

Information Technology Capital Investment Program
Project Status Report

To: Information Technology Strategy and Investment Committee
John Vittner, Office of Policy and Management

From: Michael Gilbert

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Agency: Department of Social Services

Project: Shared Services Initiative

Project Manager: Joseph Stanford

Reporting Period: Project Inception through 12/31/2019

Total Funds Requested: \$10,985,330

Total Funds Allotted to Agency: \$10,105,314

Accumulative Total Capital Fund Expenditures to Date: \$2,860,762

Brief Project Description/Summary:

The Shared Services initiative will provide a client-centric delivery model across the State's Health and Human Services continuum by rolling and maintaining solutions and services that can be shared across all agencies in this space. This proposal includes projects prioritized to support years one and two of the state's five year strategy for shared services which will improve customer service, support financial sustainability, maximize human capital and enhance collaboration and messaging across HHS agencies. In the first two years of this five year strategy we will complete foundational work such as; organizational development and governance; enhancement of business; functionality implementations; CRM, EMPI, and child care specific functionality. This work will stand on its own and provide benefits to; DSS, DDS, OEC, DOL, DCF, DORS and ahCT, as well as establishing the foundation for future projects. Operations will be optimized and operating processes will be streamlined. The vision is to build a scalable platform supporting a single, unified intake process for clients to apply for social services and health insurance for a "no wrong door" seamless client experience.

Functional Areas detailed in the IAPDU include:

- Child Care
- Shared Rules Engine
- Integrated Eligibility Determination
- Consolidated Client Relationship Management (CRM)
- Notice Engine Consolidation
- Mobile Applications.
- Shared Service Readiness

Summary of Progress Achieved to Date:

6/30/18 Update:

The primary accomplishments of the first year of the Shared Services IAPD implementation have been the work on the integrated child care subsidy system, the Enterprise Master Person Index and establishing foundational structures and supports.

Child Care Integration

Shared Services initiatives were officially launched with the kick-off of the Care4Kids configuration and development project. This project is allowing the state to leverage its investment in ImpaCT by developing and implementing additional ImpaCT modules to meet the needs of the state's Care4Kids program.

During FFY 18, DSS and OEC have worked with a system integrator (SI) to design and build an Enrollment module which provides the ability to enroll eligible clients with a provider.

Some of the other accomplishments in FFY 18 for this project include;

- Designed and built a Funds Management module which allows the ability to forecast encumbrance for the financial year and manage funds.
- Designed and built a Payment module that leverages multiple inputs such as provider rates (MRR, PPA), union dues, incentives, withholdings and adjustments to generate invoices for the providers on a periodic basis and allows workers to approve invoices and issue payments corresponding to these invoices.
- Designed and built recoupment functionality that allows the agency to recoup outstanding overpayments from future provider payments.
- Designed and built a Waitlist Management module which allows the State to administer and maintain a program waitlist for enrollment.
- Designed and built tiered payment structure that allows the agency to reward child care providers who meet higher quality standards by issuing tiered reimbursements based on provider accreditations and quality rating.
- Designed and built recoupment functionality that allows the agency to recoup outstanding overpayments from future provider payments.
- Designed and built flexible eligibility (priority group 0) and waitlist rules functionality to allow the agency to grant eligibility and bypass waitlist in an expedited manner based on business directives.
- Designed and built functionality to capture and track the progress of Provider background and Health and Safety checks within the Vendor Management module.

We decide to utilize the Agile Project Management methodology to provide an iterative process to allow flexibility that would allow us to make adjust to requirements as we moved through our process. To date we have completed design, coding, unit testing and user acceptance sprint testing for 3 out of 5 sprints. We have also completed design, coding, and unit testing for sprints 4 and 5.

The project is currently on schedule to go-live with an initial pilot in late October and go-live statewide by mid-December.

12/31/18 Update:

The Child Care system met its go-live target in December 2018 and is now fully operational.

Enterprise Master Person Index

During FFY 18, DSS worked diligently to reconfigure the EMPI system from its previous implementation that aligned with Impact (E&E) to ensure that EMPI would become a true DSS enterprise asset which would be available for use to sister-state-agencies. In November 2017 DSS met with HHS stakeholders to socialize the asset and explore mutual benefits and potential use cases by which the agencies could utilize this enterprise asset to improve current and future planned business processes.

DSS is currently in active discussions with the Office of Early Childhood (OEC) for intake of person data from the Care4Kids application which will be transmitted through the Impact (E&E) system with onboarding to be completed by the end of FFY 18. Business use case development has also in progress with the DCF, DDS, and DOC. DSS has taken a strong approach to Trading Partner Agreements (TPA), Business Associate Agreements (BAA) and the development of Memorandums of Understandings (MOU) to ensure that subscribing systems take advantage of the EMPI functionalities and take-on the shared responsibility for continuously managing duplicate records within- and across-source-systems. Work was also completed to re-structure the workflow and data cleanup process to assign responsibility for cleanup efforts and establish an EMPI Data Governance Committee (DGC) for the review of subscribing system integration efforts and data collection processes between the EMPI and subscribing systems.

