State of Connecticut Health Information Technology and Exchange Project

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There are many local and regional health information exchange efforts underway in Connecticut. A number of initiatives are well developed, building stakeholder support and developing business plans with the expectation that they will move to implementation in the near future. The Connecticut HIT Plan, published in June 2009, provides a roadmap to reaching statewide HIE among health care providers and addresses many, but not all, of the critical strategic components specified in ONC ARRA Cooperative Agreement Announcement. The Connecticut Department of Public Health Connecticut was designated in statute as the lead health information exchange organization in the state in July 2009. The Department is convening the Connecticut Health Information Technology and Exchange Committee on October 27, 2009 to begin revising the existing plan and developing an operational plan.

ABSTRACT

The Connecticut Department of Public Health (the Department) will develop, implement, and sustain statewide capacity for a health information exchange system and meaningful use of electronic health records. The Department will oversee the revision of the State of Connecticut Health Information Technology Plan, published in July 2009, to comply with the Office of the National Coordinator's requirements for a Strategic Plan. In addition, the Department will develop and manage the implementation of an approved Health Information Operational Plan. The Department, as the State Regional Health Information Organization, will lead the establishment and maintenance of a multi-stakeholder collaborative process to develop both Plans. The specific objectives are to identify and manage sustainable financial resources, develop the technical infrastructure needed to support the secure exchange of health information statewide, and create a common set of rules to enable inter-organizational, statewide and interstate health information exchange. From January 2010 through March 31, 2010, Project funds will allow the State of Connecticut to revise its existing State Health Information Technology Plan and develop an approved Strategic Plan and an approved Operational Plan. The approved plans will be developed by the Department in concert with the multi-disciplinary Health Information Technology and Exchange Advisory Committee established by state statute. On or after April 1, 2010, implementation funding will be used to develop and implement statewide capacity for health information exchange and meaningful use of electronic health records. The specific performance measures, operational strategies and timeframes will be developed as part of the planning process, but it is anticipated that the capacity for the sustainable, statewide exchange and subsequent meaningful use of health information will be developed by December 31, 2011. Anticipated products include approved strategic and operational plans, annual legislative reports, and development and sustainability of a robust, statewide health information exchange. Anticipated outcomes include improved patient outcomes, reduction of medical errors, improved access to and coordination of care, and increased efficiency of the health care delivery system.

Introduction

The State of Connecticut Health Information Technology and Exchange Development Project (the Project) will promote the development, implementation and sustainability of statewide capacity for health information exchange and meaningful use. Specific objectives include the revision of the State of Connecticut Health Information Technology Plan, development of an approved Health Information Technology Operational Plan, establishment and maintenance of a multi-stakeholder process, identification and management of sustainable financial resources, development of the technical infrastructure needed to support secure health information exchange statewide, and the creation of a common set of rules to enable inter-organizational and interstate health information exchange. First, the Project will support the revision of the existing State Health Information Technology Strategic Plan and the development of an approved Operational Plan. This will be accomplished by building up new capacity within the State, by collaborating with the newly established Health Information Technology and Exchange Advisory Committee, and by contracting for subject matter expertise. Next, the Department will leverage the multiple concurrent health information exchange (HIE) initiatives across the state and regionally. Steps include conducting a statewide environmental scan and using the state convening authority to facilitate collaboration. Finally, the Project will develop, enhance and facilitate the sustainability of the needed infrastructure in the governance, policy, business, technical and financial domains to allow for the secure electronic exchange and consequent use of health information to improve the quality and coordination of care. The Department may leverage contract mechanisms to address the development and interoperability of an exchange system. The State will work towards providing a framework for public accountability for privacy and security (confidentiality, integrity and availability), fiscal accountability and governance.

HIE Strategic and Operational Plans

During the initial period of the Project, the Department will revise the existing Connecticut State Health Information Technology Plan (CT HIT Plan – attached in Appendix 4) and develop approved Strategic and Operational Plans for Connecticut. The general approach to these activities is guided both by the existing CT HIT Plan and statutory language signed into law on July 8, 2009. Strategic and Operational Plans will be completed by March 31, 2010.

To promote health information exchange capacity in the State, the Connecticut General Assembly passed Public Act 07-2, ***"An Act Implementing the Provisions of the Budget Concerning Human Services and Public Health"*** in the 2007 legislative session. This legislation authorized the Department, in consultation with the Office of Health Care Access, to contract through a competitive bidding process for the development of the CT HIT Plan.

The CT HIT Plan was developed through an extensive information gathering process of focus groups, provider surveys, steering committee meetings, stakeholder interviews and research on other states' best practices. The CT HIT Plan provides a roadmap to transform the State's healthcare system and addresses many, but not all, of the critical components specified in the Detailed Guidance for Strategic and Operational Plans, Appendix B of the ONC ARRA Cooperative Agreement Announcement. Since the existing CT HIT Plan is not totally consistent with federal parameters, funding is requested to revise the CT HIT Plan for strategic and operational approval.

In order to further refine the CT HIT Plan and to develop operational strategies, elected officials codified a governance structure in State statute. On July 8, 2009, Connecticut Governor M. Jodi Rell signed Public Act 09-232, "***An Act Concerning Revisions to Department of Public Health Licensing Statutes***" (the Act). Section 75 of the Act designated the Department as the lead health information exchange organization for the State. (See Appendix 1) The Department was tasked with the implementation and

periodic revision of the CT HIT Plan, including the implementation of an integrated statewide health information infrastructure for the sharing of electronic health information between health care facilities, health care professionals, public and private payers and patients.

The Act also established a Health Information Technology and Exchange Advisory Committee (HITE Advisory Committee). The HITE Advisory Committee is authorized to advise the Commissioner of Public Health regarding the operational implementation of the CT HIT Plan.

The Department, the HITE Advisory Committee and additional stakeholders will collaborate in the revision of the existing CT HIT Plan and the development of an Operational Plan. The first meeting of the HITE Advisory Committee is scheduled to be held on October 27, 2009 with additional monthly meetings to be scheduled. In order to complete these planning efforts by April 1, 2010, the Department is seeking funding to contract for subject matter expertise, to support 2.5 staff, and to support the work of the HITE Advisory Committee.

Health Information Exchange Capacity

On or after April 1, 2010, implementation funding will be used to develop and implement statewide capacity for health information exchange and meaningful use of electronic health records. While the Department may leverage contract mechanisms to address the development and interoperability of an exchange system, the Connecticut Department of Information Technology (DOIT) will work towards providing a framework for public accountability for privacy and security (confidentiality, integrity and availability). The State and the Department will maintain public accountability for fiscal integrity and overall responsibility for the HIE planning and implementation.

To date, the State of Connecticut has developed and executed a detailed implementation strategy for meeting HIPAA Privacy and Security requirements. Using strong executive-branch support, the State

assembled a broad-based team of experts from a number of agencies to formulate and execute the HIPAA strategy. This approach was successful and has led to a full implementation of HIPAA requirements at a granular level, ensuring that all HIPAA agencies fully comply. DOIT, as the facilitating agency, has taken a key role in continuing collaborative HIPAA compliance with HIPAA affected agencies using both "leadership" and "governance" principles.

The specific performance measures, operational strategies and timeframes for capacity building will be developed as part of the planning process, but it is anticipated that this capacity for the sustainable, statewide exchange and subsequent meaningful use of health information will be developed by December 31, 2011. Under its codified state agency governance model, the Department, DOIT, the Governor's Office, and State agencies will ensure the development and adoption of a statewide exchange system to enable providers to meet the HIE meaningful use criteria by ensuring adequate progress across the five domains discussed below.

Performance Measures and Reporting

1. Governance

As recommended in the CT HIT Plan, the Connecticut State Regional Health Information Organization (CT State RHIO) is responsible for coordinating health IT/HIE activity among healthcare providers and across the State. The July 8, 2009 signing of Public Act 09-232, "***An Act Concerning Revisions to Department of Public Health Licensing Statutes***" officially designated the Department as the CT State RHIO. Responsibilities include overseeing, developing and managing the statewide exchange of health information related to the meaningful use criteria to be established by the Secretary. While the Department may utilize contract mechanisms to assist in this effort, the State will maintain overall governance responsibility for the exchange of health information.

In addition to the CT State RHIO, the CT HIT Plan and the ONC Cooperative Agreement Announcement both called for a multi-disciplinary governance body reflecting both the public and private sectors to achieve broad-based stakeholder collaboration, transparency and trust. Public Act 09-232 establishes the HITE Advisory Committee, a broad-based governance structure responsible for advising the Department on HIE matters. Specifically, the HITE Advisory Committee is authorized to advise the Commissioner of Public Health regarding the operational implementation of the CT HIT Plan. In addition, the HITE Advisory Committee is tasked with developing, in consultation with the Commissioner of Public Health, appropriate protocols for health information exchange, and electronic data standards to facilitate the development of a statewide, integrated electronic health information system. The Act mandates that such electronic data standards shall include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols, and that all standards be compatible with any national data standards in order to allow for interstate interoperability. These electronic standards must also permit the collection of health information in a standard electronic format and be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d of the Connecticut General Statutes, as amended by the Act.

HITE Advisory Committee membership is also defined in the Act and reflects a multi-disciplinary, multi-stakeholder governance model. The HITE Advisory Committee consists of twelve members, including the Lieutenant Governor and eleven appointees, including representatives of a medical research organization, an insurer or representative of a health plan, an attorney with background and experience in the field of privacy, health data security or patient rights, an individual with background and experience with a private sector health information exchange or health information technology entity, and an appointee with expertise in public health. Other appointees include a representative of hospitals, an integrated delivery network or a hospital association, one representing federally qualified health centers, a primary care physician whose practice utilizes electronic health records, a consumer or consumer advocate, a pharmacist or other health care provider that utilizes electronic health information exchange,

and a representative of a large employer or business group. Committee membership is consistent with those stakeholders responsible for developing the CT HIT Plan.

In addition, the State Commissioners of Public Health, Social Services (the Medicaid agency), Consumer Protection and the Office of Health Care Access, the Chief Information Officer, the Secretary of the Office of Policy and Management, and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the HITE Advisory Committee. As both the State Medicaid and the State Public Health Departments are represented on the Advisory Committee, interagency collaboration and coordination is ensured.

The Department will convene the first meeting of the HITE Advisory Committee on October 27, 2009, and schedule additional meetings on a monthly basis. Per State Statute, all HITE Advisory Committee members are deemed public officials, and are required to adhere to the Code of Ethics as set forth in Connecticut General Statutes. The Department and the HITE Advisory Committee are part of state government and subject to requirements of due process, open meetings and public records. All HITE Advisory Committee meetings will be open to the public and noticed in accordance with State requirements, and the public will be provided an opportunity to provide input to the HITE Advisory Committee during meetings. Proceedings of all HITE Advisory Committee meetings will be available to the public, and posted on the Department's website (www.ct.gov/DPH).

In order to assure adequate progress across all five domains, the Department will recommend the establishment of HITE Advisory Subcommittees to reflect the five essential domains of governance, finance, technical infrastructure, business and technical operations, and legal/policy. These subcommittees will allow for the participation of additional stakeholders to further promote broad-based input into and oversight of the Strategic and Operational Plans. The Department plans to contract for services of a subject matter expert to manage the development of approved Strategic and Operational

Plans in the three month time frame specified in the Announcement, and has included these costs in the proposed budget.

The Department is requesting funding to establish and fill critical positions to manage and support this governance structure. Most significant is the position of State Health Information Technology Coordinator, a senior manager within the Department who will be responsible for overall project management, including the development of approved Strategic and Operational Plans (see Appendix 2). The State HIT Coordinator will also be responsible for ensuring the coordination, integration and alignment of efforts among State agencies and stakeholders in the public and private sector. In addition, the Department is requesting funding to establish and fill the position of Technical Manager to provide subject matter expertise regarding technical architecture and design standards and security operations. Finally, the Department is requesting funding to support a part time fiscal position to coordinate all financial oversight and reporting requirements.

Effective April 1, 2010, the Department's Statewide HIT Coordinator and the Advisory Committee will be responsible for overseeing the implementation efforts needed to ensure that adequate progress has been made across all domains to assure that HIE is sufficient to meet meaningful use criteria. Funding is requested to provide continued support of a Statewide HIT Coordinator, the Technical Manager and funding for a part-time fiscal position, and to support the work of the HITE Advisory Committee. Additional funding will be used to provide for the development and implementation of the appropriate and secure electronic exchange and subsequent use of health information.

Security governance is an ongoing responsibility, which the State takes seriously. At the implementation point, an Initial Risk Analysis compliant with FISMA and NIST standards will be undertaken, according to DOIT's Risk Analysis Methodology, to identify initial gaps and to assist in establishing the standards that will be adopted for the level of ongoing review required of the participating entities. Periodic review

of the requirements and the cooperation of the IT community will continue to drive a high level of compliance. The governance role will require "eternal vigilance" at both the architectural level and the governance level. This responsibility is seen as an ongoing, dynamic responsibility.

To meet this responsibility, it is proposed that the Connecticut HIE governance structure include a Certification and Accreditation Authority (the Authority) located at DOIT, separate from the HIE Operational entity which will be responsible for ensuring that all privacy and security operational requirements included in the "***The HHS Privacy and Security Framework Principles***" are met by applicants for connection to the HIE and the HIE itself. The Authority will be composed of State agency security personnel, and will be responsible for assuring public accountability through appropriate monitoring and other means and methods to report and mitigate non-adherence and breaches. Such reports shall be delivered independently and formally on a regular basis regarding accreditation issues to the Advisory Committee.

2. Finance

The Department is a unit of state government and is the entity designated as the single state entity to administer the State Health Information Exchange Cooperative Agreement. In addition, the Department is the governmental entity responsible for regulating and licensing Connecticut's health care practitioners and health care facilities. The Department has managed and administered state and federal funding since its inception and as a result has developed and implemented financial policies and procedures consistent with state and federal requirements. Given its role in administering both federal and state health care programs, the Department has the experience in receiving revenue from both public and private organizations.

The need for startup funding and models for long term sustainable revenue are noted in the CT HIT Plan as two of the most significant barriers to HIE development. Project funds will be used to develop

governance capacity, including both staff positions and support for the HITE Advisory Committee. Project funds will also support the development of approved HIE Strategic and Operational Plans, and evaluation mechanisms for the length of the cooperative agreement. Most significantly, the bulk of the project funding will be used to develop and implement statewide capacity for health information exchange and meaningful use of electronic health records.

While the particular fee model for generating and assuring sustainable revenue to support the statewide HIE will be developed as part of the planning process, the CT HIT Plan notes the need to leverage the significant activities already being funded in both Connecticut's public and private sectors, including sister state agencies, hospitals, and the payer community. It is anticipated that revenues generated will lead to sustainability on or after January 1, 2011, and revenue is used to offset a small amount of matching support in Year 4.

In addition, the Department and the HITE Advisory Committee will leverage other federal grants supporting Regional Extension Centers, workforce training, incentive payments and broadband technology. Monitoring and coordinating these and other resources will be critical to long term sustainability. In addition, the Act mandates that the Department seek private and federal funds, including funds made available pursuant to the federal American Recovery and Reinvestment Act of 2009, to support statewide health information exchange.

Connecticut's HIT strategic plan will be revised in the first three months after the grant award, and will include a sustainable financial solution plan. The Department anticipates the formation of a Financial Subcommittee to catalogue and calculate the costs and measurable financial savings of HIE projects. The group's mission is to determine the benefit realization model based on the predicted outcomes of HIE projects. The deliverables should be incorporated into a report submitted to the HITE Advisory Committee. A financial model will be developed to adequately fund both the initial investment (start-up

costs) and the ongoing operational costs of the HIE network. The framework to be utilized will encourage and support the effective use of investments, including: (1) Leveraging existing and planned investments in health information exchange, public health, Medicaid, and other programs; (2) Leveraging Medicaid administrative funding for provider incentives; (3) Leveraging other programs which support health information exchange, workforce development, and broadband development; and (4) Identifying sources of grant funding to fund start up costs and accelerate implementation; and review budget and HIE cost effectiveness on a regular basis.

3. Technical Infrastructure

DOIT has developed an Enterprise-Wide Technical Architecture (EWTA) to ensure that the State has the most cost-effective and secure IT solutions to business needs. The EWTA is composed of nine domains: Application Development, Collaboration and Directory Services, Data Management and Data Warehouse, Enterprise System Management, Platform, Security, Web/eGovernment, Middleware and Network. These domains cover the entire spectrum of technical operations, providing a base for all State agencies. In concert with the HIPAA policies and technical requirements noted above, the EWTA provides a strong base for creating and maintaining a network capable of supporting the significant amount of highly sensitive traffic, which will move through the state eHealth network.

The adoption of FISMA and NISR standards and the development of the EWTA places the State of Connecticut in a good position to meet the requirement that "States will also be expected to use their authority, programs, and resources to develop state level directories and enable technical services for HIE within and across states."

Architecture and security planning and oversight will be required to identify components which the HIE network requires and to keep the technology requirements up-to-date and work with the governance staff to respond to technical questions. Since the standards for interchange, including communications with

other states and the federal government, are evolving, the architecture area will be an on-going critical component of the eHealth environment.

As recommended in the CT HIT Plan, the development and assurance of technical security infrastructure will require hiring a Technical Manager. This position will support the certification of entities connecting to the HIE and the on going monitoring of compliance with certification requirements. The technical security controls would include but not be limited to the following capabilities:

- Identify Management
- Log Collection and Correlation
- SIEM (Security incident and event management)
- DLP (Data Loss Prevention)
- NIDPS (Network Intrusion Detection and Prevention System)
- HIDPS (Host Intrusion Detection and Prevention System

It is also recommended that the Technical Manager convene and chair the HITE Technical Subcommittee.

