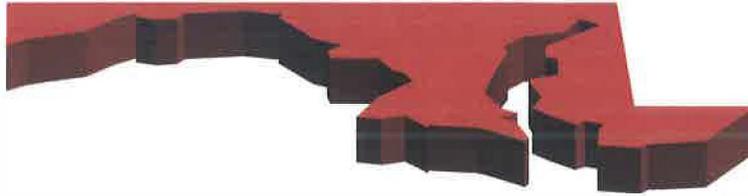


**State of Maryland  
Board of Social Work Examiners**



**Open Session Agenda Video  
Conference February 11, 2022  
at 10:30 AM**

**Google Meet: Video Call Link: [meet.google.com/nwi-didv-gox](https://meet.google.com/nwi-didv-gox)**

**Dial: 970-317-2796 PIN: 824 896 164#**

**CALL TO ORDER – Karen Richards, Board Chair ADJUSTMENTS  
AND ADDITIONS TO THE AGENDA**

**APPROVAL OF MINUTES**

**BOARD CHAIR REPORT Karen Richards**

- Board Membership
- Bills Impacting Boards & Commissions:  
Sondra Petty  
Lillian Reese

**EXECUTIVE DIRECTOR'S REPORT Stanley Weinstein**

- Office of Constituent Services inquiries to BSWE
- Attachment of the Maryland Health Licensing Modernization Initiative

*Attachment # 1*

*Attachment # 2*

**COMMITTEE REPORTS**



**Larry Hogan** | Governor  
**Boyd K. Rutherford** | Lt. Governor  
**Michael G. Leahy** | Secretary  
**Lance Schine** | Deputy Secretary

January 12, 2022

Senator Paul G. Pinsky, Chairman  
Senate Education, Health, and Environmental Affairs Committee  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

Delegate Shane E. Pendergrass, Chairman  
House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, Maryland 21401

Dear Chairmen Pinsky and Pendergrass,

In accordance with SB 262/Ch. 337, 2021 and HB 224/Ch. 336, 2021, The Department of Information Technology presents the following report regarding the feasibility and cost of developing a common and standardized information technology platform for use by each board of health that standardizes the websites and administrative functions of the boards and makes available accurate licensing information on health care providers for the purposes of facilitating network adequacy.

Please let me know if you have any questions or concerns.

Sincerely,

*Michael Leahy*  
Michael Leahy (Jan 20, 2022 12:29 EST)

Michael G. Leahy

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# Maryland Department of Health Boards

## Licensing Modernization Initiative

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The Maryland Department of Health (MDH) is seeking a cloud-based, applicant-processing system for public and State-level access to modernize the current licensing application process for their healthcare Boards.

This new digital platform will streamline MDH Board processes in order to reduce manual processing and minimize paper-based applications. These efforts will clarify application processes and licensing requirements for prospective license holders, and optimize application processing. The effort will shorten turnaround times, provide transparency for initial and renewal applicants to view the status of their application from within the system, and facilitate communications between Boards and their license holders.

The following capabilities are being proposed and their implementation may differ depending on the specific Board in question based on requirement, preference, and priority:

### 1. Licensing Management System Features

The following list of features is available as part of a baseline licensing management system that a Board will be able to take advantage of. Note that these are a list of potential capabilities that can be implemented at the discretion of each Board.

#### Online Public Portal/Dashboard

Members of the public will have the ability to search for, apply for, and renew applicable MDH Board licenses on the OneStop platform. This includes the following capabilities:

#### All Users:

- User OneStop registration
- Secure account management
- Unique user identifier
- Logon/logoff and password reset

#### MDH Board License Applicants and License Holders:

These include prospective and current holders of licenses as approved and managed by their respective MDH Boards. These users will have the following capabilities:

- Edit, save, complete, and submit the appropriate Board-Specific applications online, to include document uploads:
  - All applicable initial/new license application(s)
  - License renewal application(s)
  - Update information to active licenses (e.g., name changes)
  - Request any applicable documentation pertaining to licensing
- Upload supporting documentation during initial and renewal applications, including documentation regarding continuing education credits
- Sign the application electronically
- Make necessary online payments associated with submissions
- View the status of a license application once submitted
- Communicate with MDH Board users if communication has been initiated by the State user
- Access and download licenses and permit documents online at any time

