

Agency IT Strategic Plan (Form) / **601 VDH FY14-16 ITSP** (Item)

(Data as of: May 4, 2015)

Form Report, printed by: Truman, Cheryl, **May 4, 2015**

IT SUMMARY

General Information		
Item Name:	601 VDH FY14-16 ITSP	<i>Choose the CTP-prepared Agency ITSP item for the appropriate biennium</i>
Home Portfolio:	601 VDH IT Strategic Plans	<i>Choose your Agency Portfolio for ITSP</i>
ITSP Biennium:	FY14-16	
Proponent Secretary:	188 Secretary of Health & Human Resources	
Proponent Agency:	601 Department of Health	
Submitted by:	Administrator, System	
Agency has BRTs or Investments:	Yes	
Has CETR been updated?	Yes	
Date Submitted:		
For additional CETR information, secure link address or CETR access request go to the following VITA website:		
http://www.vita.virginia.gov/oversight/default.aspx?id=349		

About the IT Summary

The purpose of the agency IT Strategic Plan is to establish an agency-wide vision and priorities for agency investments in IT and IT operations so that they promote the achievement of agency’s mission and business outcomes. The IT Plan Summary describes how agency IT strategies, goals, and objectives align with the mission, vision, values, and daily operations identified in the Agency Strategic Plan. This IT Plan Summary identifies the implications outlined in the Agency Strategic Plan and integrates them into implementable objectives and directives.

Current Operational IT Investments

In this section, describe the high-level strategy the agency will use to manage existing operational IT investments over the next year to 6 years. This section should align with identified Business Requirements for Existing Technology (BReTs). At minimum, please address the following questions in your description of your agency’s strategy for managing existing operational IT investments:

- *Are there existing IT investments that will require additional funding over the next year to 6 years, such as license renewals, re-competition of current IT contracts, or system enhancements required by the Agency Strategic Plan?*
- *If there are systems that will no longer support the agency’s business needs, either through poor performance or excessive cost, how does IT leadership in the agency plan to address the issues?*
- *If the agency does not have the staff or funding to meet increasing demand for IT services, how will IT leadership fulfill the requests?*

The Virginia Department of Health is highly reliant upon technology and data to run its business. VDH's mission is to protect the health of the citizens of the Commonwealth and to work toward a Healthier Virginia. In order to support its many programs aligned with this effort, VDH uses many applications and data sources to support and enhance its decision-making. These data and applications are used to help inform how VDH targets its programs for different populations. The Office of Information Management and Health Information Technology is responsible for administering these applications, supporting datasets, data stewardship, data governance, security, testing, quality assurance, technology procurements, etc. VDH currently supports many different types of data sets and technologies. This presents a challenge for the Agency since data is sometimes duplicative or stored in several places. VDH has begun to implement a formal Informatics program to provide governance around the data used and displayed at VDH. The focus is on collecting an inventory of the current data sets and ensuring that standards are placed around these data. The Agency has made an investment over the past few years in data warehouse infrastructure and in building out staffing and skillsets among our data warehouse staff. We are now prepared to move toward an overall governance and policy for informatics/data analytics at VDH. Additionally, VDH has placed an emphasis on the following projects for the biennium:

SNP ROAP System Replacement Project - SNOOPY
 Division of Disease Prevention STDMIS Replacement Project – Maven
 Contract, Budget and Grant enhancements
 Travel Authorization Request (TAR)
 Electronic Death Registration System
 DMAS Care Management Interface Projects
 SB1039 – DMV birth certificate issuance
 Vital Records Index Project
 All-Payer Claims Database
 Health Information Exchange
 Cardinal
 Virginia Immunization Information Systems
 Data Analytics/Informatics
 EMS Systems upgrades
 Healthy Communities Data Project

OIM-Health IT does support the existing mission critical applications that are currently in production. There are around 15 of these mission critical applications including WEB F&A, WebVision (a very large system requiring regular updates), EMS applications, etc. If these applications require additional updates, a corresponding entry will be made into the ITSP for VDH with the appropriate BRT documents. As mentioned above, VDH has made a great deal of progress with building out the data warehouse infrastructure and with enhancing the staffing and skillsets for data analytics positions. We do plan to hire an Informatics position to lead the data efforts in the coming future.

The VDH mission has always included elements of emergency preparedness and response, but as the lead state agency for response to bioterrorism and other issues, the required level of reliability and redundancy of key systems, especially communications has increased. To this end, several EMS systems have been upgraded to support the new and more current functionality and capabilities.

Finally, it should be noted that VDH is most always impacted regularly by either federal or state mandates beyond our control. We must be agile enough to make changes or updates to systems regularly when new federal/state mandates arise or when mandates change. Additionally, VDH regularly receives new projects or updates to projects during each General Assembly session. These are typically funded through federal grants, although, not always. These will be added to this strategic plan with associated BrTs as these changes/updates occur.

Factors Impacting the Current IT

In this section, the agency will describe the changes in their business environment that will require or mandate changes to the agency's current IT investments. These are requirements and mandates from external sources, such as other agencies or business partners, the agency's customer base, product and service providers, or new federal or state legislation or regulations. Each requirement or mandate from an external source must have a corresponding Business Requirement for New Technology (BRnT) or Business Requirement for Existing Technology (BReT) entered into the CTP. The agency must identify the business value of the change, any important deadlines that must be met, and the consequences if the deadlines are not met. In your discussion, be sure to note whether the proposed enhancements are funded or not.

If the agency's existing current IT investments will not need enhancement due to requirements or mandates from external sources in the foreseeable future, the agency should enter the following text rather than leave the Factors Impacting the Current IT section blank.

• *For each mandated change, summarize your agency's response from your Agency Strategic Plan, and is it the opinion of agency IT leadership that the IT portion of the response is adequately funded?*

• *Do the mandated changes effect IT in other Commonwealth agencies, or in other states? If so, how?*

Funding and the availability of resources continue to be a challenge for VDH. Currently the projects mentioned above are adequately funded, however as federal and state mandates come down, obtaining additional funding and qualified resources is an issue and continues to be an issue. VDH has implemented a grant review process that helps the business identify specifically the IT requirements and either fund them properly or opt not to implement the IT piece of the grant. Most grants secured by VDH do have an information technology component. These may be procurements or additional functionality to existing systems. As these occur, they will be added to the strategic plan along with the associated BrT. VDH does rely heavily on contractors to supplement the existing staffing and resources. Although we have converted many contractors to FTEs in the past, this does require additional General Funds. The Office of Information Management and Health IT's general funding budget has not increased for this biennium, therefore we will remain reliant on contractors in order to perform new/additional work.