4. Business and Technical Operations

Implementing an integrated network of disparate systems and aligning it to "emerging standards" will be a challenge for the CT State RHIO and HITE Advisory Committee. The State will arrange for a Project Manager to begin the effort according to the Systems Development Methodology (SDM) required by Governor Executive Order #19. The SDM process has been developed by DOIT to ensure that IT projects are managed properly, ensuring a cost-effective solution to the documented business issues.

It is critical that the Project Manager be engaged in time to be a part of the business needs development so that he or she can be on the team developing the Operational Plan. This is important if the State is to use its authority, programs, and resources to remove barriers and create enablers for HIE, particularly those

related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information trading partners.

The Project Manager and the history DOIT has with cooperative implementation of the HIPAA rules will be key to meeting the goals of the Funding Announcement. States will also be expected to use their authority, programs, and resources to coordinate an integrated approach with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE as required for Medicaid meaningful use incentives.

Some of the Business Operations issues that the State must address are the "barriers to entry" for a variety of potential users. The CT State RHIO will work with the designated Regional Extension Center to develop appropriate introductory awareness and education materials and training programs.

Connecticut's experience in supporting partnerships required to implement HIPAA across a variety of agencies will provide a base for this effort. The CT State RHIO will use all resources to identify the barriers and develop strategies to overcome them. In coordination with the Connecticut Regional Extension Center, the CT State RHIO will target technical support staff, office managers, practitioners and para-professionals with good information about the goals and useful training to make the process acceptable.

5. Legal/Policy

Connecticut's recent legislation established the Department as the lead health information exchange organization for the State. The legislation charges the Department with developing standards and protocols for privacy in the sharing of electronic health information. Such standards and protocols shall be no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as

amended from time to time, and contained in 45 CFR 160, 164. Such standards and protocols shall require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail. In addition, the HITE Advisory Committee is tasked with developing protocols for health information exchange and electronic data standards to facilitate the development of a statewide, integrated electronic health information system. These standards are to include provisions relating to security and privacy, with the privacy standards consistent with the standards and protocols for privacy described above. The Department anticipates the formation of a Legal Subcommittee to assist in addressing the mandates of this legislation and to ensure that all standards and protocols developed are in compliance with state and federal requirements for health information technology.

The Subcommittee will be able to build on the significant work already accomplished in addressing privacy and confidentiality issues in Connecticut. The Connecticut Health Information Security and Privacy Initiative, or CT-HISPI, was a three stage project, completed in April 2007, which assessed the current health information security and privacy environment in Connecticut, identified barriers to the flow of electronic health information, proposed solutions and developed a proposed plan of action. The CT HIT Plan analysis of patient privacy and confidentiality issues incorporates the CT-HISPI assessment and includes issues raised by stakeholders in recent interviews and focus groups. It also incorporates the Department of Health and Human Services Privacy and Security Framework principles and discusses the expansion by the American Recovery and Reinvestment Act of 2009 of current HIPAA patient health information privacy and security protections, especially as such information is electronically transferred through health IT systems.

As noted in the CT HIT Plan, the State will develop comprehensive legal and policy guidance to set the foundation for health information exchange on a State level. Areas to be addressed include HIE for treatment, payment and operations purposes for HIPAA covered entities, HIE for authorized secondary

data uses as authorized by HIPAA, establishment of a uniform statewide electronic patient consent/authorization process for the exchange of highly sensitive personal health information, establishment of uniform information exchange policies and business agreements including but not limited to business associate agreements (BAA), and establishment of a healthcare workforce identification management and authentication system to ensure accountability and appropriate use of the state HIE.

Project Management

1. Organizational Capability Statement

The Office of Research and Development (ORD) will manage the Department's health information technology and exchange project efforts. In 2005, the ORD was tasked with similar statewide responsibilities with respect to the design and implementation of a publicly funded stem cell research program. Since then, ORD has managed the granting of $40 million in support of State stem cell researchers.

Warren Wollschlager, ORD Chief and Acting State Health Information Technology Coordinator, reports directly to the Office of the Commissioner. Representatives from the Administration Branch, Office of Government Relations, Operation Branch, Planning Branch, and the Commissioner's Office provide subject additional matter expertise. ORD will provide support to the HITE Advisory Committees and will provide managerial accountability for the ONC Cooperative Agreement. Other critical Department staff include Meg Hooper, Chief of the Department Planning Branch and the Department's designee on the HITE Advisory Committee, and Marianne Horn, Director of Legal Services in the Office of Research and Development. (See Appendix 3 - Resumes of Key Personnel.)

The Connecticut Department of Information Technology (DOIT) brings technical expertise, experience, and leadership to the Project. Deputy Chief Information Officer Richard Bailey is the DOIT

representative to the HITE Advisory Committee. DOIT will assure the development of technical infrastructure requirements and technology standards, and auditing the exchange of information.

The Connecticut Department of Social Services (DSS) is the Medicaid Administrative Agency. The Medical Operations Director with DSS will manage the integration of Medicaid health information exchange activities with the CT State RHIO.

The Acting State Health Information Technology Coordinator has overall responsibility for monitoring and tracking progress on the project's tasks and objectives. The HITE Advisory Committee and the Subcommittees will review domain progress on a regular basis.

2. State Agency Expertise in Health Information Technology and Exchange

The Department has been moving towards informational exchange interoperability for several years. Recently, the Department launched a new *on-line elicensing system*, in coordination with the Connecticut Department of Consumer Protection's (DCP) already existing system. This system will allow for the citizens of Connecticut the convenience of renewing their physician, surgeon and dentist licenses on-line. Currently, the Department is working towards providing this functionality for all practitioner licenses and facility licensing. Residents can access the website: https://www.elicense.ct.gov/ to renew their practitioner licenses, and the general public can verify a license for any of the DCP and the Department professions.

There are a number of other exchange capacities existing or under construction within the Department. In February 2008, the Department acquired a vendor-supported, commercial off-the-shelf (COTS) application, *Maven*, to implement statewide, web-based reportable disease surveillance, HAN local health tracking, hospital emergency department syndromic surveillance (HEDSS), and environmental public health surveillance and tracking (EPHT). Maven is in production for four areas (vaccine-preventable

diseases, occupational health, EPHT metadata, and HEDSS). HEDSS receives chief complaints from 21 acute care hospitals using a file upload. Planning has begun for electronic messaging. Full implementation of influenza surveillance will be completed in 2010. Maven has outbreak management capacity planned for implementation later this year. Currently, outbreaks are managed using existing applications, such as Epi Info. Maven is capable of receiving and generating HL7 or xml formatted messages. Certification for Varicella and TB messaging will be completed by the new CDC deadline of December 2009.

The Department Laboratory Information System (LIMS) will provide real-time laboratory results to the private sector, state and federal officials to prevent illness, disease and death. LIMS, currently under construction, will support the data and data transmission standards developed by the federal CDC classified as PHIN standards. The Department PHIN Messaging Project allows public health officials to rapidly and securely exchange sensitive health information over the Internet.

The recently implemented EMS/Trauma registry system allows State based EMS providers to upload data for all 911 calls and allows trauma hospitals to upload trauma data. Also implemented is the Department Electronic HIV/Aids Registry System, a surveillance system by which the Department collects data and transmits the de-identified data monthly to the CDC database. Also, the Department Health Alert Network provides public health preparedness, response and service data on a 24/7 basis to ensure rapid and timely access to emergent health data.

The Connecticut Vital Records Office has secured federal and state funding to develop and implement the Electronic Death Registry System. This project involved the migration of historical death records onto one server system. The Department led the coordination with reporting hospitals, nursing homes, physicians, and municipal registrars of vital statistics to implement the immediate reporting of deaths in Connecticut.

Partner agencies are also implementing and constructing HIE efforts. The Department of Social Services' Medicaid Transformation Grant is implementing ePrescribing which will electronically route up-to-date patient eligibility, medication history, and information about how the different pharmacy programs cover specific medications at every point of care. Connecticut Medical Assistance Program licensed authorized practitioners, clinics and hospitals with a valid National Provider Identification number (NPI) can access real-time patient data at the point of care. The prescriber can select medications on the formulary that are covered by the patient's pharmacy benefit, be informed of lower cost alternatives such as generic drugs, assure that the staff in the pharmacy receives a "clean" script, and eliminate unnecessary phone calls from pharmacy staff to physician practices related to drug coverage.

DSS' Medicaid Transformation Grant is also supporting a pilot project to demonstrate the technology, functionality, and benefits of an HIE for healthcare providers, purchasers, payers, consumers, and health policy makers. The pilot project will include infrastructure components that are the basic elements of an HIE that are required to enable the user applications (EHR/EMR systems). The first phase of the project will include 1-2 FQHCs, 1-2 hospital(s) and 1-2 physician group(s) to demonstrate the benefits of primary and acute care data sharing. It is possible that the network can be scaled over time to support statewide information exchange among all providers and for all residents of Connecticut, as they become ready, willing and able to join the HIE.

In addition, via the Medicaid Transformation Grant, DSS is collaborating with the University of Connecticut School of Pharmacy and the CT Pharmacists Association (CPA). This collaboration is building a comprehensive, active medication profile (CAMP), developing an E-Rx quality pilot program and assessing the quantitative and qualitative impact of the E-Rx medication information exchange within the HIE/E-Rx MTG project.

The steps that DSS has taken utilizing the Medicaid Transformation Grant will prove beneficial to the Department's statewide HIT initiatives. Also, under the stimulus package, Medicaid will be providing financial incentives to providers to engage in the adoption of electronic health records. The Connecticut Departments of Developmental Disabilities, Children and Families, and Mental Health and Addiction Services also have health exchange efforts planned or implemented.

In addition to these executive branch agencies, the University of Connecticut (UConn) has secured federal, state and private funds to support a number of HIT initiatives. In particular, UConn has developed expertise related to health information exchange and meaningful use across ambulatory care and hospital sites within our State. UConn has developed expertise and tools to assist in this process over the last several years and is interested in collaborating both with executive branch agencies and the designated state level Regional Health Extension Center.

Through the Safety.Net Grant, UConn has created a clearinghouse (through a secure web-based wiki portal) that allows for the exchange of ideas, policies and best practices between its' members regarding HIT adoption and expansion. This has been used as a collaborative tool for sharing best practices in HIT adoption and expansion between the SafetyNet partners and could be expanded to include additional members and shared resources for learning and collaboration within the State.

UConn's Translating Research Into Practice and Policy (TRIPP) Center has experience with solutions related to HIT adoption in small primary care practices and underserved training sites and has recently had grants from the CT Health Foundation focused on getting SafetyNet providers such as community health centers and FQHCs to adopt HIT. UConn has also developed a newly formed BioMedical Informatics Center (BMIC) that is part of the Connecticut Institute of Clinical And Translational Research (CICATS – http://cicats.uchc.edu). The BMIC will have as one of its major aims the further development of an HIT Adoption and Optimization Resource Center in collaboration with the TRIPP

Center. This HIT Resource Center is focused on the optimal setup and utilization of HIT to ensure best outcomes for patients. This is currently funded by UConn for the 2009/2010 academic year ending in June 2010. The BMIC faculty leaders have expertise in BioMedical Informatics, Continuing Medical Education, Distance Learning, EMR oversight and planning, Personal Health Records, Information System Security and Software setup / development. The BMIC is actively recruiting faculty with skills in Medical Informatics and is currently running a training program called "Grow Your Own Informatician" which is sponsoring the training and mentorship of ten UConn faculty scattered throughout the State in Biomedical Informatics. The HIT Resource Center currently has servers and additional hardware in place for development of an EMR and other HIT testbed environment.

3. HIT/HIE Activities in Connecticut

There are many local and regional health information exchange efforts underway in Connecticut. While many are still in the early planning stages, a number of initiatives are well developed, building stakeholder support and developing business plans with the expectation that they will move to implementation in the near future. Several of these are collaborations between hospitals and their affiliated providers; the goal being to help providers implement a single electronic health record that would provide data exchange between them, the hospital, and other connected providers. While this is viewed as a relatively straightforward and efficient model within a single hospital system, concerns still exist. The single product model makes it potentially more difficult for providers who choose to use other systems to connect to the hospital and to other providers. Of greater concern is that the single product model will give the participating hospitals a competitive advantage over other hospitals in the region through its role in the development and ongoing management of the data exchange capacity. However, other Connecticut stakeholders see this model as a realistic and feasible approach to provide EHR capacity to small- and medium-sized practices that lack the financial and technical expertise to adopt on their own. Conversely, some raise concerns about limiting the options of these providers and tying them too closely to a single hospital system.

According to the CT HIT Plan, the perception in Connecticut is that while many of the regional efforts show promise, some lack the funding or leadership required to successfully mount local HIE efforts that can ultimately integrate into a statewide HIEN. This concern stems in part from the lack of required financial resources and current economic conditions.

In addition to financial concerns, competition among organizations and the lack of a collaborative history among providers all represent potential barriers to statewide activity and collaboration. Due to the competitive nature of healthcare, many of the healthcare providers in the state historically have been reluctant to share patient data. In Connecticut, this is more of an issue for the private practice organizations than for hospitals. However, there are several existing collaborating groups of healthcare organizations that are pursuing health IT/HIE opportunities to improve the State's healthcare system.

Electronic medical record adoption by Connecticut providers mirrors the national trends of 10 - 15% (DesRoches et al., 2008; Jha et al., 2006; Jha, et al. 2009). A majority of the provider community is exposed to electronic data exchange through their relationships with hospitals as well as laboratory, radiology and pharmacy vendors. Because many of these relationships rely on proprietary systems, the benefits of these systems are offset by the disparate sources of data being managed by their administrative staffs. In addition, several independent physician associations (IPAs) are supporting the development of EHR and registry systems and providing technical assistance for health IT adoption to their members.

The majority of the state's thirteen community health centers have adopted electronic health records, and are beginning to use these systems not only for patient care, but for reporting to funders and state and federal agencies, and for quality improvement efforts. In 2006, community health centers in Connecticut provided comprehensive, community based primary and preventative health care for more than 230,000 persons, or 6.6% of the population. Department data indicates that 77% of health center patients have

family incomes under 100% of the Federal Poverty Level, 49% of the patients were Hispanic/Latino, 24% are African American, 24% are white, and 2.1% are Asian/Pacific Islander. Nearly half of the patients are Medicaid beneficiaries and 28% are uninsured.

One of these providers, the Community Health Center, Inc., recently was awarded one of five national awards for an innovative HIT quality improvement project focusing on the use of HIT to reduce health disparities in African Americans. This organization has also been selected by eHealth of Washington, DC, to develop and test innovative models of care in patients with chronic disease. While there is support among the leadership of the community health centers for increased health information exchange, concerns about the protection of immigration status and data about substance abuse and mental health issues from payers and public agencies is a key concern of these organizations. The Department intends to collaborate with CHC, Inc., and the community health center provider community as a group in addressing these concerns and targeting medically underserved populations. One of the appointees to the HITE Advisory Committee is the President and CEO of one of the state's largest community health centers, ensuring that these providers' perspectives and needs will be addressed by the Department.

Payers play a significant role in Connecticut because of the large historic presence of the insurance industry in the State, and their influence in setting the State's healthcare agenda. Acknowledgement of the role that payers will contribute to building increased health information exchange is tempered with privacy concerns about increased payer access to data. One appointee to the HITE Advisory Committee represents the payer community.

Anecdotal information indicates that Connecticut's long-term care industry is adopting electronic medical records, but the Department supports the need for an environmental scan of HIE capacity among the providers of long term care. The ability to electronically manage nursing home to hospital admissions and returns is critical to the industry from both a fiscal and quality of care perspective. The Department will

coordinate electronic medical record capacity development in the long-term care industry with DSS and with the proprietary and not for profit trade associations, and has initiated HIE capacity discussions with both the Executive Directors of both associations.

4. Evaluation

The Department intends to contract for evaluative services throughout the period of the cooperative agreement. The evaluation component of this grant will: 1) provide continuous feedback on project progress through ongoing documentation and monitoring of grant-related activities; and 2) determine the extent to which the key grant objectives have been achieved.

The key grant objectives to be evaluated include those of: 1) governance, 2) finance, 3) technical infrastructure, 4) business and technical operations, and 5) legal/policy. Methods, tools, and techniques used to track and maintain project information include both qualitative and quantitative methods as outlined below.

Qualitative methods – include the use of key informant interviews, participant observation, and focus groups. In addition, detailed documentation will be maintained of all efforts to engage stakeholder groups in HIE, and all stakeholder meetings will be transcribed and meeting minutes will be maintained as part of the project records.

Interviews of selected key informants, such as state health IT coordinators, and representatives of and users in laboratories, hospitals, clinician offices, and health plans, will be conducted during the first two years of the grant period. A series of focus groups with these stakeholders will also be conducted. These two strategies will provide the project with important contextual information regarding the barriers to implementing HIE and the extent of support for and willingness to participate in the implementation of statewide HIE. Participant observation of the project's efforts to engage a broad array of stakeholder

groups will provide valuable information regarding its success in achieving a critical mass of providers who participate in HIE.

