FY-15 Investment Brief

**I. Project Identification**

Balancing Incentive Program – Automation of Long Term Services No Wrong Door and Universal Assessment

**Project Title:**

**Agency Name Agency Business Unit**

Division of Health Services – Money Follows the Person

Department of Social Services

**Your Name** (Submitter)  **Phone Email**

Roderick.Bremby@ct.gov

**Agency Head**   **Phone Email**

860 424 5053

860 424 5508

860-424-5841

860-424-5535

Roderick Bremby

**Agency CIO / IT Director**  **Phone Email**

Louis.Polzella@ct.gov

Lou Polzella

**Agency CFO**  **Phone Email**

Mike.Gilbert@ct.gov

Michael Gilbert

**Project Manager (if known) Phone Email**

Tamara.Lopez@ct.gov

Dawn.lambert@ct.gov

Tamara Lopez/Dawn Lambert

D

**OPM Budget Analyst**  **Phone Email**

**II. Project Description**

1. **Project Dates**

**Proposed Start Date** (MM/DD/YYYY) **Expected Completion Date** (MM/DD/YYYY) **Project Duration** (in months)

23

04/28/2014

03/31/2016

1. **Project Description -** This information will be used for listings and report to the Governor and
 General Assembly on capital funded projects.

The Balancing Incentive Program – Automation of Long Term Services and Supports No Wrong Door and Universal Assessment (BIP Project) will streamline the process through which individuals who need Long Term Services and Supports (LTSS) apply for and receive those services, resulting in improved access to community-based, as opposed to, nursing facility care. LTSS are services and supports that help people with functional limitations care for themselves, providing help with things like bathing, dressing, eating, preparing meals, managing medications, walking, housework, and managing finances.

This project will enable these functions: 1) an online pre-screen of an applicant’s functional status, which will be linked to online information and resources; 2) automation of functional and financial eligibility processes for Medicaid; 3) automation of a Universal Assessment (UA) that will be used across State agencies and contractors to determine clients’ functional need for services; 4) an online mechanism through which services can be requested from providers (e.g. home health agencies); and 5) a consumer portal .

Expected results include 1) reduction of redundancy in assessing need across programs; 2) streamlined LTSS eligibility processing; 3) individualized budget allocations based on functional need that through standardization will enable more equitable distribution of dollars across the entire LTSS system; 4) enhanced ease and timeliness of access to LTSS services; 5) an increased incidence of hospital discharge to community-based services, as opposed to nursing home care; and 6) consumer empowerment through sharing of their health care data.

This collaborative effort jointly developed by the Departments of Social Services (DSS), Developmental Services (DDS) and Mental Health & Addiction Services (DMHAS) will be divided into two phases. Phase one includes implementation of the UA by April 1, 2015. The budget for Phase 1 is $10,583,199, including $185,852 in personnel costs for which DSS is not requesting funding in this brief. Phase 2 includes full integration of the UA into ImpaCT as well as the other aspects of the BIP Project described above. While the budget for Phase 2 is still under development, it is anticipated that an additional $15M will be required. A separate request will be submitted for Phase 2, and we anticipate that the IT Capital Fund share of that request will also approximate 12% of that cost.

