

Information Technology Capital Investment Program
Project Status Report

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

From: Michael Gilbert

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Agency: Department of Social Services

Project: Shared Services Initiative

Project Manager: Joseph Stanford

Reporting Period: Project Inception through 06/30/2018

Total Funds Requested: \$13,485,330

Total Funds Allotted to Agency: \$7,473,949

Accumulative Total Capital Fund Expenditures to Date: \$66,730

Brief Project Description/Summary:

This project is based upon the State's five year strategy for the development and achievement of the State's goal of integrated services. Our process will focus on improving customer/client service; supporting financial sustainability; maximizing human capital; and enhancing collaboration across Connecticut's Health & Human Services (HHS) agencies. The five year strategy is being employed in part to minimize risk by using an incremental approach, which then allows functionality built during earlier projects to be leveraged and to enhance later projects.

The five year Shared Services initiative will result in a modular, integrated platform of technology across the eligibility and enrollment process for the State's HHS agencies serving the citizens of Connecticut. The vision is to build a large, scalable platform that results in a single, unified intake process for clients to apply for social services and health insurance, with integrated verification points, for a "no wrong door" seamless client experience. In the end we aim to provide a "One Connecticut" view to all HHS clients.

Summary of Progress Achieved to Date:

6/30/18 Update:

The primary accomplishments of the first year of the Shared Services IAPD implementation have been the work on the integrated child care subsidy system, the Enterprise Master Person Index and establishing foundational structures and supports.

Child Care Integration

Shared Services initiatives were officially launched with the kick-off of the Care4Kids configuration and development project. This project is allowing the state to leverage its investment in ImpaCT by developing and implementing additional ImpaCT modules to meet the needs of the state's Care4Kids program.

During FFY 18, DSS and OEC have worked with a system integrator (SI) to design and build an Enrollment module which provides the ability to enroll eligible clients with a provider.

Some of the other accomplishments in FFY 18 for this project include;

- Designed and built a Funds Management module which allows the ability to forecast encumbrance for the financial year and manage funds.
- Designed and built a Payment module that leverages multiple inputs such as provider rates (MRR, PPA), union dues, incentives, withholdings and adjustments to generate invoices for the providers on a periodic basis and allows workers to approve invoices and issue payments corresponding to these invoices.
- Designed and built recoupment functionality that allows the agency to recoup outstanding overpayments from future provider payments.
- Designed and built a Waitlist Management module which allows the State to administer and maintain a program waitlist for enrollment.
- Designed and built tiered payment structure that allows the agency to reward child care providers who meet higher quality standards by issuing tiered reimbursements based on provider accreditations and quality ratings.
- Designed and built recoupment functionality that allows the agency to recoup outstanding overpayments from future provider payments.
- Designed and built flexible eligibility (priority group 0) and waitlist rules functionality to allow the agency to grant eligibility and bypass waitlist in an expedited manner based on business directives.
- Designed and built functionality to capture and track the progress of Provider background and Health and Safety checks within the Vendor Management module.

We decide to utilize the Agile Project Management methodology to provide an iterative process to allow flexibility that would allow us to make adjust to requirements as we moved through our process. To date we have completed design, coding, unit testing and user acceptance sprint testing for 3 out of 5 sprints. We have also completed design, coding, and unit testing for sprints 4 and 5.

The project is currently on schedule to go-live with an initial pilot in late October and go-live statewide by mid-December.

Enterprise Master Person Index

During FFY 18, DSS worked diligently to reconfigure the EMPI system from its previous implementation that aligned with Impact (E&E) to ensure that EMPI would become a true DSS enterprise asset which would be available for use to sister-state-agencies. In November 2017 DSS met with HHS stakeholders to socialize the asset and explore mutual benefits and potential use cases by which the agencies could utilize this enterprise asset to improve current and future planned business processes.

DSS is currently in active discussions with the Office of Early Childhood (OEC) for intake of person data from the Care4Kids application which will be transmitted through the Impact (E&E) system with onboarding to be completed by the end of FFY 18. Business use case development has also in progress with the DCF, DDS, and DOC. DSS has taken a strong approach to Trading Partner Agreements (TPA), Business Associate Agreements (BAA) and the development of Memorandums of Understandings (MOU) to ensure that subscribing systems take advantage of the EMPI functionalities and take-on the shared responsibility for continuously managing duplicate records within- and across-source-systems. Work was also completed to re-structure the workflow and data cleanup process to assign responsibility for cleanup efforts and establish an EMPI Data Governance Committee (DGC) for the review of subscribing system integration efforts and data collection processes between the EMPI and subscribing systems.

Foundational Supports

In addition, the original IAPD submission identified the need for strong interagency governance structures as a key strategy for a successful implementation, and for both short and long term sustainability for the initiative. In that regard, the Department established an interagency Shared Services work group that has been actively supporting the project since the early days of its inception. In furtherance of the governance objectives, the Department has also issued a request for proposals related to initial recommendations and support for enhanced governance structures for the effort. It is anticipated that a final Statement of Work will be initiated with the selected vendor (as this amount is under CMS thresholds, formal CMS approval was not required).

Further, during FFY 2018, utilizing funding available under the Tiers 1 to 4 Planning EAPD, the Department engaged in an IT Architecture Assessment. This assessment allowed the Department to obtain insights into our level of shared services preparedness as it related to our existing system architecture. This study highlighted the need for system enhancements which are now reflected as an additional Shared Services project component entitled, "Shared Services Readiness".

Issues and Risks:

Enhanced federal funding for the child care system is contingent upon achieving the December 2018 implementation date.

Next Steps & Project Milestones:

Shared Services Project Component	Projected Initiation Date	Projected Completion Date
Foundational Work	October 2017	June 2019
Integrated Mobile Platform	August 2018	April 2019
Consolidated Rules Engine	September 2018	August 2020
HHS Client Relationship Management	January 2019	June 2020
EMPI Phase 2	January 2019	December 2019
Notice Engine Consolidation	October 2018	March 2020
Shared Services Readiness	October 2018	September 2020
Open Source Migration	October 2018	June 2019
Consolidated Imaging	April 2019	December 2019
Shared Analytics	December 2018	November 2019
Federal Requirements	October 2018	Ongoing