California Department of Aging SHARP Project Charter

1. General Information

Background

- What is the business problem?
- Briefly describe the benefits (tangible and intangible) of doing this project?
- What are the business consequences if this project is not done?

The California Department of Aging (CDA) is the designated State Unit on Aging (SUA) responsible for administering federal Older Americans Act (OAA) and state Older Californian's Act programs in California. CDA provides leadership in developing systems of home and community-based services that maintain individuals in their own homes, with their families, or in the least restrictive home-like environments. Programs are primarily administered through 33 Area Agencies on Aging and their providers, who directly serve seniors, adults with disabilities, and caregivers throughout the state. Services include supportive services, in-home services, congregate and home-delivered meals, multipurpose senior centers, community service employment, advocacy, Alzheimer's day care and health insurance counseling. In addition, the department administers two Medi-Cal programs, the Adult Day Health Care program and the social/health case management program, Multipurpose Senior Services Program (MSSP).

The Health Insurance Counseling and Advocacy Program (HICAP) is a consumer-oriented health insurance counseling and education program established in State law (W&I Code, Section 9750, et seq.). The Program offers no-cost: (1) community education regarding Medicare Parts A, B, and D Prescription Drug Plans, Medicare Advantage Plans, Medicare supplement insurance (Medigap), and long-term care insurance; (2) individual health insurance counseling that provides objective and accurate comparisons of choices, and informal advocacy regarding enrollment, dis-enrollment, claims, appeals, prescription drug exceptions and other urgent Part D Plan coverage issues. HICAP provides legal referral in some instances, and in some service areas, limited legal assistance at no cost to the consumer.

Since 1993, HICAP has been affiliated with the national State Health Insurance Assistance Program (SHIP). SHIP is a federal grant program that helps States enhance and support a network of local programs, staff, and volunteers. Through one-on-one personalized counseling, education, and outreach, this network of resources provides accurate and objective information and assistance to Medicare beneficiaries and their families. This allows the recipients of the services to better understand and use their Medicare benefits. SHIPs help beneficiaries identify and understand benefit programs and plans. SHIPs also assist eligible participants in enrolling in these programs and plans.

Business Problem

The federal Centers for Medicare and Medicaid Services (CMS) requires CDA HICAP to report each counseling record through the National Performance Report (NPR) system. To date, CDA has only reported aggregated HICAP data each quarter using an improvised method through Excel and MS Access. This method requires the CMS IT contractor to take additional steps in processing CDA HICAP data, which causes inaccuracies in identifying needs, penetration of services provided in geographical areas, services provided to any particular demographic, and an underestimation of services rendered. In addition, it does not meet the federal requirements for "contact-level" data.

CMS has given states until March 31 2009 to submit "contact" or "encounter" level data by individual person served. Since the State's current system can only submit aggregated data and requires CMS contractor intervention to do that, California will no longer be allowed to use it. Simply using the federal CMS web-based NPR system will not meet California's needs because it cannot distinguish unduplicated counts, capture legal services data, or identify specific insurance plans/agents that are out of compliance and because the data would belong to the federal government and not California. The SHARP project would allow California to have a system that meets both California state and local needs and the CMS reporting requirements at the same time.

- The benefits of doing this project
- 1) The proposed hosted web-based database system will be able to meet the CMS reporting and data requirements by collecting and reporting client contact-level data.
- 2) The database system will provide CDA management and users with the ability to quickly access and analyze information using real-time data. CDA staff needs the ability to quickly create ad-hoc reports to respond to legislative and other inquires and to analyze changes in program utilization patterns and changing client characteristics. CDA would be able to further analyze trends, patterns, and program results at a greater level of detail in order to focus on service utilization and needs, and apply resources in the most effective and efficient manner.
- 3) The database system will save significant time and increase accuracy because it has the capability of data entry edits. A significant amount of time is being spent on manually identifying errors, tracking corrections, and ensuring that data is not replicated or "over/under-reported." These errors could be avoided if electronic data entry controls were in place to prevent incorrect or missing data from being entered into the system.
- 4) The database system will allow CDA users to access information through the web-based portal. Web accessibility enhances the utility of the application by making data available to CDA staff as well as other stakeholders such as AAAs throughout the State. In addition to the AAAs, CDA has difficulty using the current method to share information with the public, providers, and state legislative members.
- 5) The proposed database system will allow providers and end-users the ability to capture and report case management service records at the local level. Currently, due to the inadequate data collection methods, clients may not receive the full potential of services offered by HICAP providers.
- 6) The solution offers consistency across the state and ease in making future changes in response to federal requirements since as all programs statewide will be on the same system.
- 7) The federal NPR system does not collect HICAP Legal Services data, which is unique to California. However, the proposed solution will meet legislative reporting requirements by capturing this specialized data.
- Business consequences of not doing:

