I. Project Identification

Project Title
Connecticut Medicaid Enterprise Technology System (CT METS)

Agency
Department of Social Services

	Name	Phone	Email
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II. Project Details

A. Project Dates

Proposed Start Date	Expected Completion Date	Project Duration (months)
07/02/2018	09/30/2025	86

B. **Project Description -** Provide a brief high level summary of the project in plain English without technical jargon that also includes the purpose and importance of the project. This information will be used for reporting the project to the Governor, General Assembly and Connecticut Open Data website.

The Connecticut Medicaid Enterprise Technology System (CT METS) is a large-scale business process improvement and technology program to improve services and outcomes for residents served by Medicaid and other programs. CT METS, which is led by the Department of Social Services (DSS), is expected to replace existing systems with new, modular technologies and services to enable person-centered service delivery across DSS and other state agencies that administer Medicaid services. The effort is expected to extend over several years, beginning with a two year effort to optimize business processes and organizational structures, and to develop an enterprise platform and plan for acquisition of modular systems and services. These systems/services will replace the existing Medicaid Management Information System (MMIS), which processes claims and other transactions for over 800,000 Connecticut residents annually. Other smaller-scale systems supporting Medicaid are also expected to be consolidated into CT METS. The effort is expected to positively impact multiple stakeholders including Medicaid members and providers, as benefits accrue from streamlined operations, new self-service functions, and improved access to data.

C. Summary

Summary - Describe the high level summary of what needs to be implemented to complete the project
Initially services for Independent Verification & Validation (IV&V), systems integrator (SI), and organizational change management (OCM) will be procured. After extensive analysis and business realignment, the legacy system will be replaced with modular technologies/services to support Medicaid functions: Care Mgmt, Provider Mgmt, Pharmacy Benefits Mgmt, Claims Mgmt, Financial & Contract Mgmt, Third Party Liability, Program Integrity, and an Enterprise Data Warehouse (as well as a testing vendor). Implementation will be staggered in discrete service components of CT METS architecture, which also offer document management, data analytics, and enhanced report capabilities.

D. **Business Goals**. List up to 5 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
Facilitate person-centric service delivery	Select	Self-service capability, access to data, member-focused care planning, and metrics are limited.	FY 25-Member web portal integration will facilitate self-service functions and provide improved data access. Enterprise data mgt to facilitate member data integration. To be measured by CT METS KPIs.
Improved support for Medicaid providers	Select	Depending on business process, providers must navigate more than one call center (e.g., MMIS; ASO) to interact with Medicaid--interactions can be confusing and inefficient; care management segmented.	FY 25-More efficient and less time consuming business interactions, improved user experience; improved care management and coordination. KPIs to be developed to measure.
Strengthen Program Integrity/Quality Assurance, Financial, and Contract Management functions	Select	Many important DSS support functions are performed manually and have no metrics, and the systems are not connected, necessitating duplicate work.	FY 25-Automated support for a broader application of program integrity techniques. Seamless data sharing between disparate systems (e.g., CORE-CT, and budget). CTMETS KPIs will measure.
Provide tools and technology for staff efficiency and better support of Connecticut Medicaid program operations	Select	Limited and siloed document management functionality, shared data/information across programs hampers effective care management and policy development.	FY 25-Services/technology components and tools to improve staff efficiencies, assist partners (ASOs, providers, sister agencies), and align with federal goals, measured through KPIs.
Facilitate more timely and cost effective support for reform initiatives and program evolution	Select	Core MMIS system is complex, expensive, and difficult to change when Medicaid policy and programs need adjustments. Risky and difficult to coordinate with interfacing systems.	FY 25-Less costly and time consuming change management and system modification efforts. Decreased risk. CT METS budget and KPIs can measure.

