IT Capital Planning Request

Shared Services Implementation & User Adoption

November 8, 2017

Overview

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- Recent Progress (SFY 2017)
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Shared Services Definition

- Shared Services can be defined as:

What are Shared Services?	Why have shared services?	Examples of Shared Services
— Services, solutions or capabilities that are shared across organizations and agencies	— Improve customer service — Support financial sustainability — Maximize human capital — Enhance collaboration and messaging across HHS agencies	— Integrated mobile platform — Customer Relationship Management (CRM) — Shared rules engine

Recap of Prior Shared Services Efforts

- In March 2010, the Affordable Care Act (ACA) provided every state the option to implement a Health Benefit Marketplace (HBM).
- Most states chose to defer this implementation to the Federal government via the federal marketplace.
- Connecticut opted to pursue a state-based exchange and outlined a progressive, multi-year effort to transform the way it serves residents, of which the HBM, (Access Health Connecticut; ahCT), was the first "Tier".
- The four-tiered "No Wrong Door" IES vision brought together people, processes, technology, and was planned to leverage and expand on the assets and successes of each previous Tier.

Recap of Prior Shared Services Efforts Cont.

- ESC was formed in February 2015 with a vision to:

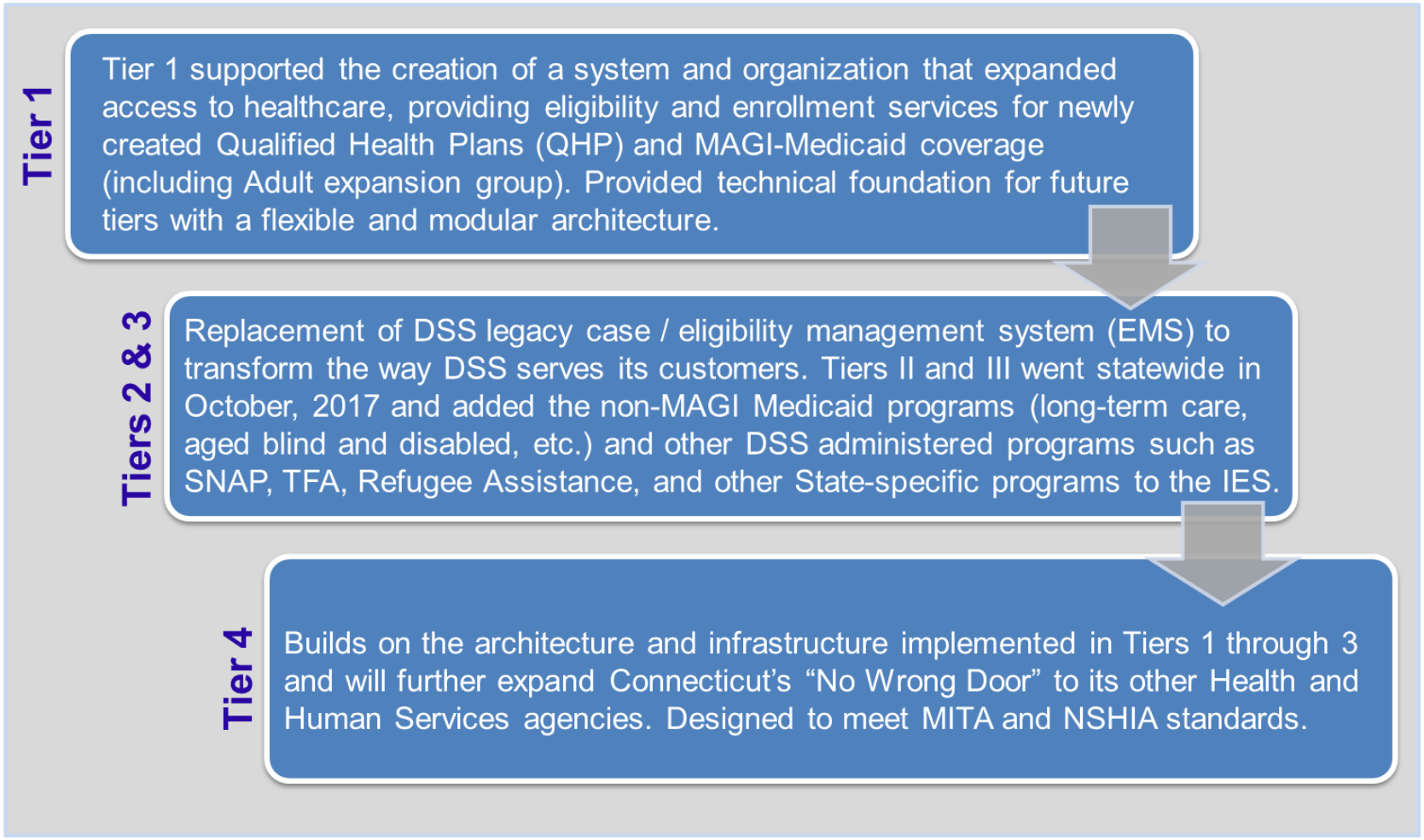
  Enhance relationships with key state agencies to find ways to serve the people of Connecticut, while making headway towards the State's vision of a four-tiered "No Wrong Door" Integrated Eligibility System (IES) approach.

