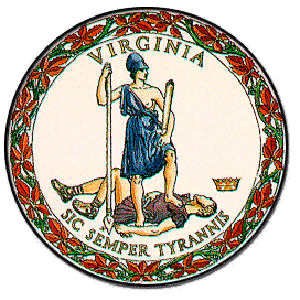
**COMMONWEALTH OF VIRGINIA**



**<Name> Program  
Program Change and Configuration Management (CCM) Plan**

**<Date>**

**Virginia Information Technologies Agency (VITA)**

**Program Change and Configuration Management Plan Template v1**

**Publication Version Control**

| **Version** | **Control No.** | **Date** | **Revision Description** | **Prepared By:** |
| --- | --- | --- | --- | --- |
| Program Change and Configuration Management (CCM) Plan\_v1 |  |  | First draft |  |
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TABLE OF CONTENTS

[1. Document Change Control 3](#_Toc366512721)

[2. Related Documentation 3](#_Toc366512722)

[2.1. Applicable Program-Related Documents 3](#_Toc366512723)

[2.2. Applicable Standards, Policies, Guidelines, and Strategic Plans 4](#_Toc366512724)

[2.3. Applicable Industry Sources 4](#_Toc366512725)

[3. Introduction 4](#_Toc366512726)

[4. Program Change Control Process 4](#_Toc366512727)

[4.1. Identify and Document the Proposed Change 4](#_Toc366512728)

[4.2. Evaluate the Need 5](#_Toc366512729)

[4.3. Make a Decision 5](#_Toc366512730)

[4.4. Implement Change 5](#_Toc366512731)

[5. Project Change Control Process 5](#_Toc366512732)

[6. Configuration Item 5](#_Toc366512733)

[7. Program Change Request Form 5](#_Toc366512734)

[8. Metrics Collection and Action Plans 6](#_Toc366512735)

[9. Approvals 7](#_Toc366512736)

[10. Appendices 8](#_Toc366512737)

[10.1. Program Change and Configuration Management Change Control Log 9](#_Toc366512738)

[10.2. Acronyms 10](#_Toc366512739)

**List of Figures**

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**List of Tables**

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*The following is an outline template of the information that should be included in your Program Change Management Plan document. Please note that the Program Change Management Plan document can be presented in whatever format best suits the needs of your program. However, it is recommended that the document cover the following information in some capacity. Please see the attached eHHR Program Change Management Plan for an example method of presentation.*

# Document Change Control

After this document is accepted by the Program Management Office (PMO), the approved version is the baseline. All baseline version document changes will be based on an approved change control procedure, as outlined in the Program Change and Configuration Management Plan.

A Change Control Process will be implemented to record significant changes within this document. Significant changes are those that will change the course of the Program and have an impact on the Program’s documented plans and approach.

The updated Change Control Log will be routed to the signatories for acknowledgement and approval. If all signatories attend an oversight committee forum, Program Change and Configuration Management Plan Change Log approvals can occur there, and recorded in the minutes.

Once approved, the changes will be recorded in the Program Change and Configuration Management Plan Change Control Log in the Appendix and a summary line will be added to the Publication Version Control table in the front of this plan.

|  |
| --- |
| **C:\Documents and Settings\jsj15756\Local Settings\Temporary Internet Files\Content.IE5\UCJ72LZ8\MP900398863[1].jpgLesson Learned/Best Practice**  It is a best practice to begin change control after the drafted plan is finalized. |

# Related Documentation

Related documents include Program-specific documentation, Commonwealth of Virginia standards, policies, guidelines, strategic plans, and industry best practices.

## Applicable Program-Related Documents

Applicable documents are those documents related to the Program. The specified parts of the applicable documents carry the same weight as if they were stated within the body of this document. The following documents are applicable to the Program.

