

Nebraska Information Technology Commission

Project Proposal Form

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

FY2005-07 Biennium

Project Title	Compudata
Agency/Entity	HHSS

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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	Computata
Agency (or entity)	HHSS

Contact Information for this Project:

Name	Fred Turner / Margo Gamet
Address	PO Box 94728 301 Centennial Mall South
City, State, Zip	Lincoln, NE
Telephone	402 471-7608 / 402-471-9318
E-mail Address	Fturner@notes.state.ne.us

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Section II: Executive Summary

- State of Nebraska Veterans' Homes are engaged in a data system conversion and maintenance agreement upgrade. The Veterans' homes will be converting from two existing systems, "Advanced Institutional Management Systems" (AIMS) and Compudata, to a new release of Compudata Software. The new Compudata software offers improved functionality in the areas of Admissions, Discharges and Transfers (ADT/Census), Billing, Resident Funds, Accounts Receivable, General Ledger, Care Plans, Physician's Orders and MDS/User-defined Assessments. The Minimum Data Set (MDS) feature, which is crucial for a facility's success or failure in both PPS reimbursement and state or federal surveys, is of particular interest to the Veterans' homes.

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.

The Compudata project will involve the procurement and placement of Compudata Software, residing on individual servers, at each of the four State Veterans' Homes, Thomas Fitzgerald Veterans' Home-Omaha, Norfolk Veterans' Home, Western Nebraska Veterans' Home-Scottsbluff, and the Grand Island Veterans' Home. A Compudata Test Server will also be purchased to reside in the Nebraska State Office Building (NSOB) to serve as a software test and staging platform.

The goals of the new system will include:

- Interface with LifeCare Technologies Inc. Performance Pharmacy System application
- The ability to create an MDS (minimum data set) that accurately reflects the assessments and needs for virtually all resident or family types
- Improved data access and reporting
- HIPAA Privacy and Security requirements met
- The ability to add additional required fields of data to be used for State and Federal reporting as well as the ability to address the questions and issues outlined in Exhibit D of the Compudata and State of Nebraska Service Contract Agreement.

2. Describe the measurement and assessment methods that will verify that the project outcomes have been achieved. Federal minimal data set requirements met and approved by Veterans' Administration. Successful approval of JACHO (Joint Commission on Accreditation of Healthcare Organizations) Federal audit.

3. Describe the project's relationship to your agency comprehensive information technology plan. Listed in 24 Hour Facility unit.

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).

Upgrade of Interfaces to LifeCare Technologies Inc. Performance Pharmacy System application.

See #2 above

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 Veterans' homes evaluated the Avatar software that will be implemented in the three State Regional Centers and Beatrice State Development Center and elected to obtain and install Compudata Software primarily due to the Compudata Minimum Data Set (MDS) feature.

Current obsolete system no longer supported by the vendor.

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

Federal (MDS) minimal data set requirements met and approved by Veterans' Administration.
Successful approval of JACHO (Joint Commission on Accreditation of Healthcare Organizations) Federal audit

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.

The Computata project will involve the procurement and placement of Computata Software, residing on individual Windows 2000 servers, at each of the four State Veterans' Homes, Thomas Fitzgerald Veterans' Home-Omaha, Norfolk Veterans' Home, Western Nebraska Veterans' Home-Scottsbluff, and the Grand Island Veterans' Home. A Computata Test Server will also be purchased to reside in the NSOB to serve as a software test and staging platform.

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.
 - Address the compatibility with existing institutional and/or statewide infrastructure.

Computata Health Corporation (CHC) product, is designed with Oracle technology.

Database Server:

Operating System:

- Recommended: Windows Server 2003 (latest service pack)
- Minimum: Windows NT Server 4.0 (latest service pack)

Processor:

- Recommended: Dual processor system with single Intel Pentium 4
- Minimum: Pentium III 800MHz

RAM:

- Recommended: 1 GB plus another 128 MB per each additional company database
- Minimum: 512 MB plus another 128 MB per each additional company database

Hard Drive:

- Recommended: 4GB free space for Computata Software and initial database plus 2 GB of free space for each additional company database (RAID 1 & 5 disk configuration)
- Minimum: 4 GB free space for Computata Software and initial database plus 2 GB of free space for each additional company database (RAID 1 disk configuration)

Network Card:

- Recommended: Server grade, brand name gigabit Ethernet adapter (3Com, Intel...)
- Minimum: Server grade, brand name fast Ethernet adapter (3com, Intel...)