1. **Summary.**

|  |
| --- |
|  **Summary - Describe the high level summary of this project in plain English without technical jargon** |
| Consumers overwhelmingly wish to have meaningful choice in how they receive Long Term Services and Supports. In recognition of this and of systemic barriers in Connecticut that prevent choice (e.g. lack of a streamlined process for hospital discharges to the community and the lengthy process for accessing Medicaid as a payer), on January 29, 2013 Governor Malloy announced *Connecticut’s Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports*. The Department of Social Services successfully competed for a grant from the Centers for Medicare & Medicaid Services (CMS) Balancing Incentive Program award in 2012 resulting in $72.8M in revenue through September 2015 to address objectives of the Rebalancing Plan.One key aspect of the proposed project, and a requirement of the BIP grant, is the development and automation of a universal assessment. Multiple functional assessments are currently used within the State leading to a fragmented long-term service and support system which is difficult to navigate and lacks standardization. This proposal aims to automate a standard assessment, the Universal Assessment (UA). This will achieve two important objectives: 1) Connecticut will have a standardized automated assessment for all LTSS users shared across all Medicaid operating agencies; and 2) The system will use an algorithm to determine the Level of Need and a Cost Allocation Band. This will result in individualized budget allocations based on functional need that, through standardization, will enable more equitable distribution of dollars across the entire LTSS system. Phase 1 of the project will include automation of the universal assessment within the DSS ConneCT system, while Phase 2 will include a more comprehensive solution within the State’s new eligibility management system currently under development called IMPACT.Phase 2 will also include funding for Connecticut’s No Wrong Door to LTSS. The online pre-screen of an applicant’s functional status, which will be linked to online information and resources, will be the basis of Connecticut’s LTSS No Wrong Door (NWD). This NWD will automate navigation for LTSS users from the point of seeking information about options to delivery of services. The envisioned NWD system will include coordination with the State’s LTSS information website (MyPlaceCT) and will be supported by a high level of automation where forms and submissions are web based, referrals are electronic, eligibility and service information including status is stored in an electronic format available to the individuals who apply for and receive benefits and services, and data is shared electronically, with appropriate precautions, across departments to streamline the process and so the individual only has to tell their story once.Lack of coordination between LTSS financial and functional systems is a leading cause of institutionalization. This project will automate coordination of the LTSS functional and financial eligibility processes for Medicaid, streamlining LTSS eligibility processing. Connecticut’s standardized automated assessment will be integrated within ImpaCT (DSS’ replacement Eligibility Management System, currently in development) to facilitate coordination with the financial eligibility process. This project will provide an online mechanism through which a consumer or their agent can link directly to community supports. This option will enhance the timeliness of access to LTSS services and will be available for individuals who have private insurance and those who self-pay as well as for Medicaid recipients. Hospital discharge planners will be able to order home and community based services online, allowing them to discharge individuals back to the community rather than to a nursing facility. A robust consumer portal will increase consumer empowerment by allowing the individual to see the status of their functional and financial eligibility, a snapshot of all of their benefits, information on their care plan, their Personal Health Record (PHR), their Medicaid claims, and will provide a link to set up non-emergency medical transportation.  |
| **Purpose – Describe the purpose of the project** |
| The purpose of the BIP Project is to provide a streamlined mechanism for individuals with LTSS needs to apply for and receive Home and Community Based Services (HCBS). This will be achieved by integrating financial and functional eligibility components, including the UA, for the State’s HCBS programs and electronically connecting and integrating several of the State’s existing and planned systems, including ImpaCT (the Department of Social Services’ replacement Eligibility Management System, currently in development) , Access Health CT (the State’s Health Information Exchange), ConneCT (the current client portal for DSS and Access Health CT), and MyPlaceCT (the State’s LTSS informational website). Additionally it will integrate with existing HCBS case management systems at the Department of Social Services, the Department of Developmental Services, the Department of Mental Health and Addiction Services, and various state contractors to improve consumer experience with obtaining LTSS and allow more timely access to services. The new system will increase access to local supports and services through the MyPlaceCT website and the 2-1-1 information system run by United Way as well as streamline the application and assessment process, and increase access to non-institutional LTSS. The UA will be automated with an algorithm to determine Level of Need, and the assessment results will be integrated into ongoing service delivery and case management processes, providing care planners with the information they need to develop care plans at their fingertips.  |
| **Importance – Describe why this project is important** |
| The project is important because it will provide individuals with information to empower themselves and take control of their future and where they live. It will shorten the critical time between the time the need for services arises and the receipt of services begins. It will also minimize duplication of effort by prefilling demographic information from one form to another and by providing an automated universal assessment that can be shared among agencies. According to Connecticut’s *Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports*, the projected increase in the aging population Connecticut anticipates a 25% increase in the number of LTC users from the current rate of approximately 38,800 users to a rate of 48,600 users in 2025. Given the aging demographic, there is an urgent need for systemic reform. In addition, the 1999 Olmstead vs L.C. U.S. Supreme Court decision required states to provide community choices in lieu of institutional care. A relevant point is that only 7% of the Medicaid population receives long-term services and supports but 51% ($3.1 billion) of the state fiscal year 2013 Medicaid expenditures ($6.1 billion) were made on the behalf of these beneficiaries. A recent analysis showed that the average monthly cost of LTSS in a nursing facility is $6927 and the average monthly cost of LTSS for an elder in the community is $2008. This project, in conjunction with the overarching Strategic Rebalancing Plan, will provide the systemic reform necessary to support individuals in their goal to live longer in the community, thus reducing the per person spending on LTSS. The expectation is that many individuals who would have otherwise been placed in a nursing facility will be able to obtain LTSS in their home through this system. Not only will the individual have a better quality of life, but the State will save money because LTSS in the community cost less than half of the amount of LTSS in a nursing facility.  |
| **Outcomes – What are the expected outcomes of this project** |
| The outcomes are: shortened LTSS Medicaid eligibility processing time, increased number of Medicaid individuals receiving LTSS in the community, fewer Medicaid individuals receiving LTSS in facilities, improved health, happier individuals with LTSS needs, more objective cost, access to increased reporting data elements allowing the State to do more analysis, gap identification, and predictive modeling and more accurately track the need for and receipt of LTSS services. |
| **Approach and Success Evaluation – Provide details of how the success of the project will be evaluated** |
| The success of the project will depend on successful implementation of the system and all of its components, including ease of use for the Medicaid LTSS participants as well as ease of use for the workers, streamlining the process of obtaining LTSS, data exchange with few or no errors, and accurate reporting. The expected outcomes will be measured and tracked. |