#### Members of the Public:

Provide search functionality to allow the public to view specified information about an MDH License holder within the database in OneStop using a variety of search fields. These users will have the following capabilities:

- Verify a License holder's licensure status, including suspensions and revocations
- Search for a specific licence holder in a publicly available list, using parameters such as First Name, Last Name, License Number, and License Type.
- View specified information about the License holder, at the discretion of each MDH Board (e.g., License number)

#### MDH Board Employee Portal/Dashboard:

MDH Board employees will be provided with the following system-based capabilities:

- Customizable online forms to receive applications digitally that support conditional logic, required fields, derived fields, formulas, file attachment uploads and more.
- View and process applicable licensing applications respective to that Board
- View actionable items within a personalized or group dashboard showing new, in-progress, and completed workflow steps, as defined across each Board
- Rules-based workflows for supporting the MDH Boards' business processes
- Approve or deny applications
  - The system can be implemented to automatically send notifications to applicants alerting them of their application decision and next steps
  - They system can also support automations for approval process and business rules execution

- View when an application has been assigned to an MDH Board user (or user group) for review and approval decision
- Conditional logic to automatically route the application to the appropriate Board employee/representative depending on its workflow status
- eSignature capability and timestamped workflow decisions
- Optional capability to communicate with the applicant from within the system
- Generate license/permit/certificate documents when applications have been approved
- Automatically send email communication to applicants with result of their approval/denial decision
- In-system data viewing and extractable reports on various metrics, statuses, and workflows from within the system, including:
  - Fiscal reporting
  - Reports to MDH and Board leadership regarding licensing applicant approvals and denials
- View and store documentation submitted within the system
- Indicate whether there is an enforcement action directly applied to the license (e.g., suspension, revocation)
- Log history of changes to records for auditing, retention and traceability purposes

## 2. Continuing Education Features (Additional Module)

Each MDH Board will have the ability to elect whether to include functionality to manage continuing education requirements within the OneStop system. This includes the features listed below.

The uploading of supporting documentation as part of the initial or renewal licensing process is included in the baseline Licensing Management System (described above). Enovational assumes this list of features will vary depending on MDH board needs.

- Approved Provider Intake and Management: allow continuing education units (CEU) providers to register with OneStop
- Approved Course Intake and Management: allow course providers to create courses with associated CEUs)
- Allow License holders to log CEUs within OneStop
- Reset/Automatically manage credit hours upon license renewal
- Track and manage approved continuing education providers and programs
- Automatically determine whether an applicant meets the requirements for initial or renewal licensure based on the completion of CEUs
- Set business rules to automatically select records for CEU audit
- Audit reporting and analytics

### 3. Complaints Case Management (Additional Module)

Each MDH Board will have the ability to elect if they want to include functionality to manage complaints and disciplinary cases for license holders within the OneStop system. This includes the following features, assuming appropriate permissions have been assigned to a user:

- Complaint Case Creation and Management: allow boards to create cases based on complaints received and board staff to manage the complaint investigation as part of a case
- Search cases
- Upload supporting documentation (data limits may apply depending on volume)
- Case Documentation Management: store and manage all data pertaining to a case in an organized way
- License status update depending on enforcement actions taken within the system
- Segmented user permissioning (different read/update permissions by user role)

### 4. Levels of Permission by Role and Responsibility

The MDH Boards will have the ability to assign different levels of permissions by the role and responsibility of the system's users, including any users external to the MDH Boards. Each Board will have its own set of permissions.

### 5. Data Migration

Assuming resources from MDH will perform the data cleanse of the respective legacy systems that house licensing and related data for import into the OneStop platform, as well as provide the data itself, the Enovational team will perform consolidation, deduplication, and preparation for cutover. Legacy systems currently designated for migration include the centralized Microsoft Access database currently housing multiple Boards' licensing data, as well as data in use within instances of the third-party MyLicense Office (MLO) platform.