Workstation:

Operating System:

- Recommended: Windows XP Professional (latest service pack)
- Minimum: Windows 98 SE

Processor:

- Recommended: Intel Pentium 4
- Minimum: Pentium III 800 MHz

RAM:

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- Recommended: Windows 2000/XP Professional 512 MB, Windows 98 SE 256 MB
- Minimum: Windows 2000/XP Professional 256 MB, Windows 98 SE 128 MB

Hard Drive:

- Recommended: 500 MB of free disk space for client software

Network Card:

- Recommended: Brand name fast Ethernet adapter (3com, Intel...)

Printer:

- Recommended: HP LaserJet 4300 printer utilizing PCL5e drivers
- Minimum: HP compatible laser printer utilizing PCL5e drivers

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 need to be 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. 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 CHC/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 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** – person familiar with the day-to-day activities of their business area. Knowledgeable of AIMS/Computata. For example, 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 Computata project will be composed of the following members:

AVATAR Steering Committee:

Project Director	Fred Turner
Facility Project Manager	4

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Application Specialist	10
<input type="checkbox"/> Clinical (4)	
<input type="checkbox"/> Patient Management (4)	
<input type="checkbox"/> 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 CompuData 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	
<input type="checkbox"/> Clinical	1
<input type="checkbox"/> Patient Management	1
Facility Business Specialists	2-10
IS&T Facility Coordinator	1-2
IS&T Application Specialists	Dawn Longwell Don Losh John McMahan

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. Implementation plan "templates" for Census/Billing/Accounts Receivable, Trust Fund, Assessments & Care Planning, and Physicians Orders have been forwarded the project team by CompuData. However, a formal "project plan" has not been developed at this time.

11. Describe the training and staff development requirements.

ON-SITE CLINICAL TRAINING SERVICES

Covers CHC Clinical training representative visits to each site for four (4) person days of training per site.

- Assistance in verification of data converted to new products.
- Overview and training on new product processes.
- Planning of parallel processing and "go live" strategies.
- Analysis and consultation on product configuration options and product features not previously implemented.

ON-SITE FINANCIAL TRAINING SERVICES

Covers CHC financial training representative visits to each site for four (4) person days of training per site.

- Assistance in verification of data converted to new products.
- Overview and training on new product processes.

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- Planning of parallel processing and “go live” strategies.
- Analysis and consultation on product configuration options and product features not previously implemented.

12. Describe the ongoing support requirements.

SOFTWARE MAINTENANCE AND SUPPORT.

(a) General. Client agrees to pay to CHC Monthly Maintenance Charges in accordance with Section 6 of this Agreement. CHC agrees to provide, subject to the terms and conditions of this Agreement, (i) maintenance of the QualteCH Software as specified in Section 4(c); (ii) error correction services as specified in Section 4(d); (iii) reasonable telephone support as specified in Section 4(e); and (iv) maintenance of source code for the QualteCH Software in escrow pursuant to contract with Data Securities International or under such other escrow arrangement as CHC may adopt.

(b) Delivery of Changes. CHC may, at its option, deliver to Client in magnetic form, a single copy of any modification, error correction or other revision or change to the QualteCH Software or QualteCH Materials provided pursuant to this Section 4, together with suitable instructions for Client reproduction, installation and implementation.

(c) Maintenance. CHC shall provide Maintenance services as follows:

(1) CHC shall modify the QualteCH Software and QualteCH Materials as necessary to accommodate changes of which it has knowledge in the laws or regulations concerning Medicare and Medicaid reimbursement of the United States, and the states in which are located the Client Locations specified in Exhibit A. CHC shall be deemed to have knowledge of all changes in such laws and regulations (i) published by the U. S. Department of Health and Human Services; (ii) published by the relevant state health department(s), however named; (iii) of which Client notifies CHC in writing; or (iv) of which a supervisory employee of CHC otherwise gains actual knowledge. The modifications required by this subsection 4(c)(1) shall be accomplished no later than the later of (A) fifteen (15) business days after occurrence of the event giving CHC knowledge of the change in federal or state law or regulation; or (B) the effective date of such change.

(2) In addition to the foregoing, CHC will provide to Client all enhancements and modifications to the QualteCH Software and QualteCH Materials that CHC makes generally available to all QualteCH Software users.

(3) The modifications specified by this section shall become part of the licensed QualteCH Software and QualteCH Materials, shall be maintained and supported pursuant to this section, and shall otherwise be subject to all of the terms of this Agreement.

(d) Error Correction.

(1) CHC shall correct, within a reasonable time, any reproducible program error or malfunction in the QualteCH Software or in any enhancements or modifications thereof supplied by CHC. CHC agrees to commence correction within eight (8) business hours or such other reasonable time mutually agreed to by the parties, of any material reproducible program error or malfunction in the QualteCH Software of which Client notifies CHC, orally or in writing, as soon as such error is detected. If CHC, in its discretion, requests written verification of Client's oral notification, Client shall immediately provide such verification, by teletype, facsimile or overnight mail, setting forth in reasonable detail the respects in which the QualteCH Software fails to perform.