The availability of qualified resources also continues to be a challenge for VDH. Some of our technologies are fairly specific to a health care environment, therefore the resources may be difficult to find. For instance, we have found that HL7 messaging resources have been difficult to hire. We typically hire a lower level position and provide HL7 training in this circumstance.

Proposed IT Solutions

In this section, describe the high-level strategy the agency will use to initiate new IT investments over the next year to 6 years in support of the agency strategic objectives documented in your Agency Strategic Plan. The agency does not need to consider specific technologies at this time, however, the strategy should identify how the IT implementation will provide business value to the organization. This section should align with identified Business Requirements for New Technology (BRnTs). At minimum, please address the following questions in your description of your agency's strategy for initiating new IT investments:

• *What are the most important solutions, based on the priority assigned to the requirements by the business sponsors in your agency, and what is the approach*

to achieving these priority solutions?

• If any new IT initiatives will be started in the upcoming budget biennium, is it the opinion of agency IT leadership that it is adequately funded?

• Does the agency's current IT staff have the appropriate skill set needed to support future agency technologies? If not, what skill sets need to be acquired?

• If the agency will be engaged in multiple new IT initiatives, how will agency IT staff and agency subject matter experts be used across the initiatives?

As mentioned, VDH currently has the following projects in process:

- SNP ROAP System Replacement Project - SNOOPY
- Division of Disease Prevention STDMIS Replacement Project – Maven
- Contract, Budget and Grant enhancements
- Travel Authorization Request (TAR)
- Electronic Death Registration System
- DMAS Care Management Interface Projects
- SB1039 – DMV birth certificate issuance
- Vital Records Index Project - Ancestry - no cost to the Commonwealth
- All-Payer Claims Database
- Health Information Exchange
- Cardinal
- Virginia Immunization Information Systems
- Data Analytics/Informatics
- EMS Systems upgrades
- Healthy Communities Data Project

All of these systems along with associated milestones, funding etc are described in the joint eHHR IT strategic plan. All are currently funded and resources with the exception of the Data Analytics/Informatics program enhancements/changes. Although sometimes difficult to obtain, the skillsets are currently adequate to meet the needs as defined in the eHHR IT strategic plan.

Report Title: Strategic Plan

Agency: Department of Health

Date: 5/4/2015

Current IT Services

Category	Costs Year 1		Costs Year 2	
	GF	NGF	GF	NGF
Projected Service Fees	\$7,073,401	\$14,067,461	\$7,250,236	\$14,419,147
VITA Infrastructure Changes	\$0	\$0	\$0	\$0
Estimated VITA Infrastructure	\$7,073,401	\$14,067,461	\$7,250,236	\$14,419,147
Specialized Infrastructure	\$0	\$0	\$0	\$0
Agency IT Staff	\$4,284,361	\$1,267,055	\$4,284,361	\$1,267,055
Non-agency IT Staff	\$0	\$0	\$1,420,302	\$3,325,195
Cloud Computing Service	\$0	\$0	\$0	\$0
Other Application Costs	\$0	\$573,883	\$0	\$573,883
Total	\$11,357,762	\$15,908,399	\$12,954,899	\$19,585,280

Proposed IT Investments

Category	Costs Year 1		Costs Year 2	
	GF	NGF	GF	NGF
Major IT Projects	\$0	\$210,833	\$0	\$0
Non-Major IT Projects	\$0	\$573,430	\$0	\$137,163
Agency-Level IT Projects	\$21,000	\$1,252,591	\$0	\$205,667
Major Stand Alone IT Procurements	\$2,996,881	\$3,263,694	\$0	\$0
Non-Major Stand Alone IT Procurements	\$360,000	\$920,500	\$160,000	\$346,500
Agency-Level Stand Alone IT Procurements	\$108,495	\$132,139	\$108,495	\$132,139
Total	\$3,486,376	\$6,353,187	\$268,495	\$821,469

Projected Total IT Budget

Category	Costs Year 1		Costs Year 2		Total Costs
	GF	NGF	GF	NGF	
Current IT Services	\$11,357,762	\$15,908,399	\$12,954,899	\$19,585,280	\$59,806,340
Proposed IT	\$3,486,376	\$6,353,187	\$268,495	\$821,469	\$10,929,528

Investments					
Total	\$14,844,138	\$22,261,586	\$13,223,394	\$20,406,749	\$70,735,868

Report Title: Business Requirements For Technology

Agency: Department of Health (VDH)

Date: 5/4/2015

BRET - eCOMPAS

BRT Type: Business Requirement for Existing Technology

Date Submitted: 2/5/2015

Mandate: Yes

Mission Critical: Yes

Description:

Virginia Department of Health (VDH) was awarded a three-year demonstration grant from The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau beginning September 1, 2014, under the Special Project of National Significance (SPNS) Health Information Technology (HIT) Capacity Building for Monitoring and Improving Health Outcomes along the HIV Care Continuum - Capacity Building Sites initiative. The purpose of this grant program is to support the Virginia Ryan White (RW) Part B grantee to enhance the HIT systems in the State. The enhanced HIT systems must fully integrate and utilize relevant measures of Human Immunodeficiency Virus (HIV) treatment, surveillance and laboratory data to allow for a more efficient collection, monitoring and tracking of health outcomes of people living with HIV (PLWH) along the HIV Care Continuum.

BReT VDH Software Support Renewal FY15 & Fy16

BRT Type: Business Requirement for Existing Technology

Date Submitted: 9/11/2014

Mandate: No

Mission Critical: Yes

Description:

This Bret is to purchase yearly software support renewals. This support renewal fee provides technical support and software upgrades for various software products such as Logi Analytics, Web Trends, Arcgis, QA software, etc. used in Programs and Health Districts in the agency.

BReT CAST-SQL Migration

BRT Type: Business Requirement for Existing Technology

Date Submitted:

Mandate: No

Mission Critical:

Description:

Every Woman's Life (EWL) is a public health program that helps uninsured, low income women gain access to free breast and cervical cancer screening services. Screening and early detection reduces death rates, improves treatment options, and greatly increases survival. The program staff uses a CDC developed tool called CAST which is a MS Access based software. This needs to be upgraded to CAST_SQL which is a web based software with SQL SERVER backend.