1. **Business Goals**. List up to 10 key business goals you have for this project, when (FY) the goal
is expected to be achieved, and how you will measure achievement, Must have at least one.
Please use action phrases beginning with a verb to state each goal. Example: “Reduce the
Permitting process by 50%”. In the Expected Result column, please explain what data you will use to
demonstrate the goal is being achieved and any current metrics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Goal (Action Phase)** | **Target FY for Goal** | **Current Condition** | **Expected Result** |
| Decrease length of time from application to delivery of needed community services by automating coordination of financial and functional eligibility process. | SFY 2015-2016 | Delays in timely processing of Medicaid LTSS applications increase unnecessary use of bed days in nursing homes. There are currently approximately 625 people per year pending Medicaid eligibility in a nursing home while they wait for completion of the required 5-year look back process to evaluate whether transfers of assets have occurred. Of the 625, it is estimated that 70% (437) eventually return to the community after Medicaid is granted.  | * Implementation of this project is estimated to 1) decrease the length of time for the 5 year look-back by 2 months on the average through improved coordination and automation; and 2) result in an average monthly savings of $3,000 per member per month.

Data source: Data Warehouse |
| Increase hospital discharges to the community rather than to nursing homes. | SFY 2015-2016 | Lack of streamlined access to services upon discharge leads to unnecessary institutional placements. Connecticut hospitals discharge approximately 108,000 people each year. Costs associated with nursing home placement are approximately $6000 per member per month while costs associated with community services are approximately $3000 per member per month. Average life expectancy 2 years.  | * .005% more discharges to the community rather than to nursing homes.

Data source: Office of Health Care Access |
| Increase access to LTSS information and services for Connecticut residents  | SFY 2014-2015 | The UCONN Center on Aging 2007 Long Term Care Needs Assessment (Revised in 2010) cited lack of access to information about LTSS as a primary reason that people choose institutional care. Connecticut’s LTSS informational website (MyPlaceCT) was created to help address this barrier, but the lack of a streamlined, automated LTSS referral and application process continues to cause delays in functional and financial assessment and receipt of services. In 2013,58% of long-term care clients received care in the community and 45% of spending supported home and community-based care | * Increase the percentage of Medicaid recipients receiving LTSS in the community compared to those receiving LTSS in facilities from 58% to 68.7% in 2020

Data source: State of CT Medicaid Long Term Care Demand Projections (attribute 25% of change to this initiative) |
| Increase standardization in assessments and budget allocation methodologies across all agencies performing functional assessments to create parity across age and disability resources based on functional support needs rather than diagnosis | SFY 2014-2015 | Connecticut has eight HCBS Medicaid waivers, operated respectively by DSS, DDS, and DMHAS. Each HCBS waiver uses different functional eligibility criteria and its own assessment tool. There is no common functional screening tool or common assessment. In addition, the DSS Money Follows the Person Program determines functional eligibility for the MFP Demonstration. Budget allocation methodologies are unique to individual waivers.  | * Decrease to 10% variance in funding levels for people at the same level of need
 |

1. **Technology Goals**. From a technical perspective, following the above example, list up to 10 key technology goals you have for this project and in which Fiscal Year (FY) the goal is expected to be achieved. Please use action phrases beginning with a verb to state each goal. Example: “Improve transaction response time by 10%".

| **Technology Goal** | **Target FY for Goal** |
| --- | --- |
| Create an automated Universal Assessment including an algorithm to determine individual budget allocations based on standard need groupings | SFY 2014-2015 |
| Data download for analysis and reporting | SFY 2014-2015 |
| Create an online functional prescreen on ConneCT, building on the existing “no wrong door” established by DSS and Access Health | SFY 2015-2016 |
| Integrate the Department of Social Services’ new eligibility management system, ImpaCT, with the functional eligibility process | SFY 2015-2016 |
| Provide links from various State and other websites to LTSS information and prescreen | SFY 2015-2016 |
| Integrate the new BIP system with existing care management systems | SFY 2015-2016 |
| Develop robust reporting process | SFY 2015-2016 |