CMS is very clear that failing to make required reporting changes will result in loss of federal funding. In addition, after March 31, 2009, the State will not be allowed to use federal money to implement the new system.

Objectives

- What are the objectives of the project?
- 1) Meet federal CMS reporting requirements

- 2) Avoid loss of federal grant funds for non-compliance
- 3) Use Federal funding to pay for the system.
- 4) Reduce CDA staff time and increase accuracy and timeliness of reporting.
- 5) Obtain a hosted, web-based modified off-the-shelf (MOTS) system:
 - Easily customized to meet state requirements related to collect, validate, analyze, manage, distribute and report unduplicated client and other program data
 - Easy to maintain and update in response to federal and state requirements and network needs.
 - Ongoing vendor support for the hosted system
 - State-of-art security and backup in the event of power failure or major disaster.
 - · Vendor-provided training for CDA, and AAA and provider staff.
 - Supports future data integration or linkage with other relevant databases/data sets to meet the increasing demand for more meaningful and readily accessible departmental program data

Measurement

- What are the critical success indicators that will tell us that we have accomplished the objectives?
- What metrics will we use to measure these indicators?

Critical Success Factor	Metric
The proposed system will be able to meet the CMS reporting and data requirements by collecting and reporting client contact-level encounter data.	The number of HICAP sites collecting and reporting encounter contact data is 100%
Federal funds will not be lost	HICAP federal funding is maintained at 100%
Federal funds will be used for the project	Development and maintenance costs will be paid 100% by federal funds
Staff time will be reduced	The new system reduces the time that CDA staff spend loading data by 100% because the HICAP sites will load the data
Data reporting for encounters will be accurate	The data for individual encounters will be reported instead of using aggregate data to calculate encounters
The proposed system will be available as a hosted web-based database system	Application availability through the internet will be 100%
Reporting will be timely	The number of late reports will be reduced by

	100% because the reports are on-line
System will meet state data requirements	The new system will collect 100% of the state specific data
System will be scalable	System can be changed to meet all of the future federal requirements and other program integration needs
Vendor will provide training	Training is given to all of the HICAP sites and CDA HICAP program users
Vendor will provide technical support	Technical support is provided within 24 hrs.
System will have controls for user security	System has controls over all user access
System will have backup and restoration capabilities	System data is backup regularly and can be restored if lost

Solution

- Briefly describe what alternatives were considered to address the business needs.
- 1) The federal SHIP reporting system, the National Performance Report (NPR), is inadequate for meeting the data needs of CDA. The data collected for the NPR is too limited to be of value to the management of the HICAP program. In addition, the data would not belong to CDA and the State would not have flexibility in using the data for analysis.

Problems with the federal system:

- Does not include data on Medicare Part D fraud and abuse complaint information.
- Does not accurately count the non-duplicated client contact data, a vital capability that must be maintained at the State.
- Uses inadequate method of data collection for Dual Eligible (Medicare and Medi-Cal eligible)
 clients. Outreach to this population is a measure of federal funding. Currently the NPR system
 determines dual eligibility by the client's zip code and indication under "Other" for the topics
 discussed. The NPR does not adequately collect this data, where the proposed SHARP system
 directly asks the question of dual eligibility per client regardless of topics discussed and zip code
 and therefore provides more accurate reporting on this California specific population.
- Does not follow federal guidelines for reporting ethnicity and race.
- Does not allow for collection of data under California's Prop 63 Mental Health Services Act. The SHARP system would directly ask a question about services to this population under Topics Discussed per client.
- Does not collect Legal Services information.
- Has limited variables on which an analysis can be completed.
- 2) The development and maintenance of a new internal CDA-owned database system is beyond the capabilities of the limited CDA staff resources, would be more costly to develop and maintain, and would pose much higher risk to the Department.
- Describe the chosen solution.