BReT CONTRACT WITH CONNECT VIRGINIA Bret

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	11/4/2014
Mandate:	No
Mission Critical:	Yes

Description:
 THE 2014 VIRGINIA ACTS OF ASSEMBLY (CH.2)PROVIDES \$350,000 IN GENERAL FUND SUPPORT FOR ONBOARDING TO CONNECT VIRGINIA; COSTS OF TRANSITIONING THE VIRGINIA DEPARTMENT OF HEALTH (VDH) â€œNODEâ€ ON CONNECT VIRGINIA TO THE STATE AGENCY NODE; AND PROVIDING SUPPORT TO OTHER STATE AGENCIES IN THEIR ONBOARDING TO FURTHER IMPLEMENT THE HEALTH INFORMATION EXCHANGE (HIE) FOR ELECTRONIC HEALTH RECORDS (CONNECT VIRGINIA).

BReT Migrate Windows 2003 servers to Windows 2012

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	
Mandate:	No
Mission Critical:	Yes

Description:
 VDH has servers that run on Windows 2003 operating system version. Based on the VITA/NG partnership's roadmap, this has to be migrated to Windows 2012

BReT Upgrade and Migrate current Data Warehouse servers from Solaris to Linux

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	
Mandate:	No
Mission Critical:	Yes

Description:
 2 VDH data warehouse servers to be upgraded from Solaris to Linux operating system with increased space and faster processors.

BReT Upgrade current Oracle Databases to Oracle 12c**BRT Type:** Business Requirement for Existing Technology**Date Submitted:****Mandate:** No**Mission Critical:** Yes**Description:**

VDH has many oracle Databases running on Oracle 11g version. These need to be upgraded to Oracle 12c.

BReT Upgrade SQL SERVER 2000 to SQL SERVER 2012**BRT Type:** Business Requirement for Existing Technology**Date Submitted:****Mandate:** No**Mission Critical:** Yes**Description:**

VDH has several databases that are still using SQL SERVER 2000 release and are located in many different small servers. Goal of this project is to upgrade the databases to SQL SERVER 2012 release and consolidate the servers

BReT Upgrade SQL SERVER 2005 to SQL SERVER 2012**BRT Type:** Business Requirement for Existing Technology**Date Submitted:****Mandate:** No**Mission Critical:****Description:**

VDH has several databases that are still using SQL SERVER 2005 release and are located within multiple small servers. The goal of this project is to upgrade agency databases to SQL SERVER 2012 release and consolidate servers. Further, the goal is to maintain all SQL environments with latest release.

BReT Upgrade to IE10 from IE 8**BRT Type:** Business Requirement for Existing Technology**Date Submitted:****Mandate:** No

Mission Critical:	Yes
Description:	
According to the VITA/NG infrastructure ROADMAP, VDH has to upgrade the Internet Browser from IE 8 to IE 10.	
BReT Upgrade to Windows7 from WindowsXP Operating System	
BRT Type:	Business Requirement for Existing Technology
Date Submitted:	9/29/2014
Mandate:	No
Mission Critical:	
Description:	
According to the VITA/NG infrastructure ROADMAP, VDH has to upgrade the PC Operating System from Windows XP to Windows 7.	
BReT VDH Consultant / Staff Augmentation Renewal FY16	
BRT Type:	Business Requirement for Existing Technology
Date Submitted:	9/11/2014
Mandate:	No
Mission Critical:	Yes
Description:	
This PBA is for a consolidated submission and includes VDH IT contractors that are needed on an ongoing basis from July 1, 2015 through June 30, 2016. This procurement is to extend the services of highly knowledgeable and skilled information technology consultants. VDH utilizes consultants to augment our current information technology staff.	
BReT VDH Oracle Software Support Renewal FY15 & FY16	
BRT Type:	Business Requirement for Existing Technology
Date Submitted:	9/9/2014
Mandate:	No
Mission Critical:	Yes
Description:	
This BRET is for the purchase for the yearly Oracle software support renewal. This support renewal fee provides technical support and software upgrades for all Oracle products used in development and maintenance of applications used in VDH programs and Health Districts.	

BReT Virginia Immunization and Information System Maintenance Bret**BRT Type:** Business Requirement for Existing Technology**Date Submitted:** 9/25/2014**Mandate:** No**Mission Critical:** Yes**Description:**

This BReT is for the maintenance and enhancement contract for the Virginia Immunization and Information System (VIIS). This will provide for the ongoing maintenance of the VIIS application and enhancements to the application as directed by the Virginia Department of Health/Division of Immunization.

Bret-Mobile platform and monitoring visits (retail stores) - VA WIC Program**BRT Type:** Business Requirement for Existing Technology**Date Submitted:** 1/28/2015**Mandate:** Yes**Mission Critical:****Description:**

MODIFY AN EXISTING CONTRACT WITH XEROX CORPORATION TO INCLUDE MAKING CHANGES TO AN EXISTING (APL CENTRAL) SYSTEM WHICH IS USED TO DOCUMENT MONITORING/STOCKING VISIT RESULTS COMPLETED AT 850+ WIC AUTHORIZED STORES BY STATE AGENCY STAFF. COMPLY WITH STATE 12VAC-195-580 PERFORMANCE AND ADMINISTRATIVE MONITORING AND FEDERAL REGULATIONS (246.12) IN CONDUCTING UNANNOUNCED VISITS AT WIC AUTHORIZED STORES AND NEW STORE APPLICANTS.

BRET-Well Family System Licensing, Development and Maintenance**BRT Type:** Business Requirement for Existing Technology**Date Submitted:** 2/2/2015**Mandate:** Yes**Mission Critical:** Yes**Description:**

Virginia Department of Health (VDH) currently contracts with Go Beyond, LLC for licensing and maintenance of its Well Family System (WFS) for three programs in the Office of Family Health Services/Division of Child and Family Health. The programs are Healthy Start, Resource Mothers, and the Maternal, Infant and Early Childhood (MIECHV) Home Visiting Programs. The WFS meets industry standards and can easily be configured to meet reporting requirements and the Well Family System can interface with other Virginia Department of Health data systems. The approved VITA sole source request submitted in 2011 is APR# 11-125.

Licensing and maintenance for the VDH home visiting programs that use the Well Family System for data entry, data analysis, and required reporting to state and federal funding agencies.

Expansion of services for the MIECHV program with this sole source request include: (1) management of the business analysis to align WFS and the MIECHV home-visiting programs (Healthy Families Virginia, Nurse-Family Partnership, Parents as Teachers) with the required processes of data collection, reporting and customer care specific to the respective programs; and (2) development of data exchange processes for ongoing synchronization between the contracted community sites and WFS. This system will allow VDH programs in the Office of Family Health Services to track a mother and child's progress through multiple programs that touch that family.

