8:00	6/17/2004 17:00
11	File Build Assistance- Box 2,3,4,5	4.d	7/6/2004 8:00	7/9/2004 17:00
12	Development Items	173.d	1/12/2004 8:00	9/13/2004 17:00
13	Data Warehouse	128.d	3/15/2004 8:00	9/13/2004 17:00
14	Data Warehouse Quote PCR-008	10.d	3/15/2004 8:00	3/26/2004 17:00
15	Client Approval	15.d	5/21/2004 8:00	6/11/2004 17:00
16	Purchase of Server and Database Engine Software	60.d	6/14/2004 8:00	9/7/2004 17:00
17	Installation and Configuration	4.d	9/8/2004 8:00	9/13/2004 17:00
18	Beatrice Hospital Dataset	6.75d	3/29/2004 8:00	4/6/2004 15:00
19	Quote for Beatrice Hospital Dataset PCR-007	.5d	3/29/2004 8:00	3/29/2004 12:00

20	Client Approval - Cancelled.	6.25d	3/29/2004 13:00	4/6/2004 15:00
21	Monthly Census Posting	29.5d	3/23/2004 8:00	5/3/2004 12:00
22	Quote for Monthly Census Posting PCR-014	1.d	3/23/2004 8:00	3/23/2004 17:00
23	Client Approval	12.5d	3/24/2004 8:00	4/9/2004 12:00
24	Development	11.d	4/9/2004 13:00	4/26/2004 12:00
25	Client Approval of Development	5.d	4/26/2004 13:00	5/3/2004 12:00
26	Self Pay Statement Modifications	68.d	3/24/2004 8:00	6/28/2004 17:00
27	Specs for Self Pay Statement Modifications PCR-015	10.d	3/24/2004 8:00	4/6/2004 17:00
28	Client Approval	12.5d	4/7/2004 8:00	4/23/2004 12:00
29	Development of Self Pay Statement	5.d	6/8/2004 8:00	6/14/2004 17:00
30	Client Approval of Modifications	5.d	6/22/2004 8:00	6/28/2004 17:00
31	Custom County Invoice	35.d	4/7/2004 8:00	5/25/2004 17:00
32	Specs for Custom County Bill PCR-016	10.d	4/7/2004 8:00	4/20/2004 17:00
33	Client Approval	10.d	4/21/2004 8:00	5/4/2004 17:00
34	Development of Crystal Roster Bill	5.d	5/5/2004 8:00	5/11/2004 17:00
35	Client Approval of Roster Bill Report	10.d	5/12/2004 8:00	5/25/2004 17:00
36	Leave Days Customization	44.5d	4/21/2004 8:00	6/23/2004 12:00
37	Specs for Leave Days PCR-017	20.d	4/21/2004 8:00	5/18/2004 17:00
38	Client Approval	12.5d	5/19/2004 8:00	6/7/2004 12:00