The only acceptable alternative that addresses all business problems identified above is a Statedesigned and controlled system using a web-based modified commercially available and alreadydeveloped software application. This proposed system, which would be called the "State HICAP Automated Reporting Program" (SHARP) would have an immediate impact on data accuracy and local and state staff time collecting, receiving, tracking, and correcting data.

As part of the solution, the contracted vendor would provide the equipment, facilities and services to support the solution. The software and servers would be located at the vendor data center facilities and backup facilities. The solution would be accessible from anywhere in the State through the use of the Internet and it would be available for use 24-hours a day, 365 days per year. The vendor would charge annual service fees to maintain the system.

The hosting, maintenance and support of the vendor proprietary software is of such a highly specialized and technical nature that the necessary expert knowledge, experience, and ability are not available through the civil service system.

Preliminary Scope Statement

Current Scope

Key Product Deliverables	Features	Users	Locations
1) Intake and Counseling Module	This module collects and reports client level data for all client intakes, client counseling activities, and client demographic profiles. In addition, this module will include standardized reports that are institutionalized and made readily available by a one-touch button, reports based on queries that are not necessarily saved and ad hoc reports that are saved as templates for future use by individuals. This module is considered complete and delivered when the following functionalities are accepted by CDA: 1) client intake information input by standardized Graphic User Interface (GUI) that looks identical to the Client Intake/Counseling (Form 264A) and reports. 2) meets federal NPR encounterlevel data specifications from the SHARP database. 3) meets federal NPR Resource Reporting data reporting specifications from the SHARP database. 4) all applicable State and federal privacy and encryption requirements	HICAP providers (24) Area Agencies on Aging (33) CDA	Please see the attached two listings for the 33 AAA (Appendix A) and the 24 HICAP Programs (Appendix B) CDA 1300 National Drive Sacramento 95834

Key Product	Features	Users	Locations
Deliverables	(e.g., encryption systems, permissions, access codes, HIPAA requirements). 5) produces ad hoc special reports		
	and queries using any variable or any combination of multiple variables.		
	6) standardized reports for intake and counseling information		
	7) tracks individual client intake and counseling (case work) tables are linked to Counselor module tables.		
2) Counselor Registration/Information Module	This module collects HICAP counselor profile, training, and continuing education data. In addition, this module will include standardized reports that are institutionalized and made readily available by a one-touch button, reports based on queries that are not necessarily saved and ad hoc reports that are saved as templates for future use by individuals. This module is considered complete and delivered when the following functionalities are accepted by CDA: 1) Counselor profile information input by standardized GUI (input screen) and reports. 2) Counselor Registration module is linked to the individual Intake and Counseling Module table(s). 3) tracks individual Counselor profiles and continuing education information.	See #1	See #1
	4) Counselor training and continuing education information functions able to produce standardized reports.		
	5) produces ad hoc special reports using any variable or combination of multiple variables.		
	Counselor records remain accessible for counselors who have resigned from the program.		

Key Product Deliverables	Features	Users	Locations
	7) ability to collect and report counselor resource data which is needed for NPR, to include items such as non-counseling time from counseling time. 8) The system has User Log On/Off Tracking, Audit Trail, Monitoring and Reporting capabilities.		
3) Public and Media (PAM) Activities Module	This module collects and reports all individual public events and media activities data. In addition, this module will include standardized reports that are institutionalized and made readily available by a onetouch button, reports based on queries that are not necessarily saved and ad hoc reports that are saved as templates for future use by individuals. This module is considered complete and delivered when the following functionalities are accepted by CDA: 1) system meets federal NPR PAM data entry specifications from the SHARP database. 2) public media event information input by standardized GUI and standard reports. 3) produces ad hoc special reports. 4) tracks individual records of public and media activities information and links with Counselor module	See #1	See #1
4) HICAP Legal Services Report Module	This module collects and reports all aggregated legal services provided by HICAP programs. In addition, this module will include standardized reports that are institutionalized and made readily available by a one-touch button, reports based on queries that are not necessarily saved and ad hoc reports that are saved as templates for future use by individuals. This module is considered complete and delivered when the following	See #1	See #1