BRnT Care Connection for Children System User Network (CCCSun)

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate:

Mission Critical:

Description:

Our goal is to help families coordinate community and education resources with medical expertise to ensure that children with special healthcare needs can reach their maximum potential. We partner with families of children who have chronic healthcare needs to help open doors to needed resources and coordinate quality family-centered care.

BRnT Community Health Data Catalog

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate: No

Mission Critical: Yes

Description:

VDH is intending to build a Community Health Portal with studies, community health reports, health research information, and health related data for all Virginia citizens. This will provides a web interface that allows users to search and filter among hundreds and thousands of datasets. It will also offer some simple data visualizations and data analytics. Users can preview the data using tabular and graphic previews as well as through customized map displays. Each dataset links to its own metadata page that provides a narrative description, source information, browsable tags, data restrictions, and data stewardship information.

BRnT e-GIFT (RSAF replacement)

BRT Type: Business Requirement for New Technology

Date 9/29/2014

Submitted:	
Mandate:	
Mission Critical:	
Description:	
<p>e-GIFT (RSAF replacement) has the following outstanding components:</p> <ol style="list-style-type: none"> 1. Continued refinement, enhancements and support of the existing new application modules. 2. New Grader module implementation and support. 3. Requirements gathering, development, testing, implementation and support of the following: <ol style="list-style-type: none"> a. New Meeting module b. New Payment module 	
BRnT EMS-Symposium	
BRT Type:	Business Requirement for New Technology
Date Submitted:	9/29/2014
Mandate:	
Mission Critical:	
Description:	
<p>Symposium has the following outstanding components:</p> <ol style="list-style-type: none"> 1. Continued refinement, enhancements and support of the below already installed modules: <ol style="list-style-type: none"> a. Call for Presentations b. Selection c. Scheduling d. Contracts e. Student Registration f. Registration Admin functions g. Hotel functions 2. Development, testing, implementation and support of the following brand new modules: <ol style="list-style-type: none"> a. Room Host Email process b. Instructor Swapping c. Student Swapping d. Surveys and survey results reports e. 3. Requirements gathering - feasibility study - development, testing, implementation and support of the following: <ol style="list-style-type: none"> a. Smart Phone application 	
BRnT Enhance Capacity and Quality of Data Visualizations and Health Analytics	
BRT Type:	Business Requirement for New Technology
Date Submitted:	
Mandate:	No
Mission	

Critical:	
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Description:

VDH has many data sources available that have yet to be incorporated into one centralized data platform using a single accessible format. This severely limits the capacity to provide important community health assessment and health outcome data to the population and critical operational awareness to VDH staff. Integrated information is critical to understanding programmatic performance and interrelated financial, contractual, grant and human resource issues. Public health analytics can be reached faster and more completely by leveraging computer science, information science, and the latest advances in technology. Improvement in the data presentation capacity will create a useful health information resource for community partners and policy makers, thereby increasing our ability to administer programs in a manner that saves time, saves money and improves public health outcomes.

BRnT Expansion and Enhancement of Virginia's Local Health Department Billing Activities
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BRT Type:	Business Requirement for New Technology
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Date Submitted:	
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Mandate:	Yes
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Mission Critical:	Yes
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Description:

WEBVISION is VDH's patient management system for the local health department needs to be modified/enhanced once the grant is approved and a feasibility study is done.

LHDs are not consistently billing third party payers to maximize revenue. The new billing reports should regularly be prepared and revenue assessed by health district and by LHD. Both districts and LHDs should be provided feedback about billing activities related to the vaccine doses administered for the reporting period. As districts are made aware of potential revenue, it is expected that LHDs processes will be modified to maximize district and LHD revenue to the extent possible. These reports provide information by vaccine CPT code as well as by LHD and by district so they can also be used to assess compliance with the legislative mandate to bill third party payers for vaccines administered to meet school attendance requirements. Reports can determine which third party payers have been billed and from which revenue has been received for each LHD. Unfortunately, currently available processes are unable to specifically track each dose in regard to billing and revenue activities in order to assess dose level accountability.

Legislation was enacted effective July 1, 2014, that requires all LHDs to bill third party payers for all allowable costs associated with providing vaccines required for school attendance. Many LHDs provide vaccine, often Tdap vaccine required for 6th grade entry, in school-based clinics. Processes and forms currently used in these clinics do not consistently capture all of the information needed to accurately bill insurers. Legislation also identifies LHDs as participating providers with managed health care plans in Virginia, regardless of whether VDH currently has a contract in place for reimbursement. It is anticipated that there will be problems associated with reimbursement from these plans for vaccines required for school attendance. Required vaccines provided to insured clients are currently purchased with state funds using the federal procurement contract. In order to maximize revenue and allow state funds to be used for other purposes, vaccine acquisition costs should be billed to private insurers in addition to administration fees. A mechanism to specifically identify revenue associated with acquisition costs must be developed to ensure that acquisition revenue is returned to the central office for further vaccine purchases,

assuming vaccine continues to be provided to LHDs through central office procurement processes. Revenue associated with vaccine administration fees must also be accurately identified in order to ensure that revenue remains with LHDs. There is currently no consistent way to clearly identify revenue specifically for vaccine acquisition costs. The system does not tie the vaccine funding source to each vaccine dose administered. General eligibility information is assigned at only the client level and at the time of each immunization encounter. Different vaccines may have different funding sources and reimbursement criteria even though they have been administered to the same client at the same visit. WV currently assigns revenue received only to the LHD. Compliance in the future with recent legislation will require dose-level accountability for revenue received and a mechanism to assign administration fee revenue for each vaccine to the LHD while assigning revenue for vaccine acquisition costs to the central office. Modifying the system to capture dose-level accountability will also address the increasing need to capture and report doses by funding source and client eligibility.

BRnT Immunization Grant- Capacity Building Assistance for Infrastructure Enhancements

BRT Type:	Business Requirement for New Technology
Date Submitted:	9/17/2014
Mandate:	
Mission Critical:	

Description:

Proposed changes and other support needs for Messaging team in next 2 years:

Current Production Messaging Servers:
Rhapsody Application Server - Virtual server [169.134.196.40]
Configuration: memory - 8 GB, C drive 69.8 GB, D drive 199 GB and 2 CPU

Proxy server " Virtual Server [10.193.20.233]
Configuration: memory - 4 GB, C drive 49.8 GB and D drive 49.9 GB

SQL DB server " using Jeremiah for Immunization VIIS messages and MU data

Proposed Server request:

We are requesting the below servers to modify current infrastructure and add asymmetric cluster which will provide high availability, scalability and also improve application performance.