39	Development	7.d	6/7/2004 13:00	6/16/2004 12:00
40	Client Approval	5.d	6/16/2004 13:00	6/23/2004 12:00
41	Posting Comments	16.d	5/19/2004 8:00	6/10/2004 17:00
42	Specs for Adding Comments to Posting ScreensPCR-006	1.d	5/19/2004 8:00	5/19/2004 17:00
43	Client Approval	10.d	5/20/2004 8:00	6/3/2004 17:00
44	Development	5.d	6/4/2004 8:00	6/10/2004 17:00
45	Interest Posting Based on Lowest Daily Balance	10.d	6/11/2004 8:00	6/24/2004 17:00
46	Specs for Modifying Interest Posting Method PCR-020	1.d	6/11/2004 8:00	6/11/2004 17:00
47	Client Approval	4.d	6/14/2004 8:00	6/17/2004 17:00
48	Development	5.d	6/18/2004 8:00	6/24/2004 17:00
49	Enter Multiple CFMS Transactions	10.d	6/25/2004 8:00	7/9/2004 17:00
50	Spec to Customize Transaction Posting	2.d	6/25/2004 8:00	6/28/2004 17:00
51	Client Approval	5.d	6/29/2004 8:00	7/6/2004 17:00
52	Development	3.d	7/7/2004 8:00	7/9/2004 17:00
53	Check Writing in CFMS	6.d	1/12/2004 8:00	1/19/2004 17:00
54	Check Writing Specs Product	1.d	1/12/2004 8:00	1/12/2004 17:00
55	Development	5.d	1/13/2004 8:00	1/19/2004 17:00
56	Statement on Demand	6.d	1/12/2004 8:00	1/19/2004 17:00
57	Statement on Demand Specs	1.d	1/12/2004 8:00	1/12/2004 17:00
58	Development	5.d	1/13/2004 8:00	1/19/2004 17:00
59	DCI Development Items	54.5d	1/10/2004 8:00	3/26/2004 12:00
60	Modify Other Practitioner Input Screen	2.5d	3/15/2004 8:00	3/17/2004 12:00
61	Other Practitioner Modification Spec	.5d	3/15/2004 8:00	3/15/2004 12:00
62	Client Approval	1.d	3/15/2004 13:00	3/16/2004 12:00
63	Model Changes	1.d	3/16/2004 13:00	3/17/2004 12:00
64	Contact Information	7.d	3/17/2004 13:00	3/26/2004 12:00
65	Specs for Contact Information Screen	1.d	3/17/2004 13:00	3/18/2004 12:00
66	Client Approval	5.d	3/18/2004 13:00	3/25/2004 12:00
67	Model Contact Information	1.d	3/25/2004 13:00	3/26/2004 12:00
68	CSM DCI Development	17.d	1/10/2004 8:00	2/3/2004 17:00
69	Requirements Definition	.d	1/10/2004 8:00	1/10/2004 8:00