Key Product Deliverables	Features	Users	Locations
	functionalities are accepted by CDA:		
	HICAP Legal Services information input by standardized GUI and standard reports		
	2) produces ad hoc special reports.		
	3) tracks HICAP program Legal Services performance		
5) Training Deliverables	This module provides for the training of CDA, AAA and Program staff. This module is considered complete and delivered when the following functionalities are accepted by CDA	See #1	See #1
	1) Training Curriculum		
	2) CDA users trained		
	web-based training for Service Providers and AAAs		
	4) User Materials (for CDA users, AAA users, Service Provider Database Administrators)		
6) Project Management Work Plan and Schedule	A documented Work Plan with schedule will be completed and approved by HICAP Project Manager within ten (10) days after contract issuance. The work schedule will be updated by Contractor as needed	See #1	See #1
7) Written Licensing and Maintenance Agreement Deliverable	1) On-going technical support for CDA - The Contractor will have the ability to provide on-going, daily, technical assistance to CDA and AAA users of the system and to make technical assistance available during normal business hours Pacific Time, 8 a.m. to 5 p.m., Monday through Friday, with the exception of State holidays. CDA requires response within 24 hours during these timeframes.	See #1	See #1
	Available, maintainable system - The system is available during regular working hours so that		

Key Product Deliverables	Features	Users	Locations
	Contractor upgrades and routine maintenance will not impact customer usage. Preventative maintenance shall occur off hours and not impact production. Testing will be conducted to insure reliability so that future upgrades do not interfere with systems operations.		
	3) Future changes - The Contractor will make changes to the system to meet future federal CMS or State HICAP requirements, as authorized by CDA. These changes will be included in the price of the annual maintenance/license agreement.		
	4) All inclusive licenses - The Contractor shall not charge the State for additional or supplemental third-party products and licenses that may be required to realize complete functionality of the HICAP case management and data collection and reporting system.		
	5) The Contractor will provide adequate licenses to accommodate various levels of functionality, depending upon the business need at that level: a)CDA - view, array, reports and analyze, b) AAAs - view, visual validation and correction, generate reports, c) HICAP program managers- input, submit data, view, validate and edit, view report and monitor and approve open cases in their service jurisdiction, as well as allowing enduser access rights), and d) end-user (counselors) - input, edit and generate reports. Up to 700 individual user licenses should be available for distribution throughout the State (up to 600 are "end user" counselors).		
	6) After normal business hours described in Paragraph 1 above, and in the event the web-site or system could not be accessed or used, or the system would cease to		

Key Product Deliverables	Features	Users	Locations
	function properly, or some other unforeseen "emergency" should arise with the SHARP system, CDA will be responsible for contacting the Contractor for service after normal business hours. The Contractor will respond to emergency requests for technical assistance by CDA within 24 hours.		
8) Final Certification Deliverable	Implementation and Cutover Certification - Final sign-off by CDA will occur after demonstration of successful production environment.	See #1	See #1

Future Opportunities

Future Opportunity	Recommended Scope Adjustment
Future opportunity exists in adding other modules such as fiscal to the application	No adjustment is necessary

Outside of Scope

Product, Function or Feature	Reason
The application does not include any other state or federal programs	The federal government mandates that only the HICAP program be automated by April 2009

Summary Milestones

Summary Milestones	Days	Target Date
Start Development of Purchase Estimate Documents		9/25/08
Complete Draft RFQ		10/9/08
Submit STD. 66 and attachments to DGS for review		10/9/08
DGS Complete Review of RFQ		12/30/08
Complete Contract Negotiations		2/01/09
Secure State Approvals for Contracts/Award Contract		2/6/09

Impact Assessment

What systems, processes or projects will be impacted by the project? And/or, what systems, processes or projects will impact the project?

Systems, Processes,	Nature of Impact	Owner	Action Required
Project			

None.		

