

I. Project Identification

Project Title:

Agency Name	Agency Business Unit
<input type="text" value="Department of Social Services"/>	<input type="text" value="Information Technology"/>

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II. Project Description

A. Project Dates

Proposed Start Date (MM/DD/YYYY)	Expected Completion Date (MM/DD/YYYY)	Project Duration (in months)
<input type="text" value="2/1/12"/>	<input type="text" value="12/31/15"/>	<input type="text" value="47"/>

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

The Department of Social Services Integrated Eligibility System project will replace the Department's existing 24 year old Eligibility Management System (EMS). The integrated eligibility platform, once designed, developed and implemented, will provide a seamless eligibility and enrollment process for Medicaid, CHIP and the CTHIX, and will ultimately be used to determine eligibility for other social service programs (e.g., SNAP, TFA). Specifically, the planned integrated eligibility function will initially address federal requirements for eligibility determinations for advance premium tax credits and reduced cost sharing through the Exchange, MAGI-based eligibility for Medicaid, complete individual responsibility exemption determinations, and coordinate enrollment.

C. Summary.

Summary - Describe the high level summary of this project in plain English without technical jargon

Connecticut's planned integrated eligibility initiative will serve as a "no wrong door" to all of its social services programs and provide extensive self-service functionality for its clients. Connecticut's integrated eligibility approach is formally supported by the Lieutenant Governor's office and a multi-agency steering committee comprised of senior leaders from DSS, the Connecticut Health Insurance Exchange (CTHIX), the Office of Policy Management (OPM), and the Department of Administrative Services/Bureau of Enterprise System Technology (DAS/BEST). This structure, formalized through the creation of an Integrated Eligibility Program Management Office (IEPMO), will facilitate achieving overarching integration across the state's social service programs; provide a dedicated team tasked with implementing and coordinating the IT build across the agencies; and ensure the complex and varied business operations are fully integrated.

Purpose – Describe the purpose of the project

The purpose of this project is to replace the Department of Social Services 24 year old Eligibility Management System (EMS). DSS's EMS system is used to manage eligibility intake and processing to support most of the agency's major assistance programs, such as TFA, Medical Assistance (Medicaid and State Medical Assistance), SNAP, State Supplement to the Aged, Blind, and Disabled, SAGA and Refugee Cash.

Importance – Describe why this project is important

A critical goal of DSS is to improve health and well-being of Connecticut's low income and disadvantaged populations by making it easy for individual clients and families to be enrolled in the most appropriate and advantageous HHS programs. However, EMS does not facilitate this objective. Rather, there are a number of issues and challenges inherent with both the current state processes and systems that directly affect clients and diminish DSS's ability to meet its objectives:

- Clients must apply for each benefit program separately, which is inefficient, complex and time consuming and results in missed opportunities for support. Clients can only apply for those programs of which they are aware.
- Clients may have to repeat specific assessments (e.g., medical and psychological examinations) during the application process for each program, which results in duplication of effort and increased cost to the state.
- Clients may experience a delay in receiving benefits due to the amount of time it takes for Connecticut staff to obtain access to required data, and/or as a result of the complexity of the EMS-driven eligibility determination process.
- Clients may be subjected to a lapse in benefits of 30-60 days when moving from a care facility back into the community (e.g., correctional or mental health).
- Clients may experience confusion and frustration when dealing with multiple and, at times, contradictory notifications regarding their eligibility for services.

In addition, the state's eligibility determination processes are cumbersome, as illustrated by the following:

- Eligibility determination processes and the associated rules are highly complex and vary from program to program.
- Responsibility for eligibility determination actions is dispersed across numerous state resources and service providers, leading to variations in services and processes. In contrast, responsibility for policy and rules are centralized; a significant proportion of information about the rules and associated policy is not easily accessible within EMS or otherwise available at the client touch point.
- Field organization and processes are undergoing major transformation as evidenced by an increased

role for benefit (call) centers and a move away from case-centric to task-centric processes.

- Former state, agency and federal policies, and the perception of such policies/legislation (e.g. HIPAA), limit opportunities to integrate the eligibility processes due to data sharing constraints.

The current technology and information systems leveraged to support eligibility determination are inflexible and inadequate. As such:

- Field offices and staff have developed unique processes to workaround system limitations, resulting in service and process inconsistencies when viewed from an enterprise perspective.
- There is limited system integration, which necessitates time consuming manual data entry and increases the risk of data quality issues.
- EMS uses outdated technology for which it is difficult and cost-prohibitive to find qualified technicians to support and maintain.
- The scope of the ongoing DSS modernization project is limited to a specific goal and was not intended to address the limitations of the underlying EMS technology.