1. Rhapsody Application server s - 2 Physical servers with minimum 4 CPU, 16 GB memory, 69.8 GB space on C drive and 199 GB on D drive on each server. We can use SAN shared storage too for D: drive.
2. Proxy Server " 2 Virtual servers with minimum 8 GB memory, 49.8 GB space on C drive and 49.9 GB on D drive.
3. SQL DB server - 1 physical server with minimum 32 GB memory, 69.8 GB space on C drive and 199 GB on D drive. " this server will be used to store data from MU Application, Message tracking application and Immunization " VIIS messages

Allocation of Training funding for new FTE resource:
HL7 Training
Rhapsody Training

Resources:

One Consultant that would support all the application development and also messaging infrastructure changes for next two years.

BRnT Integration of Pharmacy Services System into WebVISION

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate: No

Mission Critical: Yes

Description:

Pharmacy Services currently uses multiple platforms to perform their duties. They will need a system to replace the existing functionality of the legacy F&A application by allowing the local health departments to order pharmacy products and CHS needs an efficient way for Local Health Departments to receive, track and report on this pharmacy products. The health departments will need to maintain their inventory and track their drugs at the time of dispensing ultimately to the patient. The National Drug Code (NDC) will be used when replenishing inventory in Pharmacy Services. The inventory must be recognized if it is from a Federal Program 340B. This inventory must be kept separate from other inventory to provide record tracking on its utilization. Ability for Pharmacy Services being able to import inventory into Web Vision provided by an elected vendor of the state, will be explored. The WebVISION is VDH's Patient Management System for the local health department which already has an inventory tracking system for the vaccines.

BRnT SB1039 " DMV VITAL RECORDS issuance

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate: Yes

Mission Critical:

Description:

VDH's Division of Vital Records and DMV can currently issue birth records. Death, marriage and divorce records are available through the Health Departments located in each locality and through the Courts, respectively. SB 1309 calls for the DMV to begin offering citizens certified copies of all records. The electronic birth records were made available to be issued at the DMV locations by March, 2014. Death, marriage and divorce records would be available electronically by June, 2015.

BRnT SNP MIS Replacement

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate:

Mission Critical: No

Critical: |

Description:

The Division of Community Nutrition (DCN) completed initial analysis and evaluation of alternatives for replacement of the ROAP management application. DCN evaluated three different alternatives: transfer of an operational system from another state, internal development of a system, and joint acquisition of a system with another Commonwealth agency. Based on the results of the feasibility study, DCN has selected the transfer option. The transfer option is based on proven technology, the systems evaluated support more than 37 nutrition programs nationwide. This option is cost effective and allows VDH to leverage a system that has been developed specifically to support SNP. A transfer system meets the program’s needs for immediate replacement of ROAP, following a successful competitive bid, work can begin immediately to identify the specific needs of Virginia SNP.

This Investment Business Case by the Virginia Department of Health (VDH)/DCN is to establish the ROAP System Replacement Project to solicit bids from viable vendors for the transfer of an operational management information system to support the Special Nutrition Programs (Child and Adult Care Food Program/CACFP and Summer Food Service Program/SFSP). The funding source is the Federal State Administrative (SAE) funds.

BRnT VDH - Local Health Departments – Issuance of Birth and Death Certificates

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate: No

Mission Critical:

Description:

Currently, Virginia citizens can obtain birth certificates at the Division of Vital Records (DMV) and various Division of Motor Vehicle (DMV) locations. The local health department offices do not have the ability to print birth certificates. In addition, the local health department offices do not print the Death certificates on a certified paper, but instead a copy. To make it more convenient for the citizens of the Commonwealth, VDH’s DVR shall allow the Local Health Departments to issue Vital Records – both Birth and Death Certificates via the Virginia Vital Events and Screening Tracking System (VVESTS).

BRnT VDH - Work Force Incentive Program Applicant and Fund tracking

BRT Type: Business Requirement for New Technology

Date Submitted:

Mandate: No

Mission Critical:

Description:

The Office of Minority Health and Health Equity (OMHHE) Health Care Workforce Incentive Programs (WIP) has multiple workforce incentive programs that are being

maintained in either MS Access or MS Excel. The goal is to provide a web based application that can be utilized by merging THE ENTIRE client based applications into one relational database. Mary Marshall RN/LPN Nursing Scholarship Program (MMNSP) Nurse Practitioner/Nurse Midwife Scholarship Program, A Nurse Educator Scholarship Program, Federal J-1 Visa Waiver (J-1), Federal National Interest Waiver (NIW), Federal VA State Loan Repayment (SLRP), Virginia Physicians Loan Repayment Program(VLRP), and VA Medical Scholarship Program (VMSP) are programs that will be included in the new database. All of the applicants/recipients of the programs will need to be tracked and monitored throughout all stages until completing their obligations.

BRnT VIIS-VISITS Link

BRT Type:	Business Requirement for New Technology
Date Submitted:	9/29/2014
Mandate:	
Mission Critical:	

Description:

Purpose: The Virginia Early Hearing Detection and Intervention Program (VEHDIP) and the Division of Immunizations propose to develop a collaborative linkage between their two respective data systems to enable primary health care physicians to be informed about newborn hearing screening results. This will provide an electronic avenue for the Commissioner to inform primary health care physicians about infants who have risk indicators for progressive hearing loss or who are in need of follow up testing following a failed, inconclusive, or missed newborn hearing screening as required in Code of Virginia Â§ 32.1-64.2.

The proposed solution will link the Immunization system VIIS with the Hearing Screenings from the VVEST system. VDH has performed the work to send the results to the VIIS system which was supported and developed by HP. This project is for HP to display the Hearing Screening Results obtained from VVEST in the VIIS system for the pediatricians to see.

BRnT Web F&A - Travel Authroization Request (TAR)

BRT Type:	Business Requirement for New Technology
Date Submitted:	
Mandate:	No
Mission Critical:	Yes

Description:

Currently VDH maintains paper-based event and travel requests submission and approval which are time consuming processes. The paper process also delays other administration processes that depend upon travel approval. There is no systematic way to track and manage travel requests which leads to misleading, unreliable information and requires more resources to pull the information together.