70 Chart Tracking - Deficiencies	13.d	1/12/2004 8:00	1/28/2004 17:00
71 Specs for Chart Tracking - Deficiencies	1.d	1/12/2004 8:00	1/12/2004 17:00
72 Client Approval	10.d	1/13/2004 8:00	1/26/2004 17:00
73 Model DCI	2.d	1/27/2004 8:00	1/28/2004 17:00
74 Personal Inventory	14.d	1/13/2004 8:00	1/30/2004 17:00
75 Specs for Personal Inventory	2.d	1/13/2004 8:00	1/14/2004 17:00
76 Client Approval	5.d	1/15/2004 8:00	1/21/2004 17:00
77 Model DCI	2.d	1/29/2004 8:00	1/30/2004 17:00
78 Billing Follow up	14.d	1/15/2004 8:00	2/3/2004 17:00
79 Specs for Billing Follow up	2.d	1/15/2004 8:00	1/16/2004 17:00
80 Client Approval	5.d	1/19/2004 8:00	1/23/2004 17:00
81 Model DCI	2.d	2/2/2004 8:00	2/3/2004 17:00
82 Crystal Report Development Items	186.d	1/19/2004 8:00	10/7/2004 17:00
83 Master Client Inquiry Modifications	159.d	1/19/2004 8:00	8/30/2004 17:00
84 Specs for Master Client Inquiry Changes PCR-010	1.d	1/19/2004 8:00	1/19/2004 17:00
85 Client Approval	98.d	4/8/2004 8:00	8/25/2004 17:00
86 Modify Report	3.d	8/26/2004 8:00	8/30/2004 17:00
87 Monthly Census by Alpha	160.d	1/20/2004 8:00	9/1/2004 17:00
88 Specs for Monthly Census by Alpha PCR-002	1.d	1/20/2004 8:00	1/20/2004 17:00
89 Client Approval	6.25d	1/21/2004 8:00	1/29/2004 10:00
90 Develop the Report	2.d	8/31/2004 8:00	9/1/2004 17:00
91 Monthly Census by Program	162.d	1/21/2004 8:00	9/7/2004 17:00
92 Specs for Monthly Census by Program PCR-003	1.d	1/21/2004 8:00	1/21/2004 17:00
93 Client Approval	6.25d	1/22/2004 8:00	1/30/2004 10:00
94 Develop Report	3.d	9/2/2004 8:00	9/7/2004 17:00
95 Monthly Census by Unit	163.d	1/22/2004 8:00	9/9/2004 17:00
96 Specs for Monthly Census by Unit PCR-005	1.d	1/22/2004 8:00	1/22/2004 17:00
97 Client Approval	6.25d	1/23/2004 8:00	2/2/2004 10:00
98 Develop Report	2.d	9/8/2004 8:00	9/9/2004 17:00
99 Monthly Census by R&B Charge	166.d	1/23/2004 8:00	9/15/2004 17:00
100 Specs for Monthly Census by R&B Charge PCR-004	1.d	1/23/2004 8:00	1/23/2004 17:00
101 Client Approval	6.25d	1/26/2004 8:00	2/3/2004 10:00
102 Develop Report	4.d	9/10/2004 8:00	9/15/2004 17:00
103 Admission Face Sheet	169.d	1/26/2004 8:00	9/21/2004 17:00
104 Specs for Admission Face Sheet	10.d	1/26/2004 8:00	2/6/2004 17:00
105 Client Approval	6.25d	2/9/2004 8:00	2/17/2004 10:00
106 Modify Report	4.d	9/16/2004 8:00	9/21/2004 17:00
107 Admission Face Sheet with Diagnosis	163.d	2/9/2004 8:00	9/27/2004 17:00
108 Specs for Admission Face Sheet with Dx	2.d	2/9/2004 8:00	2/10/2004 17:00
109 Client Approval	5.d	2/11/2004 8:00	2/17/2004 17:00
110 Modify Report	4.d	9/22/2004 8:00	9/27/2004 17:00
111 Discharge Face Sheet	165.d	2/11/2004 8:00	10/1/2004 17:00
112 Specs for Discharge Face Sheet	2.d	2/11/2004 8:00	2/12/2004 17:00
113 Client Approval	6.25d	2/13/2004 8:00	2/23/2004 10:00
114 Modify Report	4.d	9/28/2004 8:00	10/1/2004 17:00
115 Discharge Face Sheet with Diagnosis	165.d	2/13/2004 8:00	10/5/2004 17:00
116 Specs for Discharge Face Sheet with Dx	2.d	2/13/2004 8:00	2/16/2004 17:00
117 Client Approval	6.25d	2/17/2004 8:00	2/25/2004 10:00
118 Modify Report	2.d	10/4/2004 8:00	10/5/2004 17:00
119 Current Census by Alpha	165.d	2/17/2004 8:00	10/7/2004 17:00