### 6. Payment Processing and Management

The MDH Boards' component of the OneStop Portal will be integrated with an instance of one of the State's approved payment vendors so initial and renewal license applicants can submit payments electronically while allowing for continued paper-based submissions, as needed.

The system will support the MDH's fiscal reporting needs for submission to the State Comptroller's office or other appropriate reporting destination(s).

## 7. Integration

The new cloud-based system will be integrated with a Maryland State-approved payment gateway service to support electronic payments.

Additionally, Enovational will consider the following systems as candidates for data integration, as designated across multiple MDH Boards. This list of integrations is considered critical for launch to support business operations. Further integrations that are identified by Boards will be evaluated for criticality in relation to their support of legacy business operations, but may extend project timelines and may require a scope change request.

- Financial Management Information System (FMIS) within the Maryland Office of the Comptroller
- MarylandThink within the Department of Health and Human Services (DHS) Child Support Program
- Criminal Justice Information System (CJIS) at the Maryland Department of State
- Prescription Drug Monitoring Program (PDMP) within the Maryland Department of Health (MDH)
- Maryland Health Care Commission (MHCC) within the Maryland Department of Health (MDH)
- Linking licensee data with Medicaid

Note that the implementation of data architecture within the system and any applicable integrations are expected to be similar across each Board, though tailored as needed. This means the system will retain a distinct data model respective to each Board for security and privacy, and the system will not necessarily accommodate cross-Board functionality or information sharing.

## 8. Training & Maintenance

The contractor will provide training and documentation for State employee reference. A training plan will be developed for and in consultation with the MDH OneStop admins. Enovational will provide up to 5 recorded training sessions for agency admins. Additionally, Enovational will provide up to 2 recorded technical training sessions for MDH technical leads. The scope of any OneStop self-service capability and supporting training material will be congruent with the current Maryland OneStop platform.

# OneStop Features

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The Maryland OneStop Licensing Portal streamlines license and permit application processes while simultaneously improving citizens' access to State government resources. OneStop provides many public-facing frontend features to increase access and transparency of State government services while providing backend processing and license management features for State agencies and their employees.

## OneStop Frontend Features

**Searchability:** Citizens can easily search across the portal for licenses and applications of interest, as aligned under sponsoring State agencies.

**Public Profiles:** MDH Boards can convey high-level information to prospective applicants regarding forms and application descriptions, process overviews, required documentation, application costs, and submission timelines.

**Intuitive Forms:** OneStop's digital forms simplify form completion by guiding users through conditional or varying application details.

**Data Integrity & Validation:** OneStop ensures users enter information into the system correctly with clearly-communicated data entry guidelines.

**Paperless Submissions:** Eliminate the reliance on paper forms: applicants can sign applications on-screen and submit payment electronically with their submission.

**Supporting Documentation:** Easily upload supporting documentation, as needed, with configurable file type and maximum file size restrictions.

**Transparency & Communication:** OneStop provides real-time statuses of submitted applications and alerts citizens of actionable items to advance along the application process.

## OneStop Backend Features

**Group Dashboards:** State employees can view submitted applications needing review. Applications can be routed to different user groups as needed and picked up by individual users for review and processing.

**In-System Review & Approval:** State employees can make any number of configurable approval decisions on applications, including send-back for revision, approval, and denial.

**Third-party Completer Steps:** Streamline disparate approval structures with third-party completer steps sent to individuals outside the system's user base who can be contacted by email, such as references.

**Integration with Payment Gateways:** Easily implement State-approved payment gateways to accept fees for form or application submissions.

**Dashboards & Analytics:** Set up in-system dashboards to view Agency-defined metrics of interest relevant to each user group.

**Scheduled Reporting:** Create and export predefined reports to easily communicate data to business partners inside or outside the agency.

**Continuous Upgrades:** As a cloud-based solution, OneStop is continuously upgraded to improve existing features, address identified bugs or reported issues, and to roll out new functionality for State agencies to implement within their organization.

**No-Code Configurability:** OneStop's backend provides an interface to configure new and existing features without the use of raw code. This means that workflows, documents, and records will be built on top of a no-code solution that can be easily updated and configured in the future. The interface also puts system maintenance in the hands of local administrators within the agency who do not need to rely on development cycles to make updates to field labels and values, workflows, and documentation details as policies and regulations change over time.