BRnT Web F&A - Payroll/CIPPS Processing and PMIS Data integration -

Migration	
BRT Type:	Business Requirement for New Technology
Date Submitted:	
Mandate:	No
Mission Critical:	Yes
Description:	
<p>VDH's legacy F&A system does Payroll/CIPPS processing and PMIS data integration for use within the agency. This system is obsolete in its functionalities and utilizes out dated technology and unsupported software versions. This system is not scalable and provides limited opportunity to integrate data with other systems. This needs to be migrated to Web F&A with improved design and efficiency.</p>	
BRnT Web F&A CARDINAL interface	
BRT Type:	Business Requirement for New Technology
Date Submitted:	
Mandate:	No
Mission Critical:	
Description:	
<p>Virginia Department of Accounts is changing their financial and accounting system from CARS to CARDINAL. The WEB F&A system currently interfaces with CARS and have to be developed to interface with CARDINAL.</p>	
BRnT Web F&A Contract, Budget and Grant enhancements	
BRT Type:	Business Requirement for New Technology
Date Submitted:	
Mandate:	No
Mission Critical:	Yes
Description:	
<p>Contract: Currently the Contracts Office maintains paper based contract information that is time consuming in creating various reports and statistical analyses. It also delays tracking contract maintenance functions like renewal, termination or extension as there is no systematic way to keep track and manage contracts. This results in misleading and unreliable information and requires more resources to pull the information together.</p> <p>Budget: Currently the Finance Office maintains budget and grant information using MS-Excel in a spreadsheet form. This approach is very time consuming and requires more resources and frequent communication between cost centers and the central office. It also restricts the data exchange opportunity and integration with other systems.</p> <p>Grant: The Federal Funding Report and other reporting are done manually, which</p>	

occupies much time of the business users who collect and format the information.
Cost centers manually manage un-liquidated obligations (ULOBS) and also manually
manage frequent reporting requirement schedules which may delay timely reporting.

Report Title: Appendix A 14 - 16 Report

Agency: Department of Health (VDH)

Date: 5/4/2015

Agency Head Approval:

No

Budget Category: Major Projects

Electronic Death Registration (EDR)

Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High

Appropriation Act/Funding Status

Project Initiation Approval - Fully Funded NGF 100%

Project Approach

The Office of Information Management (OIM) has performed a feasibility analysis and considered options such as the availability of a COTS (Customer Off The Shelf) system or some form of "canned" software. After much research, it became readily apparent, that no related, customizable application exists or has been developed that DVR could use to perform their tasks regarding death registration. Several States such as Indiana and Nebraska have developed and deployed electronic death registration systems, but those systems are neither web-based nor available online. They remain client-server applications until now. Other States such as California, have developed a web-based electronic death registration system, but have significantly different requirements and lack the total automation that DVR desires. Additionally, some of the technologies used would not be compatible with other OIM systems which would make integration difficult and expensive.

Furthermore, while standardization of death certificates throughout the United States is an objective, it might only be possible to a certain extent. The stakeholders of the applications for different States have different requirements. In order to best serve the requirements of the stakeholders (DVR, Funeral Directors, OCMEs, Physicians), the Office of Information Management along with the users of the Division of Vital Records, propose to develop an in-house, customized, web-based Electronic Death Registration system that will meet the needs of the Business Users and can be seamlessly integrated, with only nominal costs, into the current Virginia Vital Events and Screening Tracking System (VVESTS) which was also developed and created in-house by OIM.

Therefore, OIM is proposing to add the (EDR) system as a new subsystem to VVESTS. Reducing many disparate systems into a single, central database will lower maintenance cost and as VVESTS has proven, will provide additional benefits of improved analysis capacity across programs, thus, permitting OIM to also utilize the existing infrastructure, advanced security features and existing Oracle software license. OIM will continue the same technology deployed with VVEST namely Oracle Web Technology, upgrading the current database to Oracle 11G, for the front end we will utilize Oracle Designer 2000 and web-toolkit and the web servers will utilize the Oracle Application Server powered by Apache v. 1.2 Furthermore, OIM is proposing to use some of the same IT team that so successfully developed the VVESTS application. This approach is also consistent with the strategic goal of OIM to develop enterprise architecture, rather than separate isolated systems. To reiterate, this new system shall be web-based, allowing all participating users to perform their duties and fulfill their responsibilities online, thereby, reducing and eventually eliminating any of the paperwork that is currently required.

OIM will form user groups consisting of stakeholders and all participants of the death registration process to assure and provide pertinent requirements and feedback. OIM has established functional user groups consisting of the Division of Vital Records (DVR), Funeral Directors, Office(s) of the Chief Medical Examiner, Physicians, the local health departments and The Department of Health Statistics to define the requirements of this new system. OIM further proposes to hold several Joint Application Design (JAD) sessions with the various user groups. This involvement of all user groups will largely assist in the gathering of "Good", "Concise" and "Precise" requirements.

An iterative software development methodology utilizing prototypes will be employed. The basic idea of

iterative development is to develop a system through repeated cycles (iterative) and in smaller portions at a time allowing the development team to take advantage of what was learned during the development of earlier versions of the system and the user groups to provide feedback for each version. Furthermore, users will be able to provide their input through prototype review sessions. OIM has succeeded in employing this method for the successful deployment of many systems, including VVESTS.

The Electronic Death Registration (EDR) system shall incorporate and benefit from these enhancements from the VVESTS application as outlined below:

Stricter security features

Refined user roles

Ability to use special characters and symbols in the names

More reporting capabilities

Greater edits and validations

User viewable audit trails

Ability to expand and maintain lists of values and tables

Fields that allow for the entry of up to 100 characters

Address validation (U.S. Postal Service)

Decedent age calculation, e.g. if the decedent is below a certain age, the system shall not allow the user to enter any occupation details for the decedent

Forced entry for mandatory fields

More warning messages

New data requirements and elements from the National Center for Health Statistics and National Association for Public Health Statistics and Information Systems (NAPHSIS)

The scope of the EDR system is to enable the electronic registration of a death record via a web-based application, and to enforce the Virginia State rules regarding Death Registration. The EDR system must be considered as one that controls both the process of the creation of a legal death record and the maintenance of data at rest after the death record has been created. In order to provide access to the large number of funeral homes and physicians, the new EDR system must be implemented over the World Wide Web, but with secure access limitations. The new EDR system shall also provide the DVR with the ability to enter manually-submitted death records into the system.

Customers and Customer Benefits

The Electronic Death Registration system shall serve a wide range of user communities. The communities and the corresponding benefits are as follows but not limited to:

• Foremost, the General Public who may want to request Copies of Death Certificates of their deceased relatives, etc.

• The general public would largely benefit from the accuracy of data.

• Accuracy of data will reduce the requirement of burdensome paperwork for making legal corrections.

• The family will not have to bear the undue burden of furnishing only certain documents as proof of Social Security.