Deadline

- What is/are the deadline(s) for this project?
- What are the reason(s) for this deadline?
- What are the implications of not meeting this deadline?
- What trade-offs are possible? Consider scope, budget, and quality)

In 2008, CMS notified state SHIPs that effective March 31, 2009, they would be enforcing their data collecting structure and aggregated data would **not** be accepted for federal reporting. State SHIPs (CDA) using their own proprietary systems must begin sending individual records for each person counseled for the NPR. CMS will be using zip codes on individual client records to determine the distribution of services and measuring the penetration rates into certain geographic areas for low income beneficiaries. Not meeting this deadline will result in the department losing its federal funding.

Estimating Summary

Please see the department's EAW's, submitted 11/24/08

2. Complexity Assessment

Business Complexity

(This will be an active spreadsheet that will identify the business complexity of the project.)

The business process is not complex. It is a web-based application that requires a browser to access the application to enter data and generate reports. It is expected to be a modified off-the-shelf system.

See Appendix C – Business Complexity

Technical Complexity

(This will be an active spreadsheet that will identify the technical complexity of the project.)

This project is not technically complicated. This will not require building a whole new system. It is to be a hosted standard relational type database accessible through web. It is expected that the basic model already exists; the modifications for California's specific applications are not complicated

See Appendix D- Technical Complexity

3. High Level Project Organization

• Provide an organization chart for the project

Executive Sponsor
Ed Long- CDA Long Term Care

IT Steering Committee

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Project Director
Diane Paulsen-Deputy Director CDA

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Project Manager
Bill Hogan
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Technical Manager

Business Manager

Bill Hogan

Wayne Lindley

4. Project Priorities

Priority Analysis

• Identify the sponsor and key stakeholders for this project. In rank order (1)-high to (4)-low define the priorities for the sponsor and key stakeholders.

See Appendix E- Priority Analysis

The sponsor for this project is the California Department of Aging and the key stakeholders are Area Agencies on Aging, HICAP program providers, individual HICAP Counselors and the California Legislature.

The sponsor's top priorities are identified as:

- (1) Timeline. The ability to meet the federal CMS timeline for meeting their reporting requirements is critical. If it is not met, the result will be loss of funding AND the State will not be able to use federal funds to come into compliance.
- (2) Budget. To obtain a statewide unified case management data collection and reporting system that is web based and accessible by stakeholders throughout the State using existing federal funds within budget.
- (3) Improve the quality of data collected and reported to better target needs of clients.
- (4) Ability to respond to legislative inquiries.

AAA top priorities are identified as:

- (1) Budget. In the face of budget cuts, AAAs do not want to take funds away from services.
- (2) Ability to oversee the performance of their direct or contracted HICAP service providers.
- (3) Ability to meet the State reporting requirements without having multiple systems to manage.

Provider and Counselor top priorities are identified as:

- (1) Have a day-to-day case management system that monitors every opened counseling case.
- (2) Ability to meet State and federal reporting requirements.
- (3) Ability to monitor quality control from the Program Manager for each Counselor.

Legislature priorities:

- (1) Get accurate data
- (2) Budget
- (3) Time schedule statutory requirement for CDA to provide data to the legislature on its programs.

Consequences

• For the attributes ranked 1st for each key stakeholder, define the consequences of failing to satisfy the stakeholder's number one priority.

Sponsor: Loss of funds and inability to pay for a system if federal funds cannot be used.

AAA and HICAP program providers: Without this solution programs are unable to report uniformly or accurately. Use of multiple data collection/reporting systems throughout the State (e.g., Excel, paper & pen, CareAccess, etc.) results in individual HICAP programs reporting aggregate data that is not comparable between programs resulting in inaccurate data analysis.

HICAP providers are unable to identify the needs of Medicare Beneficiaries and HICAP program managers are unable to analyze and utilize the data to improve services to California's Medicare population.

Negotiations

• For the attributes ranked 2nd for each key stakeholder, define precisely which parts of the attribute the stakeholder would be willing to negotiate

The federal CMS is very clear they will NOT negotiate and the consequences of not meeting the required reporting changes are loss of federal funding.