E. **Technology Goals**. From a technical perspective, following the above example, list up to 3 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	Current Condition	Expected Result
Modernize Medicaid technical platform to conform with CMS' Modularity Standard and Conditions for MITA, Industry Standards, Leverage, Business Results, Reporting,and Interoperability	Select	Medicaid processes in CT are primarily manual, siloed operations using traditional technology and very little data sharing, reused information, analysis, or metrics. Business processes not well documented.	FY 25-CT METS will deliver technology that is compliant with federal requirements and advances the capabilities of members, providers, staff, and communities in the Medicaid enterprise
Maximize the use of federally funded technology to improve DSS and other agency operations in Connecticut.	Select	Legacy core MMIS stands alone and there is little opportunity to share agency tools and data. One-off vendor systems present data management and sharing challenges, are are not supported by enhanced funding.	FY 25-New system will leverage additional funding as well as technology to better support the enterprise operations and serve as information gateway for stakeholders.
Optimize the new technology for future enhancements in the Medicaid program	Select	Core MMIS has limited capability for change to meet program needs. Multiple one-off systems are not well integrated with core system;data mgt. is lacking. Changes are expensive, risky, and complex to manage.	FY 25-CT METS will establish a framework that is flexible, sustainable, and inter-operable across modularized components, reducing change management effort and risk.

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 business and IT goals of your agency?	Yes	This project strongly aligns to DSS' business and IT goals, as well as those of the Medicaid program. DSS is striving to achieve an increased level of MITA maturity, and the new CT METS system is designed to adhere to CMS' 7 Standards and Conditions.
Does this project reduce or prevent future increases to the agency's operating budget?	Yes	This project will provide capabilities such as self-service access and data analytics that reduce the manual workload and cost. The new system will be deployed in modules with multiple vendors that will make it easier to upgrade/replace pieces rather than an entire system.
Will this project result in shared capabilities?	Yes	CT METS builds capabilities to be shared with other programs/systems, e.g, ESB, data warehouse, document mgmt service, access to exchanges & registries Also, some existing assets to be assessed for reuse. System is intended to support MITA processes across agencies.
Has the agency performed due diligence to determine if a solution that is currently being used by other state agencies or other states can be leveraged?	Yes	DSS is in touch with CMS and performs research to leverage other states' MMIS procurements/projects. Although technology is new, we are likely to purchase CMS certified modules for CTMETS as they become available from vendors in the future, and/or use existing contracts.
Is this project being Co-developed through participation of multiple agencies?	Yes	Agencies supporting MITA business processes (e.g.,DAS, DDS, DPH, DORS, DMHAS) are expected to benefit from the system and will be invited to participate in business process modeling, requirements gathering, and other DDI efforts.

G. **Organizational Preparedness**. The criteria in this table will be used to determine project implementation capabilities, governance and commitment.

Preparedness Criterion	Explanation
Describe the project management methodology, framework or process be used to assure successful delivery of the project?	The project will be managed by a dedicated agency director with support from the DSS Enterprise Program Management Office (EPMO) utilizing project management best practices based on the Project Management Institute's Project Management Body of Knowledge (PMBOK). An IV&V vendor will also be contracted to monitor the project, including PM practices, and will also identify project risks and issues to ensure the project delivers on expectations for CMS as well as the State.
The State encourages agencies to consider using an incremental value approach for project delivery. Please indicate if this approach will be utilized and how or why it will not be utilized.	This project will use an iterative approach. The initial phases will utilize an enterprise service bus (service-oriented architecture) for Medicaid functions to link reused components such as registries and the ImpaCT eligibility system, as well as planned components for enterprise data warehouse, reference data, document mgmt, business rules, and portals for members, providers, and staff. The System Integrator will also initially conduct an analysis and develop the design for the the next phases to implement the remaining modules.
The State requires an experienced project manager be assigned to the project. Please explain how the agency will meet this requirement.	The project will be managed by a dedicated DSS director with over 25 years of experience in the agency as well as private sector experience. This individual previously served as Assistant PM for the legacy MMIS development/implementation effort (2005-08), and also managed the MMIS operation (2012-16), seeing numerous critical Medicaid projects through to successful completion. In addition, experienced PM resources from the DSS Enterprise Program Management Office will be deployed on the project, including PMI-certified PMPs.
Explain the key milestones or activities that need to be completed as part of the project.	Numerous key milestones/activities for a program of this scope, including: A. 3 initial procurements - IV&V, OCM, Systems Integrator, B. procurement of a testing vendor and implementation of core SI Medicaid integration platform and computing infrastructure C. Procurement and implementation of modules (anticipate 8, but may vary based on analysis as project progresses) D. Certification of each module and full MMIS system
Describe the level of commitment that senior management will provide to the project.	DSS Senior Management is committed to this project. A governance structure is in place, including a project Steering Committee. The DSS Commissioner has approved the early procurement of an Organizational Change Management vendor to provide guidance to leadership around organization structure, stakeholder engagement, and a broad communications and training plan to ensure success of the project.
Will, or has, the agency gone through a Lean process improvement initiative related to this project?	Lean process improvements have been implemented in the Department, and those processes are expected to be leveraged within the project. In addition, the OCM vendor is charged with business process mapping and organizational restructure recommendations to improve MITA maturity for all of DSS as well as Medicaid functions in other agencies. This discipline will incorporate Lean principles and will be ongoing for the Department beyond the CT METS project.
How Is the agency prepared for and experienced in Vendor Management?	Vendor Management will be performed initially through established DSS practices for third party contract management. During the life of the CT METS project, the DSS project manager and EPMO will draw on their deep experience and expertise in vendor management, since both have successfully managed vendors to deliver mission critical, multi-million dollar projects. DSS also plans to acquire vendor management staff resource to apply additional technical expertise to this critical function.
Please indicate if the agency has provided up to date information on the Information Technology Project Portfolio and the Information Technology Application Portfolio SharePoint sites?	To date, project related information has been shared using agency communication channels such as Project Status reports and Governance meetings within the Agency. The project uses a DSS collaboration site for sharing project artifacts. The agency will provide and update all applicable project portfolio and technology application portfolio sites as required.