Quantitative methods - A survey will be conducted of key stakeholder groups at the beginning and conclusion of the project. Specific aims of the first survey will be to: 1) identify readiness and willingness for a statewide approach to HIE; 2) identify barriers for HIE, particularly those related to interoperability across institutions; and 3) identify potential legal obstacles; and 4) obtain feedback on and suggestions for revisions of the current state strategic plan. Specific aims of the second survey conducted at the end of the grant period will be to: 1) assess stakeholders attitudes re: implementation of state HIE; 2) determine the extent to which stakeholders support ongoing HIE; 3) identify which barriers to implementation have been removed and which still exist; 4) identify what legal obstacles still exist; and 5) assess attitudes toward and willingness to participate in the state strategic plan as revised during the grant period.

The combined use of qualitative and quantitative methods in the evaluation of statewide HIE will provide important contextual information as well as a quantifiable assessment of the implementation of the five project objectives.

Appendix 1
Letter from State Designating Official, Letter of Intent, and Letters of Commitments

1. State Designating Official – Governor's Office

2. Letter of Intent to Apply

3. Letters of Commitments

   A. Michael Hudson, President, Northeast Region, Health Care Management; **Aetna**

   B. Margaret Morelli, President; **CT Association of Not-for-profit Providers for the Aging (CANPFA)**

   C. Evelyn Barnum, J.D., Chief Executive Officer; **Community Health Center Association of CT**

   D. Mark Masselli, President, CEO; **Community Health Center, Inc**.

   E. John Lynch, Executive Director; **CT Center for Primary Care**

   F. Richard Bailey, Chief Information Officer; **CT Department of Information Technology**

   G. Michael Starkowski, Commissioner; **CT Department of Social Services**

   H. Jennifer Jackson, President and CEO; **CT Hospital Association**

   I. Kathleen LaVorgna, M.D. President and Matthew Katz, Executive Vice President; **CT Medical Society**

   J. Joel Reich, M.D., Senior Vice President for Medical Affairs**; Eastern CT Health Network, Inc.**

   K. Angelo Carrabba, M.D., **EhealthConnecticut, Inc.**

   L. Stephan O'Neill, Vice President of Information Services; **Hartford HealthCare**

   M. Oz Griebel, President & CEO; **Metro Hartford Alliance**

   N. Richard Shoup, Ph.D, Director, Massachusetts eHealth Institute; **New England Coalition for Health IT**

   O. Jack Reed, President and CEO; **ProHealth Physicians**

   P. Marcia Petrillo, Chief Executive Officer; **Qualidigm**

   Q. Kathleen DeMatteo, VP/Chief Information Officer; **St. Francis Hospital and Medical Center**

   R. David Whitehead, President and CEO; **The William Backus Hospital**

   S. Thomas Agresta, M.D.; **University of Connecticut, BioMedical Informatics Center**

   T. Mark L. Andersen, Sr. V.P./Chief Information Officer; **Yale New Haven Health System**

STATE OF CONNECTICUT
EXECUTIVE CHAMBERS

M. JODI RELL
GOVERNOR

October 14, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

I have designated the Connecticut Department of Public Health as the official State Agency responsible to apply for the State Health Information Exchange Cooperative Agreement on behalf of the State of Connecticut.

I have also designated Mr. Warren Wollschlager, Chief of the Connecticut Department of Public Health's Office of Research and Development, to serve as the acting State Government HIT Coordinator responsible for coordinating state government's participating in health information exchange activities. Mr. Wollschlager's contact information is:

Warren Wollschlager
Chief, Office of Research and Development Branch
Connecticut Department of Public Health
410 Capitol Avenue, MS# 51 ORD
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 509-7104
Fax: (860) 509-7111
Warren.Wollschlager@ct.gov

Sincerely,

M. Jodi Rell

M. Jodi Rell
Governor

STATE CAPITOL, HARTFORD, CONNECTICUT 06106
TEL: (860) 566-4840 • FAX: (860) 524-7396
www.ct.gov

151 Farmington Avenue / MC5J
Hartford, CT 06156

Michael W. Hudson
President
Northeast Region
Health Care Management
Telephone: 860-636-0571
Fax: 860-636-0621

October 16, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

As the President of Health Care Delivery for the Northeast Region of Aetna, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects." Aetna is one of the nation's leading diversified health care benefits companies. We serve approximately 36.8 million people across the country with information and resources to help them make better informed decisions about their health care. We have more than 450,000 members here in Connecticut, and our wide range of customers include employer groups, individuals, college students, part-time and hourly workers, health plans, governmental units, government-sponsored plans, labor groups and expatriates.

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

Aetna has been a major proponent of making improvements in HIT, as we feel progress in this area will enable complex health data to be turned into information that physicians and patients can use at the point of service to improve health outcomes. By using interoperable HIT tools, providers and patients can make better use of the right data, at the right time, to make quality care decisions. An interoperable statewide HIE can also facilitate vast improvements in health care experiences by offering patients a clearer picture of their own health, a more coordinated interaction with multiple health care providers and better, safer outcomes.

In addition to the clinical benefits of improved HIT, we feel that this type of program can help the health care system in Connecticut run more efficiently and effectively. This can lead to greater affordability and accessibility for all health care consumers in the state and allow us to continue striving for one of Aetna's main areas of focus in improving the health care system - providing better value for each dollar spent on care.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Michael W. Hudson
President
Northeast Region
Health Care Management

canpfa

Connecticut Association of Not-for-profit Providers For the Aging

CHAIRMAN
David Bordonaro
McLean

VICE CHAIRMAN
Stephen McPherson
Masonicare

TREASURER
Patricia Walden
Central Connecticut
Senior Health Services

SECRETARY
James Malloy
Odd Fellow Home of
Connecticut/ Fairview

IMMEDIATE PAST CHAIR
Patrick Gilland
Church Homes, Inc.

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Andrew Banoff
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Peter Belval
Sharon Health Care Center

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Bonnie Gauthier
Hebrew Health Care, Inc.

Beth Goldstein
Jewish Home for the Aged

Gregory Gravel
Whitney Center, Inc.

Lynn Iverson
Saint Joseph Living Center

Patricia Morse
Connecticut Baptist Homes, Inc.

Mary R. Windt
The Marvin/ Under One Roof, Inc.

PRESIDENT
Mag Morelli

October 9, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the Connecticut Association of Not-for-Profit Providers for the Aging and our nearly 130 not-for-profit members representing the full continuum of long term care, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

As an organization that represents the full continuum of long term care, we are extremely interested in working in collaboration with other health care associations to implement an effective system of health information technology exchange that is inclusive of long term care providers. Often the forgotten providers, long term care services and settings play a crucial role in the health care system and we are eager to work with DPH and health care providers statewide to find a common ground for this exchange.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Mag Morelli

Margaret K. Morelli
President
mmorelli@canpfa.org
860-828-2903

Community Health Center
Association of Connecticut
375 Willard Avenue • Newington, CT 06111
860.667.7820 • Fax 860.667.7835 • www.chcact.org

October 14, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

On behalf of the Community Health Center Association of Connecticut (CHCACT) and its member centers, this letter is in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

CHCACT has participated in the planning activities in Connecticut on behalf of its member centers. As the largest network of primary care providers in the state, Federally Qualified Health Centers are key stakeholders in the HIE effort.

CHCACT is confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Evelyn Barnum

Evelyn Barnum, J.D.
Chief Executive Officer
ebarnum@chcact.org

Serving
underserved and uninsured patients at Connecticut's largest network of community health centers.

Administrative:
635 Main Street
Middletown, CT 06457
860.347.6971

Service Locations:

CHC of Clinton
114 East Main Street
Clinton, CT 06413
860.664.0787

CHC of Enfield
5 North Main Street
Enfield, CT 06082
860.253.9024

CHC of Groton
333 Long Hill Road
Groton, CT 06340
860.446.8858

CHC of Meriden
134 State Street
Meriden, CT 06450
203.237.2229

CHC of Middletown
635 Main Street
Middletown, CT 06457
860.347.6971

CHC of New Britain
e Washington Square
lew Britain, CT 06051
860.224.3642

CHC of New London
One Shaw's Cove
ew London, CT 06320
860.447.8304

CHC of Old Saybrook
263 Main Street
d Saybrook, CT 06475
860.388.4433

Dental Center of Stamford
141 Franklin Street
Stamford, CT 06901
203.969.0802

Norwalk Smiles
49 Day Street
Norwalk, CT 06854
203.854.9292

www.chc1.com

Where health care is a right, not a privilege, since 1972.
Community Health Center, Inc.

October 7, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the Community Health Center, Inc and our nearly 75,000 patients, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

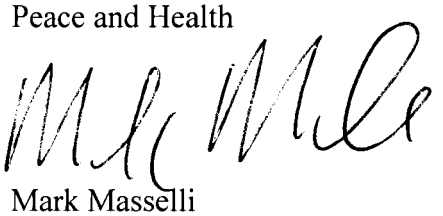
Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

As the President and CEO of the Community Health Center, Inc., a statewide primary care organization that has successfully implemented an electronic health record for our patients, I am well aware of the need to move beyond "meaningful use" within the practice and to extend that use to communication with patients and other health care providers. In fact, CHC, Inc. has just been approved for funding (one of five national awards) for an innovative HIT quality improvement project that will focus on use of HIT to reduce health disparities in African Americans. CHC, Inc. has also been selected by the eHealth Initiative of Washington, DC to develop and test innovative models of care coordination in patients with chronic disease, again based on the capabilities of CHC's electronic health records coupled with a clinical staff that understands how to leverage the power of HIT for the benefit of improved clinical outcomes.

We are in the final phase of developing HIE applications with several of our individual hospital partners across our enterprise, which will in effect provide us with our own "RHIO" of sorts, and we look forward to sharing our "lessons learned" with DPH and our associated partners.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Peace and Health



Mark Masselli
President/CEO
Community Health Center, Inc

CONNECTICUT
CENTER
FOR PRIMARY CARE
Strengthening Primary Care for Healthier Communities

October 7, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the *Connecticut Center for Primary Care (CCPC), Inc.,* I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

For a number of years, CCPC has been heavily involved in HIE activities, and in particular, with the ONC funded HITSP project. I co-chaired the ten state Adoption of Standard Policies Collaborative, and know first-hand the importance of cross stakeholder collaboration and harmonization. I believe that DPH will continue where efforts such as HITSP left off – engaging Connecticut stakeholders and achieving consensus on the direction for health information exchange both within Connecticut and across states as part of the national NHIN.

I also speak from several other capacities. I was an original contributor to the state's HIT plan, having served on one of its major committees. Perhaps an offshoot of HITSP activities, a large group of health care provider/stakeholders (hospitals, physicians, and payors) had formed an ad-hoc group with a vision to Transform Healthcare in Connecticut Communities (THICC). THICC recognized that transformation requires a number of building blocks: training of providers; adoption of electronic health records; health information exchange of common clinical documents; and the assembly of community outcomes to feed quality improvement across our Connecticut communities. The THICC vision has since been assimilated into the eHealthConnecticut HIE efforts, where I am leading the state's application for a regional extension center (REC) for Connecticut. I also had a major role in an eHealthConnecticut application to the Social

PO Box 762, Farmington, CT 06034 ■ Phone: (860) 284-5200 ■ Fax: (860) 284-5333 ■ www.centerforprimarycare.org

Security Administration to connect to NHIN for disability claims for our patients. I believe that the HIE and the REC need to be closely interwoven- both are symbiotic with each other. I believe all parties are committed to work together and make this happen. Both I and CCPC are totally committed to support DPH in these efforts!

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

John Lynch
Executive Director
Connecticut Center for Primary Care, Inc.
(860) 284-5288
jlynch@centerforprimarycare.org

STATE OF CONNECTICUT

Department of Information Technology

October 15, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the State of Connecticut, Department of Information Technology, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

The Department of Information Technology has supported and contributed to the development of the 2009 Connecticut State Health Information Technology Plan, the HIT grant application process and is committed to supporting the subsequent HIT strategy and plan development work required to meet federal expectations moving forward. Our significant contributions will be in the area of IT Architecture, IT Security, Governance and Compliance. The Department of Information Technology has been instrumental in facilitating a number of large scale enterprise wide initiatives and will leverage that expertise and experience to support this project moving forward. Additionally, our Deputy Chief Information Officer, Richard Bailey has been appointed to the newly established Health Information Technology and Exchange Advisory Committee. We understand the importance and benefits of this initiative moving forward to enhance health care information availability across the health care industry.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Richard R. Bailey Sr
Deputy Chief Information Officer
Department of Information Technology
Phone: 860-622-2464
Email: Richard.bailey@ct.gov

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

CHAEL P. STARKOWSKI
mmissioner

TELEPHONE
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October 14, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the Connecticut Department of Social Services, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

The Connecticut Department of Social Services (DSS) is active and committed in modernizing the state's healthcare system through HIT. The DSS is dedicated to providing services that will enhance the health of its residents at affordable costs. The DSS recognizes that building relationships and collaborating with stakeholders which includes state agencies, private entities, and the medical community is a crucial element to the success of this initiative. The DSS is partnering with the DPH by participating in workgroups for the development of the 2009 state plan as well as providing leadership on the HITECH Advisory Committee. The DSS plans to incorporate its projects which include promoting and educating Medicaid providers on the adoption of Electronic Medical Records (EMR). The DSS will provide financial incentives to these doctors who in return will use their EMR systems to access the state HIE network.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Michael P. Starkowski
Commissioner

Cc: Mark Schaefer, Marcia Mains, Andrea Schroeter

CONNECTICUT
HOSPITAL
ASSOCIATION

October 1, 2009

David Blumenthal, M.D., MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit a letter of support for the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled "State Grants to Promote Health Information Technology Planning and Implementation Projects." CHA represents hospitals and health-related organizations across the state, and has more than 140 members, including 28 of the state's not-for-profit acute care hospitals. CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals that are accountable to the communities they serve and that are committed to health improvement.

CHA supports DPH's application under the Health Information Technology Extension Program as authorized by Section 3013 of the Public Health Service Act (PHSA), and amended by the American Recovery and Reinvestment Act of 2009 (ARRA), for funding under the State Health Information Exchange Cooperative Agreement Program. CHA and its members believe that adoption and meaningful use of health information technology (HIT) is essential to improving the quality and efficiency of the health care delivery system, and that a fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. DPH is uniquely positioned to convene a multidisciplinary group of stakeholders and develop statewide HIE capabilities in an open and transparent manner.

The development and implementation of statewide HIE capability in Connecticut promises to encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and ultimately lower costs and enhance the quality of care provided. Funding through this program will allow DPH to deliver on this promise for Connecticut.

If I can be of further assistance, please do not hesitate to contact me at (203) 294-7200 or by email to jackson@chime.org.

Sincerely,

Jennifer Jackson
President and CEO

JDJ:ljs
By e-mail

Connecticut State Medical Society
FOUNDED IN 1792

160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

October 1, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the more than 7,300 members of the Connecticut State Medical Society (CSMS) we write in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) are essential to improving the quality and efficiency of our health-care delivery system. We believe that a fully operational statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes - and could lead to greater access to quality patient medical care in Connecticut.

The dynamics and demographics of the practice of medicine in Connecticut will require that a successful statewide HIE account for the small and solo practices that make up a majority of the practice locations in our state. Coordination of these efforts through the DPH, in collaboration and cooperation with CSMS, is the best way to achieve success and guarantee access to the system by all stakeholders and interested parties.

We strongly support the DPH approach to building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner. As the organization representing the largest group of physicians in the state, CSMS stands ready to work with DPH to ensure that all physicians in the state have access to the HIE.

We are confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Kathleen LaVorgna, MD, FACS
President

Matthew C. Katz, MS
Executive Vice President

Department of Medical Affairs
71 Haynes Street
Manchester, CT 06040-4188

Administrative Office
Telephone (860) 647-6866
Fax (860) 533-2939

Credentials Office
Telephone (860) 647-6459
Fax (860) 647-6476

October 10, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the Eastern Connecticut Health Network (ECHN) I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

ECHN is nonprofit health network with 2 acute care hospitals, a long term care/short term rehabilitation facility, a multispecialty medical group, a medical staff of 522 physicians and midlevel providers, and other health care facilities that provide many community-based services. Our hospitals have an advanced information system which is in the process of being networked to our community-based practices EMR systems. Through our large commitment to EMR and our substantial investment in hardware, software and training, we long ago recognized the great value EMRs bring to our patients and clinicians through higher quality and safer and more efficient care. The great challenge before us is to tie the separate systems together through the HIE to enable us to optimize the meaningful use of health information.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health

information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Joel J. Reich, MD, FACEP
Senior Vice President for Medical Affairs

Phone: 860-647-6866
Fax: 860-647-6476
Email: jreich@echn.org

October 7, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of eHealthConnecticut, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

eHealthConnecticut is the not for profit 501(c)(3) entity incorporated in January, 2006 to create, champion and sustain a secure statewide health information exchange (HIE) that will dramatically improve the quality, safety and efficiency of health care in Connecticut. We are governed by a Board of Directors representing physicians, hospitals, federally qualified health centers, other clinical service providers, purchasers, payers, academia, quality organizations, consumers, state agency officials and legislators. The incorporators established the organization as a collaborative approach to meeting the challenges of Health Information Technology (HIT) adoption and interoperability for the State of Connecticut and to transform the health care delivery system in such a way as to improve its quality and safety, and to improve the health status of the residents of Connecticut.