- Founding ESC members;
  - Chief Information Officer, BEST– Mark Raymond
  - Commissioner, DSS – Roderick Bremby
  - Chief Executive Officer, ahCT – Jim Wadleigh
  - Secretary, OPM – Ben Barnes
  - Deputy Commissioner, DCF – Fernando Muniz

- Today ESC includes leadership from all HHS agencies

Recap of Prior Shared Services Efforts Cont.

- An overview of these Tiers is below.
- Tier IV is now being managed by the Shared Service Work group.



Shared Services Assessment Report Overview

- The ESC made a decision to move forward with a Shared Services Assessment submitted to CMS and FNS in the Fall of 2016.
- The assessment included an executive strategy and high-level design for a shared services framework.
- Working with DSS, AHCT, and DAS/BEST leadership, the assessment investigated the current HHS landscape of existing capabilities, business and technical needs, and developed recommendations.
- It was envisioned that once established, other State HHS agencies would become part of this shared services approach.
- The phases are below and culminated in a roadmap for the implementation of a streamlined future state:

Shared Services Assessment Report Overview (Cont.)

- The assessment resulted in more than 25 recommendations phased over a five year timeframe across the following initiatives:
  - **Foundational Projects** – Provide basis for future state decision making such as governance, legal and policy, security, IAPD development, and a new framework to oversee shared services.
  - **Shared IT Services** – Provide a seamless & integrated approach to service delivery such as integrated client portal, worker portal, shared rules engine, notice engine, common client database and shared Client Relationship Management (CRM).
  - **Business Operations** – Enhance integration of client service functions between agencies (integrated call center, notice printing, integrated complaint mgmt. system).
  - **Client Centric Delivery** – Initiatives that streamline delivery of services (expanding mobile platform, migrating scanned documents to a central repository, cross program workflow for workers).
- The Shared Services Assessment Report was approved by the participating ESC agencies and has served as the basis for the Shared Services vision and efforts.

Recent Progress – SFY 2017

- Expanded ESC membership to include all HHS membership.
- Completed the visioning process and confirmed the overall strategy with all ESC agencies.
- Met in person with the Centers for Medicare and Medicaid Services (CMS) in December 2016 to review the Shared Services findings & strategize on next steps for Connecticut.
  - Based on the Report, CMS requested an IAPD.
- Drafted and submitted Shared Services Implementation Advanced Planning Document (IAPD).
  - Draft shared with CMS and FNS Q1 2017; Officially submitted on 9/14/2017.
  - Secured letters of support from ESC member agencies on Shared Services provided to CMS & FNS.

Recent Progress - SFY 2017 (Cont.)

- Supported the ongoing EMPI Phase I Maintenance & Operations activities and continue EMPI Phase 2 planning efforts.
  - ESC member agencies expressing strong interest in leveraging EMPI asset.
  - Working to provide enhanced understanding EMPI to agencies.
- In September 2017, the Enterprise Provider Registry, designed to help improve care coordination and outcomes, went live.
- Released a Statement of Work (SOW) to secure a vendor to preform an architectural assessment of ImpaCT to aid in understanding how the current architecture is aligned with the Shared Service goals.
- Developed an SOW for Shared Services governance work.