Outcomes – What are the expected outcomes of this project

The integrated eligibility platform will facilitate cost-effective information sharing across Connecticut's HHS enterprise, supporting improved operations and performance. Via a flexible business rules engine and other service components, the system will be agile and facilitate the ability for the state to respond to changing federal and state health care coverage and program eligibility policies. Providing an integrated eligibility capability is at the center of Connecticut's modernization efforts. Furthermore, the requirements of the ACA can only be addressed through the implementation of a modernized IT system that makes accurate, timely eligibility determinations; supports quality monitoring and reporting; and is an interoperable, standards-based system with components that can easily be changed, combined, and reused to meet current and future demands for more efficient, transparent, service delivery.

Leveraging this new IT foundation, Connecticut envisions creating a client self-service model that is efficient, effective and provides a customer-friendly experience. Within this vision, individuals will be able to file applications for services or benefits through an online application process, report changes, and manage their benefits online. Whenever possible, verification of required information will be captured electronically through a web-based service. Automated processes will identify areas where additional information or documentation is needed. Most required materials and verification documents will be scanned and stored electronically with the application.

Approach and Success Evaluation – Provide details of how the success of the project will be evaluated

DSS, working with the Food and Nutrition Service (FNS) and the Centers for Medicaid and Medicare Services (CMS) has developed detailed planning and evaluation documentation that is submitted and reviewed for the purpose of receiving federal funding. This documentation can be made available upon request. In addition, the Federal government requires that the state procure an IV&V vendor to monitor, analyze, and report out on the success of the project.

- D. **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
Execute Tier I	October 1 st , 2013		Eligibility determination (only) for the DSS MAGI Medicaid and CHIP programs.
Execute Tier II	2014	Not Started	Eligibility determination and case management functions for all remaining DSS medical programs, e.g., aged blind and disabled (ABD), long-term care and Medicare Savings Program. This also includes case management for the Tier I MAGI programs. It would also reflect the sun-setting of ConneXion (the Xerox CHIP system).
Execute Tier III	2015	Not Started	Eligibility and case management functions for all non-medical DSS eligibility programs, e.g., SNAP and TANF. It includes the functionality required for the final shutdown or sun-setting of EMS.
Execute Tier IV	TBD	Not Started	Adds the non-DSS social services programs to the no-wrong-door portal.

- E. **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
Replacing the existing Eligibility Management System (EMS) and third-party (Xerox) administered CHIP eligibility system (ConneXion).	FY 14-15
Creating an integrated Web Portal ("no wrong door") for HIX and DSS programs. This portal will allow a user to have a single My Account area where they can see their program enrollments (QHP, Medicaid, CHIP, SNAP, TANF, etc.), apply for programs, report changes of circumstances, etc.	FY 14-15
Leveraging Service Oriented Architecture (SOA) principles to develop an extensible architecture that will comply with CMS Medicaid Information Technology Architecture (MITA) and national standards for security, privacy, interoperability and information sharing.	FY 14-15
Leveraging DSS's current IT Modernization project (MCSD) and Connecticut's statewide technology architecture and governance to streamline eligibility criteria and facilitate implementation of future rules changes.	FY 14-15

- F. **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?	Y	This project strongly aligns with the Governor's Key Priorities of providing greater access to information and transparency by making information more available and easier to find online.
Is this project aligned with business and IT goals of your agency?	Y	This project strongly aligns to the business and IT goals of the agency. The current eligibility system is stable but inflexible and hampers the workers ability to process cases rapidly. The new eligibility system will provide efficiencies in process. The new system will be built to align with the MITA Seven Standards and Conditions mandated by CMS which are aligned with the IT goals of not only DSS but DAS/BEST as well.
Does this project reduce or prevent future increases to the agency's operating budget?	Y	<ul style="list-style-type: none"> •Reduces unnecessary manual activities for front-line workers, and provide self-service functionality for clients to access all HHS programs and HIX. •Minimizes duplication of effort during the eligibility determination process by sharing data gathered by all of the HHS agencies and HIX. •Uses a single shared service which provides economy of scale and maximizes the impact and utilization of FFP. •Reduces the cost of future technology enhancements by implementing modular components and standards-based integration.
Will this project result in shared capabilities?	Y	Common Integrated Eligibility platform for multiple programs under DSS and HIX
Is this project being Co-developed through participation of multiple agencies?	Y	Multi-agency steering committee comprises of senior leaders from DSS, the Connecticut Health Insurance Exchange (CTHIX), the Office of Policy Management (OPM), and the Department of Administrative Services/Bureau of Enterprise System Technology (DAS/BEST).
Has the agency demonstrated readiness to manage project of this size and scope?	Y	DSS is currently working with the Connecticut Health Insurance Exchange, and BEST to complete this project under the supervision of the Center for Medicaid Services (CMS)
Is the agency ready to deliver the business value proposed?	Y	The agency will be ready to deliver the business value proposed once the workers are trained on the new system. DSS plans to hire a team of consultants to help with the implementation activities.