120 Specs for Current Census by Alpha PCR-001	1.d	2/17/2004 8:00	2/17/2004 17:00
121 Client Approval	6.25d	2/18/2004 8:00	2/26/2004 10:00
122 Modify Report	2.d	10/6/2004 8:00	10/7/2004 17:00
123 Modify Crystal Client Ledger	7.d	6/11/2004 8:00	6/21/2004 17:00
124 Download from Website Client Ledger by Guarantor	.d	6/11/2004 8:00	6/11/2004 8:00
125 Client Approval	5.d	6/11/2004 8:00	6/17/2004 17:00
126 Modify Report	2.d	6/18/2004 8:00	6/21/2004 17:00
127 Crystal Aged Accounts Report	4.d	6/11/2004 8:00	6/16/2004 17:00
128 Specs for Modified Crystal Aged Accts Report	1.d	6/11/2004 8:00	6/11/2004 17:00
129 Client Approval	1.d	6/14/2004 8:00	6/14/2004 17:00
130 Modify Report	2.d	6/15/2004 8:00	6/16/2004 17:00
131 Crystal Transactions Report - Select Debit/Credit/Both	8.d	6/14/2004 8:00	6/23/2004 17:00
132 Specs for Crystal Transactions Report	1.d	6/14/2004 8:00	6/14/2004 17:00
133 Client Approval	1.d	6/15/2004 8:00	6/15/2004 17:00
134 Modify Report	2.d	6/22/2004 8:00	6/23/2004 17:00
135 CFMS Crystal Account Ledger	4.d	6/15/2004 8:00	6/18/2004 17:00
136 Specs for Crystal Account Ledger Report	1.d	6/15/2004 8:00	6/15/2004 17:00
137 Client Approval	1.d	6/16/2004 8:00	6/16/2004 17:00
138 Modify Report	2.d	6/17/2004 8:00	6/18/2004 17:00
139 Train the Trainer at LRC	14.99d	8/2/2004 8:00	8/20/2004 16:55
140 Client Management	2.99d	8/2/2004 8:00	8/4/2004 16:55
141 Scheduling	2.d	8/4/2004 16:55	8/6/2004 16:55
142 Billing	3.d	8/9/2004 16:55	8/12/2004 16:55
143 CFMS	1.d	8/12/2004 16:55	8/13/2004 16:55
144 CWS	3.d	8/16/2004 16:55	8/19/2004 16:55
145 Order Entry	1.d	8/19/2004 16:55	8/20/2004 16:55
146 End User Training at LRC	9.d	8/30/2004 8:00	9/10/2004 17:00
147 Client Mgmt	3.d	8/30/2004 8:00	9/1/2004 17:00
148 Scheduling	2.d	9/2/2004 8:00	9/3/2004 17:00
149 CWS	3.d	9/7/2004 8:00	9/9/2004 17:00
150 Order Entry	1.d	9/10/2004 8:00	9/10/2004 17:00
151 Train the Trainer at BSDC	9.01d	8/27/2004 16:55	9/10/2004 17:00
152 Client Management	2.58d	8/27/2004 16:55	9/1/2004 13:33
153 Scheduling	2.d	9/1/2004 16:55	9/3/2004 16:55
154 CWS	3.d	9/7/2004 8:00	9/9/2004 17:00
155 Order Entry	1.d	9/10/2004 8:00	9/10/2004 17:00
156 End User Training at BSDC	10.d	9/20/2004 8:00	10/1/2004 17:00
157 Client Mgmt	3.d	9/20/2004 8:00	9/22/2004 17:00
158 Scheduling	2.d	9/23/2004 8:00	9/24/2004 17:00
159 CWS	4.d	9/27/2004 8:00	9/30/2004 17:00
160 Order Entry	1.d	10/1/2004 8:00	10/1/2004 17:00
161 Train the Trainer at HRC	9.98d	9/1/2004 13:33	9/16/2004 13:24
162 Client Management	3.d	9/1/2004 13:33	9/7/2004 13:33
163 Scheduling	1.98d	9/7/2004 13:33	9/9/2004 13:24
164 CWS	4.d	9/9/2004 13:24	9/15/2004 13:24
165 Order Entry	1.d	9/15/2004 13:24	9/16/2004 13:24
166 End User Training at HRC	5.d	9/30/2004 13:24	10/7/2004 13:24
167 Client Mgmt	3.d	9/30/2004 13:24	10/5/2004 13:24
168 Scheduling	2.d	10/5/2004 13:24	10/7/2004 13:24
169 CWS	4.d	9/30/2004 13:24	10/6/2004 13:24