• Today, inaccurate data may impede the process of settling the decedent's estate. Accurate data from the proposed system shall eliminate any improprieties involved in this process.

• Funeral Directors and Funeral Homes: The large number of Funeral Home Directors who are responsible for the creation and filing of Death Certificates. The benefits to the Funeral Directors shall include:

• Improved Customer Service.

• The virtual elimination of having to travel due to the ability to attain Digital Signatures from the Medical Examiners.

• Immediate feedback about the acceptance/denial of the Certificate.

• Printing Out-of-State permits.

• Simplification of the Corrections Process.

• Streamlining operations by providing the Funeral Directors with the ability to:

- o File the death certificate directly with the Division of Vital Records;
- o Electronically order certified copies from either the local registrar or the DVR; and
- o Electronically request a cremation approval from the coroner or Medical Examiner.

• The State OCME(s) - Office of Chief Medical Examiner: There are four OCMEs and 215 Medical Examiners in the Commonwealth of Virginia. Following are some of the benefits that this project shall

afford to the Medical Examiners (ME):

Â· The system shall allow the ME to make corrections to pending investigation reports related to cause of death directly in the system.

Â· The OCMEs shall be able to digitally sign the case and assign it back to the Funeral Director for submission. They would not have to maintain the paper record and worry about the Funeral Director obtaining the physical certificate.

Ã~ Physicians: The large number of Physicians who may be involved in the Death Registration process resulting from attending deaths would benefit from the success of this project:

Â· By the virtue of being web based, the EDR system would afford access from any site that supports the authentication process.

Â· The immediate benefit to physicians is that they will be able to access the system from anywhere, as well as being able to utilize, other internet devices such as smart phones and Personal Digital Assistants.

Â· The workload of the physicians would be greatly reduced as the Hospital or Clinic clerical staff would be able to enter data; whereas, the Physician would merely need to review and certify the case.

Ã~ The Division of Vital Records (DVR):

Â· DVR will be able to perform all functions involved in the registration of death.

Â· DVR will be able to use the Certifiable Module of the web-based Virginia Vital Events and Screening Tracking System (VVESTS) to issue Death Certificates.

Ã~ State and Federal agencies seeking to reduce benefits/identity fraud will be notified in a timelier manner.

Ã~ Researchers who are studying the cause and effect of leading health indicators.

Ã~ Quicker transmission of statistical data to The Virginia Department of Health Statistics and the National Department of Health Statistics (NCHS) would largely benefit these entities.

As previously mentioned, the current death registration process is performed manually. DVR maintains these records on paper as well as in an electronic database. DVR expends extensive effort and resources in the form of data entry personnel to manually maintain these death records; whereas, the architecture of the new EDR application will be web based offering access to participants and minimizing paper records.

Many of these business costs can be avoided by the adoption of an electronic system to register deaths.

A successful solution for these problems will:

Increase the availability and accuracy of data.

Bring efficiency to the civil registration process.

Reduce costs associated with processing death certificates so that additional public health related activities can be done without increasing funding.

Provide greatly-improved customer service to both the general public and business partners involved in death registration resulting from faster information gathering and speedy turnaround of certificate requests.

Enable online verification of Social Security Numbers, thus, providing high-quality data along with enhanced service to families in the form of accurate certificates.

Elimination of rework by participants will serve to greatly reduce their work load permitting them to process more death registrations over time.

Increase communications efficiency since the participants will interact with each other electronically.

By the virtue of being a public health dataset and being linked with so many other public health information systems, the investment made in death registration will also be an overall investment in the public health statistics.

Eminently aid in fraud prevention.

A re-engineered, web-based Electronic Death Registration system will improve the timeliness and accuracy of vital event data and provide quicker response time for all involved. In addition to improving customer service, one of the goals of this project is to greatly improve the death registration process for all health professionals. With the new system a greatly improved business process is possible. Currently, all professionals have to enter all demographic information multiple times for death certificates, resulting in a significant duplication of effort. For instance, funeral directors and medical examiners are required to fill out forms and DVR personnel manually enter death records into the database. In the new system, demographic data and cause of death information are entered only once and other vital events are added to the existing record, thus, greatly reducing the data entry effort.

Finally, all users will receive higher quality data faster. Data from the Vital Recordsâ€™™ systems is used

throughout VDH in an effort to report statistical data. Data is also used by other State agencies to reduce identity fraud and abuse. Vital record data is used by the Department of Social Services (DSS) to verify and validate benefits. Throughout the year, legislators and lobbyists utilize vital record data to determine what issues need to be addressed during the next legislative session. National and State organizations utilize the data to apply for applicable grant dollars and to gauge the success of their programs. The Federal government also uses the vital record data not only to reduce the possibility of benefits and identity fraud, but also to develop leading health indicators. There is simply no end to the way the data will be gathered, analyzed and utilized through the new Virginia EDR system. It is expected that the EDR system will compliment and further substantiate the Vital Events Recording System.

Since the project was initiated, DVR introduced OIM to the Virginia State Anatomical Program (VSAP). VSAP is part of the Virginia OCME and VSAP will participate as a user group in the EDRS. VSAP handles the OCME business where a decedent's body is donated for science. During the project planning phase, DVR did not communicate VSAP's existence to OIM in the high level requirements. Upon a detailed discussion, OIM learned that VSAP currently performs similar functions as the funeral homes do, with respect to the creation of a death certificate. We have incorporated these additional requirements into the prototype since it will further automate the business process. We intend to deliver these additional requirements within the initially estimated project budget and timelines.

Planned project start date:	3/22/2011	Planned project end date:	12/30/2014	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$3,003,499			
Estimated project expenditures first year of biennium:	\$210,833	\$0	\$210,833	
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Service Area		Weight		
601 VDH 40402 Vital Records		Primary		
There are no procurements for this project.				

Budget Category: Non-Major Projects

Division of Disease Prevention (DDP) STDMIS Replacement Project - MAVEN

Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High

Appropriation Act/Funding Status

Project Initiation Approval -

The Division of Disease Prevention (DDP) has an immediate need for a surveillance database to replace its existing sexually transmitted disease (STD) Management Information System (STDMIS) and to serve as an interoperable system that meets the requirements of DDP core priorities, including care and treatment services for HIV+ clients, immigrant health services, as well as HIV, tuberculosis and hepatitis surveillance activities. Presently, DDP uses STDMIS, which was developed by the Centers for Disease Control and Prevention (CDC) in 1995. The CDC has decided to cease continued development for this system. States/cities are required to find alternative data systems, which may include custom-built

applications or a vendor-based system. Virginia does not have a custom STD application and development/maintenance of a new system would be cost prohibitive.

