

Information Technology Capital Investment Program
Project Status Report

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

From: Dennis Mitchell

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Agency: Department of Developmental Services

Project: DDS HCBS Waiver Case Management System

Project Manager: TBD

Reporting Period: Project Inception through 06/30/2021

Total Funds Requested: \$2,825,906

Total Funds Allotted to Agency: \$1,755,607

Accumulative Total Capital Fund Expenditures to Date: \$1,636,435

Brief Project Description/Summary:

The State of Connecticut's Department of Developmental Services (DDS), is modernizing its existing Home and Community Based Services (HCBS) application and technology infrastructure environment. The project goal is to create an integrated application system utilizing a modular application framework built upon ASP.NET Microservices. The system would address DDS business processes supporting Consumer Service Planning, Resource Allocation, Fiscal and Resource Management, Quality Management, and Incident Management. In addition there would be a business analytics and reporting capability created utilizing SQL Server Reporting Services and Tableau.

Summary of Progress Achieved to Date:

Current Progress:

- Work on Electronic Visit Verification (EVV) has continued to make progress.
During the current period, DDS
 - Worked with one of its Fiscal Intermediaries to reconcile visit data from EVV with timesheet data from direct care staff,
 - Worked with Sandata (the state's EVV provider) to troubleshoot issues with authorizations,
 - Worked with providers to reconcile attendance data entered into DDS's attendance system ("WebResDay") with visit data captured by Sandata's mobile system.
- Modernization work on the IP6 Authorizations system has also made progress. More specifically,
 - The system was enhanced to accommodate additional services (e.g., IHS)
 - The system was enhanced to provide incentives to providers for providing services during the pandemic
 - Miscellaneous troubleshooting of the system was performed to ensure accurate authorization data.
- DDS commenced planning work for modernizing the Level of Need (LON) application
 - The legacy LON was documented and analyzed
 - A high-level plan for the modernized LON was created
- DDS continued work on an industry-standard application security system (to replace its home-grown application security system), supporting OAuth and OIDC and having the capability of integrating with the State's new application security system (ForgeRock).
 - DDS created code to allow Blazor application to use the new security system
 - DDS developed a user interface for maintaining users and roles

Previous Progress:

- During this period, three Microsoft applications were rebuilt as modernized, modular, microservice-based ASP.NET Core applications, leveraging the code base created by DDS over the past three years.
 - One application, Vacancy Tracking, allows relevant DDS staff to keep track of openings at providers for services.
 - Another application, PRC, provides tools for Program Review Committees to review behavioral support plans and medications for individuals.
 - A third application, HRC, provides tools for Human Rights Committees to review human rights issues such as use of restraints on individuals.
- In addition to these three applications, DDS created several solutions supporting Electronic Visit Verification (EVV), including
 - A solution that sends provider, member (individual), and service authorization data to a vendor-hosted EVV system;
 - A solution that receives visit data from the EVV system;
 - A solution that imports, validates, and incorporates EVV visit data into DDS's attendance tracking system (WebResDay);
 - A solution (and accompanying reports) that compares EVV visit data with data manually entered into WebResDay; and
 - A solution that sends visit data to Fiscal Intermediaries to support their billing.
- In part to support a COVID response, DDS created several enhancements to the Authorization/Payments systems, providing much more flexibility to authorized services
- DDS worked with the Probate Court to automate transfer of data.
- Finally, DDS created many dashboards and other reporting solutions to support quality review work, EVV, and COVID response work.

- DDS has been working with Pulseight to develop a solution that enables DDS to identify missing critical incident reports. We are still in Phase 4 of the project. Pulseight has completed the following tasks: (a) develop and deploy a new Abuse/Neglect Risk model, (b) improve the accuracy of the Abuse/Neglect ranking model, and (c) develop and deploy beta COVID-19 tool for DDS.
- DDS completed the Utilization Resource Review (URR) application on the same modular, testable, hybrid microservice architecture that was used for the Planning Resource Allocation Team application. The URR application is used to manage the review of individuals who require services that exceed their level-of-need based budgets.
- The agency has continued to make progress on migrating the IP6 Authorizations Application from Microsoft Access to .NET/SQL Server. Over the past six months, we made accommodations to the application to support COVID-19 related initiatives, including a transition from per-diem billing to hourly billing.
- We have been working with a vendor partner to establish a REST service API for submitting critical incident reports. Over the past several months, we conducted UAT and made refinements to the service based upon feedback.
- We have conducted initial business process discovery of two legacy DDS authorization systems -- one handling contract based authorization and the other handling non-contract (self-directed/consumer direct) authorizations -- with the intention of consolidating these two systems into a single application on a modern architecture, having seamless integration with electronic visit verification (EVV).
- We have gathered initial business requirements for a Vacancy Tracking application, which currently uses Microsoft Access.
- DDS has been working with Pulseight to develop a solution that enables DDS to identify missing critical incident reports. We are in Phase 4 of the project, where, among other things, Pulseight is prioritizing critical incident data for DDS investigators.
- DDS completed the Planning Resource Allocation Team application (previously on VB6 in Citrix). The PRAT application is built on a modular, testable, hybrid microservice architecture that leverages the latest Microsoft enterprise development tools.