* Program Governance and Quality Management Plan
* Program Communications Management Plan
* Program Requirements, Scope and Benefits Realization Plan
* Program Risks and Issues Management Plan
* Program Resource Management Plan
* Program Financial Management Plan
* Program Procurement Management Plan
* Program Change and Configuration Management Plan
* Program Architecture Plan
* Program Organizational Change Management Plan
* Program Implementation and Transition to Operations Management Plan

## Applicable Standards, Policies, Guidelines, and Strategic Plans

* Information Technology Resources Management (ITRM) Information Technology Investment Management (ITIM) Standard CPM 516-01
* Glossary of Terms and Acronyms
* ITRM Project Management Standard
* ITRM Program Management Standard
* ITRM Project Manager Selection Criteria
* Chief Information Officer (CIO) and Agency Strategic Plans

## Applicable Industry Sources

* Gartner, Inc.
* Project Management Institute

# Introduction

*Explanation: Describe the purpose of the Program Change Management Plan and identify the plan’s intended audience. It should also briefly discuss the types of change this plan does and does not cover.*

# Program Change Control Process

*Explanation: Describe the process for submitting changes to the program or any of its component projects throughout the program lifecycle and should designate the appropriate approvers for any change requests submitted.*

## Identify and Document the Proposed Change

*Explanation: Discuss who is authorized to request a change and the documentation required for submitting a change request. It should also describe how the program staff will respond to change requests.*

## Evaluate the Need

*Explanation: Describe the process for evaluating possible changes, including the criteria used to assess change requests and when change requests will be presented and discussed.*

## Make a Decision

*Explanation: Describe the different levels of review a change request will go through and should identify who is responsible for making final approvals on all change requests.*

## Implement Change

*Explanation: Describe the process for documenting and carrying out program adjustments once a proposed change is approved.*

# Project Change Control Process

*Explanation: Acknowledge that component projects will conduct the change control process in accordance with the COV Project Management Standard. It should also describe how component project managers will evaluate the impact of project change at the program level.*

# Configuration Item

*Explanation: Per the Information Technology Infrastructure Library, a Configuration Item includes any documentation such as a Service Level Agreement or a Change Request. At the Program Level, the only configuration item under formal Change Control is the Change Request for cost, schedule, and scope. All other configuration items will be managed and controlled at the Project level.*

# Program Change Request Form

*Explanation: Describe the form in which change requests will be submitted for review.*

# Metrics Collection and Action Plans

Explanation: Outline specific criteria for change and configuration management metrics.

| **Performance Measure** | **Green** | **Yellow** | **Red** |
| --- | --- | --- | --- |
| Total Number of Change Requests  Total Number of Approved Change Requests  Total Number of Rejected Change Requests | Number and complexity of change requests are manageable.  **Action: do nothing** | Number and complexity of change requests are trending towards unmanageable.  **Action: assess change requests, meet with Steering Committee** | Number and complexity of change requests are unmanageable.  **Action: assess change requests, meet with Steering Committee, determine course of action, prioritize change requests** |
| Total Number of Configuration Items Across the Program by Configuration Item Type | Total Number of Configuration Items Across the Program remains stable (meaning they are the same as the baselined total)  **Action: do nothing** | Total Number of Configuration Items Across the Program is trending towards unmanageable.  **Action: assess configuration items, meet with Steering Committee** | Total Number of Configuration Items Across the Program is unmanageable.  **Action: assess scope, cost, schedule, resources; meet with Steering Committee, determine course of action. May need to hire additional resources.** |

# Approvals

The undersigned acknowledge they have reviewed the Program Change and Configuration Management (CCM) Plan. Any changes to this document will be coordinated with and approved by the undersigned or their designated representatives and recorded in the Program Change and Configuration Management Change Log in the Appendix. All signatories are Steering Committee voting members.



# Appendices

Use the below Program Change and Configuration Management Plan Change Log Template to build a separate document to maintain all CCM changes. Also include any Program-related acronyms in the acronym list.