1. **Priority Alignment.** The criteria in this table, in concert with other factors, will be used to determine project
 priorities in the capital funding approval process. Briefly describe how the proposed projects will align with each criterion.

| **Priority Criterion** | **Y/N** | **Explanation** |
| --- | --- | --- |
| Is this project aligned with the Governor’s Key Priorities? | No | The Rebalancing Project is a gubernatorial priority. The Governor has clearly supported Rebalancing the Long Term Services and Supports system. From a January 29, 2013 Press Release: “Planning for our future includes making strategic decisions to ensure that the health services people need are available,” said Governor Malloy. “We have to find cost-effective ways of providing high-quality care in people’s homes — it improves quality of life and reduces expenses for consumers and government.” |
| Is this project aligned with business and IT goals of your agency? | Yes | This project is aligned with business and IT goals. The Department of Social Services promotes person centered planning, consumer choice, and the “No Wrong Door” concept. This project builds from the foundation of the Department’s IT solutions for ImpaCT (DSS’ replacement Eligibility Management System). |
| Does this project reduce or prevent future increases to the agency’s operating budget? | Yes | This project will reduce and prevent future increases to the agency’s operating budget. This project will:* increase the number of individuals receiving community LTSS compared to facility LTSS, reducing the per member per month cost of LTSS;
* increase automation, saving worker time and effort; and
* minimize duplication of effort by providing an automated universal assessment that can be shared among agencies.
 |
| Will this project result in shared capabilities? | Yes | This project will build on existing technology, the ConneCT system, and technology currently in development, the ImpaCT eligibility system. |
| Is this project being Co-developed through participation of multiple agencies?  | Yes | The Department of Social Services is the lead agency and has involved several stakeholder agencies (DDS, DMHAS) as well as contractors (e.g. Area Agencies on Aging, Connecticut Community Care, Inc., United Way, Community Health Network of Connecticut, Inc.) in the development and design. |
| Has the agency demonstrated readiness to manage project of this size and scope? | Yes | DSS has provided staff, identified a vendor, appointed a Project Director and a Project Manager as well as pledged ongoing resources. |
| Is the agency ready to deliver the business value proposed?  | Yes | DSS is fully backing this project and is providing the resources needed to deliver the business value.  |

1. **Organizational Preparedness**. Is your agency prepared to undertake this project? Is senior management committed, willing to participate, and willing to allocate the necessary time, energy and staffing resources? How will the project be managed and/or governed and who will make the key project decisions?

The agency is prepared to undertake this project. The project has been approved via an Advanced Planning Document (APD) by the federal Centers for Medicare and Medicaid Services (CMS) for 90% federal and 10% state funding (subject to further revisions for additional funding needs identified). The APD is available upon request. Management supports the project and staff have been identified. The Department has already contacted the Department of Administrative Services’ Bureau of Enterprise Systems and Technology (BEST) for infrastructure, platform and application hosting support for the environment required by this program. Key decisions will be made by the Project Director and the business owner. The escalation plan defers certain decisions to the leadership steering committee and more specifically, the Commissioner of the Department of Social Services.

1. **Project Ramp Up**. If capital funds are awarded for this project, how long will it take to ramp up? What are the key ramp-up requirements and have any off these already been started? For example, has a project manager been identified? Has an RFI been issued? Is a major procurement required such as an RFP?

The project requirements have been identified in documents developed from April 2014 to July 2014. The project has been ramped up with a Project Director and Project Manager. The system vendor has been selected, as have contractors who will help with quality assurance, testing, training, and project management. An RFP is not needed. The Project Management Plan is available upon request.

1. **Organizational Skills**. Do you have the experienced staff with the proper training to sustain this initiative once it’s a production system? Do you anticipate having to hire additional staff to sustain this? What training efforts are expected to be needed to maintain this system?

Training is currently being developed as is organizational change management. The Department is contracting with its Organizational and Skills Development partner, UConn School of Social Work and with the UConn Center of Aging to help with these services. The system vendor will provide some of the system training. The training will cross agencies and contractors and will be developed using a “train the trainer” model. Each agency’s training staff will be responsible for the continued training needed to maintain the system. Additional staff are being considered to meet both training and organizational change management needs.