Since 2006, eHealthConnecticut has worked with DPH, other state agencies, and healthcare stakeholders throughout Connecticut to accomplish the goal of statewide HIE. eHealthConnecticut was engaged by DPH in 2006-7 to provide education and help to develop a strategy to develop and sustain the HIE. With a Medicaid Transformation Grant, Connecticut's Department of Social Services has contracted with eHealthConnecticut to implement a production HIE in 2009 to demonstrate interoperability between Federally Qualified Health Centers, hospitals, and private physicians. As a Department of Health and Human Services (HHS) designated Chartered Value Exchange, eHealthConnecticut is working with health plans and physicians to measure and report quality based on aggregated claims data, with a long term goal of more precise quality measurement based on data from Electronic Health Records (EHR) systems. Also, eHealthConnecticut is the only applicant in Connecticut proposing to be designated by HHS as an HIT Regional Extension Center in order provide one-stop

shopping for all providers in the state to adopt technology and best practices to become meaningful users of Electronic Health Records systems, report the value they deliver, and ultimately enhance the quality of the services they provide Connecticut's residents.

Adoption and meaningful use of statewide HIT is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide HIE will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. eHealthConnecticut enthusiastically supports DPH's approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner. As a statewide resource focused on creating Public Good, eHealthConnecticut stands ready to support DPH in any way that we can to achieve our common objectives.

Sincerely,

Angelo Carrabba, M.D.
Chairman of the Board
eHealthConnecticut, Inc.
(860) 529-7501
scarrabb@stfranciscare.org

HARTFORD
HOSPITAL

80 Seymour Street
P.O. Box 5037
Hartford, CT 06102-5037
860/545-5000

October 7, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of Hartford HealthCare and its three member hospitals: Hartford Hospital, MidState Medical Center and Windham Hospital and our 1,200 physicians and 8,000 staff, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

Hartford HealthCare has been deeply involved in promoting the use of a Health Information Exchange in our state. We look forward to working with DPH in maturing the HIE and extending it to all of our hospitals and providers in the state. We will participate directly in the design and development of the HIE, and will provide the resources necessary to link our hospitals' and providers' electronic health record systems to the statewide HIE. We also plan to work with ONC in its efforts to implement the NHIN, which technology underpins our own efforts for the HIE.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Stephan D. O'Neill
Vice President of Information Services
Hartford HealthCare
860-545-3972 (w) 860-545-3321 (f)
soneill@harthosp.org

October 13, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

On behalf of the MetroHartford Alliance and our nearly 1,000 business, institutional, and municipal investors, I write in support of the proposal by the Connecticut Department of Public Health ("DPH") for the funding opportunity entitled: "State Grants to Promote Health Information Technology Planning and Implementation Projects." The Alliance Board has strongly endorsed the adoption and meaningful use of statewide health information technology as essential to improving the quality and efficiency of our health care delivery system.

A fully operational, statewide health information exchange ("HIE") will promote patient safety, limit medical errors, decrease costs, and improve patient outcomes. The Alliance enthusiastically supports the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

I have the privilege of serving on the Board of Directors of eHealthConnecticut, which were incorporated in January 2006 with a mission to create, champion, and sustain a secure statewide HIE that will dramatically improve the safety, efficiency and quality of healthcare in Connecticut. eHealth Connecticut is working with DPH to ensure the reality of a statewide HIE that will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. The Alliance stands ready to continue to support the efforts of DPH and eHealth Connecticut to achieve those goals.

Please feel free to contact me with any questions.

Sincerely,

October 15, 2009

David Blumenthal, M.D., M.P.P
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Collaboration of New England states regarding eHealth activity

Dear Dr. Blumenthal:

This letter is to signify the intent of the New England states to collaborate together regarding eHealth activity in this region. Representatives from eHealth leadership in the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont have discussed the importance of working together as a region to allow opportunities to share best practices, manage overlapping patients, and work jointly on issues and opportunities pertinent across our states. This group includes state agencies, quasi-public agencies, non-profits and other organizations leading the eHealth effort in their respective states.

While it appears that most states or state organizations in this region will apply separately to both the HITECH Regional Extension Center and the state Health Information Exchange grant programs, this group agrees that a collaborative relationship is important to optimize those and other opportunities relevant to health information technology.

Practically, this group has agreed to have touch-base sessions every month to share, learn and identify priorities for focus among the New England states in Health IT. Furthermore, initial opportunities for collaboration have been identified for further exploration including the following:

- Understand and develop necessary interfaces and touch points and address overlaps in the development of the various Health Information Exchange systems in the New England region
- Agree on full education curriculum for providers and future workforce and have each state sign up for developing certain of the modules, all to be offered via the internet using distance learning techniques.
- Create centers of excellence for the various EHR systems that meet HHS certification, with resources available to others in the region who need specific help (i.e., each state's Regional Extension Center doesn't have to be an expert in dozens of EHR vendor system and each state can sign up to provide expertise on the systems that are widespread in their states).
- Privacy policy harmonization: the states have adopted, and are adopting, different privacy policies that will need to be harmonized, or at least dealt with, as patients cross state lines…which they quite often do in New England. A New England approach will enable data to flow to or be accessible wherever a patient goes for care.
- Sharing of best practices and lessons learned in the various state-wide deployments of EHR and HIE systems (e.g., a web based repository that all can contribute to and learn from)

In conclusion, this New England coalition is excited to work together on pushing forward the eHealth opportunities in this region including those provided by the HITECH Act. New England

has long been a leader in Health IT, and we are confident that this type of collaboration will allow this region to be even more of a model for the rest of the nation.

Sincerely,

Connecticut:

Warren Wollschlager
Chief, Office of Research and Development
and Acting State Health Information
Technology Director

Angelo Carraba, M.D.
Chairman of the Board
eHealth Connecticut

Maine:

Trish Riley
Director
Governor's Office of Health Policy and
Finance

Devore S. Culver
Executive Director
HealthInfoNet

Massachusetts:

Richard Shoup, Ph.D.
Director, Massachusetts eHealth Institute
(A Division of the Massachusetts
Technology Collaborative)

New Hampshire:

William Baggeroer
CIO, New Hampshire Department of Health
& Human Services

Rhode Island:

Laura Adams
President and CEO
Rhode Island Quality Institute

Vermont:

David Cochran, MD
President & CEO
Vermont Information Technology Leaders,
Inc.

Hunt Blair
Deputy Director for Health Care Reform
Office of Vermont Health Access

www.prohealthmd.com

October 7, 2009

David Blumenthal, M.D., M.P.P.
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW - Suite 729-D
Washington, DC 20201

Dear Dr. Blumenthal,

As President of ProHealth Physicians, Inc. (ProHealth), I am pleased to support the Connecticut Department of Public Health (DPH) proposal for the ONC funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

ProHealth, the largest primary care group practice in Connecticut, is in a unique position to support HIE activities in Connecticut. Formed in 1997, ProHealth includes 75 practice sites in 36 communities across Hartford, Middlesex, Litchfield, Tolland, Windham, and New Haven (Connecticut) Counties. With 64 Internists, 55 Family Practitioners, 64 Pediatricians, and 40 Physician Assistants/Advanced Practice Registered Nurses, ProHealth clinicians provide care to 320,000 patients (9% of the Connecticut population) through 700,000 encounters annually.

ProHealth is guided by a vision that places clinical quality, access, service excellence, and cost reduction at the forefront of its efforts to transform the healthcare in Connecticut's communities. ProHealth has been a leading participant in the efforts of our hospital and physician group efforts to "Transform Healthcare in Connecticut Communities" (THICC). The common goal of the THICC participants is to utilize Training, EHR, HIE, and Community outcome building blocks to transform our healthcare. ProHealth Physicians is well into the process of rolling out EHR to all of our 223 primary care practitioners. In order for ProHealth Physicians to achieve "meaningful use," the Connecticut HIE will be essential to our connectivity with specialists, hospitals, and all other providers of care.

If DPH is so designated, ProHealth is prepared to work with DPH and other stakeholders to revise the statewide HIT plan, develop an implementation plan, and deliver on the promise of Health Information Exchange. I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Very truly yours,

Jack Reed

Jack Reed
President and CEO

4 Farm Springs Road
Farmington, CT 06032
Phone: (860) 284-5200
Fax: (860) 284-5333

October 1, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

It is my pleasure to write this letter on behalf of Qualidigm to support the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Qualidigm is in full agreement with both the ONC and the Department of Public Health that adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. Qualidigm supports the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

Qualidigm has worked collaboratively with the Department for over thirty years in pursuit of continuously improving the quality, safety and efficiency of the health care delivery system in Connecticut with the ultimate goal being the best possible patient outcomes. We have worked on topic specific projects as well as serving on a variety of Department-sponsored or Qualidigm-sponsored committees to that end. Each of the projects we have worked on has been successful, and we look to the Department's leadership in HIE as another opportunity to achieve success on behalf of patient care in our State.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Marcia K. Petrillo

Marcia K. Petrillo, MA
Chief Executive Officer
Qualidigm
mpetrillo@qualidigm.org

SAINT FRANCIS
Hospital and Medical Center

October 12, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the Saint Francis Hospital and Medical Center and it's over 700 affiliated physicians, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

As the Vice President of Information Technology and Chief Information Officer, I feel that it is imperative we support the use of health information exchange throughout our state. Our organization prides itself on our long term commitment to improving quality and safety for our patients. It is essential that critical health information is shared among providers to facilitate better care for our population. I am currently on the Board of eHealth Connecticut, and plan on working with this organization to coordinate effective use of grant funds with DPH.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Kathleen DeMatteo
VP / Chief Information Officer
Saint Francis Hospital and Medical Center
860-714-5282
kdematteo@stfranicscare.org

The William W. Backus Hospital

David A. Whitehead
President and
Chief Executive Officer

October 7, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of The William W. Backus Hospital in Norwich, Connecticut, we are writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

A fully operational, statewide health information exchange (HIE) will promote communication among caregivers, limit duplicative testing, and improve patient outcomes. We support the DPH approach of working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board and developing statewide HIE capabilities in an open and transparent manner.

We look forward to working with other hospitals in the state to implement this exchange. We feel that the DPH approach will encourage the adoption and meaningful use of health information technology in Connecticut. Please feel free to contact us with any questions.

Sincerely,

David A. Whitehead
President and CEO

Pamela Muccilli
Vice President and CIO

326 Washington Street • Norwich, Connecticut • 06360 • Tel: (860) 892-2722 • Fax: (860) 823-6329

SAINT FRANCIS
Hospital and Medical Center

University of Connecticut
School of Medicine

October 12, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the BioMedical Informatics Center of the University of Connecticut I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects."

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of our health care delivery system. A fully operational, statewide health information exchange (HIE) will promote patient safety, limit medical errors, decrease costs and improve patient outcomes. I very much support the DPH approach of building organizational capacity, working with a multidisciplinary group of stakeholders through the Health Information Technology and Exchange Advisory Board, and developing statewide HIE capabilities in an open and transparent manner.

I have a number of unique areas of expertise and roles that position me to assist in the DPH in the development of enhanced strategic and implementation plans for HIE and then help make them a reality. I am an experienced Family Physician faculty member at the University of Connecticut who has expertise in both medical education and continuing medical education and will receive a master's degree in BioMedical Informatics in December of this year. I participated in the implementation of our departmental EMR for clinical care at our residency training site six years ago and now oversee the updating and maintenance of that system in order to achieve facilitate optimal care for our patients. I have been the PI or Co-PI on several grants aimed at HIT adoption and implementation, including the most recent from the CT Health Foundation aimed at HIT adoption and use at SafetyNet sites, such as Community Health Centers, FQHC's and clinics that server uninsured and underinsured populations within Connecticut.

The University of Connecticut has also recently developed a BioMedical Informatics Center (BMIC), of which I am the current co director, as part of its support for research Infrastructure within the Connecticut Institute for Clinical And Translational Science (CICATS). One of the major aims of this BMIC is to facilitate the optimal use of HIT for patient care. This includes the development of a shared HIT Resource Center with the Ethel Donaghue TRIPP Center at the University. This center will house an EMR and HIE testbed which will have the capacity to directly support the planning, testing, education and evaluation services required to effectively implement HIE within the state. We currently have dedicated hardware, software and personnel focused on this process in anticipation of helping facilitate HIT adoption for primary care

DEPARTMENT OF FAMILY MEDICINE • ASYLUM HILL FAMILY MEDICINE CENTER, INC.
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physicians as part of a proposed CT Regional Health Information Extension Center. The services of this center can be extended under a contract with DPH as part of an implementation plan for Connecticut HIE if this fits with the overall strategy for CT developed over the next few months.

I have also been personally engaged with the DPH over the last several years in several capacities related to the advancement of HIT and HIE. I have served as a member of a DPH Steering Committee tasked with oversight of the development of the State Health Information Technology Strategic plan that was completed in June 2009. I have recently been appointed by the governor as a four year member of the HITECH Advisory Committee that will help develop strategic and implementation plans for HIE. As might be surmised, I am committed to using my knowledge and community connections to a diverse set of stakeholders to facilitate high quality healthcare by the use of advocacy, education, stakeholder engagement and system evaluation as required. While I believe that accomplishing the task of routine HIE in CT will be a challenging task, it is none-the-less critical that we develop a logical, well thought out approach that reaches a common ground with multiple diverse groups of individuals.

I am confident that the DPH approach to advancing appropriate and secure health information exchange throughout the entire state will encourage the adoption and meaningful use of health information technology, assure the protection of patient health information, and guarantee public accountability. Please feel free to contact me with any questions.

Sincerely,

Thomas Agresta M.D.
Associate Professor and Director Medical Informatics Family Medicine
Co-Interim Director and Associate Director Health Informatics, BioMedical Informatics Center
University of Connecticut
Phone: (860) 679-2928 Fax (860) 679- 1350
Agresta@uchc.edu

YALE NEW HAVEN HEALTH

October 15, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Blumenthal:

On behalf of the Yale New Haven Health System (YNHHS), I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the ONC's funding opportunity entitled, "State Grants to Promote Health Information Technology Planning and Implementation Projects". YNHHS is Connecticut's largest integrated health system with more than 12,000 employees and 3,000 affiliated physician providers. Its three delivery networks span the southern region of Connecticut and have worked together to implement information technology tools and programs to better share patient information and enhance patient care outcomes.

Adoption and meaningful use of statewide health information technology (HIT) is essential to improving the quality and efficiency of Connecticut's healthcare delivery system. YNHHS hospitals have been named to the top 100 Most Wired Hospitals for nine years in a row. We were also recently recognized by the Health Information Management Systems Society for clinicians' use of electronic medical entry and other advanced use of technology that contribute to safe patient care and treatment. As an acknowledged HIT leader in Connecticut, YNHHS supports the DPH vision of a fully operational, statewide health information exchange (HIE) that promotes patient safety, limits medical errors, decreases costs and improves patient outcomes. Each of these goals clearly aligns with the vision and mission of YNHHS.

To support DPH's achievement of these goals, YNHHS will become a member of one or more sub-groups of the statewide Advisory Committee which is focused on the five domains that will form the HIE framework.. In addition, YNHHS will commit resources to attend and participate in public Advisory Committee meetings. This will allow us to stay connected with other project stakeholders and be fully informed of the project's progress. As requested, YNHHS will also review and comment on all drafts of the state's operational plan and participate in assessments of the technical capacity needed to develop the HIE infrastructure model.

YNHHS supports DPH's approach to advancing appropriate and secure exchange of healthcare data throughout the state. We also believe that this will promote the adoption and meaningful use of health information technology, assure the protection of patient health information and guarantee public accountability.

Sincerely,

Mark L. Andersen
Senior Vice President, Information Systems and Chief Information Officer
Yale New Haven Health System
Phone 1.203.688.2100 / Fax 1.203.688.5812
Mark.Andersen@ynhh.org

789 Howard Avenue
New Haven, CT 06519

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF COMMISSIONER

September 11, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

The State of Connecticut Department of Public Health (DPH) is pleased to submit this letter of intent to apply for the Department of Health and Human Services Office of the National Coordinator for Health Information Technology's funding opportunity # EP-HIT-09-001 entitled, State Health Information Exchange Cooperative Agreement Program (CFDA# 93.719). Connecticut's application is referred to as the State of Connecticut Health Information Technology and Exchange Development Project (the Project).

State of Connecticut Health Information Technology and Exchange Development Project
Total Amount of Expenditures: $8,000,000

Project Summary:

The DPH intends to expend Project funds to:

- Develop and implement a robust statewide health information exchange network;
- Develop and implement a grants-in-aid program to support initiatives that demonstrate and promote "meaningful use" best practices within the provider community;
- Develop governance capacity by establishing and filling dedicated health information positions, including the Health Information Coordinator position; and
- Leverage and coordinate the multiple current and health information exchange initiatives locally, statewide and regionally.

As explained in greater detail below, the Project will enhance and facilitate the sustainability of the needed infrastructure in the governance, policy, business, technical and financial domains to allow for the secure electronic exchange and consequent use of health information to improve the quality and coordination of care. The Project will promote public interest by increasing the quality of care and patient safety, by improving access to and the coordination of care, and by reducing the costs of care through the development of a statewide HIE network. Funds will be used to leverage the considerable progress made statewide and by local and regional members of the HIE community.

Current Landscape:

At the state level, DPH has been designated by statute as the governance entity responsible for ensuring that HIE capacity will be developed with appropriate oversight and accountability. The Connecticut General Assembly passed Public Act No. 07-2 in the 2007 legislative session. "*An Act Implementing the Provisions of the Budget Concerning Human Services and Public Health*" authorized the DPH to contract

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for the development of a Statewide Health Information Technology Plan. The Connecticut State Health Information Technology Plan (the Plan) was issued on July 1, 2009 (see attached). The Plan was developed through an extensive information gathering process involving many of the key stakeholders in Connecticut and provides a roadmap to transform the state healthcare system. The Plan includes recommendations on the implementation of health information technology and information exchange in the state, descriptions of current regional and statewide approaches to using health information exchange, and an overview of the technical standards for health information technology established by the Certification Commission for Healthcare Information Technology. While Connecticut's Plan is consistent with the ONC planning guidance, we are requesting funds to continue both strategic and operational planning activities and implementation efforts.