## Program Change and Configuration Management Change Control Log

*Explanation: Record the significant changes to the Program Change and Configuration Management Change Control Log here cross referenced to all impacted Program-level artifacts. Document the change / version number and summary of the Program Change and Configuration Management Plan changes in the Publication Version Control table in the front of this document.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Change /  Version No.** | **Date Change Approved** | **Description** | **Impacted Supporting Document(s)** | **Supporting Document Change / Version No.** | **Approved By** |
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## Acronyms

*Explanation: Consider compiling in the appendices a table of terms used throughout this document that may require definition or clarification for individuals unfamiliar with the Program.*

|  |  |
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| **Acronym** | **Description** |
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| **Example Change Request Form**  Use the example here or construct one to use for change control.   | **Change Request Form (CRF)** | | | | | | --- | --- | --- | --- | --- | | **Change Request ID:**       *(a system generated sequential number)*  **Change Submittal Date:**  **Change Category:**       *(system/documentation)*  **Change Type:**       *(new reqrmnt/ reqrmnt change/design/other)*  **Change Submitter:**        *(name)*  **Change Owner:**        *(name)* | | | | | | **Program or Project Affected by Change:**        *(dropdown list)* | | | | | | **Change Title:**        *(A label that briefly describes the change)* | | | | | | **Complete the remainder of this form as applicable based on Change Category** | | | | | | **Description of Change and High-level Requirements: Attachments (or Links)?:**       *(Y/N)* | | | | | | **Reason for Change (Justification):** | | | | | | **Implications of Not Making Change:** | | | | | | **Analysis** **of** **Change** | | | | | | **Analyst:**        **Date Assigned:**       **Date Completed:**  **Time to Complete Analysis:**       hrs  **Est. Cost Impact:** $        **Est. Schedule Impact:**        days  **Teams Impacted:**  DMAS  VDH  DMV  VITA  DSS  *(For each team impacted, describe the specific impact(s).)*  **Systems Impacted:**  **Milestones Impacted:**  **Deliverables Impacted:**  **Measures of Success Impacted:**  **Impact on Resources:** | | | | | | **Alternate Solutions (if applicable):** | | | | | | *(Describe alternative solutions while addressing functional, technical, usability and customer/stakeholder impacts). For each alternative provide the following.*  **Est. Cost Impact:** $        **Est. Schedule Impact:**        days  **Narrative:** | | | | | | **Preferred Solution and Assumptions:** | | | | | | *(Describe the best solution for the project while addressing functional, technical, usability and customer/stakeholder impacts)* | | | | | | **Detailed Additional Cost Breakdown by Phase (includes labor, material, travel, etc.)** | | | | | | **Analyze Phase** | **Design Phase** | **Build Phase** | **Test Phase** | **Deploy Phase** | | $ | $ | $ | $ | $ | | **Detailed Additional Schedule Breakdown by Phase in days. Attach or link to updated project plan.** | | | | | | **Analyze Phase** | **Design Phase** | **Build Phase** | **Test Phase** | **Deploy Phase** | |  |  |  |  |  | | **Supporting Documentation** | | | | | | *(Provide information relative to any documentation supporting this change request such as documents/files names, links, screen shots of applicable PeopleSoft pages, mock-ups, process flow diagrams, etc.)* | | | | | | **Funding Source** | | | | | | N/A  Contingency Pool in the amount of: $  Elimination of Requirement(s): $  Other $  (Explain Other) | | | | | | **Program Recommendation** | | | | | | Review Date:  **Recommendation Status:**  Approve  Merge into CR #  Deny  On Hold for further analysis  Escalate to POC  **Reason for Denial, if Applicable:** | | | | | | **Agency Head and Internal Agency Oversight Committee (IAOC) Resolution and Approvals** | | | | | | IAOC Review Date:  **Approval Status:**  Approve  Merge into CR #  Deny  On Hold for further analysis  Escalate to POC  **Reason for Denial, if Applicable:** | | | | | | **Program Oversight Committee (POC) Resolution and Approvals** | | | | | | POC Review Date:  **Approval Status:**  Approve  Deny  On Hold for further analysis  **Reason for Denial, if Applicable:**  <Enter Name>  Title: Secretary of Health and Human Resources  Role: Program Sponsor  **Voting Members of Steering Committee**  <Enter Name>  Title: Secretary of Technology  <Enter Name>  Title: Chief Information Officer of the Commonwealth  <Enter Name>  Title: Department of Medical Assistance Services Agency Head  <Enter Name>  Title: Department of Social Services Agency Head  <Enter Name>  Title: Department of Motor Vehicles Commissioner  <Enter Name>  Title: Department of General Services Director | | | | | |  | | | | | |