- The agency has continued to make progress on migrating the IP6 Authorizations Application from Microsoft Access to .NET/SQL Server. Over the past six months, we developed support for managing authorizations and payments for Community Companion Homes (CCH) and support for service rate adjustments
- We are ready to deploy a .NET solution that allows partners to submit critical incident reports electronically (via a REST API). We have been working with a software vendor to help them develop and test software clients for our REST APIs.
- CMS Funding Approved
- Project Charter, Project Management Plan, Cost Performance Summary Report, Risk Dashboard and Issues Tracker Report, High Level Timeline, High Level Tech Requirements, and High Level Business Requirements completed
- Procured RPF Project Manager and developed RFP (ready to publish)
- DDS formally asked CMS and received a no-cost six (6) month extension (IAPD-U).
- Published Request for Information to determine if there are new products and/or vendors available in the HCBS domain since project conception.
- DDS has completed the organizational and business processes assessment.
- DDS developed an Access Database Migration strategy, procured resources, and began migrating MS Access backend data and reports to the existing MS SQL/MS SSRS Database Platform in preparation for modernization.
- DDS developed a BI Analytics Strategy, procured software, gathered detail requirements, procured consultant developer, and developed dashboards in the 4 major business domains in preparation for modernization. Currently finalizing work on these deliverables.
- DDS receiving technical assistance from DSS to identify next-steps in updating CMS to allow DDS to proceed with modular implementation of the program.
- DDS hired a new IT Manager to oversee the HCBS Case Management Project.
- The new DDS IT Manager and DDS business managers reached out to DSS to determine how to proceed with the HCBS Case Management Project.
- DSS informed DDS that the IAPD for the HCBS Case Management project was no longer valid. Apparently, the State failed to submit required reports to CMS.
- DSS has offered to allow DDS to assume responsibility for one of its Shared Services projects, which are funded through CMS. In accomplishing DSS's project goals, DDS might be able to accomplish some goals of the HCBS Case Management Project.
- The DDS IT Manager has been researching technologies and procurement vehicles for moving forward with the HCBS Case Management Project.
- Project staff are nearing completion of a "minimum viable product" (MVP) version of the IP6 application. The IP6 application manages service authorizations and payments. The MVP will allow users to migrate from the existing Microsoft Access application to the ASP.NET platform. After rolling out the MVP, project staff will have to address enhancements to address various mission critical features with the new version of the application.
- The DDS IT Manager identified two additional modernization projects requiring immediate attention. Both projects involve migrating obsolete VB6 applications (running in Citrix) to the ASP.NET platform. The first project, PRAT, supports vetting of resource allocation requests by the persons we serve. The second project, IP6 Budgets, supports various functions complementary to the main IP6 application. Residing on the current VB6 platform, the applications are not maintainable. Project staff have already created business requirements and some design documents for the PRAT application.
- The DDS IT Manager is working with OPM, DSS, and the state CIO to identify solutions for Incident Reporting. A "backend" solution is needed to integrate critical incident data in DDS's database with claims data from MMIS (DSS) and possibly notifications from Project Notify (DSS). A "frontend" solution is needed for allowing remote entry (or uploading) of incident reports
- The agency has made significant progress on migrating the IP6 Payments Application from Microsoft Access to .NET/SQL Server. The entire payment process was developed, tested, and deployed to production, as were many bug fixes. Some enhancements supporting new legislatively mandated or policy-mandated updates were implemented, as well. Numerous reports were migrated from Access to SQL Server Reporting Services, including some reports that are now made available online to providers.
- The DDS IT Manager has been training his application development staff in enterprise programming techniques on the ASP.NET platform. As part of the training, the developers are making progress in migrating the first of two VB6 applications. So far, the developers have created application code to communicate with the database. Next, the developers will create a REST service API for the application. Finally, the user interface will be created.
- The DDS IT Manager worked with OPM and DSS to secure federal funding for a solution that addresses an Office of the Inspector General Audit Finding that DDS was under-reporting critical incidents. Among other things the new solution will use MMIS claims data to identify missing critical incident reports.

Issues and Risks:**Issues**

- Without significant funding, modernization is proceeding at a slower place than is desired by executive management.

Risks

- (None at this time)

Next Steps & Project Milestones:

- Deploy the Incident Report Submission API and work with our vendor partner to gradually introduce direct care staff to the new user interface that supports the API.
- Deploy Vacancy Tracking, HRC, and PRC applications to production.
- Develop, test and deploy the modernized LON application.