On July 8, 2009, Governor Rell signed Public Act 09-232, "An Act Concerning Revisions to Department of Public Health Licensing Statutes." Section 75 of the Act designated the DPH as the lead health information exchange organization for the state. DPH was tasked with the implementation and periodic revision of the Plan and the development of standards and protocols for privacy in the sharing of health information. The legislation also established a health information technology and exchange advisory committee (the Advisory Committee). This statewide governance structure is discussed in greater detail below.

In implementing the Project, DPH and the Advisory Committee will engage those external stakeholders who developed the Plan, and will reach out to other stakeholders in the state, regional and federal HIT communities. Participating state agency stakeholders will include the Connecticut Departments of Information Technology, Social Services, and Consumer Protection, as well as the Office of Policy Management, Office of Health Care Access, Office of the Attorney General, Governor's Office, Lieutenant Governor's Office and the Office of the Health Care Advocate. Additional stakeholders will include health care providers, consumers, academia, hospitals, pharmacies, community health centers, school-based health centers and various provider associations.

The Project will leverage and coordinate the variety of previous and ongoing local and regional HIE initiatives. DPH and the Advisory Committee will conduct an extensive survey of past, present and current HIE initiatives throughout the region as part of the Project. DPH and the Advisory Committee will use their statutory and convening authorities to identify and coordinate these various local and regional efforts. The DPH and the Advisory Committee will also develop and implement a grants-in-aid program to support and identify "meaningful use" best practices across the provider community.

Regionally, a New England collaboration among key eHealth leadership is underway, with representation from Massachusetts, Vermont, Maine, New Hampshire and Rhode Island, as well as Connecticut. Monthly meetings are anticipated and areas of possible collaboration include:

- Development of education curricula for providers and future workforce;
- Creation of informational resources on various CCHIT certified vendor systems;
- Harmonization of privacy policies; and
- Sharing of best practices and lessons learned.

A joint letter of intent to collaborate across New England is being finalized. DPH will also reach out to eHealth leadership in New York to develop similar collaborative relationships.

Domain Capacities:

Governance Capacity:
Connecticut's HIE governance structure is specifically defined in state statute. Effective July 8, 2009, Public Act 09-232, Section 75 designated the DPH as the lead health information exchange organization

for the state. DPH was tasked with the implementation and periodic revision of the Plan and the development of standards and protocols for privacy in the sharing of health information.

Section 76 of the Act establishes a health information technology and exchange advisory committee (the Advisory Committee) consisting of twelve members, including the Lieutenant Governor and eleven appointees representing medical research organizations, health plans, federally qualified health centers, primary care physicians, hospitals, consumers, private business and pharmacists. In addition, the Act appointed the Commissioners of Public Health, Social Services (the Medicaid agency), Consumer Protection, Health Care Access and Information Technology, and the Secretary of the Office of Policy and Management and the Healthcare Advocate as ex-officio, non-voting members.

The Advisory Committee will advise the Commissioner of Public Health regarding implementation of the Plan and will develop appropriate protocols for HIE and electronic data standards to facilitate the development of a statewide, integrated electronic health information system. In addition, the Advisory Committee will examine and identify specific ways to improve and promote HIE in the state, including, but not limited to, identifying both public and private funding sources for health information technology. Finally, the Advisory Committee will advise the Commissioner regarding the development and implementation of a health information technology grant program which may, within available funds, provide grants-in-aid to eligible institutions for the advancement of health information exchange and health information technology in this state.

The DPH, as lead HIE organization for the state, will collaborate with and support the Advisory Committee to provide oversight and accountability of all health information activities, including the convening of stakeholders, implementation and revision of the state plan, the establishment and oversight of subcommittees in each of the five domains, the establishment of grants-in-aid programs to promote best practices for "meaningful use" and the development, implementation and sustainability of the statewide HIE. All DPH and Advisory Committee HIE activities will be transparent and open to the public. Transcripts of all Advisory Committee meetings will be posted on the DPH web page. Mandatory annual reports to the Office of the Governor and the Legislative committees of cognizance will also be posted.

Per statute, the Advisory Committee will hold its inaugural meeting on or before November 1, 2009. Appointments to the Advisory Committee are underway, and will be completed on or before October 1, 2009.

Legal and Policy HIE Capacity:
While Connecticut has not been on the forefront of implementing trust agreements, significant research regarding current policies, laws and barriers has been completed. The Health Information Security and Privacy Collaborative Initiative provided a systematic approach to public health information exchange by assessing policies and state laws affecting health information exchange, identifying and proposing practical solutions, and developing a detailed plan to implement these solutions in Connecticut. Their research assessed variations across business entities, identified barriers to legitimate flow of electronic health information, proposed solutions and developed a proposed plan of action. Legal and policy barriers were identified, solutions proposed and a plan of action developed that was drawn upon in the Plan. Memorandums of understanding between sister state agencies regarding the sharing of certain data have been completed and can be modified. In addition, memorandums of agreements with outside contractors for State efforts including on-line licensing, physician profile, e-prescribing, and more have been adopted.

As part of the Plan, legal and policy guidance and recommendations for a statewide Health Information Exchange Network (HIEN) have been identified. The development of an operational plan per the Project will result in the adoption of standards for information exchange policies and business agreements along

with establishing an identity management and authentication system to ensure accountability and appropriate use of the HIEN by the health care workforce.

The Advisory Committee and DPH will identify areas where guidance is lacking and adopt privacy policies and procedures to ensure further development of trust agreements and harmonize legal and policy requirements. Further policy development will document appropriate access to clinical data when entities terminate data-sharing relationships, as well as document state regulations and licensing requirements when sending health information electronically across state lines. In addition, Connecticut will work with neighboring states to address interstate HIE issues while protecting consumer interests.

Business and Technical Operations Capacity:
While the Plan identifies a number of barriers to the development of business and technical operations capacity, DPH and the Advisory Committee will develop strategies that will increase HIE adoption in the state through the development of a fully operational plan. While it is anticipated that some responsibilities for the business and technical operations will fall to a contracted entity implementing the technical services needed for HIE, overall responsibility will continue to reside with the DPH and the Advisory Committee. In addition, the DPH will coordinate its technical support activities with the state's Medicaid agency and the designated Regional Extension Center.

While the participation of the State Medicaid agency on the Advisory Committee is mandated by statute, the DPH and the Medicaid agency have already established HIE coordination mechanisms. As providers prepare to adopt Electronic Health Records (EHR) systems or connect to the HIE, they will need resources and support to help them make informed decisions about the options available, lessons learned from other providers, and statewide specification standards necessary for interoperability. To help providers successfully integrate into the statewide HIE, providers will need information regarding statewide use and interoperability expectations, EHR system hosting options, implementation guides, training, and hands-on-technical support. Connecticut will conduct a technical assessment to provide an inventory of provider network capacity and access to broadband services. Results will be used to develop an infrastructure model that provides technological framework of the HIE for planning and implementation purposes which include key decisions that affect the approach to system interoperability, estimates for network capacity and bandwidth needs, privacy and security of the clinical data, and the amount of funding needed to launch and maintain an HIE.

In developing the Plan, the Plan Steering Committee and the Connecticut Hospital Association conducted a survey of all hospitals which solicited input regarding current and future HIT activities, HIE capabilities, level of spending on HIT initiatives, perceptions regarding HIE oversight, potential state involvement and opportunities and barriers to health IT/HIE adoption. A summary of the results can be found in Appendix H of the Plan. The Plan Steering Committee also conducted a survey of stake holders from the Connecticut health care system including Community Health Centers, physician groups, hospital leadership and state agency staff to identify baseline information on their current and future HIE capabilities and their perspectives on opportunities and barriers to HIT/HIE adoption. The Advisory Committee and State RHIO technical director hired through this cooperative agreement will use the results of these surveys as a baseline for determining the status of HIE initiatives in the State and conduct further research into HIE activities.

Technical Infrastructure Capacity:
The Plan provides information on the level of technical guidance, technical architecture and strategic initiatives necessary to enable interoperability within the existing technical infrastructure of the Connecticut healthcare system. Connecticut's Plan outlines guidance for the technical architecture including:

- Federated vs. centralized data repositories;

- Modular framework;
- Direct patient care domain technical architecture;
- State health agencies domain technical architecture;
- Healthcare system monitoring and evaluation domain technical architecture; and
- Connecticut state health information exchange technical architecture.

The Advisory Committee will review these recommendations to determine which technical infrastructure will be utilized for the development and implementation of the Project, including the integration of Medicaid management information systems. Mechanisms will be in place to ensure the integrity of data during the transmission, so that data sent from one clinical entity/physician to the next is not changed en route. To facilitate HIE, administrative, technical, and physical safeguards will be in place to ensure the security, confidentiality, integrity, and availability of information consistent with the provisions of the Health Information Portability and Accountability Act (HIPAA) and any applicable state laws. Moreover, the Advisory Committee will explore leveraging the state's purchasing power.

Research conducted by the Plan Steering Committee shows that approximately 10-15% of Connecticut physician practices have EMR systems. While many of Connecticut's healthcare providers and supporting organizations are not prepared to support health information exchange without a significant investment and upgrades to existing infrastructure, DPH will leverage the many ongoing regional and state efforts and resources that can advance HIE.

Finance Capacity:
Development of needed financial capacity to support the development, implementation and sustainability of the statewide HIE will be a major focus of the DPH and the Advisory Committee. Connecticut will determine the type of business structure and financing options most suitable for supporting a public-private, multi-stakeholder, collaborative governance of the Connecticut HIEN. It is envisioned that the costs and benefits of providing interoperable health information exchange across Connecticut will be distributed among the various groups of stakeholders, with the primary goals of identifying the qualitative and quantitative value proposition for each stakeholder group. The Project will support policy development efforts, gaining stakeholder support and understanding of the challenges and the need to develop financial models to bridge the time period between grant funds and reimbursement reform over the next five to ten years. While focusing primarily on financial issues that could provide revenue streams in the medium-term, it is recognized that financial incentives for better care will likely contribute to the long-term sustainability of the statewide health information strategy. In its role as a facilitator of funding, DPH will need to seek and obtain monies from a variety of sources and develop a strong business plan.

The Point of Contact for this grant application is Mr. Warren Wollschlager, Chief of the Office of Research and Development Branch at the DPH. He can be reached by phone at (860) 509.7104, via email at warren.wollschlager@ct.gov or by mail at 410 Capitol Avenue, MS # 51 ORD, P.O. Box 340308, Hartford, CT 06134-0308. Again, we thank you for this opportunity to apply and we look forward to improving health information exchange in the state.

Sincerely,

J. Robert Galvin, MD, MPH, MBA
Commissioner

Appendix 2
BUDGET JUSTIFICATION

YEAR 1
A. PERSONNEL:

Position	Name	Annual Salary/ Rate	Level of Effort	Cost
State Health IT Coordinator	To be selected	$119,326	100%	$119,326
Technical Manager	To be selected	$105,055	100%	$105,055
Accountant	To be selected	$ 66,170	50%	$ 33,085
			TOTAL	**$257,466**

JUSTIFICATION:
The State Health IT Coordinator will provide oversight of the grant at the state, national, and local level, including personnel management, project implementation, governance and evaluation. The State Health IT Coordinator will ensure the coordination, integration and alignment of efforts among federal and state agencies and stakeholders in the public and private sector, and will serve as liaison to the Technical Manager. The State Health IT Coordinator will oversee the development of state HIT plans, and manage the implementation efforts needed to ensure progress across all domains sufficient to enable statewide health information exchange and meaningful use.

The Technical Manager will be responsible for the IT functions of the CT HIE, including the ongoing management of internal and external applications, infrastructure, and IT implementation projects. In this role, the Technical Manager will exercise leadership and collaboration skills, and provide subject matter expertise regarding technical architecture and design standards and security operations. The Technical Manager will work closely with both internal and with external constituencies.

The half-time accountant is responsible for Stimulus Funding financial reporting including reviewing preliminary budget, assisting program staff and providing technical assistance to compile and plan annual stimulus funding budget and financial reporting of the stimulus funds. In addition, the Accountant will monitor the financial progress of the funding through periodic reporting and ensure program compliance with budgetary limitations and funding restrictions.

FEDERAL REQUEST:
$257,466

B. FRINGE BENEFITS:
Components that comprise the fringe benefit rate include medical insurance, FIC, Worker's Compensation, disability, and retirement/pension. The State of Connecticut established rate for this fiscal year is 63.49%, equaling $163,465 for salaries.

FEDERAL REQUEST:
$163,465

C. INDIRECT COST RATE:
The negotiated indirect cost rate is 36.2%, equaling $93,202.69 for salaries.

FEDERAL REQUEST:
$93,203

D. TRAVEL:

Purpose of Travel	Location	Item	Rate	Cost
HITC, TM to attend two 2-day federal meetings	Washington, DC	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000
		Per Diem	$57/day x 2 days x 2 trips	$228
HITC, TM to attend two 2-day federal meetings	Chicago, IL	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000
		Per Diem	$57/day x 2 days x 2 trips	$228
Local Travel		Mileage	$0.56/mile x 600 miles/year	$336
			TOTAL	**$4,992**

JUSTIFICATION:
Travel includes the cost of two staff members to attend 2 two-day mandatory grantee meetings in Washington, D.C. as well as Chicago, Illinois. Local travel is needed to attend HITE Advisory Committee Meetings and onsite visits to contractors to ensure compliance with program implementation and provide technical assistance. (DPH will offer to host meetings to keep the cost of mileage to a minimum and state vehicles will be made available to staff.)

FEDERAL REQUEST:
$4,992

E. SUPPLIES

Item(s)	Rate	Cost
Blackberry Phone	$105/month x 12 months x 2 persons	$2,520
General Office Supplies	$500/year x 3 persons	$1,500
Computer + Software	$1,000 x 3 persons	$3,000
	TOTAL	**$7,020**

JUSTIFICATION:
General office supplies (which includes postage and copies), phone & services, and the computer and necessary software are needed for personnel.

FEDERAL REQUEST:
$7,020

F. CONTRACT

Name	Service	Cost
TBD	Strategic and Operation Plan Development	$500,000
Implementation Funds	Funds to implement HIE in Connecticut	$2,526,813
Evaluation	Funds to evaluate project	$50,000
	TOTAL	**$3,076,813**

JUSTIFICATION:
The DPH will contract with an entity to revise and develop a strategic plan and operational plan that follows the ONC guidelines. The strategic and operational plans will outline a corresponding and comprehensive set of activities to achieve the statewide capacity for HIE and meaningful use. The Department envisions the completion of the Connecticut HIE Operational Plan by April 30, 2010.

The Implementation Funds will be used to develop and implement statewide capacity for health information exchange and meaningful use of electronic health records. The specific performance measures, operational strategies and timeframes will be developed as part of the planning process. While it is likely that the Department will leverage contract mechanisms to address the development and interoperability of an exchange system, the state will maintain overall responsibility for the governance of the exchange. The capacity for sustainable, statewide exchange and meaningful use of health information will be developed by December 31, 2011. Anticipated outcomes include improved patient outcomes, reduction of medical errors, improved access to and coordination of care, and increased efficiency of the health care delivery system.

The Department will leverage contracts for the evaluation component of the HIE Cooperative Agreement throughout the length of the project.

FEDERAL REQUEST:
$3,076,813

G. OTHER

Item(s)	Rate	Cost
HITE Advisory Committee Administrative Support	$25,000	$25,000
Strategic Communications and Outreach Activities	$50,000	$50,000
	TOTAL	**$75,000**

JUSTIFICATION:
HITE Advisory Committee Administrative Support includes funding to support the on going work of the Committee in an open and transparent manner. Funds will be used to pay for a service to transcribe and post all Advisory Committee proceedings, to secure adequate meeting facilities accessible to the public, to provide written and electronic materials to Advisory

Committee members, and to cover costs associated with the discharge of duties, including necessary training.

Strategic Communications & Outreach Activities includes funding for the development and implementation of communications planning and media strategies, utilizing social media networking, convening and staffing multi-stakeholder meetings, and for the development of printed resources and materials in support of this initiative.

FEDERAL REQUEST:
$75,000

H. In-Kind

Item(s)	**Rate**	**Cost**
Warren Wollschlager	Salary (0.50 FTE) = $5,715 x 6 pay periods) includes Fringe Benefits and Indirect	$34,290
Marianne Horn	Salary (0.25 FTE) = $2,437 x 6 pay periods) includes Fringe Benefits and Indirect	$14,622
Denise Leiper	Salary (0.25 FTE) = $1,407 x 6 pay periods) includes Fringe Benefits and Indirect	$8,442
Meg Hooper	Salary (0.25 FTE) = $1,727 x 6 pay periods) includes Fringe Benefits and Indirect	$10,362
HITE Advisory Committee	20 persons x 2hr meetings x 3 meetings/quarter x average hourly salary @ $50.	$6,000
	TOTAL	**$73,716**

JUSTIFICATION:
In-kind matching support from the state-level officials for the 4th Quarter in Year 1

MATCHING: $73,716

Year 1 BUDGET SUMMARY:

Category	**Federal Request**	**Non-Federal**
Personnel	$257,466	
Fringe Benefits	$163,465	
Indirect Cost Rate	$93,203	
Travel	$4,992	
Supplies	$7,020	
Contractual	$3,076,813	
Other	$75,000	
In-Kind		$73,716
TOTAL	**$3,677,959**	**$73,716**

YEAR 2

F. PERSONNEL:

Position	Name	Annual Salary/ Rate	Level of Effort	Cost
State Health IT Coordinator	To be selected	$125,292	100%	$125,292
Technical Manager	To be selected	$110,308	100%	$110,308
Accountant	To be selected	$ 69,479	50%	$ 34,739
			TOTAL	**$270,339**

JUSTIFICATION:
Salary increase of 5%

FEDERAL REQUEST:
$270,339

B. FRINGE BENEFITS:
Components that comprise the fringe benefit rate include medical insurance, FIC, Worker's Compensation, disability, and retirement/pension. The State of Connecticut established rate for this fiscal year is 63.49% equaling $171,638 for salaries.