Describe what procurement vehicles are expected for this project such as RFP, use of existing state contract, ITB, etc.	DSS anticipates using all available contract vehicles to procure services required by the project. The IV&V procurement will first attempt to leverage an existing state master agreement for IT Strategic Services. Other procurements will be through RFPs to acquire unique services requiring Medicaid subject matter expertise and implementation experience from the vendor community, However, the project team will be mindful of other states' contracts for certified modules, NASPO ValuePoint contracts, etc., if approved by CMS and the OAG.
How is the agency prepared to support this system once implemented (post-production support)? Who will host the solution?	As the State Medicaid Agency, DSS is charged with continuing support for the CT METS system following the transition from the current MMIS. The Systems Integrator with DSS will provide more detail when they are on board to Design, Develop & Implement (DDI) the new system, module integration, and CMS certification, followed by Maintenance & Operations. Hosting details have not been articulated at this point and will be addressed during the procurement cycle, but DSS is open to cloud and Software as a Service (SaaS) solutions.

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 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?

To remain in compliance with CMS guidance, DSS and the EPMO have developed an MMIS Concept of Operations as defined in the MECT/MECL, describing at a high level how Connecticut intends to apply the technical components of a modular MMIS. DSS is submitting an Implementation Advanced Planning Document which complies with both MECT and CMS guidance to request funding for the CT METS project.

DSS EPMO resources are already on board as a continuation of the MITA assessment, strategic planning, and EPMO build out. A certified Project Management Professional in EPMO is supporting the DSS Project Director for CT METS. These resources are expected to continue during the project so ramp up time will be minimal. The CT METS Steering Committee has been appointed, and they have been actively working on project initiation since October 2017.

Detailed requirements have been captured for the initial procurements (IV&V, OCM, SI), and high-level requirements have been captured for further analysis and integration of the later procurements once the Systems Integrator is selected. DSS met with DAS Procurement to share the list of proposed procurements which will require their support. DAS BEST has been engaged to monitor the IV&V contract vendor, once selected, and to assist with IT services as needed for the system.

I. **Post Production Support**. 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?

The project has budgeted staff, necessary knowledge transfer, and training required for Post Production Support. The project will require vendors to propose technology based on existing State IT standards and technology and leverage shared services and/or any existing resources.

The Organizational Change Management vendor is required to develop the training plan to ensure all stakeholders receive appropriate training for the new system and modules as they are implemented; OCM will also ensure training materials are developed, training logistics are addressed, and classes are scheduled for the entire project. Training delivery may be handled by module vendors, EPMO, DSS trainers (train-the-trainer), and DSS Organizational & Skill Development (OSD), as appropriate.