Control

• For the attributes ranked 3rd and 4th, define how much of the attribute will be under the control or discretion of the project manager.

The Project Manager will have the ability to modify the scope and thereby, have impact over the schedule of the project.

5. Assumptions and Risk

- How will contractors be acquired?
- How will required software be obtained for this project?
- How will required equipment be obtained for this project?

This project is a subscription for services from a host vendor acquired via competitive bid. It will not require obtaining any software or equipment. A RFQ and SOW has been developed and submitted to DGS for acquisition. CDA anticipates using a "value effective" model, with proposals being carefully evaluated based upon the carefully articulated predefined criteria.

Unless otherwise determined, the department proposes to use the weighted scoring system recommended by DGS, where cost is weighted 50% of the score. The other 50% should focus on 1) previous vendor experience in providing highly specialized support of web-based, hosted solutions and the reasonableness of the proposed project plan and schedule, 2) the ability to meet minimum technical and functional requirements, and 3) the particular aspects of the proposed product/solution and its ability to meet CDA needs and requirements.

The administrative, functional and technical requirements upon which the vendors will be evaluated are anticipated to include the following items, which are subject to modification with further analysis.

- Administrative and Format Requirements for Submission
- Contractor Experience and Qualifications
- Contractor Project Management Plan
- Minimum Technical Requirements,
 - Such as: meet CMS requirements, be web-based, use industry standards, be customizable, provide CDA with administrative control and field modification abilities, etc.
- System and Data Security Standards and Requirements
- Other Technical Requirements
 - Reporting Capabilities, such as: allow for direct data queries and reports for qualified staff, inclusion of custom report generator functions, etc.
 - Data Import/Export Capabilities, including data validation and verification, import of clientlevel data from AAAs, potential for Providers to directly load information into the solution.
- Defined User Functionality,
 - such as: minimum screen resolution and size, ability of user to create and save database queries, user interface based upon Microsoft Internet Explorer version 6.0 or above, ability for predictive text entry, retrieval from archived data, tracking/logging of user transactions, etc.
- Licensing and Maintenance Arrangements
- Training and Documentation

Evaluation Process

Proposals will be reviewed according to the requirements as outlined in the Scope of Work and Evaluation Forms. Proposals will be reviewed by at least three members of the Evaluation and Selection Team, and each evaluator will check the proposal for conformance to all administrative and procedural aspects of the RFQ-ITS requirements.

After individual evaluations have been completed, the Evaluation Team will meet to review all errors, deviations and other detected defects. If the Team agrees that such defects actually exist, they will then determine if any defect is material and warrants rejection of the quote, or if any non-material deviations warrant rejection of the quote. All such recommendations for rejection will be reviewed by the DGS/Procurement Division management for approval. If all deviations are ruled non-material, and the Evaluation Team decides that the proposal should not be rejected, the proposal will be evaluated as though no infraction occurred. In order to reach a consensus, the Selection and Evaluation Team will meet to discuss their scoring for the responsive proposals. The responsive proposals will then be ranked according to evaluation methodology specified in the RFQ-ITS. The final evaluation work sheets prepared by the Evaluation and Selection Team members will reflect the consensus of the evaluation of individual Team members.

The Evaluation and Selection Team Chairperson may make arrangements for a conference call for evaluators and references provided by the Contractor. Evaluators shall make a record of each Contractor reference called.

The cost evaluation worksheets will be completed for each responsive quote and added to the preliminary technical scores. All cost evaluation worksheets completed by one team member will be checked by another team member and all bidder supplied cost-sheets will be checked by the Chairperson. A Cost Evaluation Summary will be completed and checked for each responsive quote.

The Evaluation and Selection Team will prepare an Evaluation and Recommendation Package containing the Team consensus, summarization of the evaluation results, and rationale for the recommended Contractor and the proposed Letter of Intent to Award. This package will be sent to the DGS/Procurement Division management for review and approval. When the necessary approvals are secured, the Letter of Intent to Award may be issued by DGS/Procurement Division.

CDA intends to initiate a contract with the Contractor for the development and maintenance/web hosting of the SHARP system. The SHARP system development shall start no later than February 6, 2009 and the Contractor will pro-rate four years of system maintenance and web-hosting costs after the development phase has been completed.