## Scheduling & Pricing

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### Overview of Proposed Implementation Approach

The following is a breakdown of the work effort for the applicable MDH Board's modernization initiative. The work effort proposed is based on Enovational's thorough analysis of each Board's current state through conversations with Board staff and data gathered through a scoping survey sent to each MDH Board's executive personnel.

Based on our operational experience, the data gathered and the specific requirements of each board, the Enovational team has divided the work effort into the following three phases, corresponding to the modules that will comprise the instance of a particular Board’s solution: a Licensing Management module (Phase 1), Continuing Education module (Phase 2), and Complaints Case Management module (Phase 3), each including the features and capabilities defined above.

This approach will allow each Board’s instance of implementation to maintain configurational independence rather than a one-size-fits-all solution. While Enovational will work with each board to meet their individual needs, agreeing on certain commonalities and standards between the boards can provide significant discounts in implementation. Enovational has highlighted below a number of discount options available to MDH.

## Estimated Project Timeline

The MDH Board Licensing Modernization Initiative proposes to update the licensing system of each included Board over a timeline of three years, with an additional optional fourth year. The estimates below include the implementation for the three phases/modules listed above as well as data migration, User Acceptance Testing (UAT), and training efforts. The optional fourth year includes Dental, Pharmacy, Professional Counselors and Therapists, Morticians, Social Work, Chiropractic, Optometry, Podiatry, and Dietetic Practice.

The below project timeline is high-level and based on preliminary conversations with MDH and representatives from the Boards to be included in this initiative. Enovational’s analysis has considered the requirements, preferences, priorities and total scope of work each Board has reported. The board applications will be modernized in the priority order shown below. It is assumed that there will be parallelization of effort and multiple boards will be implemented concurrently.

MDH Board (in priority order)	Phase 1: Intake and License Management	Phase 2: Enforcement and Reporting	Launch and Post-Launch Activities	TOTAL Estimated Delivery in weeks
1. Board of Nursing*	78 Weeks	78 Weeks	13 Weeks	169 Weeks
MDH Board (in priority order)	Phase 1: Base Licensing System	Phase 2: Continuing Education	Phase 3: Complaint Case Mgmt	TOTAL Estimated

				Delivery in weeks
2. Nursing Home Admin.	51 Weeks	9 Weeks	12 Weeks	51 Weeks**
3. Physical Therapy	51 Weeks	11 Weeks	14 Weeks	51 Weeks**
4. Environmental Health Services	51 Weeks	10 Weeks	13 Weeks	51 Weeks**
5. Dental	155 Weeks	25 Weeks	34 Weeks	214 Weeks
6. Kidney Disease	51 Weeks	8 Weeks	11 Weeks	70 Weeks
7. Massage Therapy	60 Weeks	10 Weeks	13 Weeks	83 Weeks
8. Audiology/SLP/HAD	101 Weeks	17 Weeks	22 Weeks	140 Weeks
9. Pharmacy	96 Weeks	16 Weeks	22 Weeks	134 Weeks
10. Prof. Counselors and Therapists	104 Weeks	16 Weeks	22 Weeks	142 Weeks
11. Morticians	105 Weeks	17 Weeks	22 Weeks	144 Weeks
12. Social Work	96 Weeks	15 Weeks	21 Weeks	132 Weeks
13. Occupational Therapy	73 Weeks	12 Weeks	16 Weeks	101 Weeks
14. Residential Child Care	88 Weeks	14 Weeks	19 Weeks	121 Weeks
15. Chiropractic	74 Weeks	12 Weeks	16 Weeks	102 Weeks
16. Acupuncture	59 Weeks	10 Weeks	13 Weeks	82 Weeks
17. Psychology	56 Weeks	9 Weeks	13 Weeks	78 Weeks
18. Optometry	64 Weeks	10 Weeks	14 Weeks	88 Weeks
19. Podiatry	59 Weeks	10 Weeks	13 Weeks	82 Weeks

