

Fiscal Year 2016 Regional Medical Direction Checklist Tool

RETAC: _____

Check the boxes that best describe the regional medical direction proposal.

Level 1	Level 2	Level 3
Service Need		
<input type="checkbox"/> Little or no description of current status, little to no evidence of need for the project <input type="checkbox"/> Deliverables not well defined or stated <input type="checkbox"/> Outcome measures not well defined <input type="checkbox"/> Little or no indication of local support	<input type="checkbox"/> Good description of current status, good evidence of need for the project <input type="checkbox"/> Deliverables moderately defined <input type="checkbox"/> Outcome measures somewhat defined <input type="checkbox"/> Some indication of local support	<input type="checkbox"/> Good description of current status, strong & convincing evidence of project need <input type="checkbox"/> Deliverables well defined and clearly stated <input type="checkbox"/> Outcome measures well defined, clearly stated <input type="checkbox"/> Strong indication of local support
Priority to Underdeveloped or Aged Systems		
<input type="checkbox"/> Provides little or no evidence the project will improve or enhance current systems	<input type="checkbox"/> Provides good evidence the project will improve or enhance current systems	<input type="checkbox"/> Provides strong and convincing evidence the project will improve or enhance current systems
Cost Effective Project Budget		
<input type="checkbox"/> Does not clearly state how funds will be spent and provides little to no reference to cost effectiveness <input type="checkbox"/> Has only a vague indication showing slight correlation between the proposed project and deliverables	<input type="checkbox"/> States how funds will be spent but provides only vague references to cost effectiveness <input type="checkbox"/> Line items not well defined or don't directly show a correlation between the proposed project and deliverables	<input type="checkbox"/> Clearly states how funds will be spent and specifically demonstrates the cost effectiveness of the budget <input type="checkbox"/> Clear line items showing strong correlation between the proposed project and deliverables
Applicant's Qualifications		
<input type="checkbox"/> Does not show availability of needed resources and experience to successfully implement the project	<input type="checkbox"/> Provides good evidence of needed resources and experience to successfully implement the project	<input type="checkbox"/> Provides strong evidence of needed resources and experience to successfully implement the project
Systems Integration		
<input type="checkbox"/> Provides little or no evidence the project addresses and improves system compatibility <input type="checkbox"/> Project duplicates services already available in the area	<input type="checkbox"/> Provides good evidence the project addresses and improves system compatibility <input type="checkbox"/> Little indication project duplicates services already available in the area	<input type="checkbox"/> Provides strong evidence the project addresses and improves system compatibility <input type="checkbox"/> No indication project duplicates services already available in the area
Statewide and Regional Impact		
<input type="checkbox"/> Provides little or no evidence there is regional or statewide impact	<input type="checkbox"/> Provides good evidence of regional or statewide impact	<input type="checkbox"/> Provides strong and convincing evidence of regional or statewide impact