Known Risks

- What known risks are anticipated for this project?
- What actions have been contemplated to manage these risks?

	Event	Probability 0 - 3 = Low	Affected Project Area/Element	Preventive Measures (P) &
ID		4 - 7 = Medium 8 - 10 = High		Contingency Measures (C)
1	Project is not approved for procurement and RFQ is not issued	5	Federal funds. And Potential	Work closely with DGS to have RFQ issued as quickly as possible to ensure data is collected as mandated by Centers for Medicare and Medicaid Services (CMS) to continue receiving federal funding
2	Lose project funding	2	Budget	None possible
	completely			None Possible
3	Loss of project	2	Budget	None possible
	funding for ongoing subscription charges			None Possible
4	The project has cost overruns	2	Budget	Implement rigorous scope control and tracking of budget on a monthly basis
				Reduce Project scope to foundational items only

ID	Event	Probability 0 - 3 = Low 4 - 7 = Medium 8 - 10 = High	Affected Project Area/Element	Preventive Measures (P) &
יטו				Contingency Measures (C)
5	Unable to begin collecting data from AAAs by March 31, 2009 deadline	8	Schedule	Work closely with CMS and demonstrate to CMS that solution is being implemented and will be fully functional prior to end of fiscal year for yearly data reporting.
				Continue manually entering data in the new SRT for a portion of the year. Report newly required data elements to the extent possible.
6	CMS data collection requirements change when the next federal census is performed	1	Regulatory compliance	Require all hosted solution vendors to demonstrate the ability to remain current with CMS data collection requirements. Monitor the 2006 Federal census and anticipate any data elements that could change.
				Manually collect and report data if possible.
7	Lose key staff	4	Resources	Cross training, documentation of staff efforts
				Assign alternate staff. Keep alternate staff briefed about efforts. Hire as quickly as possible.
8	CDA Users are resistant to the new hosted MOTS	1	Resources	Incorporate an aggressive Change Management campaign to "market" the new business process to the end users.
	solution			Involve key end-users in key solution decisions to give them a voice and ownership in the solution.
				Involve end-user leaders in the Project Review Committee.
9	Hacker or Virus breaches the system	2	Technical	Ensure hosted pre-developed solution continues to maintain highly secure environment complying with HHS security and privacy requirements. Follow state policies for information integrity and security. Unique identifiers in the system will not include individuals' names. [Personal information is defined as using names in combination with other identifying information].

ID	Event	Probability 0 - 3 = Low 4 - 7 = Medium 8 - 10 = High	Affected Project Area/Element	Preventive Measures (P) & Contingency Measures (C)
				Ensure hosted pre-developed solution provider monitors, manages and has current backups in the event the breach occurs and disables the system.
10	Even though, implementing the solution is not anticipated to be overly time-consuming, key CDA team staff members will have limited time available to work with and provide feedback to solution provider and to adequately test the hosted solution	8	Schedule	Involve key CDA team staff during all project activities and begin testing as quickly as possible in a modular process beginning with those modules users will begin using immediately to ensure the foundation is working properly. Test those modules that will be used later in the data collection and management process. Schedule and test the foundational components as quickly as possible prior to moving those components into "live mode" and then test each module as the needed

Runaway Trigger

- How much over budget?
- How much over schedule?

Other?

The project can not go 10% over budget.

The HICAP data must be available to CMS by July 2009.

Shutdown Condition

What conditions could develop that would shut this project down?

The lack of federal funding for the project would shut the project down.

Also if there is a material breach of the contract by the vendor, then the project would be shut down.

6. Stakeholder Analysis

• Identify all the stakeholders for this project. Define their interest, determine category areas, support level, and the attribute(s) affected, and provide a description of the impact to the project.

The sponsor for this project is the California Department of Aging and the key stakeholders are Area Agencies on Aging, individual HICAP program providers, and individual HICAP Counselors.

Through regular communications with project stakeholders, a consistent theme has been the acquisition of a single unified web based case management data collection and reporting system for use by all HICAP programs and providers.

See Appendix F- Stakeholder Analysis