170 Order Entry	1.d	10/6/2004 13:24	10/7/2004 13:24
171 Train the Trainer at NRC	9.8d	9/16/2004 13:24	9/30/2004 10:48
172 Client Management	3.d	9/16/2004 13:24	9/21/2004 13:24
173 Scheduling	1.98d	9/21/2004 13:24	9/23/2004 13:14
174 CWS	3.82d	9/23/2004 13:14	9/29/2004 10:48
175 Order Entry	1.d	9/29/2004 10:48	9/30/2004 10:48
176 End User Training at NRC	10.d	10/14/2004 10:48	10/28/2004 10:48
177 Client Mgmt	3.d	10/14/2004 10:48	10/19/2004 10:48
178 Scheduling	2.d	10/19/2004 10:48	10/21/2004 10:48
179 CWS	3.d	10/21/2004 10:48	10/26/2004 10:48
180 Order Entry	2.d	10/26/2004 10:48	10/28/2004 10:48
181 Order Entry Conversion Development	51.d	5/10/2004 8:00	7/21/2004 17:00
182 Order Entry Conversion Spec	4.d	5/10/2004 8:00	5/13/2004 17:00
183 Order Entry Conversion Development	9.d	5/14/2004 8:00	5/26/2004 17:00
184 Order Entry Conversion Testing	5.d	7/15/2004 8:00	7/21/2004 17:00
185 Copy BUILD to LIVE	4.d	6/28/2004 8:00	7/1/2004 17:00
186 Copy BUILD to LRC on Lincoln Server	1.d	6/28/2004 8:00	6/28/2004 17:00
187 Copy BUILD to BSDC and BSDCH on Beatrice Server	1.d	6/29/2004 8:00	6/29/2004 17:00
188 Copy BUILD to HRC on Hastings Server	1.d	6/30/2004 8:00	6/30/2004 17:00
189 Copy BUILD to NRC on Norfolk Server	1.d	7/1/2004 8:00	7/1/2004 17:00
190 Conversions	134.d	6/1/2004 8:00	12/10/2004 17:00
191 Conversion Data Mapping in AIMS	21.d	6/1/2004 8:00	6/29/2004 17:00
192 Conversion Testing	10.d	6/30/2004 8:00	7/14/2004 17:00
193 Conversion LRC	.93d	9/17/2004 8:00	9/17/2004 16:26
194 Order Entry Conversion	1.d	9/16/2004 16:26	9/17/2004 16:26
195 Conversion BSDC	1.d	10/14/2004 16:26	10/15/2004 16:26
196 Order Entry Conversion	1.d	10/14/2004 16:26	10/15/2004 16:26
197 Conversion BSDCH	.93d	10/14/2004 16:26	10/15/2004 15:53
198 Order Entry Conversion	.99d	10/14/2004 15:53	10/15/2004 15:48
199 Conversion HRC	.93d	11/12/2004 8:00	11/12/2004 16:26
200 Order Entry Conversion	1.d	11/10/2004 16:26	11/12/2004 16:26
201 Conversion NRC	1.d	12/9/2004 8:00	12/9/2004 17:00
202 Order Entry Conversion	1.d	12/10/2004 8:00	12/10/2004 17:00
203 Go Lives at the 4 facilities	61.21d	1/1/2005	4/31/2005
204 Go Live at LRC Pilot	4.93d	1/1/2005	1/10/2005
205 Go Live at BSDC, BSDCH	4.93d	2/1/2005	2/10/205
206 Go Live at HRC	4.14d	3/1/2005	3/1/2005
207 Go Live at NRC	4.21d	4/1/2005	4/1/2005
208 Billing Go Live Support for LRC	4.93d	2/1/2005	2/10/2005
209 Billing Go Live Support for BSDC	4.07d	3/1/2005	3/10/2005
210 Billing Go Live Support for HRC	4.27d	4/1/2005	4/10/2005
211 Billing Go Live Support for NRC	4.13d	5/1/2005	5/1/2005
212 Post Implementation Review	2.d	6/1/2005	6/15/2005
213 Transition to Maintenance	90.d	6/1/2005	10/1/2005