FEDERAL REQUEST:
$171,638

C. INDIRECT COST RATE:
The negotiated indirect cost rate is 36.2% equaling $97,863 for salaries.

FEDERAL REQUEST:
$97,863

D. TRAVEL:

Purpose of Travel	Location	Item	Rate	Cost
HITC, TM to attend two 2-day federal meetings	Washington, DC	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000
		Per Diem	$57/day x 2 days x 2 trips	$228
HITC, TM to attend two 2-day federal meetings	Chicago, IL	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000

		Per Diem	$57/day x 2 days x 2 trips	$228
Local Travel		Mileage	$0.56/mile x 600 miles/year	$336
			TOTAL	**$4,992**

JUSTIFICATION:
Travel includes the cost of two staff members to attend 2 two-day grantee meetings in Washington, DC as well as Chicago, Illinois. Local travel is needed to attend HITE Advisory Committee Meetings and onsite visits to contractors to ensure compliance with program implementation and provide technical assistance. (DPH will offer to host meetings to keep the cost of mileage to a minimum and state vehicles will be made available to staff.)

FEDERAL REQUEST:
$4,992

E. SUPPLIES

Item(s)	**Rate**	**Cost**
Blackberry Phone	$105/month x 12 months x 2 persons	$2,520
General Office Supplies	$500/year x 3 persons	$1,500
	TOTAL	**$4,020**

JUSTIFICATION:
General office supplies (which includes postage and copies), and phone & services.

FEDERAL REQUEST:
$4,020

F. CONTRACT

Name	**Service**	**Cost**
Implementation Funds	Funds to implement HIE in Connecticut	$1,516,088
Evaluation	Funds to evaluate project	$50,000
	TOTAL	**$1,566,088**

JUSTIFICATION:
The Implementation Funds will be used to develop and implement statewide capacity for health information exchange and meaningful use of electronic health records. The specific performance measures, operational strategies and timeframes will be developed as part of the planning process. While it is likely that the Department will leverage contract mechanisms to address the development and interoperability of an exchange system, the state will maintain overall responsibility for the governance of the exchange. The capacity for sustainable, statewide exchange and meaningful use of health information will be developed by December 31, 2011. Anticipated outcomes include improved patient outcomes, reduction of medical errors, improved access to and coordination of care, and increased efficiency of the health care delivery system.

The Department will leverage contracts for the evaluation component of the HIE Cooperative Agreement.

FEDERAL REQUEST:
$1,566,088

G. OTHER

Item(s)	Rate	Cost
HITE Advisory Committee Administrative Support	$25,000	$25,000
Strategic Communications and Outreach Activities	$50,000	$50,000
	TOTAL	**$75,000**

JUSTIFICATION:
HITE Advisory Committee Administrative Support includes funding to support the on going work of the Committee in an open and transparent manner. Funds will be used to pay for a service to transcribe and post all Advisory Committee proceedings, to secure adequate meeting facilities accessible to the public, to provide written and electronic materials to Advisory Committee members, and to cover costs associated with the discharge of duties, including necessary training.

Strategic Communications & Outreach Activities includes funding for the development and implementation of communications planning and media strategies, utilizing social media networking, convening and staffing multi-stakeholder meetings, and for the development of printed resources and materials in support of this initiative.

FEDERAL REQUEST:
$75,000

H. In-Kind

Item(s)	Rate	Cost
Warren Wollschlager	Salary (0.50 FTE) = $6,001 x 26 pay periods) includes Fringe Benefits and Indirect	$156,026
Marianne Horn	Salary (0.25 FTE) = $2,558 x 26 pay periods) includes Fringe Benefits and Indirect	$66,508
Denise Leiper	Salary (0.25 FTE) = $1,478 x 26 pay periods) includes Fringe Benefits and Indirect	$38,428
Meg Hooper	Salary (0.20 FTE) =$1,813 x 26 pay periods) includes Fringe Benefits and Indirect	$47,138
HITE Advisory Committee	20 persons x 2hr meetings x 3 meetings/quarter x 4 quarters x average hourly salary @ $50.	$24,000

	TOTAL	**$332,100**

JUSTIFICATION:
In-kind matching support from the state-level officials.

MATCHING: $332,100

Year 2 BUDGET SUMMARY:

Category	**Federal Request**	**Non-Federal**
Personnel	$270,339	
Fringe Benefits	$171,638	
Indirect Cost Rate	$97,863	
Travel	$4,992	
Supplies	$4,020	
Contractual	$1,566,088	
Other	$75,000	
In-Kind		$332,100
TOTAL	$2,189,940	**$332,100**

YEAR 3
A. PERSONNEL:

Position	Name	Annual Salary/ Rate	Level of Effort	Cost
State Health IT Coordinator	To be selected	$131,557	100%	$131,557
Technical Manager	To be selected	$115,823	100%	$115,823
Accountant	To be selected	$ 72,952	50%	$ 36,476
			TOTAL	**$283,856**

JUSTIFICATION:
Salary increase of 5%

FEDERAL REQUEST:
$283,856

B. FRINGE BENEFITS:
Components that comprise the fringe benefit rate include medical insurance, FIC, Worker's Compensation, disability, and retirement/pension. The State of Connecticut established rate for this fiscal year is 63.49% equaling $180,220 for salaries.

FEDERAL REQUEST:
$180,220

C. INDIRECT COST RATE:
The negotiated indirect cost rate is 36.2% equaling $102,756 for salaries.

FEDERAL REQUEST:
$102,756

D. TRAVEL:

Purpose of Travel	Location	Item	Rate	Cost
HITC, TM to attend two 2-day federal meetings	Washington, DC	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000
		Per Diem	$57/day x 2 days x 2 trips	$228
HITC, TM to attend two 2-day federal meetings	Chicago, IL	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100

		Hotel	$250/night x 2 nights x 2 trips	$1,000
		Per Diem	$57/day x 2 days x 2 trips	$228
Local Travel		Mileage	$0.56/mile x 600 miles/year	$336
			TOTAL	**$4,992**

JUSTIFICATION:
Travel includes the cost of two staff members to attend 2 two-day grantee meetings in Washington, DC as well as Chicago, Illinois. Local travel is needed to attend HITE Advisory Committee Meetings and onsite visits to contractors to ensure compliance with program implementation and provide technical assistance. (DPH will offer to host meetings to keep the cost of mileage to a minimum and state vehicles will be made available to staff.)

FEDERAL REQUEST:
$4,992

E. SUPPLIES

Item(s)	**Rate**	**Cost**
Blackberry Phone	$105/month x 12 months x 2 persons	$2,520
General Office Supplies	$500/year x 3 persons	$1,500
	TOTAL	**$4,020**

JUSTIFICATION:
General office supplies (which includes postage and copies), and phone & services.

FEDERAL REQUEST:
$4,020

F. CONTRACT

Name	**Service**	**Cost**
Evaluation	Funds to evaluate program	$50,000
	TOTAL	**$50,000**

JUSTIFICATION:
The Department will leverage contracts for the evaluation component of the HIE Cooperative Agreement.

FEDERAL REQUEST:
$50,000

G. OTHER

Item(s)	**Rate**	**Cost**
HITE Advisory Committee Administrative Support	$25,000	$25,000
Strategic	$50,000	$50,000

Communications and Outreach Activities		
	TOTAL	**$75,000**

JUSTIFICATION:
HITE Advisory Committee Administrative Support includes funding to support the on going work of the Committee in an open and transparent manner. Funds will be used to pay for a service to transcribe and post all Advisory Committee proceedings, to secure adequate meeting facilities accessible to the public, to provide written and electronic materials to Advisory Committee members, and to cover costs associated with the discharge of duties, including necessary training.

Strategic Communications & Outreach Activities includes funding for the development and implementation of communications planning and media strategies, utilizing social medial networking, convening and staffing multi-stakeholder meetings, and for the development of printed resources and materials in support of this initiative.
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FEDERAL REQUEST:
$75,000

H. In-Kind

Item(s)	**Rate**	**Cost**
Warren Wollschlager	Salary (0.50 FTE) = $6,301 x 26 pay periods) includes Fringe Benefits and Indirect	$163,826
Marianne Horn	Salary (0.25 FTE) = $2,686 x 26 pay periods) includes Fringe Benefits and Indirect	$69,836
Denise Leiper	Salary (0.25 FTE) = $1,552 x 26 pay periods) includes Fringe Benefits and Indirect	$40,352
Meg Hooper	Salary (0.20 FTE) = $1,904 x 26 pay periods) includes Fringe Benefits and Indirect	$49,504
HITE Advisory Committee	20 persons x 2hr meetings x 3 meetings/quarter x 4 quarters x average hourly salary @ $50.	$24,000
	TOTAL	**$347,518**

JUSTIFICATION:
In-kind matching support from the state-level officials - a 5% yearly salary increase.

MATCHING: $347,518

Year 3 BUDGET SUMMARY:

Category	**Federal Request**	**Non-Federal**
Personnel	$283,856	
Fringe Benefits	$180,220	
Indirect Cost Rate	$102,756	
Travel	$4,992	
Supplies	$4,020	
Contractual	$50,000	
Other	$75,000	
In-Kind		$347,518
TOTAL	**$700,845**	**$347,518**

YEAR 4
A. PERSONNEL:

Position	Name	Annual Salary/ Rate	Level of Effort	Cost
State Health IT Coordinator	To be selected	$138,135	100%	$138,135
Technical Manager	To be selected	$121,614	100%	$121,614
Accountant	To be selected	$ 76,600	50%	$ 38,300
			TOTAL	**$298,049**

JUSTIFICATION:
Salary increase of 5%

FEDERAL REQUEST:
$298,049

B. FRINGE BENEFITS:
Components that comprise the fringe benefit rate include medical insurance, FIC, Worker's Compensation, disability, and retirement/pension. The State of Connecticut established rate for this fiscal year is 63.49% for $189,231 equaling for salaries.

FEDERAL REQUEST:
$189,231

C. INDIRECT COST RATE:
The negotiated indirect cost rate is 36.2% equaling $107,894 for salaries.

FEDERAL REQUEST:
$107,894

D. TRAVEL:

Purpose of Travel	Location	Item	Rate	Cost
HITC, TM to attend two 2-day federal meetings	Washington, DC	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000
		Per Diem	$57/day x 2 days x 2 trips	$228
HITC, TM to attend two 2-day federal meetings	Chicago, IL	Airfare	$500/flight x 2 trips	$1,000
		Ground Transportation	$50/person x 2 trips	$100
		Hotel	$250/night x 2 nights x 2 trips	$1,000

		Per Diem	$57/day x 2 days x 2 trips	$228
Local Travel		Mileage	$0.56/mile x 600 miles/year	$336
			TOTAL	**$4,992**

JUSTIFICATION:
Travel includes the cost of two staff members to attend 2 two-day grantee meetings in Washington, DC as well as Chicago, Illinois. Local travel is needed to attend HITE Advisory Committee Meetings and onsite visits to contractors to ensure compliance with program implementation and provide technical assistance. (DPH will offer to host meetings to keep the cost of mileage to a minimum and state vehicles will be made available to staff.)

FEDERAL REQUEST:
$4,992

E. SUPPLIES

Item(s)	**Rate**	**Cost**
Blackberry Phone	$105/month x 12 months x 2 persons	$2,520
General Office Supplies	$500/year x 3 persons	$1,500
	TOTAL	**$4,020**

JUSTIFICATION:
General office supplies (which includes postage and copies), and phone & services.

FEDERAL REQUEST:
$4,020

F. CONTRACT

Name	**Service**	**Cost**
Evaluation	Funds to evaluate program	$50,000
	TOTAL	**$50,000**

JUSTIFICATION:
The Department will leverage contracts for the evaluation component of the HIE Cooperative Agreement.

FEDERAL REQUEST:
$50,000

G. OTHER

Item(s)	**Rate**	**Cost**
HITE Advisory Committee Administrative Support	$25,000	$25,000
Strategic Communications and Outreach	$50,000	$50,000

Activities		
	TOTAL	**$75,000**

JUSTIFICATION:
HITE Advisory Committee Administrative Support includes funding to support the on going work of the Committee in an open and transparent manner. Funds will be used to pay for a service to transcribe and post all Advisory Committee proceedings, to secure adequate meeting facilities accessible to the public, to provide written and electronic materials to Advisory Committee members, and to cover costs associated with the discharge of duties, including necessary training.

Strategic Communications & Outreach Activities includes funding for the development and implementation of communications planning and media strategies, utilizing social medial networking, convening and staffing multi-stakeholder meetings, and for the development of printed resources and materials in support of this initiative.

FEDERAL REQUEST:
$75,000

H. In-Kind

Item(s)	**Rate**	**Cost**
Warren Wollschlager	Salary (0.50 FTE) = $6,616 x 26 pay periods) includes Fringe Benefits and Indirect	$172,016
Marianne Horn	Salary (0.25 FTE) = $2,821 x 26 pay periods) includes Fringe Benefits and Indirect	$73,346
Denise Leiper	Salary (0.25 FTE) = $1,629x 26 pay periods) includes Fringe Benefits and Indirect	$42,354
Meg Hooper	Salary (0.20 FTE) = $1,999x 26 pay periods) includes Fringe Benefits and Indirect	$51,974
HITE Advisory Committee	20 persons x 2hr meetings x 3 meetings/quarter x 4 quarters x average hourly salary @ $50.	$24,000
Revenue Stream	$11,000 per quarter x 4 quarters	$44,000
	TOTAL	**$407,690**

JUSTIFICATION:
In-kind matching support from the state-level officials - a 5% yearly salary increase.

The Revenue Stream, as developed and discussed in the planning process, will come into effect in the fourth year. This fee model will generate and assure sustainable revenue to support the statewide HIE.

MATCHING: $407,690

Year 4 BUDGET SUMMARY:

Category	**Federal Request**	**Non-Federal**
Personnel	$298,049	
Fringe Benefits	$189,231	
Indirect Cost Rate	$107,894	
Travel	$4,992	
Supplies	$4,020	
Contractual	$50,000	
Other	$75,000	
In-Kind		$407,690
TOTAL	**$729,186**	**$407,690**

Projected Budget Over Four Years:

Category	Y1	Y2	Y3	Y4	TOTAL
Personnel: *(Salary (5% increase Y2-Y4)*:	$257,466	$270,339	$283,856	$298,049	
Fringe:	$163,465	$171,638	$180,220	$189,231	
Indirect:	$93,203	$97,863	$102,756	$107,894	
Travel:	$4,992	$4,992	$4,992	$4,992	
Supplies:	$7,020	$4,020	$4,020	$4,020	
Contractor:	$500,000	$0	$0	$0	
Contractor:	$2,526,813	$1,516,088	$0	$0	
Contractor:	$50,000	$50,000	$50,000	$50,000	
Other	$75,000	$75,000	$75,000	$75,000	
Total	**$3,677,958**	**$2,189,940**	**$700,845**	**$729,186**	**$7,297,930**
In-kind	$73,716	$332,100	$347,518	$407,690	$1,161,024

The following table represents the budget divided in quarters along with the required matching in-kind.