(2) Client shall reimburse CHC at CHC's then-current time and material rates for all costs incurred by CHC in investigating an error or malfunction which, after investigation by CHC, CHC reasonably determines to have been caused (A) by an enhancement or modification that was neither made nor authorized by CHC (multiple unauthorized changes), or (B) by machine malfunction, or (C) if Client employs third party software capable of altering data files employed by or otherwise impeding the operation of the QualteCH Software, by such third party software. CHC further reserves the right, in the event of multiple unauthorized changes, to terminate this Agreement.

(e) Telephone Support. CHC shall, during the hours of 8:00 a.m. to 5:00 p.m. in Client's time zone on weekdays (exclusive of holidays), make reasonable telephone support available to Client's Project Leader and other Client personnel previously fully trained by CHC in the use of the QualteCH Software.

Section VII: Risk Assessment (10 Points)

13. Describe possible barriers and risks related to the project and the relative importance of each.

- Gap Analysis of Avatar conducted
- Compliance with JACHO audit

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

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Section VIII: Financial Analysis and Budget (20 Points)

15. Financial Information

ONE TIME CONTRACT COSTS	GIVH	NVH	WNVC	TFVH	CO	Upon Execution	Upon Delivery of Software	Upon Final Acceptance	Total
Financial Software Costs									
Exhibit A II.-A.: Software License Fee	\$25,000	\$25,000	\$25,000	\$25,000		\$50,000	\$50,000		\$100,000
Exhibit A II.-A.: Custom Programming w/ Interfaces						\$15,600	\$15,600		\$31,200
Exhibit A II. -B: Oracle Conversion Fee									
Exhibit A II. -C: Monthly Maintenance Patient Accounting									\$24,000
Exhibit A II. -D: Oracle License (\$295x283)	138	70	23	47	5				
Exhibit A IV. - Electronic Laser Forms (8) license						\$2,800			\$2,800
Software On Site Installation (Financial Package)									
Exhibit B IV A: On Site Installation Assistance (22 days)	\$3,000	\$3,000	\$3,000	\$3,000	\$10,000		\$12,000		\$12,000
Exhibit B IV B: On Site File Server Installation (2 days per server)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000		\$10,000		\$10,000
Exhibit B IV B: Visit Expenses for 5 people							\$5,000		\$5,000
Maintenance Upgrade to Windows Oracle									
Exhibit C CHC Software Conversion to Oracle	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	\$0.00	\$14,000			\$14,000
Exhibit C Oracle Workstation Licenses (283x\$295.00)	\$40,710	\$20,650	\$6,785	\$13,865	\$1,475	\$83,485			\$83,485
Exhibit C MidRange Data Conversion to Oracle	\$2,000	\$2,000	\$2,000	\$2,000		\$8,000			\$8,000
Exhibit C Custom Programming & Interfaces									
Exhibit C On Site Tech Services: Initial Data Conversion	\$2,000	\$2,000	\$2,000	\$2,000		\$8,000			\$8,000

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Exhibit C On Site Tech Services: Visit Expenses						\$5,000			\$5,000
Exhibit C On Site Clinical Training Services (4 session)	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000				\$4,000
Exhibit C On Site Clinical Services: Visit Expenses						\$5,000			\$5,000
Exhibit C On Site Financial Training Services	\$4,000	\$4,000	\$4,000	\$4,000	\$16,000				\$16,000
Exhibit C On Site Financial Services: Visit Expenses						\$5,000			\$5,000
Exhibit C On Site Technical: Go-Live Conversion	\$2,000	\$2,000	\$2,000	\$2,000	\$10,000				\$10,000
Exhibit C On Site Technical: Go-Live Visit Expenses						\$5,000			\$5,000
Total									\$348,485
Servers	1	1	1	1	1				\$75,000
Desktops 35 for GIVH and 14 for TFVH	\$38,500			\$15,400					\$53,900
Crystal Reports (2 copies)									\$5,200
Pharmacy Vendor Interface									\$34,000
Program Cost LC / CHT									\$20,000
AIMS Resident Data Conversion CSM / CHT									
Total Additional Costs									\$188,100
Total Budget									\$536,585

16. Provide a detailed description of the budget items listed above. Include:

- An itemized list of hardware and software. **See above.**
- If new FTE positions are included in the request, please provide a breakdown by position, including separate totals for salary and fringe benefits. **NA**
- 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.

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

Business Unit 26640035.