IT Capital Funding Request

Current IT Capital Fund Request:

- DSS is requesting supporting funding in four primary areas for the period covered by this request:

  - Organizational Development & Governance
    - Governance, vendor management, documentation
  - Technology Procurement
    - Shared rules engine, provider and waitlist management, mobile platform
  - Functionality Implementation
    - CRM, EMPI, Child Care specific functionality
  - Enhancement of Business Process & Operations (Business Readiness)
    - Project management, training and client education

IT Capital Funding Request (Cont.)

Governance & Project Management Requests:

- ESC will remain as the advisory body with senior leadership from HHS agencies
  - Shared Services Workgroup - formed
    - ✓ Focus on foundational efforts (governance, staffing, contract harmonization, consent management, cost allocation, etc.)
    - ✓ Will create sub-groups as needed (legal, security, policy).
- State requesting employees for key needed roles;
  - PMs, BAs, solution architect, vendor management, contracts
- State staff to oversee and manage Shared Services projects.
- DSS building out an ITS PMO with support from EPMO

IT Capital Funding Request (Cont.)

Decision	Detail / benefit
Complete foundational work	Organizational development & governance. Frame work for Shared Services decision making, VM, PMO, cost allocation, architectural assessment. (HHS)
CRM	Implement a centralized enterprise-wide CRM system that would support call center and complaints. This will provide insight into customer and complaint trends based on the data received. (DSS & DDS)
Integrated mobile platform	Implement mobile capabilities for HHS services for State consumers to move forward a no wrong door approach focused on consumer self-service including easily checking their status in each program.
Integration Child Care Services	Two modules, Provider Management and Waitlist Management will be added to existing ImpaCT platform for CT Child Care Program. (OEC)
Enterprise Master Person Index (EMPI) – Phase II	Upgrade EMPI functionality to fully meet industry-based standards for Shared Services space. (DOL, DCF, & DORS)
Integrate ImpaCT with ahCT – Consolidate Rules Engine	Shared rules engine that can be utilized by all HHS programs. Aligns with CMS guidance to have a singe rules engine. (DSS & ahCT)

IT Capital Funding Requests Cont.

Break down of Total Requested Funds by Cost Category & FFY:

State Cost Category	FFY 2018 Projected	FFY 2019 Projected	Total
Enterprise Program Mgmt.*	$5,019,286	$1,503,286	$6,522,572
Project Management*	$5,019,286	$1,503,286	$6,522,572
Quality Assurance*	$10,038,571	$3,006,571	$13,045,142
IV&V*	$1,338,476	$400,876	$1,739,352
Misc. Contractor Staff*	$698,350	$427,950	$1,126,300
State Staff	$4,056,104	$4,056,104	$8,112,208
State Hardware for DDI	$1,250,000	$750,000	$2,000,000
Governance Project Work	$450,000	$450,000	$900,000
Technology Procurement	$38,720,000	$9,680,000	$48,4000,000
Functionality Implementation	$25,553,808	$7,913,808	$33,467,616
Business Readiness	$1,200,000	$1,200,000	$2,400,000
Child Care Configuration	$1,000,000	$800,000	$1,800,000
Total	**$94,343,881**	**$31,691,881**	**$126,035,761**

* Time and materials contracts

IT Capital Funding Request (Cont.)

Cost Allocation by Program:

FFY	Federal/State Program	Allocation %	Federal Share	State Share	Total Program Cost
2018	Medicaid	100%	$83,761,005	$9,582,876	$93,343,881
	Child Care	100%	$0	$1,000,000	$1,000,000
2019	Medicaid	100%	$27,554,205	$3,337,676	$30,891,881
	Child Care	100%	$0	$800,000	$800,000

- State proposing cost allocation under Medicaid given OMB circular A-87 on shared services.
- Some costs are allocated to Connecticut's Child Care Program for incremental system costs specific to that program.
- State working to ensure all development activities are consistent with all required standards and conditions for FFP.
- Federal APD submitted September 14, 2017; awaiting approval

IT Capital Funding Request (Cont.)

Capital Fund Request:

- Total project costs are estimated at $67.7 million for SFY 2018, $43.3 million in SFY 2019 and $6.9 m in SFY 2020, exclusive of staffing and related non-bondable costs.

- The State share of project costs for which we are seeking IT Capital Investment Fund support are estimated at $7.5 million in SFY 2018, $5.1 million in SFY 2019 and $0.9 million in SFY 2020.

- The total IT Capital Investment Fund contribution towards this $126.0 million project is estimated at $13.5 million.