20. Dietetic Practice	51 Weeks	8 Weeks	11 Weeks	70 Weeks
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*\*Note: Board of Nursing will be initiated on a parallel track to item #2 above.*

*\*\*Please note that in order to optimize project resources, the Enovational team has condensed the planned work effort for the Nursing Home Administration, Physical Therapy, and Environmental Health Services boards.*

The figures included in the Estimated Project Cost table below include production support costs related to post-launch support of each application to be performed throughout the contract. Production support costs will be incurred by month for each application in production and will vary for each Board, depending on that Board’s specific requirements, preferences, and priorities. In addition, any post-project Operations and Maintenance (O&M) will require a future contract and will be based on board-specific needs.

Please note that during the information gathering process and discussions with each Board, the Board of Physicians and Allied Health voiced their preference to opt out of participating in this initiative, citing satisfaction with their current business process and platforms. They have not been included in this estimation. Additionally, we have accounted for the development timeframe and cost necessary to complete the modernization of the Board of Nursing, which is detailed in a separate SOW.

## Estimated Project Cost

Enovational estimates the development and additional project costs as follows:

DEVELOPMENT COSTS						
MDH Board	Phase 1: Intake and License Management	Phase 2: Enforcement and Reporting	Launch and Post-Launch Activities	Total Project Costs Before Discounts	Discounts - Options 1-4 (see below)	Final Total
Board of Nursing	\$2,203,476	\$3,305,215	\$3,470,475	\$8,979,167	\$3,232,500	\$5,746,667
MDH Board	Base Licensing System	Continuing Education	Complaints	Total Project Costs Before Discounts	Discounts - Options 1-4 (see below)	Final Total
Nursing Home Admin.	\$1,340,424	\$201,064	\$268,085	\$1,809,573	\$651,446	\$1,158,127
Physical Therapy	\$1,680,797	\$252,120	\$336,159	\$2,269,077	\$816,868	\$1,452,209
Environmental Health Services	\$1,481,737	\$222,261	\$296,347	\$2,000,345	\$720,124	\$1,280,221
Dental	\$4,069,259	\$610,389	\$813,852	\$5,493,500	\$1,977,660	\$3,515,840
Kidney Disease	\$1,346,848	\$202,027	\$269,370	\$1,818,244	\$654,568	\$1,163,676
Massage Therapy	\$1,543,178	\$231,477	\$308,636	\$2,083,290	\$749,984	\$1,333,306
Audiology/ SLP/HAD	\$2,662,863	\$399,429	\$532,573	\$3,594,865	\$1,295,051	\$2,299,814
Pharmacy	\$2,639,788	\$395,968	\$527,958	\$3,563,713	\$1,282,937	\$2,280,776
Prof. Counselors and Therapists	\$2,464,946	\$369,742	\$492,989	\$3,327,678	\$1,197,964	\$2,129,714
Morticians	\$2,437,863	\$365,680	\$487,573	\$3,291,116	\$1,184,802	\$2,106,314
Social Work	\$2,371,550	\$355,733	\$474,310	\$3,201,593	\$1,152,573	\$2,049,020
Occupational Therapy	\$1,857,781	\$278,667	\$371,556	\$2,508,005	\$902,882	\$1,605,123
Residential Child Care	\$2,261,655	\$339,248	\$452,331	\$3,053,234	\$1,099,164	\$1,954,070
Chiropractic	\$1,882,301	\$282,345	\$376,460	\$2,541,106	\$914,798	\$1,626,308

Acupuncture	\$1,644,153	\$246,623	\$328,831	\$2,219,607	\$799,659	\$1,419,948
Psychology	\$1,519,782	\$227,967	\$303,956	\$2,051,706	\$751,796	\$1,299,910
Optometry	\$1,504,902	\$225,735	\$300,980	\$2,031,618	\$731,682	\$1,299,936
Podiatry	\$1,501,970	\$225,295	\$300,394	\$2,027,659	\$729,957	\$1,297,702
Dietetic Practice	\$1,343,385	\$201,508	\$268,677	\$1,813,570	\$653,585	\$1,159,985
<i>SUBTOTAL DEVELOPMENT COSTS</i>				\$59,678,665	\$21,500,000	\$38,178,666
<b>ADDITIONAL PROJECT COSTS</b>						
Production Support Costs*						\$1,049,375
10% for new scope development						\$3,817,867
15% for project administration						\$5,726,800
<i>SUBTOTAL ADDITIONAL PROJECT COSTS</i>						\$10,594,042
<b>TOTAL PROJECT COST</b>						\$48,772,708