11.   Describe the training and staff development requirements.

Training of trainers is based on 15 days of onsite training for each Regional Center and the

Development Center
End User training is based on 20 days of onsite training and/or support as established by the
training plan
Go Live support is based on 10 days of onsite support for each Regional and Developmental Center
Optional services are offered at the rates specified for the period of 18 months from the
date of this agreement.

12.   Describe the ongoing support requirements.

SCHEDULE 2(f)
SUPPORT SERVICES

The Support Services described in this Schedule shall be performed by CSM subject to the terms and conditions of this License and Service Agreement.

(a)   CSM will maintain the then current version of the Licensed Programs in substantial conformance with its Specifications as amended from time to time by CSM, and with applicable Federal/State regulatory requirements and laws at no additional charge to the Licensee. CSM will use its best efforts to either:

   (i)   correct any reproducible errors or malfunctions in the then current or immediately prior release of Licensed Programs by CSM which prevent it from operating in substantial conformance with said Specifications and applicable Federal/State regulatory requirements; or

   (ii)   provide a commercially reasonable alternative that will substantially conform with the Specifications and applicable Federal/State regulatory requirements and laws.

(b)   Licensee shall make requests for Support Services by giving CSM written notice specifying a problem caused by a defect in the Licensed Programs. In making a verbal request for Support Services, Licensee shall provide CSM within twenty-four (24) hours after such verbal notice with such written information and documentation as may be reasonably prescribed by CSM.

(c)   If analysis by CSM indicates that a reported problem is caused by a reproducible Problem or Defect, CSM will use its best efforts to provide Support Services in accordance with the following prioritization of reported problems:

   Priority 1 will be assigned when the Licensed Program or a material Licensed Program functional component is not operational, such as patient registration screen input/update/inquiry. Best efforts will be made to respond to Priority 1 problems in four (4) hours and correct Priority 1 problems, or to provide a plan for such correction, within two (2) business days.

   Priority 2 will be assigned for less critical functions, such as low impact screens and report printing errors. Best efforts will be made to respond to Priority 2 problems in eight (8) hours and correct Priority 2 problems, or to provide a plan for such correction, within five (5) business days.

   Priority 3 will be assigned to problems not having a major impact on the Licensee's ability to run the Licensed Program but which obviously requires correction. Priority 3 problems will be responded to within five (5) working days with a corrective plan and scheduled date for the implementation of the correction.

(d)   Licensee shall provide and maintain, at its expense, an auto-answer modem to allow CSM to access Licensee's system. CSM shall request access to the modem from Licensee for maintenance of the Licensed Programs; such access shall not be unreasonably withheld.

(e)   On a timely basis CSM will also provide Licensee with:

  (i) Such updates (including corrections, enhancements, modifications, new versions and new releases) as are distributed without charge to other Licensees that reflect modifications and incremental improvements made to the Licensed Programs by CSM**.** Updates will include any necessary modifications to Licensee's Custom Code to insure Custom Code continues to operate normally.

  (ii) An opportunity to obtain enhancements to the Licensed Programs for which charges are imposed on the same terms as such enhancements are generally made available to other Licensees

  (iii) Toll-free telephone support to answer Licensee's questions about the Licensed Programs and their use.

(f)   CSM will make technical support personnel available from 9:00 a.m. to 5:30 p.m., Licensee local time Monday through Friday, exclusive of CSM holidays.

(g)   If reasonable analysis by CSM indicates that a reported error or malfunction is caused by a problem related to equipment used by Licensee, the equipment's system software, or applicable software other than Licensed Programs, or Licensee's misuse or modification of the Licensed Programs, CSM's responsibility shall be limited to the correction of the portion, if any, of the problem caused by the Licensed Programs. Licensee shall, at CSM's option, pay CSM for the cost of analyzing the reported error at CSM's then prevailing time-and-materials rate.

(h)   The initial term for provision of Support Services shall be for a period of one (1) year commencing on the first day of the month ("Anniversary Date") following the acceptance of the CSM Programs. Support Services for the Third Party Programs shall commence upon the installation of the Third Party Programs. After the one year initial term, Support Services shall be automatically renewed on an annual basis unless either party gives the other written notice of termination not less than sixty (60) days prior to the Anniversary Date, or in accordance with other provisions of this Agreement.