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
$ 428,021,198.00	$41,328,658.00	$42,926,000.00	$380,478,476.00	$3,750,000.00

Explanation of Estimates

1. The Phase 1 costs are based on vendors and DSS staffing only; there are no technology deliverables in Phase 1. Except for the rates for existing vendors (already established), the hourly rates were derived from a review of vendors completing the same work for other states and other state HHS agencies.
2. The Phase 2 deliverables were based on estimated and, in some cases, bid or contracted costs for vendors conducting the same work with similar deliverables in other states.
3.The State salary and fringe rates were developed from other DSS projects utilizing state staff defining 7 different state position salaries; then adding 87.54% fringe. Also, Indirect costs ($26,500/staff person) are based upon the DSS cost allocation plan; the indirect costs were prorated to $2,208 per month for state staff to develop monthly state staff costs.
4. State and contractor staffing costs are based on 173 hours per month per FTE (except 130 hrs./mo. for Mercer). Variable staffing levels are based on projected work for per month, dependent of the work required for a given FTE during the month.
5. Operational Costs are calculated as percentage of module costs.
6. The one-time financial benefit represents the full federal reimbursement available (approximately 90%).

Assumptions: Please list key assumptions you are using to estimate project development and implementation costs

1. The System Integrator (SI), and Organizational Change Management (OCM) vendor, and the Independent Verification and Validation (IV&V) vendor will be procured in Phase 1. The SI vendor will conduct a full assessment of the existing technical architecture, the existing DSS assets for possible re-use; work with the OCM vendor to complete Business Process Models, and develop recommendation for the technical environment, hosting, and system operating model, including an updated Roadmap for implementation of the modular Medicaid Management Information System.
2. Phase 2 will be the implementation of the Roadmap including the multiple modular procurements, implementations and certifications of the modules.
3. Timely approval of the federal funding request (Implementation Advanced Planning Document) and state matching fund request is obtained, allowing the project to be initiated on July 1, 2018.
4. Timely support for developing and issuing multiple RFPs in parallel.

III. Expanded Business Case

A. 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?

Statutory / Regulatory Mandates:
Under §1903(a)(3)(A)(i) and 1903(a)(3)(B) of the SSA, and 42 CFR 433.112(b)(11), CMS issued standards and conditions that must be met by states for Medicaid technology investments, including traditional claims processing systems, to be eligible for enhanced match funding. These requirements are further articulated by State Medicaid Director Letter 16-010 and the Medicaid Enterprise Certification Toolkit (MECT) from CMS. As defined by CMS and MECT, "The standards and conditions for Medicaid IT require that states use a modular approach to systems development. In the proposed rule change to 45 CFR Part 95, CMS has defined an MMIS module as 'a group of MMIS business processes that can be implemented through a collection of IT functionality.' The new Medicaid Enterprise Certification Life Cycle supports modular development. The Federal Funds Participation (FFP) process (75 FR 66319) allows funding for MMIS in modular increments, and CMS does certify modules." The existing MMIS does not meet the Modularity Condition which "requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming;and the availability of business rules in both human and machine-readable formats."

Impact of non-compliance:
The current Medicaid system contract expires 9/30/2019, and enhanced federal funds may not be used to pay for enhancements to it. The modules and approach articulated in the CT METS project comply with the directives from CMS and are congruous with the MECT checklist. If a compliant system for Medicaid is not built, Connecticut will experience: Loss of enhanced Federal Financial Participation to support the maintenance of Connecticut's Medicaid Management Information System (75 % FFP) Inability to manage State's Medicaid services, including medical, dental, and behavioral health, prescription medications, and long-term services and supports, for 800,000 Connecticut residents Inability to process claims from providers,resulting in loss of access to vital services for members (if funding not sustained to support). Less ability to analyze data for improved operations in the areas of health trends, fraud/waste/abuse, budgeting, for example.

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

The vision of CT METS is to positively impact Medicaid members, providers, communities, and staff. The "To-Be" system is designed to result in improved person-centric care* and healthier communities. Increased Automation and Self-Service Capabilities - Benefit to citizens for quick access to services and information, State staff and providers can devote more time to manage cases. Increased Federal Compliance - Benefit to State, DSS, citizens, and providers to be able to connect, share, and analyze data from state, regional, and national repositories to make informed decisions about care. *person is provided with information/support to make informed decisions and actively participate in care; services are selected with persons' preferences in mind; care coordination in partnership with the individual,

Important:

- **If you have any questions or need assistance completing the form please contact Jim Hadfield or John Vittner**
- **Once you have completed the form and the** IT Capital Investment Fund Financial Spreadsheet **please e-mail them to Jim Hadfield and John Vittner**.

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