*\*Production Support Costs are outlined in a table below.*

#### Discounts

The following discount options would be available to MDH, as a benefit of bundling all 20 boards' solutions. These discounts only apply if Enovational were to develop all the planned solutions. Additionally, the discounts rely on the agreement of MDH to the corresponding assumptions, as explained below.

In the cost table above, we assume that all discount options are executed together. The total offered discount amount is \$21,500,000 for all four options, amounting to a reduction in cost of 36.026%. We show the discounts distributed as an even percentage across each board.

#### Option 1: Reuse of Common Base Configurations

As we work across the 20 boards, and assuming MDH is willing to limit the customization of workflows, we would be able to offer a discount of \$9,250,000 from the project total by reusing the base of development for overlapping integrations and common configurations, for a savings of \$2,500,000 and \$6,750,000, respectively.

#### Option 2: Standardized Reporting

Assuming MDH can set standards across all the boards for reporting requirements and limit the number of custom reports required by each board, we can additionally discount \$3,250,000 from the project total.

### Option 3: Standardized Continuing Education Workflows

Assuming MDH can set one standard for the Continuous Education module and workflows across all boards, we can additionally discount \$4,000,000 from the project total.

### Option 4: Standardized Complaints/ Case Management Workflows

Assuming MDH can set one standard for the Complaints Case Management module and workflows across all boards, we can additionally discount \$5,000,000 from the project total.

Note: These discount options would also be available to the Board of Nursing system development.

## Estimated Production Support Costs

Given the project duration of 3+1 years, we anticipate launches into production of the different Boards' systems. Once launched, those systems will require standard production support (for customer support, defect resolution and troubleshooting), as follows:

MDH Board	Per Month Production Support Cost*	Estimated Months of Production Support Required During Project	Total Product Support Cost Per Board
Nursing**	\$14,583	9	\$131,250
Nursing Home Admin.	\$2,500	36	\$90,000
Physical Therapy	\$2,917	27.5	\$80,208
Environmental Services	\$3,333	28.5	\$95,000
Dental	\$9,583	0	\$0
Kidney Disease	\$2,500	28.5	\$71,250
Massage Therapy	\$3,333	25.5	\$85,000
Audiology/SLP/HAD	\$5,000	12	\$60,000
Pharmacy	\$6,250	11	\$68,750

Prof. Counselors and Therapists	\$5,000	8	\$40,000
Morticians	\$3,333	6	\$20,000
Social Work	\$6,667	7.5	\$50,000
Occupational Therapy	\$4,167	12	\$50,000
Residential Child Care	\$3,333	8	\$26,667
Chiropractic	\$2,917	12	\$35,000
Acupuncture	\$2,500	13.5	\$33,750
Psychology	\$3,333	14.5	\$48,333
Optometry	\$2,500	7	\$17,500
Podiatry	\$2,500	8	\$20,000
Dietetic Practice	\$3,333	8	\$26,667
<b>TOTAL</b>			
Production			
Support Cost	\$89,583		\$1,049,375

*\* Per Month costs were calculated by taking into account system complexity, anticipated usage volume, and projected levels of service needed.*

*\*\*Included as part of Production Support costs, but implemented as part of another SOW.*

## Assumptions

This ROM document is based on the following assumptions:

- The licensing application (and additional modules) developed for MDH outlined in this document will be built using the existing Maryland OneStop architecture. This includes user permissioning and administrator access levels, data security, system backup, and document storage solutions
- The functionality developed for the licensing application and additional modules will be based on features that can be developed through configuration of existing OneStop no-

code capabilities. It is assumed that there will be minimal need for additional technical development within OneStop