YEAR 1
Fiscal Year 2010

	1st Quarter 7 Pay Periods			**2nd Quarter 6 Pay Periods**			**3rd Quarter 7 Pay Periods**			**4th Quarter 6 Pay Periods**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year 1 FY10	$0	$0	$0	$0	$0	$0	$0	$0	$0	1 to 10	1 to 10	1 to 10
Expenses	Positions: $128,533.50 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $4,005 Contractual: Plan $250,000 Contractual Evaluation: $50,000 Other: HITE $25,000 Other: Strat. Communications $50,000 **TOTAL $509,950.50**			Positions: $128,533.50 In-state Travel: $84 Supplies: $1,005 Contractual: Plan $250,000 **TOTAL $379,622.5**			Positions: $128,533.50 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 Contractual: Implementation $2,021,450 **TOTAL $2,153,400.50**			Positions: $128,533.50 In-state Travel: $84 Supplies: $1,005 Contractual: Implementation $505,362.50 **TOTAL $634,985**		
In-Kind Match	In-kind = 0			In-kind = 0			In-kind =0			**Need: $63,498.50** WW (.50FTE) = $5,715/pps MaH (.25FTE) = $2,437/pps DL (.25FTE) = $1,407/pps MH (.20FTE) = $1,727/pps HITE Advisory (120 hrs) =$6,000 **Total: $73,716**		

YEAR 2

Fiscal Year 2011

	1st Quarter 7 Pay Periods			2nd Quarter 6 Pay Periods			3rd Quarter 7 Pay Periods			4th Quarter 6 Pay Periods		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year 2 FY11	1 to 10	1 to 10	1 to 10	1 to 10	1 to 10	1 to 10	1 to 10	1 to 10	1 to 10	1 to 7	1 to 7	1 to 7
Expenses	Positions: $134,960 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 Contractual: Implementation $505,362.5 Contractual Evaluation: $50,000 Other: HITE $25,000 Other: Strat. Communications $50,000 **TOTAL $768,739.50**			Positions: $134,960 In-state Travel: $84 Supplies: $1,005 Contractual: Implementation $505,362.5 Contractual Evaluation: $50,000 **TOTAL $691,411.50**			Positions: $134,960 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 Contractual: Implementation $505,362.5 **TOTAL $643,739.50**			Positions: $134,960 In-state Travel: $84 Supplies: $1,005 **TOTAL $136,049**		
In-Kind Match	**Need: $76,873.95** WW (.50FTE) = $6,001/pps MaH (.25FTE) = $2,558/pps DL (.25FTE) = $1,478/pps MH (.20FTE) = $1,813/pps HITE Advisory (120 hrs) =$6,000 **Total: $88,950**			**Need: $69,141.15** WW (.50FTE) = $6,001/pps MaH (.25FTE) = $2,558/pps DL (.25FTE) = $1,478/pps MH (.20FTE) = $1,813/pps HITE Advisory (120 hrs) =$6,000 **Total: $77,100**			**Need: $64,373.95** WW (.50FTE) = $6,001/pps MaH (.25FTE) = $2,558/pps DL (.25FTE) = $1,478/pps MH (.20FTE) = $1,813/pps HITE Advisory (120 hrs) =$6,000 **Total: $88,950**			**Need: $19,435.57** WW (.50FTE) = $6,001/pps MaH (.25FTE) = $2,558/pps DL (.25FTE) = $1,478/pps MH (.20FTE) = $1,813/pps HITE Advisory (120 hrs) =$6,000 **Total: $77,100**		

YEAR 3
Fiscal Year 2012

	1st Quarter 7 Pay Periods			**2nd Quarter 6 Pay Periods**			**3rd Quarter 7 Pay Periods**			**4th Quarter 6 Pay Periods**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year 3 FY12	1 to 7	1 to 7	1 to 7	1 to 7	1 to 7	1 to 7	1 to 7	1 to 7	1 to 7	1 to 3	1 to 3	1 to 3
Expenses	Positions: $141,708 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 Contractual Evaluation: $50,000 Other: HITE $25,000 Other: Strat. Communications $50,000 **TOTAL $220,125**			Positions: $141,708 In-state Travel: $84 Supplies: $1,005 **TOTAL $142,797**			Positions: $141,708 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 **TOTAL $145,125**			Positions: $141,708 In-state Travel: $84 Supplies: $1,005 **TOTAL $142,797**		
In-Kind Match	**Need: $31,446.43** WW (.50FTE) = $6,301/pps MaH (.25FTE) = $2,686/pps DL (.25FTE) = $1,552/pps MH (.20FTE) = $1,904/pps HITE Advisory (120 hrs) =$,6,000 **Total: $93,101**			**Need: $20,399.57** WW (.50FTE) = $6,301/pps MaH (.25FTE) = $2,686/pps DL (.25FTE) = $1,552/pps MH (.20FTE) = $1,904/pps HITE Advisory (120 hrs) =$,6,000 **Total: $80,658**			**Need: $20,732.14** WW (.50FTE) = $6,301/pps MaH (.25FTE) = $2,686/pps DL (.25FTE) = $1,552/pps MH (.20FTE) = $1,904/pps HITE Advisory (120 hrs) =$,6,000 **Total: $93,101**			**Need: $47,599** WW (.50FTE) = $6,301/pps MaH (.25FTE) = $2,686/pps DL (.25FTE) = $1,552/pps MH (.20FTE) = $1,904/pps HITE Advisory (120 hrs) =$,6,000 **Total: $80,658**		

YEAR 4
Fiscal Year 2013

	1st Quarter 7 Pay Periods			**2nd Quarter 6 Pay Periods**			**3rd Quarter 7 Pay Periods**			**4th Quarter 6 Pay Periods**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year 4 FY13	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3	1 to 3
Expenses	Positions: $148,793.5 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 Contractual Evaluation: $50,000 Other: HITE $25,000 Other: Strat. Communications $50,000 **TOTAL $324,809.50**			Positions: $148,793.5 In-state Travel: $84 Supplies: $1,005 **TOTAL $149,882.50**			Positions: $148,793.5 Out of State Travel: $2,328 In-state Travel: $84 Supplies: $1,005 **TOTAL $152,210.50**			Positions: $148,793.5 In-state Travel: $84 Supplies: $1,005 **TOTAL $149,882.5**		
In-Kind Match	**Need: $108,269.83** WW (.50FTE) = $6,616/pps MaH (.25FTE) = $2,821/pps DL (.25FTE) = $1,629/pps MH (.20FTE) = $1,999/pps HITE Advisory (120 hrs) =$6,000 Revenue Stream: 11,000 **Total: $108,455**			**Need: $49,960.83** WW (.50FTE) = $6,616/pps MaH (.25FTE) = $2,821/pps DL (.25FTE) = $1,629/pps MH (.20FTE) = $1,999/pps HITE Advisory (120 hrs) =$6,000 Revenue Stream: 11,000 **Total: $95,390**			**Need: $50,736.83** WW (.50FTE) = $6,616/pps MaH (.25FTE) = $2,821/pps DL (.25FTE) = $1,629/pps MH (.20FTE) = $1,999/pps HITE Advisory (120 hrs) =$6,000 Revenue Stream: 11,000 **Total: $108,455**			**Need: $49,960.83** WW (.50FTE) = $6,616/pps MaH (.25FTE) = $2,821/pps DL (.25FTE) = $1,629/pps MH (.20FTE) = $1,999/pps HITE Advisory (120 hrs) =$6,000 Revenue Stream: 11,000 **Total: $95,390**		

Appendix 3
Key Personnel

1. Resumes
    a. Warren Wollschlager
    b. Marianne Horn, R.N., J.D.
    c. Margaret (Meg) Hooper, MPA
    d. Richard R. Bailey, Sr.

2. Job Descriptions
    a. State Health Information Technology Coordinator
    b. Technical Manager
    c. Fiscal Accountant

Warren Wollschlager
123 Beach Road, Bristol, RI 02809
W (860) 509-7104 H (401) 253-1737

PROFESSIONAL EMPLOYMENT

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Chief, Office of Research and Development *2005 - Present*

- Design and manage Connecticut's $100 million human embryonic stem cell research program
- Administer the Connecticut Stem Cell Research Peer Review and Advisory Committees
- Founder and chair of the **Interstate Alliance on Stem Cell Research**
- Founder and co-chair of **StemCONN,** Connecticut's International Stem Cell Research Symposium Series
- Design and manage the agency's umbilical cord blood banking and biobanking developmental activities
- Chair of the Connecticut Umbilical Cord Blood Banking and Biobanking Feasibility Committees
- Vice Chair of the Connecticut External Advisory Panel on Genomics
- Granted $29 million from Stem Cell Research Fund to Connecticut researchers
- Established formal business relationships with the United Kingdom and Canada

Chief of Staff *1999 – 2005*

- Managed the staff and operations of an executive branch agency of approximately 800 employees and a budget of $160 million
- Raised agency's State Health Ranking from ninth to fourth (United Health Foundation)
- Oversaw all administrative bureaus and offices including community services, prevention and education, policy, planning and evaluation, health system regulation, state laboratory services and emergency preparedness
- Managed agency-wide reorganization of programs and resources
- Established the Office of Public Health Preparedness, the Office of Multicultural Health, the Virtual Bureau of Children's Health and the Virtual Office of Genomics
- Established and chaired the Office of Workforce Development
- Managed agency's public health responses to the attacks of 9/11/2001, the anthrax-related death of a Connecticut resident, and Y2K, launched first state pre-event smallpox vaccination effort
- Represented New England on the Association of State and Territorial Health Officials' Management Committee

Chief, Bureau of Health Systems Regulation *1995 - 1999*

- Managed the operations and approximately 250 staff of the agency's regulatory bureau
- Administered a budget of approximately $12 million
- Managed the regulation of all health care, community and environmental providers and institutions including hospitals, nursing homes, surgical centers, day care facilities, emergency medical providers and drinking water companies
- Managed the regulation of health care, community and environmental practitioners and suppliers, including physicians, dentists, nurses, physical and occupational therapists, emergency medical personnel, sanitarians and food service personnel, and drinking water operators
- Consolidated regulatory activities and personnel from five locations in three cities to one office

Health Services Supervisor, Certification *1989 - 1995*

- Managed the operations and approximately 40 staff of the health facility certification programs
- Managed budget of approximately $5 million
- Managed the inspection of 900 health care providers to determine compliance with Title XIX Medicaid and/or Title XVIII Medicare requirements
- Ranked first nationally for statewide certification programs from federal government (HHS)

Mental Retardation Facilities Inspection Supervisor *1987 – 1989*

- Supervised the inspection and certification of private and public residential facilities for individuals with developmental disabilities to determine compliance with Title XIX Medicaid requirements
- Hired and trained staff and oversaw the inspection of 110 facilities
- Oversaw first successful decertification of non-compliant provider for inadequate care
- Represented Connecticut on federal regulation development committee

Mental Retardation Facilities Inspector *1985 – 1987*

- Evaluated the quality of care and services provided by residential facilities to individuals with developmental disabilities
- Conducted observations, staff and client interviews and record reviews; prepared federal inspection reports
- Conducted abuse and neglect investigations

STATE OF CONNECTICUT DEPARTMENT OF MENTAL RETARDATION

Psychology Assistant/Behavior Modification Specialist *1983 – 1985*

- Provided behavior modification services to individuals with developmental disabilities
- Designed and oversaw the implementation of behavioral treatment strategies
- Provided staff training programs
- Prepare monthly, quarterly and annual progress reports

BOARDS AND COMMITTEES

Interstate Alliance for Stem Cell Research *2007 – Present*

- Chair and Founding Member

Connecticut Committee on Establishing a Statewide BioBank *2007 – Present*

- Chair

Connecticut External Advisory Panel on Genomics *2006 – Present*

- Vice Chair

Connecticut Public Umbilical Cord Blood Bank Committee *2006 - Present*

- Administrator and Commissionerâs Designee

Connecticut Stem Cell Research Advisory Committee *2005 – Present*

- Administrator

Connecticut Stem Cell Research Peer Review Committee *2005 – Present*

- Administrator

StemCONN 07, International Stem Cell Research Symposium *2005 - Present*

- Founding Co-Chair

Connecticut Public Health Preparedness Committee *2002 - 2005*

- Chair

Association of State and Territorial Health Officials *2002 - 2005*

- Management Committee, Region 1 Representative

Association of Health Facilities Survey Agencies *1994 - 1995*

- Region 1 Representative

EDUCATION

Eastern CT State University, Willimantic, CT

- 30 Graduate Credit Hours; 1987

Columbia University, New York NY

- B.A., Psychology 1975

MARIANNE HORN, R.N., J.D.

36 KENMORE RD, BLOOMFIELD, CT 06002

860-242-4205 Marianne.horn@ct.gov

EMPLOYMENT

2005 to present: Director of Legal Services, Office of Research and Development, CT Department of Public Health

Responsible for legal oversight of numerous programs within the Department, including stem cell research funding, emergency preparedness response, genomics and health information technology planning. Chair, Human Investigations Committee.

2002-2005: Section Chief, Facilities, Licensure and Inspections Section, CT Department of Public Health

Responsible for oversight of all CT licensed healthcare facilities and practitioner. Led staff of 140.

1992-2002: Assistant Attorney General, CT Office of the Attorney General, Health Division

Responsible for management of complex health related litigation. Researched and drafted legal opinions and advice for state agencies.

EDUCATION

1992 - University of Connecticut School of Law

Juris Doctor

1988 - University of Hartford

Bachelor of Arts in English Literature

1972 - Ryerson University, Toronto, Ontario, Canada

Registered Nurse Diploma

PROFESSIONAL MEMBERSHIPS

CT Bar Association

CT Health Lawyers Association

MARGARET (MEG) HOOPER

251 PRINCETON ST, HARTFORD, CT 06106

860-953-5420 Meg.hooper@ct.gov

EMPLOYMENT

Planning Branch Chief, CT Department of Public Health

Responsible for data surveillance, policy development, and workforce development in Connecticut state and local public health system. Led staff of 80 with budget over $100 million. Manage Vital Records, CT Tumor Registry, and CT Behavioral Risk Factor Surveillance Systems.

Planning Consultant, Capitol Region Council of Governments

Responsible for various regional planning projects, including specialized transportation, resource recovery, economic development. Worked with 29 municipal officials, state and federal partners.

Director, CT Women's Caucus Research and Education Fund

Responsible for Connecticut candidate training programs and research about women in politics.

EDUCATION

1986 - University of Hartford

Masters in Public Administration

Thesis – Regionalism in Policy and Practice

1979 - Southern CT State University

Bachelor of Arts in Sociology

Thesis – Perceived Appropriateness of Voluntary Sterilization

AWARDS

2006 Governor's Service Award

E-mail: rick99jet@comcast.net ▪ Phone: 860-888-0208

Richard R. Bailey Sr

8 Ridgewood Drive
Marlborough, CT 06447

As a 36 year state employee, I have performed in many IT capacities throughout my career. Consider this resume a summation of my recent work history. Additional detail is available upon request.

Recent Accomplishments

- Recognized in May of 2009 by CIO Magazine for outstanding leadership receiving their Oneôs to Watch Award
- Co-lead statewide Pandemic Continuity of Operations planning process and conducted educational and plan development training sessions for all state agencies
- Lead statewide laptop full disk encryption effort which resulted in the encryption of 7,000 laptop hard drives in a 7 week period covering 64 agencies
- Responsible for state HIPAA compliance program impacting 10 agencies
- Developed and implemented the stateôs IT Security Program and Security Risk Analysis Methodology
- Established and implemented a statewide e-licensing solution
- Established and implemented an enterprise learning management system
- Established a statewide network intrusion prevention solution
- Implemented an enterprise internet filtering solution for the state
- Redesigned and implemented new enterprise firewall infrastructure

Professional Experience

Deputy Chief Information Officer ï State of Connecticut, East Hartford, CT ï October, 2007 ï Present

- Organizationally responsible for the daily operation, budget, strategic planning, personnel allocation and organization alignment for Computer Operations, IT Security, Networking and Architecture programs.
- Serve as committee member evaluating employee suggestions for cost savings opportunities. Developed application to support employee submission, committee member review, evaluation, categorization and ranking.
- Serve as a member of the states Stimulus Transparency Workgroup establishing a Web site and supporting processes to meet federal transparency expectations.
- Serve as a member of the states Stimulus Expediting Workgroup setting up an application and processes to support expediting state regulatory and permitting processes for Connecticut stimulus projects.
- Serve as a member of the States Broadband Workgroup responsible for establishing the Connecticutôs Broadband Strategic Plan and related operational policies and procedures.
- Recently designated as agency representative to the States Health Information Technology Advisory Committee

IT Manager 2 and 3 – State of Connecticut, East Hartford, CT ï December, 2003 ï October, 2007

- Within the IT Security and Architecture Divisions of DOIT: plans, organizes and manages all operations and activities; directly responsible for meeting all information technology needs of the IT Security and Architecture Divisions; responsible for establishing priorities of information technology initiatives within each division; develop IT Security service offerings and project future utilizations; ensure RFI and RFP processes provide for strategically aligned, cost effective, high quality solutions for the state; Construct

and Present Project, Budget and Financial Presentations for IT Security, DOIT Staff, Agency Personnel, OPM Budget, Legislative Budget Sub Committee and Bond Fund Sub Committee; IT Security Operations Includes: Enterprise Firewall Infrastructure; Statewide Internet Filtering Platform; Intrusion Prevention and Network Monitoring; Investigation and Forensics Support; Conduct Semi-Annual Disaster Recovery Hot Site Platform and Network Recovery Testing; DOIT Business Continuity Planning; DOIT Pandemic Continuity of Operations Planning; Establishment of and maintain Internal Emergency Operations Center; Establish External Emergency Operations Center; Support Planning Efforts Associated with The Establishment of an Alternate Data Center; DNS Platform; CSS Platforms; Edited content, managed four editors, and provided usability feedback for Web site development projects that showcased the companyôs business-to-business wireless services.

Agency IT Manager 2 ï State of Connecticut, Hartford, CT ï August 1997 ï December 2003

Managed personnel included: 1 Agency Data Processing Manager 2, 1 Data Control Supervisor, 7 Data Control Specialist 1, 2 and 3ôs, 8 Data Processing Technical Analyst 1, 2, 3 and 4ôs (project based).

- Manage a section of DOIT with responsibilities and activities related to Statewide Mainframe Data Security, Production Job Acceptance, Panvalet, OS and CICS Catalog Library Maintenance, Physical Security, Central Receiving and Storekeeping.
- Develop Disaster Recovery and Business Continuity Planning program for the Bureau. Responsibilities include contractual issues associated with securing a hot site vendor.
- In April of 1998 I assumed responsibility for the implementation of Allen Systems Impact help desk, asset management and change control product as a replacement for IBM Information Management System. Activities included establishing an operational and technical knowledge bases of the product to include Allen Systems Customization Facility and QMF reporting. Verified and confirmed all customization of the product completed by Allen Systems. Pursue changes and modifications with Allen Systems when necessary. Established a transition plan to Impact. Modified existing change control policies and procedures to incorporate Impact procedural processes. Established a training program for end users. Incorporated all DOIT operational change control processes into Impact. Impact Change Control is presently in production and we have begun planning the implementation of the Help Desk function.
- Serving as Y2K Coordinator for the Department of Information Technology with responsibilities that included: coordinating bureau wide updates to the Monthly Applications Turnaround document to report testing and conversion progress on our applications. Coordinated PC Scanning Assessment. Attended monthly coordinators meetings. Monitored and reported on progress of hardware, software and network component Y2K compliance. Contributed to Maximus Quarterly report. Contributed to Y2K Assessment review process.