(i)   CSM agrees that it will not revise the Charges for Support Services during the first year in which it provides such Support Services. CSM will give Licensee not less than sixty (60) days written notice prior to any Anniversary Date of any revised schedule of charges. Charges during any renewal term shall not be increased by more than twice the CPI increase in the prior year.

(j)   In the event Licensee fails to pay for Support Services when due, except for amounts disputed by Licensee in good faith, CSM may refuse to provide Support Services until Licensee makes payment of the charges for the period when Support Services were discontinued, as well as the charges for the then current period, and any charges for bringing the Licensed Programs up to CSM's then-current level and certifying that it is again eligible for maintenance hereunder.

(k) Licensee may require Custom Code by CSM in the future. For Custom Code, custom interfaces, and file conversions, upon Licensee's request and with Licensee's input, CSM will develop specifications at the current programming rate and submit the specifications and fee for programming to Licensee for approval. Upon Licensee's approval of the specifications and fee, CSM will program the Custom Code, interfaces, and file conversions on a mutually agreed to schedule

Section VII: Risk Assessment (10 Points)

13. Describe possible barriers and risks related to the project and the relative importance of each.
Gap Analysis performed March 29, 2002 and revised May 3, 2002, prior to onset of program.

14. Identify strategies which have been developed to minimize risks.
- Steering committee established
- Pilots have been identified
- Roll out will be completed one facility at a time
- Special team of HHSS technical and business analysts established to implement and support the product

Section VIII: Financial Analysis and Budget (20 Points)

15. Financial Information

Financial and budget information can be provided in either of the following ways:

(1) If the information is available in some other format, either cut and paste the information into this document or transmit the information with this form; or

SCHEDULE 2(a)
CSM PROGRAMS

License Products	Qty (1)	Unit Cost	Cost	Annual Maintenance
AVATAR (2)				
Patient/Practice Management	Site wide		$ 284,800	$ 56,960
Clinician Workstation	Site wide		587,400	17,480
Patient Trust Funds	Site wide		43,200	8,640
HL7 Interface	3	$ 25,000	75,000	15,000
Wiley Libraries (4)	100			15,000
Total Avatar Licenses			**$990,400**	**$113,080**
AIMS Purchase Credits			(750,000)	
Net License Costs			**$ 240,400**	**$ 113,080**

1. Quantity represents named users or login with access rights to the CSM Programs; provided on a site-wide basis for the PM, CWS and Trust Funds applications

2. Avatar licenses will be installed on separate databases or servers for each of the following facilities:

   Beatrice State Developmental Center
   Hastings Regional Center
   Lincoln Regional Center
   Norfolk Regional Center
   Central Office or other location (test server installation)

3. Wiley libraries are acquired on an annual fee basis; a total of 100 books comprised of as many as four libraries may be acquired under this Agreement. Additional copies may be purchased for a period of two years from the date of this agreement for an annual fee of $150 per book.

Licensee may acquire the following products for a period of two years at the following prices:

PRODUCT	QTY	UNIT COST	TOTAL COST	ANNUAL FEE
SQL Middleware	6 facilities	$ 8,700	$ 52,200	$ 10,440
Set-Up Fees	N/A	N/A	$ 15,000	
Master Patient Index	1	15,000	15,000	3,000

SCHEDULE 2(b)
THIRD PARTY PROGRAMS

DESCRIPTION

3rd Party Licenses	**Qty**	**Unit Cost**	**Cost**	**Annual Maintenance**
InterSystems Cache' Version 4.1.3 for Windows 2000	253 (1)	$ 510	$129,030	$28,387
Total 3rd Party Licenses	253		$129,030	$28,387

Note:

- Quantity reflects concurrent processes required to support the number of named users distributed across the number of databases/servers defined in Schedule 2(a), inclusive of a test server. Total represents 229 defined concurrent application processes and 24 test user processes.