During our research for products in the market, we found that the Maven application by vendor Consilience is the only product capable of commercial-off-the-shelf (COTS) inclusion of all DDP program priorities, including STD/HIV/TB/Hepatitis surveillance, HIV Care Services and Immigrant Health. As such, Maven is the only product that has all of the features that DDP absolutely must have in a common data system infrastructure in order to fulfill programmatic needs and data linkages. These functional requirements include: 1) an integrated sexually transmitted disease (STD) and HIV data module with case management capacity; 2) a tuberculosis data module; 3) a hepatitis data module; 4) a refugee/immigrant health data module; 5) imbedded export functionality to the Centers for Disease Prevention and Control's (CDC) electronic HIV/AIDS Reporting System; 5) user role flexibility for sharing of data between all aforementioned programs; and 6) a common database infrastructure for automated interstate data sharing among neighboring cities/states for public health surveillance purposes.

Data integration across the spectrum of DDP programs is an absolute necessity in order to enhance programmatic linkages, assessments and quality assurance. New grants that focus on data linkages have been awarded to DDP and the changing healthcare landscape is placing quality assurance activities at the forefront of programmatic evaluation.

No other vendor of public health disease surveillance systems is known to contain the full spectrum of features and needs alluded to above.

Planned project start date:	6/17/2013	Planned project end date:	12/4/2015
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PPEA Involvement:	No
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Estimated Costs:	Total	General Fund	Nongeneral Fund
Project Cost (estimate at completion):	\$971,541	\$903,180	\$0
Estimated project expenditures first year of biennium:	\$242,230	\$0	\$242,230
Estimated project expenditures second year of biennium:	\$137,163	\$0	\$137,163

Funding Required:	Total	General	Nongeneral
Funding required for first year of biennium:	\$0	\$0	\$0
Funding required for second year of biennium:	\$0	\$0	\$0

Service Area	Weight
601 VDH 40504 Sexually Transmitted Disease Prevention and Control	Primary
601 VDH 40506 HIV/AIDS Prevention and Treatment Services	Secondary

Project Related Procurements	
MAVEN 4.1 License and Maintenance	
Procurement Description:	MAVEN 4.1 LICENSE AND MAINTENANCE FOR STD/HIV SURVEILLANCE (\$275K + \$95K); LICENSES AND MAINTENANCE FOR HIV CARE, TB AND HEPATITIS (\$75K + \$30K); STDMIS LEGACY DATABASE CONVERSION (\$100K); EHARS SYSTEM INTEGRATION (\$60K); ELR INTERFACE (\$60K); TRAINING (\$25K); AND 3 WEEKS
Planned Delivery Date:	5/30/2014

SNP MIS Replacement					
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High					
Appropriation Act/Funding Status			Investment Business Case Approval -		
<p>The Division of Community Nutrition (DCN) completed initial analysis and evaluation of alternatives for replacement of the ROAP management application. DCN evaluated three different alternatives: transfer of an operational system from another state, internal development of a system, and joint acquisition of a system with another Commonwealth agency. Based on the results of the feasibility study, DCN has selected the transfer option. The transfer option is based on proven technology, the systems evaluated support more than 37 nutrition programs nationwide. This option is cost effective and allows VDH to leverage a system that has been developed specifically to support SNP. A transfer system meets the program's needs for immediate replacement of ROAP, following a successful competitive bid, work can begin immediately to identify the specific needs of Virginia SNP.</p> <p>This Investment Business Case by the Virginia Department of Health (VDH)/DCN is to establish the ROAP System Replacement Project to solicit bids from viable vendors for the transfer of an operational management information system to support the Special Nutrition Programs (Child and Adult Care Food Program/CACFP and Summer Food Service Program/SFSP). The funding source is the Federal State Administrative (SAE) funds.</p>					
Planned project start date:		2/25/2013	Planned project end date:		9/30/2014
PPEA Involvement:		No			
Estimated Costs:					
	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source	
Project Cost (estimate at completion):	\$497,600	\$0	\$497,600		
Estimated project expenditures first year of biennium:	\$331,200	\$0	\$331,200	Non-general - Federal	
Estimated project expenditures second year of biennium:	\$0	\$0	\$0		
Funding Required:					
	Total	General	Nongeneral	Nongeneral Funding Source	
Funding required for first year of biennium:	\$331,200	\$0	\$331,200	Non-general - Federal	
Funding required for second year of biennium:	\$0	\$0	\$0		
Service Area			Weight		
601 VDH 43017 Women, Infants, and Children (WIC) and Community Nutrition Services			Primary		
BRnT SNP MIS Replacement			Primary		
There are no procurements for this project.					

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Procurement Name:	Contract With Connect Virginia		
Procurement Description:	THE 2014 VIRGINIA ACTS OF ASSEMBLY (CH.2)PROVIDES \$350,000 IN GENERAL FUND SUPPORT FOR ONBOARDING TO CONNECT VIRGINIA; COSTS OF TRANSITIONING THE VIRGINIA DEPARTMENT OF HEALTH (VDH) 'æœNODÉ' ON CONNECT VIRGINIA TO THE STATE AGENCY NODE; AND PROVIDING SUPPORT TO OTHER STATE AGENCIES IN THEIR ONBOARDING TO FURTHER IMPLEMENT THE HEALTH INFORMATION EXCHANGE (HIE) FOR ELECTRONIC HEALTH RECORDS (CONNECT VIRGINIA).		
Procurement Planned Start Date	7/1/2014	Procurement Planned Completion Date	7/1/2014
		Appropriation Act Status	
Service Area		Weight	
There are no service areas for this project.			
Procurement Name:	VIIS Maintenance and Enhancement Contract FY15		
Procurement Description:	To establish a contract with Hewlett Packard Enterprise Services (HPES) to maintain and enhance the Virginia Immunization and Information System (VIIS).		
Procurement Planned Start Date	1/1/2015	Procurement Planned Completion Date	1/1/2015
		Appropriation Act Status	
Service Area		Weight	
There are no service areas for this project.			
Procurement Name:	Well Family Data System Licensing and Maintenance		
Procurement Description:	License fees and maintenance is requested from Go Beyond, LLC for use of their systems, (1) BASINET (Baby Abstracting System and Information Network) for the Fetal and Infant Mortality Review program (FIMR) and (2) Well Family system for case management services.		
Procurement Planned Start Date	7/1/2011	Procurement Planned Completion Date	6/30/2016
		Appropriation Act Status	
Service Area		Weight	
601 VDH 43005 Women's and Infant's Health Services		Primary	