PUBLICATIONS

- *Public Health Emergency Response Plan*, 2006
- *Healthy Connecticut 2000 – Final Review,* 2005
- *Health Workforce Shortages - A Review of Available Data and Measures For Selected Professions,* 2001
- *Connecticut Women's Health,* 2000
- *Looking Toward 2000 – An Assessment of Health Status and Health Services,* 1999
- *Urban Health Issues – Issue Brief,* 1998

PROFESSIONAL MEMBERSHIPS

American Public Health Association

Association of State and Territorial Health Officials

CT Public Health Association

COMMITTEE LEADERSHIP

CT Health Information Network Policy Committee

CT Pandemic Interagency Strategic Planning Task Force

DPH Public Health Preparedness Senior Staff and Steering Committees

DPH Virtual Office of Genomics

Expert Genomics Advisory Panel

Primary Care Access Authority

Public Health Preparedness Advisory Committee

UCONN Center for Public Health and Health Policy Coordinating Committee

STATE HEALTH INFORMATION TECHNOLOGY COORDINATOR

DAS Class Specification

Classified/Competitive		
Class Code	**Pay Plan**	**Class Title**
0563	MP - 68	PUBLIC HEALTH SECTION CHIEF
0564	MP - 70	PUBLIC HEALTH SECTION CHIEF

PURPOSE OF CLASS: In the Department of Public Health this class is accountable for directing the design, development and implementation of multi-faceted health services programs of an assigned section.

GUIDELINES FOR CLASS USE: This class is intended for use as a director for a major section of the Department of Public Health. A major section is characterized by the complexity, variety and volume of program activity, by dollar amounts managed via program budgets and/or revenues and/or by staff size. Incumbents in this class provide direct supervision to managers, supervisors and other professional staff as assigned.

SUPERVISION RECEIVED: Receives administrative direction from a Branch Chief or other administrative official of higher grade.

SUPERVISION EXERCISED: Directs the staff and operations of a section.

EXAMPLES OF DUTIES: Directs the staff and operations of large, multi-faceted health services programs at the section level; develops, implements, communicates and evaluates section policies, procedures, goals and activities; coordinates, plans and manages section programs and activities; interprets and administers pertinent laws and regulations; determines appropriate staffing levels; determines quality assurance and performance standards for staff; directs the preparation of section budget; obtains state and federal funds to maintain and implement programs; maintains contacts with individuals both within and outside of section who might impact on policy, program or regulatory activities; develops and recommends changes to statutes and regulations; reviews and evaluates legislative proposals and reports on health issues; directs preparation of statistical studies and required federal reports; provides testimony at legislative hearings, the courts and public hearings; addresses professional and lay groups and prepares articles for publication on public health issues; performs related duties as required. **MINIMUM QUALIFICATIONS REQUIRED KNOWLEDGE, SKILL AND ABILITY:** Considerable knowledge of and ability to apply management principles and techniques; considerable knowledge of relevant state and federal laws, statutes and regulations; considerable knowledge of principles and practices of public health with emphasis on public health administration of programs; considerable interpersonal skills; considerable oral and written communication skills; considerable ability to interpret laws, regulations and statistical reporting data; ability to develop health policies.

EXPERIENCE AND TRAINING: General Experience: Three (3) years experience in a supervisory capacity in an organization with programmatic and/or regulatory responsibilities for promoting or protecting public health.

Note: For State employees this is at the level of Health Program Supervisor, Supervising Nurse Consultant, Child Care Licensing Supervisor Epidemiologist 4, Environmental Protection Supervising Environmental Analyst, Supervising Sanitary Engineer or Supervising Environmental Sanitarian.

Substitution Allowed:

1. *One (1) year as a Public Health Services Manager may be substituted for the General Experience.*

SPECIAL REQUIREMENTS:

1. Incumbents in this class may be required to periodically undergo tests or immunizations for communicable or infectious diseases.
2. Incumbents in this class may be required to undergo and successfully complete security background checks.
3. Incumbents in this class may be required to travel.

COMPENSATION GUIDELINES:

1. Class Code 0564 is established at salary group MP 70. Class Code 0563 is established at salary group MP 68.
2. The following functional areas shall be assigned to class code 0564:
   Environmental Health, Drinking Water, Health Systems Regulation.
   The following functional areas shall be assigned to class code 0563:
   Community Based Regulation, Office of Practitioner Licensing and Certification, Legal, Health Information Systems and Reporting, Aids and Chronic Diseases, Family Health, and the Health Education, Management and Surveillance Section.
3. If incumbents are reassigned to a functional area with a different class code and MP group level, salary adjustments will be made in accordance with compensation calculation guidelines.

TECHNICAL MANAGER

DAS Class Specification

Classified/Competitive		
Class Code	**Pay Plan**	**Class Title**
1562	MP - 68	Information Technology Manager 2

ARCHITECTURE

PURPOSE OF CLASS: Within the Department of Information Technology (DOIT), these classes are accountable for the management and direction of information systems, applications development, systems maintenance, computer operations and similar information technology functions as well as technical and support staff within a state agency information technology division.

GUIDELINES FOR CLASS USE: The scope of responsibility varies by position, and is influenced by the organizational structure, budget and the breadth and impact on statewide operations and services. These classes are structured into four levels which are distinguished based on the complexity of the responsibilities assigned, including the supervision of staff activities; the range of operating systems; operating budgets; size of location and or functional assignments and other related factors. Refer to class addendum.

SUPERVISION RECEIVED: Incumbents are accountable to the organization, peers and employees for the successful implementation of the department mission, values, vision and initiatives.

SUPERVISION EXERCISED: Directs information technology and business staff and operations.

EXAMPLES OF DUTIES: Plans, organizes and manages all operations and activities of an information technology services unit, division, function or location; responsible for meeting all data processing or information technology needs of the respective unit, division, function or location; establishes priorities for systems development and data processing projects in accordance with agency requirements; develops plans for future utilization information technology services in the overall agency program; within the financial resources of the agency ensuring the development of high quality, low-cost technology solutions aligned with the needs of the State and its agencies; aligns information technology planning with the business strategy; leads and influences the development of standards and decisions regarding changes to systems/applications; manages information systems activities within areas such as IT infrastructure and architecture, applications development, networks, computer operations and support; works with leadership team to maximize cross-team contributions; leads information technology operations to ensure exceptional quality and timely response to all customer service issues; interfaces regularly with clients/customers; stays abreast of local, regional and national industry trends; understands the major economic, political, technological and competitive trends affecting technology; to capture competitive advantages, searches out challenging opportunities to change, grow, innovate and improve; compares information technology with those of significant competitors and makes appropriate adjustments; coordinates the use of key people, resources, technologies, process, and capabilities to reach strategic goals; sets an example by acting in ways that are consistent with shared department values; fosters collaboration by promoting cooperative goals, building trust and enlisting others in a common vision; strengthens staff by providing choice, developing competence and offering visible support; focuses on continuous learning for self and staff; actively acknowledges individual and team accomplishments; leverages technological solutions to meet business needs.

MINIMUM QUALIFICATIONS REQUIRED All DOIT leaders must be committed to the DOIT Mission, Vision, and Values.

MINIMUM QUALIFICATIONS REQUIRED KNOWLEDGE, SKILL AND ABILITY: · Plan and Deploy for Business Results, which includes the ability to develop and implement business plans, IT plans, budget plans, and human resource plans in order to maximize budget allocations, technology, personnel and other resources to achieve agency and program goals. · Lead Change, which includes innovation, the ability to be a creative problem solver and a strategic thinker, and the ability to recognize and develop opportunities to grow and develop information technology services in response to customers and a changing work environment · Focus on Results and Quality, including exercising and promoting accountability, and the ability to analyze surveys, financial and other data, and use strategic planning and performance measurement techniques to continuously improve performance and maintain competitiveness · Understand Customers and Markets, which includes the ability to establish customer satisfaction and loyalty, forecast and conduct market analyses, keep ahead of industry trends and incorporate ñbest practicesò into information technology operations. · Lead People, including the ability to resolve conflict, communicate effectively, coach and train employees, recognize performance, and foster diversity and teamwork. · Build Coalitions, including the ability to explain and advocate facts and ideas in a convincing manner, to negotiate with individuals and groups internally and externally, to gain cooperation from others, and to identify the internal and external politics that impact the work of the organization. · Business Knowledge, including knowledge of the technical, professional, procedural and legal requirements of the specific information technology area.

EXPERIENCE AND TRAINING: General Experience:

1. LEVEL 1, 2, 3, and 4: Ten (10) years of experience in computer or network operations, production control, systems development, information technology analysis and planning.

Special Experience:

1. LEVEL 2: Two (2) years of the General Experience must have been in a supervisory capacity or one (1) year of the General Experience must have been in a managerial capacity.
2. **NOTE:** The senior management team will determine the number of years and position-specific experience with authorization by the Chief Information Officer at the time that a position is created and advertised. **Substitutions Allowed:**

1. College training in computer science, information systems or a closely related field may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one half (1/2) year of experience to a maximum of four (4) years for a Bachelorôs Degree.
2. Masterôs Degree in computer science, information systems or a closely related field may be substituted for one (1) additional year of the General Experience

KEY ELEMENTS
LEVEL 2

PROGRAM RESPONSIBILITY	ORGANIZATIONAL IMPACT	MANAGERIAL COMPLEXITY
This level represents mid-level managers with responsibility for direction and coordination of information technology services to either multiple small to mid sized agencies or multiple system environments, which involve major groups or sections of the agency. Managers at this level would typically be functioning as operations managers.	Routinely provides strategic input impacting upon ñ how the organization accomplishes goals & objectives.ò Strategic focus is on long range planning. Integration and implementation of work tactical actions/plans. Strategic decisions are made where there are few precedents or established approaches.	Requires an advanced level of management principles & practices including leadership that emphasizes integrating and coaching lower level managers and advanced professionals across organizational lines for actions strongly affecting the agency mission. Administrative complexity includes development of major budgets and influence over decisions that impact service delivery.
SUPERVISION	**EXPERIENCE & TRAINING**	**TECHNOLOGY**
Incumbents at this level typically will supervise multiple staff & programs including lower level managers, advanced technical & professional staff; and supervisors.	Requirements at this level consist of ten (10) years of experience in computer or network operations, production control, systems development, information technology analysis and planning, including two (2) years in a supervisory capacity at the level of an Information Technology Supervisor or one (1) year in a managerial capacity at the level of DOIT Manager 1.	

ACCOUNTANT

DAS Class Specification

Classified/Competitive		
Class Code	**Pay Plan**	**Class Title**
0026	AR - 23	ACCOUNTANT

PURPOSE OF CLASS: In a state agency this class is accountable for independently performing a full range of tasks in professional accounting.
GUIDELINES FOR CLASS USE: This is a professional working level and distinguished from lower level accounting classes by the requirement to independently apply knowledge and analysis of professional accounting principles.
SUPERVISION RECEIVED: Works under the general supervision of a Supervising Accountant or other employee of higher grade. **SUPERVISION EXERCISED:** May lead/supervise paraprofessional or clerical employees.
EXAMPLES OF DUTIES: Records complex and compound journal entries; prepares balance sheets and financial statements involving multiple accounts; analyzes and interprets accounting records and reports; assists higher level staff in planning, design and implementation of accounting procedures or systems; reviews expenditures and prepares or reviews financial statements; assists in budget management by compiling and reviewing agency manager program budget proposals, preparing estimates and calculations of projected expenditures and quarterly allotments, and preparing monthly reports; monitors fiscal aspects of grant programs by preparing or reviewing financial reports, reviewing expenditures for compliance with grant contracts, providing technical assistance to grantees in maintaining accounting records; recommends accounting related improvements to business practices such as accounting controls and financial reviews; utilizes EDP systems for financial records, reports and analysis; assists in EDP experts in planning and implementation of financial aspects of EDP systems; in addition to professional accounting tasks, may supervise bookkeeping (e.g. maintenance, balancing and reconciling of accounts), accounts payable and/or receivable functions or other accounting related paraprofessional or clerical functions; performs related duties as required.
MINIMUM QUALIFICATIONS REQUIRED KNOWLEDGE, SKILL AND ABILITY: Knowledge of professional accounting principles and practices including knowledge of governmental accounting and budgeting; knowledge of basic auditing principles and practices; interpersonal skills; oral communication skills; ability to prepare, analyze and evaluate financial statements and other accounting records and reports; ability to analyze and evaluate accounting methods and procedures; ability to utilize EDP systems for financial management; ability to read and interpret written materials.
EXPERIENCE AND TRAINING: General Experience: Six (6) years of experience in accounting or auditing. **Special Experience:** Two (2) years of the General Experience must have been at the paraprofessional level. Work at the paraprofessional level requires exercise of some independent judgment in applying basic accounting principles and may be compared to the level of a full charge bookkeeper. For state employees this is the level of Assistant Accountant. **Substitution Allowed:**

1. College training in accounting or a closely related field may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
2. A Master's degree in accounting may be substituted for one (1) additional year of the General Experience.
3. Certification in any of the following may be substituted for one (1) year of the General and Special Experience: Certified Public Accountant, Certified Internal Auditor.
4. Two (2) years of experience as an Assistant Accountant may be substituted for the General and Special Experience.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

26 Federal Plaza-Room 41-122
New York, New York 10278
PHONE: (212)-264-2069
FAX: (212)-264-5478

February 29, 2008

Mr. James M. O'Connell
Chief Fiscal Officer
State of Connecticut
Department of Public Health
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134

Dear Mr. O'Connell:

The original and one copy of a negotiation agreement are enclosed. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The original must be signed by a duly authorized representative of your institution and returned to me; retain the copy for your file. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

The fixed rate applicable to Federal contracts for the period July 1, 2007 through June 30, 2012 includes zero carry forward from final settlement of fiscal years ended June 30, 2003 through 2007.

A proposal encompassing all activities of your institution together with the required supporting information must be submitted to my office at the address shown on page 2 for each fiscal year your institution claims costs under grants and contracts awarded by the Federal Government. This proposal is due within six months after the close of your fiscal year. Therefore, a proposal for fiscal year ending June 30, 2011 will be due in my office not later than December 31, 2011. The proposal will be used to establish rates/amounts for the fiscal year subsequent to the last period covered by an approved final, fixed, or predetermined rate(s).

Failure to submit a timely proposal will be interpreted as a forfeiture of reimbursement for indirect costs. Therefore, unless a proposal is received by December 31, 2011, future awards made by the Department of Health and Human Services will be for direct costs only and will not provide for the recovery of costs contained in this agreement. In addition, the costs claimed against awards already made may be subject to disallowances.

If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted.

Your proposal and relevant correspondence should be addressed to:

Department of Health and Human Services
Division of Cost Allocation
26 Federal Plaza, Room 41-122
New York, New York 10278
(212) 264-1823

In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and return it to me together with the original of the enclosed negotiation agreement to the above address.

Sincerely,

Robert I. Aaronson
Director, Division of
Cost Allocation

Enclosures

Concurrence:

Name

James O'Connell

Title

Chief Fiscal Officer

Date

March 4, 2008

ORIGINAL

STATE AND LOCAL RATE AGREEMENT

EIN #: 1066000798A9

DATE: February 29, 2008

DEPARTMENT/AGENCY:
State of Connecticut
Department of Public Health
410 Capitol Avenue, P.O.Box 340308
Hartford CT 06134-

FILING REF.: The preceding Agreement was dated August 7, 2003

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV.(PROVISIONAL) PRED.(PREDETERMINED)

TYPE	EFFECTIVE PERIOD FROM	TO	RATE(%)	LOCATIONS	APPLICABLE TO
PRED.	07/01/07	06/30/12	36.2	All	(1)
FIXED	07/01/07	06/30/12	36.2	All	(2)

(1) Applicable to all programs except Federal contracts.
(2) Applicable to Federal contracts.

*BASE:
Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

DEPARTMENT/AGENCY:
State of Connecticut
Department of Public Health

AGREEMENT DATE: February 29, 2008

SECTION II: SPECIAL REMARKS

TREATMENT OF PAID ABSENCES:
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Treatment of Fringe Benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs.

Accrued vacation and sick leave pay at retirement are not part of the normal cost for salaries and wages. These costs are included in the organization's indirect cost rate.

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year, and an acquisition cost of $1,000 or more per unit.

DEPARTMENT/AGENCY:
State of Connecticut
Department of Public Health

AGREEMENT DATE: February 29, 2008

SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE DEPARTMENT/AGENCY:
State of Connecticut
Department of Public Health
(DEPARTMENT/AGENCY)
James O'Connell
(SIGNATURE)
James M. O'Connell
(NAME)
Chief Fiscal Officer
(TITLE)
March 4, 2008
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:
DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)
Robert I. Aaronson
(SIGNATURE)
Robert I. Aaronson
(NAME)
DIRECTOR, DIVISION OF COST ALLOCATION
(TITLE)
February 29, 2008
(DATE) 0615

HHS REPRESENTATIVE: Irene Sattler
Telephone: (212) 264-2069