G. **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?

Yes, DSS is currently executing this project in collaboration with the Connecticut Health Insurance Exchange (HIX) and the Department of Department of Administrative Services, Bureau of Enterprise Systems and Technology (DAS BEST). A formal structure for project management has been created that includes senior management from both DSS and HIX and DAS/BEST.

H. **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 of 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?

As the ACA mandates that the HIX be operational for October 1, 2013, this project is already underway.

I. **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?

Yes. The staff training required to sustain this initiative have already been identified and processes are in place. The State expects to outsource the majority of future software maintenance so costs are not included for technical training and transition of the software support to State ITS staff. However, the State will continue to examine its options in this area to determine the optimum blend of internal and external technical support. Following are the training assumptions already accounted for:

- Thirty (30) internal Office of Organizational and Skill Development (OSD) trainers will be trained by the system integrator
- OSD will deliver up to 15 days of classroom-based training for a maximum of 1,200 internal DSS business users.
- The system integrator will provide online training classes, for both DSS & Non-DSS users (contractors & external agencies) that will complement the classroom-based training

J. **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
\$103,843,568	\$15,308,659	\$13,782,851	\$88,534,909	\$10,337,138

Explanation of Estimates

Estimates are based on the information received from program staff. The total development cost is reimbursed by the Federal Government at an 85% FFP rate. The estimated annual operating cost is calculated based on the SFY15 amount of \$13,782,851. The recurring annual financial benefit is calculated by multiplying the estimated annual operating cost by 75%, because operating costs are reimbursed at a 75% FFP rate.

In the development of the cost estimates above the majority of the cost is allocated to information technology systems and related support. These costs are highly dependent upon future activities, such as the structure of procurements, vendor solicitations, and the actual reusability of technology components. The costs also reflect assumptions on the approach to implementation including training, user acceptance test, pilot, conversion and the number of releases.

The operational cost budget accounts for two (2) years of operations and maintenance, starting in January 1, 2014 and running through December 31, 2015. Assuming a full implementation of software around December 31, 2014, the estimate includes one full year of post implementation stabilization support.

Furthermore, there is an anticipated future APD for Tier 4 Development Costs, which are not included in this submission.

III. Expanded Business Case

- A. **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 project will improve access to benefits by determining eligibility for multiple programs through the use of a single application that provides a menu of available benefits.
Will this project promote open and transparent government with the citizens of the state?	Yes. By improving the completeness, relevance, timeliness and accuracy of data collected and used for eligibility determinations the new system will reduce fraud and abuse.
Will this project establish efficient and modern business processes?	Yes. This project will reduce unnecessary manual activities for front-line workers and provide self-service functionality for clients to access all HHS programs and HIX. Additionally, this project will reduce the future cost of technology enhancements by implementing modular components and standards-based integration.
Will this project increase accuracy and timeliness of data for policy making, service delivery and results evaluation?	Yes. This project will minimize duplication of effort during the eligibility determination process by sharing data gathered by all HHS agencies and the HIX.

2) What is the expected impact of NOT doing this project?
<p>The expected impact of NOT doing this project is that CT would be required to use the Federally Built Health Insurance Exchange which is in contrast to the Governor’s position of CT building its own exchange.</p> <p>The expected impact of not building and implementing a replacement eligibility system would be to miss the historic opportunity of 90/10 FFP and continue to put the agency and the state at risk for lack of timeliness of processing.</p>

(3) How will you demonstrate achievement of benefits?
<p>More customers enrolled in DSS’ programs</p> <p>Fewer payment errors thereby lowering DSS’ quality control error rate</p> <p>Higher timeliness rates in processing applications and redeterminations</p>

- B. **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 IE system will allow Connecticut to meet the requirements of the Affordable Care Act (ACA). In addition, there are federal standard of promptness timeframes that need to be met. For expedited SNAP, applications must be completed in seven days. For non-expedited SNAP, applications must be completed in thirty days. For most medical coverage groups, applications must be completed in forty-five days. For some medical coverage groups, applications must be completed in ninety days.

(2) Impact of non-compliance:

If we do not meet the above mentioned timeliness standards, the agency could be taken to court.

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

The primary beneficiary of this project will be the citizens of Connecticut who will have increased access to vital social programs and the employees of DSS who will have the tools to perform their jobs more effectively and more efficiently.