- If additional requirements or significant additional complexity are found during the implementation phase of this initiative, MDH understands the development of these requirements will extend the timeline and/or cost of the impacted Board's launch and/or the entire project
- If MDH requires services beyond the scope of this ROM (e.g., additional report development or training), such services can be addressed using a change request process the contractor provides. This process will be used to adjudicate future changes to scope corresponding to line items within the budget (provided below), schedule changes, and additions to scope for which additional project funding will be needed.
- Where possible, the contractor will leverage functionality delivered for other Boards to expedite development efforts as an economy of scale.
- If MDH or a constituent Board requires an integration with an external system, MDH or the Board is responsible for specific technical tasks, such as securing the contractor access to non-production environments for technical analysis efforts and/or providing the endpoints, methods, and technical reconfiguration for successful implementation. Delays to these tasks may extend the project timeline
- MDH is responsible for delivering dependencies associated with external agencies (e.g., third-party system integrators or incumbent vendors). Delays to these tasks may extend the timeline of this project
- This ROM assumes 20 Boards will be modernized to a minimum viable product (MVP) as a part of this project; additional functionality will be added on a case-by-case basis as project timeline and funding allow. The MVP will be defined as the functionality necessary for minimum operational standards as they are currently supported by legacy systems
- All future training sessions included within this scope will be delivered virtually
- MDH and Board-specific project team members will be available for all necessary, pre-scheduled meetings and work sessions. They will provide adequate participation and subject matter expertise throughout the project lifecycle to meet project timelines
- Support of the MDH board applications following project completion will require a future Operations and Maintenance (O&M) contract, which will be defined based on board-specific needs
- All final costs provided assume that Discount Options 1, 2, 3, and 4 are accepted and executed
- The previous Board of Nursing SOW and its details (including but not limited to scope, schedule, assumptions, exclusions, and risks) are incorporated by reference into this ROM document.

## Exclusions

This ROM document is based on the following exclusions:

- The scope does not include data cleaning. MDH will be responsible for providing Enovational with clean data before loading it into OneStop as part of any data migration efforts
- The timeline and cost estimate for this project is based on the information MDH Boards provided in their discovery survey responses. The contractor will consider these integrations sufficient for criticality in support of business operations and definition of MVP, as well as technical feasibility. Further integrations Boards identify will be evaluated for criticality in relation to their support of legacy business operations but may extend project timelines and may require a scope change request
- The ROM below assumes that there will be no functionality or data shared between MDH Boards in accordance with MDH policies identified with MDH representatives
- This timeline and budget does not include the Board of Physicians, who indicated satisfaction with their current modernization efforts

# Report required by HB 224 Ch. 336, 2021 (MSAR # 13224) MD Heath Boards IT Study (1)

Final Audit Report

2022-01-20

Created:	2022-01-20
By:	Maria K. Hooe (mariak.hooe@maryland.gov)
Status:	Signed
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## "Report required by HB 224 Ch. 336, 2021 (MSAR # 13224) MD Heath Boards IT Study (1)" History

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**MDH Status by Administration**  
**From 1/1/2020 to 02/03/2022**

Admin/Office	Opened	Closed
<b>Board &amp; Commissions</b>	<b>4047</b>	<b>4023</b>
Board of Acupuncture	32	32
Board of Audiologists-Hearing Aid Dispensers-Sp	160	160
Board of Chiropractic Examiners	30	30
Board of Dental Examiners	215	213
Board of Environmental Health Specialists	48	48
Board of Massage Therapy	89	88
Board of Morticians	34	34
Board of Nursing Home Admin	27	26
Board of Occupational Therapy	58	59
Board of Optometry	19	19
Board of Physical Therapy	153	153
Board of Podiatry	20	20
Board of Psychologists	540	540
Board of Res Child Care	4	4
Kidney Commission	4	4
MD Board of Social Work	34	34
Maryland Board of Dietetic Practice	53	53
Maryland Board of Nursing	1208	1194
Maryland Board of Pharmacy	309	306
Maryland Board of Physicians	297	297
Maryland Board of Professional Counselors	44	42
Maryland Board of Social Work Examiners	479	480
Other	17	17

166. Youth Camp Safety, Advisory Council on