1. **Financial Estimates.** From IT Capital Investment Fund Financial Spreadsheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated Total Development Cost** | **Estimated total Capital Funding Request** | **Estimated Annual Operating Cost** | **One Time Financial Benefit** | **Recurring Annual Financial Benefit** |
| $10,583,199 | $1,114,726 | To be determined, however, it should be noted that the Balancing Incentive Program will be supported by the existing system infrastructure of both ConneCT and ImpaCT. | $9,282,622 | To be determined, however, it should be noted that the Balancing Incentive Program will be supported by the existing system infrastructure of both ConneCT and ImpaCT |
| **Explanation of Estimates** |
| Cost estimates were prepared based on information received from program staff, including budget projections prepared by the various outside consultants involved in this project. Deloitte contractual costs are based on the Statement of Work for Phase I of the Balancing Incentive Program, prepared by Deloitte. The total development cost for Phase I is reimbursed by the Federal Government at an 88% FFP rate. |

III. **Expanded Business Case**

1. **Project Impact.** Beyond the top business goals identified in Section II, 1) What impacts will this project
 have, if any, in the targeted areas below 2) What would be the impact of not doing this project 3) How will the project demonstrate benefits are achieved.

|  |  |
| --- | --- |
| **(1) Impact Area (Vision)** | **Description of Project Impact** |
| Will this project provide efficient and easily accessible services for all constituents? | Yes, this is the vision. Any Connecticut resident who has LTSS needs or knows someone who has LTSS needs will be able to easily find online information about LTSS and apply online for services. Walk-in and call-in options will be available for those who prefer. |
| Will this project promote open and transparent government with the citizens of the state? | Yes, this project will make information more easily accessible to citizens of the state and will provide additional data elements for more accurate reporting. |
| Will this project establish efficient and modern business processes? | Yes, this project integrates several existing systems and uses technological solutions.  |
| Will this project increase accuracy and timeliness of data for policy making, service delivery and results evaluation?  | Absolutely. This project will provide additional data from the online functional pre-screen and the automated Universal Assessment. This data will be used to determine system gaps, service needs, and will be used to develop future policy. |

|  |
| --- |
| 2) What is the expected impact of NOT doing this project? |
| Not doing the project would jeopardize the Balancing Incentive Program grant of $72.8 million most of which has been pledged for additional LTSS services. Not doing the project may also result in delaying implementation of the Universal Assessment which would require many assessors to continue to manually complete assessments. Financial and functional eligibility for HCBS services would continue to be disconnected leading to longer wait times between the time services are needed and the time HCBS services can be provided, resulting in more institutionalized individuals.  |

|  |
| --- |
| (3) How will you demonstrate achievement of benefits? |
| Measuring and tracking the stated business goals. |

1. **Statutory/Regulatory Mandates.**  1) Cite and describe federal and state mandates that this project in intended to address. 2) What would be the impact of non-compliance?

|  |
| --- |
| 1. Statutory / Regulatory Mandates:
 |
| The Balancing Incentive Program was created by the Affordable Care Act of 2010 (Section 10202). The Balancing Incentive Program authorizes grants to States to increase access to non-institutional long-term services and supports (LTSS) as of October 1, 2011.The Balancing Incentive Program will help States transform their long-term care systems by:* Lowering costs through improved systems performance & efficiency
* Creating tools to help consumers with care planning & assessment
* Improving quality measurement & oversight

The Balancing Incentive Program also provides new ways to serve more people in home and community-based settings, in keeping with the integration mandate of the Americans with Disabilities Act (ADA), as required by the Olmstead decision.This project was developed to align with the State’s Balancing Incentive Program grant. As a requirement of the grant, the Department committed to implementing three structural changes by September 30, 2015. This project will advance the following two required structural changes:1. A No Wrong Door – Single Entry Point System (NWD/SEP).
2. A Core Standardized Assessment instrument.

  |

|  |
| --- |
| 1. Impact of non-compliance:
 |
| Non-compliance would jeopardize the Balancing Incentive Program grant of $72.8 million most of which has been pledged for additional LTSS services.  |

1. **Primary Beneficiaries.**  Who will benefit from this project (citizens businesses, municipalities, other
state agencies, staff in your agency, other stakeholders) and in what way?

|  |
| --- |
| Connecticut residents with LTSS needs will be the primary beneficiaries. The availability of LTSS information will result in choice for the individual and the more streamlined processes will result in shorter wait times between the need for the LTSS services and the receipt of LTSS services. Agency and contractor staff will also benefit from the streamlined process and automated tools, which will make their jobs easier. The agencies include DSS, DDS, and DMHAS.  |