SCHEDULE 2(d)

INSTALLATION SERVICES

Professional Services	Qty	Rate	Cost
Project Management	1440	$ 188	$ 270,000
Software Installation/Engineering (1)	96	$ 175	$ 16,800
Training of Trainers (2)	480	$ 150	$ 72,000
End-User Training (3)	160	$ 150	$ 24,000
Implementation Services			
File Build Consulting	130	$ 150	$ 19,500
RADPlus Forms Development	160	$ 150	$ 24,000
Go-Live Support (4)	320	$ 150	$ 48,000
Grand Total – Installation Services	**2786**		**$474,300**
GAP Analysis Credit			($30,000)
Total Installation Services			**$444,300**
Optional Services (5)			
Project Management for Rollout	720	$ 188	$ 135,000
End-User Training	480	$ 150	$ 72,000

16. Provide a detailed description of the budget items listed above. Include:
    - An itemized list of hardware and software.
    - If new FTE positions are included in the request, please provide a breakdown by position, including separate totals for salary and fringe benefits.
    - Provide any on-going operation and replacement costs not included above, including funding source if known.
    - Provide a breakdown of all non-state funding sources and funds provided per source.

This issue updated 3-11-04	Regional Centers and BSDC	Total to Date Invoice & Payments	Annual Software Maintenance
AVATAR Product Licenses - Schedule 2a Practice Management	$284,800		$56,960

Clinician Workstation + Order Entry	$587,400		$17,480
Client Funds Management System	$43,200		$8,640
Wiley Libraries (4) 100 user manuals @ 150.00 per			$15,000
HL-7 Interfaces: Outbound LifeCare Pharmacy/ ADT + Reports	$75,000		$15,000
AIMS Purchase Credits and Enhancement Fees	*-$750,000*		
Total CSM License Costs	**$240,400**		**$113,080**
Total with Enhancement Fees of $16,233.00			**$129,313**
Database License - Schedule 2b Third Party Cache Licenses (253x$510 concurrent users)	$129,030		$28,387
Total Third Party Licence	**$129,030**		**$28,387**
Professional Services Fees - Schedule 2d			
Project Management Project Management for Rollout	**$270,000.00**		
Software Installation / Engineering	**$16,800**		
Training- Technical Support	**$0**		
Training the Key Users	**$0**		
Training the Trainers	**$72,000**		
Training the End Users	**$24,000**		
Implementation Services			
File Build Consultation	**$19,500**		
RADPlus Forms Development	**$24,000**		
Go-Live Support	**$48,000**		
GAP Analysis Credit	-$30,000		
Total Professional Services	**$444,300**		
Software Development - Schedule 2(e)			
GAP Analysis Items	$108,220		
SQL Reporting	$40,260		
Interface Development	$39,600		
Conversion	$19,800		
Order Entry Conversion	$19,800		
Total Development Costs	**$227,680**		
Expenses for Travel and Living	**$50,000**		
Total Contract Budget	**$1,091,410**		**$157,700**
Federal Reporting (50 Veterans	$0		

Home Reports)			
Servers(6)	$90,000.0		
Desktops	$3,300.0		
Crystal Reports (2 copies)	$3,200.0		
LifeCare Pharmacy Interface Delivery Costs	$100,000.0		
Network Cable	$6,000.0		
Data Communication Costs	$0.0		$2,400
Software Escrow Agreement	$250.0		$2,400
Total Additional Costs			
OPTIONS			
PDA (350 per)			
SQL Middleware for 5 facilities	$52,200		$10,440
Set Up Fees	$1,500		
Master Patient Index	$15,000		$3,000
Data Warehouse			
Oracle Standard Edition for MPI	$11,250		1856

Annual Maintenance (4 facilities)   45475

17. Please indicate where the funding requested for this project can be found in the agency budget request, including program numbers.

   Business Unit 26640036.