12/31/18 Update:

Current technology efforts include the transition of the EMPI environments hosted in BEST from the previous 2012 Windows SQL Server platform to align with the Provider Registry on a newer 2016 Windows SQL VMWARE platform to align with BEST goals, objectives, and best practices for business continuity and disaster preparedness. EMPI product version upgrades from version 9.3.1 to version 10 are also in progress. This upgrade provides enhanced functionalities and workflow components as follows:

- Enhanced Workflow Components
- Enhanced Out of the Box Reporting Options
- Enhanced Record Handling and User Details within the User Interface

12/31/2019 Update:

technology upgrade efforts were completed that included:

- Upgrading 2012 Windows SQL Server platform to the newer 2016 Windows SQL VMWARE platform.
- EMPI product version upgraded from version 9.3.1 to version 10. This upgrade provides enhanced functionalities and workflow components as follows:
 - Enhanced Workflow Components
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12/31/2019 Update:

Enhancements Related to Federal Requirements:

During FY2019, Per CMS guidelines and direction VLP Steps 2 and 3 have been automated.

Organizational Development:

Vendor Management Office -

The Vendor Management Office ("VMO") was created during FY2019 and is tasked with providing Business Technology procurement assistance to help control vendor costs, increase value, mitigate risks, and drive service excellence. Currently the office is supported by a Vendor Manager and there's a need to add vendor management analysts to support the vendor manager in tracking reports/metrics/SLA's as we move to a multi-vendor environments (vs Sole source procurements and managing a single vendor)

DSS Enterprise Architecture Office -

The enterprise architecture office was created in FY2019 to partner with business to align technology with the business strategies. It'll help define Application and Technology Roadmap and establish common EA processes and documents to support development of business-aligned enterprise IT systems. The office created the Architecture Governance Board, documented EA practice, Principles, Standards & Charter and created roadmap for consolidating infrastructure components for Shared Service Readiness. Currently the office is supported by an Enterprise architect and there's a need to add another application architect to support future Shared Services projects.

Shared Service Readiness

- Increased Cloud Footprint - As part of Shared Service readiness and for future vendor diversification for DDI work, the State will be moving all development and system testing environments for all enterprise HHS applications from existing vendor's data center to Cloud (Amazon Web Services).
- This is in progress and will be completed during by August 2020.
- Additional scope items that were identified as part of architecture assessment.

Integrated Mobile Platform

In FFY 2020, the State will focus on creating and expanding mobile capabilities for HHS services, including Medicaid, to provide a "no wrong door" approach focused on self-service consumer tools including being able to easily check the status of all pending applications across programs. The funding under this update will leverage funding available through a SNAP bonus award received by the State (~\$350k of the \$1.6M will be used for Phase 1). The project will use the SNAP funding to establish an enterprise scalable platform (Progressive Web Application), focused initially on the needs of SNAP recipients. Shared services will expand upon that infrastructure to pursue opportunities for a broader application of that functionality to other programs including Medicaid which will be done as part of Phase 2

HHS Client Relationship Management (CRM)

Through this project component, the Department will implement a centralized enterprise-wide CRM that will provide insight into customer and complaint trends based on the data received. This infrastructure can be leveraged for further utilization across the HHS agencies for a multitude of client support services and HHS system entry points. This project will be a joint effort with DSS and the Department of Developmental Services, taking requirements for both agencies into consideration.

Benefits include

- Enhanced Informational Organization - Customers who ask for information from one department, may be directed into a labyrinth of different departments and agencies. CRM can break through silos and make information available across an entire organization. When proper dashboards are implemented, CRM allows users to see customer data across departments.
- Constituents as Customers - By improving data organization, CRM allows all employees to provide an excellent level of customer service by giving all customer facing employees the same access to customer records and information.
- Routine Task Automation - Actions such as mailing lists, notices, or other routine reports can be automated away from valuable operational time. Employees will then be able to concentrate their efforts on the most vital and critical operations needed.

Notice Engine Consolidation

Build a centralized noticing service can be leveraged by all agencies and support cost savings in notice development, implementation, and mailing.

Benefits include

- Clients receive consolidated notices for all programs reducing confusion, delays and redundancy. This in turn reduces calls to call centers/benefit centers.
- Client receive notices with consistent formatting/branding.
- Consolidation of the entire noticing process, the state will increase buying power to lower the overall costs of printing and mailing, prevent redundant payments and provide greater visibility into the volume and content of notices being sent to the CT HHS Enterprise customers/members.
- Provide flexibility to business users to make edits and have them sent to clients in a timely manner vs waiting for IT support to schedule them as part of application deployments.

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Shared Analytics

- Create a data repository that aggregates data from different HHS applications and also the development of a health and human services analytical tool to enhance data reporting and analytics.

Issues and Risks:

Enhanced federal funding for the child care system is contingent upon achieving the December 2018 implementation date.

12/31/18 Update:

The above risk has been eliminated based upon the timely delivery of the system.

Going forward, the change in federal cost allocation rules will reduce the state's ability to leverage federal funding and will likely require a reassessment of project scope and focus areas.

6/30/19 Update:

The change in federal cost allocation rules continues to impact project planning.

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Next Steps & Project Milestones:

6/30/18 Update:

Shared Services Project Component	Projected Initiation Date	Projected Completion Date
Foundational Work	October 2017	June 2019
Integrated Mobile Platform	August 2018	April 2019
Consolidated Rules Engine	March 2020	December 2021
HHS Client Relationship Management	TBD	TBD
EMPI Phase 2	March 2020	September 2021
Notice Engine Consolidation	October 2018	March 2020
Shared Services Readiness	October 2018	September 2020
Open Source Migration	TBD	TBD
Consolidated Imaging	January 2021	December 2021
Shared Analytics	July 2020	June 2021
Federal Requirements	October 2018	Ongoing