

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 Service

Project: Shared Services Initiative

Project Manager: Joseph Stanford

Reporting Period: Project Inception through 12/

Total Funds Requested: \$10,985,330

Total Funds Allotted to Agency: \$10,105,314

Accumulative Total Capital Fund Expenditures to Date: \$3,666,632

Brief Project Description/Summary:

The Shared Services initiative will provide a client-centric delivery model across the State's Health and Human Services continuum by rolling and maintaining solutions and services that can be shared across all agencies in this space. This proposal includes projects prioritized to support years one and two of the state's five year strategy for shared services which will; improves customer service, support financial sustainability, maximize human capital and enhance collaboration and messaging across HHS agencies. In the first two years of this five year strategy we will complete foundational work such as; organizational development and governance; enhancement of business; functionality implementations; CRM, EMPI, and child care specific functionality. This work will stand on its own and provide benefits to; DSS, DDS, OEC, DOL, DCF, DORS and ahCT, as well as establishing the foundation for future projects. Operations will be optimized and operating processes will be streamlined. The vision is to build a scalable platform supporting a single, unified intake process for clients to apply for social services and health insurance for a "no wrong door" seamless client experience.

Functional Areas detailed in the IAPDU include:

Child Care

Shared Rules Engine

Integrated Eligibility Determination

Consolidated Client Relationship Management (CRM)

Notice Engine Consolidation

Mobile Applications.

Shared Service Readiness

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.

12/31/18 Update:

The Child Care system met its go-live target in December 2018 and is now fully operational.

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

case this application will be transitioned through the Impact Level cycle with an expectation 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.

12/31/18 Update:

Current technology efforts include the transition of the EMPI environments hosted in BEST from the previous 2012 Windows SQL Server platform to align with the Provider Registry on a newer 2016 Windows SQL VMWARE platform to align with BEST goals, objectives, and best practices for business continuity and disaster preparedness. EMPI product version upgrades from version 9.3.1 to version 10 are also in progress. This upgrade provides enhanced functionalities and workflow components as follows:

- Enhanced Workflow Components
- Enhanced Out of the Box Reporting Options
- Enhanced Record Handling and User Details within the User Interface

12/31/2019 Update:

technology upgrade efforts were completed that included:

- Upgrading 2012 Windows SQL Server platform to the newer 2016 Windows SQL VMWARE platform.
- EMPI product version upgraded from version 9.3.1 to version 10. This upgrade provides enhanced functionalities and workflow components as follows:
 - Enhanced Workflow Components
 - Enhanced Out of the Box Reporting Options
 - Enhanced Record Handling and User Details within the User Interface

12/31/2019 Update:

Enhancements Related to Federal Requirements:

During FY2019, Per CMS guidelines and direction VLP Steps 2 and 3 have been automated.

Organizational Development:

Vendor Management Office -

The Vendor Management Office (“VMO”) was created during FY2019 and is tasked with providing Business Technology procurement assistance to help control vendor costs, increase value, mitigate risks, and drive service excellence. Currently the office is supported by a Vendor Manager and there’s a need to add vendor management analysts to support the vendor manager in tracking reports/metrics/SLA’s as we move to a multi-vendor environments (vs Sole source procurements and managing a single vendor)

DSS Enterprise Architecture Office -

The enterprise architecture office was created in FY2019 to partner with business to align technology with the business strategies. It’ll help define Application and Technology Roadmap and establish common EA processes and documents to support development of business-aligned enterprise IT systems. The office created the Architecture Governance Board, documented EA practice, Principles, Standards & Charter and created roadmap for consolidating infrastructure components for Shared Service Readiness. Currently the office is supported by an Enterprise architect and there’s a need to add another application architect to support future Shared Services projects.

Shared Service Readiness

- Increased Cloud Footprint - As part of Shared Service readiness and for future vendor

diversification for DDI work, the State will be moving all development and system testing environments for all enterprise HHS applications from existing vendor's data center to Cloud(Amazon Web Services).

- This is in progress and will be completed during by August 2020.
- Additional scope items that were identified as part of architecture assessment.

Integrated Mobile Platform

In FFY 2020, the State will focus on creating and expanding mobile capabilities for HHS services, including Medicaid, to provide a "no wrong door" approach focused on self-service consumer tools including being able to easily check the status of all pending applications across programs. The funding under this update will leverage funding available through a SNAP bonus award received by the State (~\$350k of the \$1.6M will be used for Phase 1). The project will use the SNAP funding to establish an enterprise scalable platform (Progressive Web Application), focused initially on the needs of SNAP recipients. Shared services will expand upon that infrastructure to pursue opportunities for a broader application of that functionality to other programs including Medicaid which will be done as part of Phase 2

HHS Client Relationship Management (CRM)

Through this project component, the Department will implement a centralized enterprise-wide CRM that will provide insight into customer and complaint trends based on the data received. This infrastructure can be leveraged for further utilization across the HHS agencies for a multitude of client support services and HHS system entry points. This project will be a joint effort with DSS and the Department of Developmental Services, taking requirements for both agencies into consideration.

Benefits include

- Enhanced Informational Organization - Customers who ask for information from one department, may be directed into a labyrinth of different departments and agencies. CRM can break through silos and make information available across an entire organization. When proper dashboards are implemented, CRM allows users to see customer data across departments.
- Constituents as Customers - By improving data organization, CRM allows all employees to provide an excellent level of customer service by giving all customer facing employees the same access to customer records and information.
- Routine Task Automation - Actions such as mailing lists, notices, or other routine reports can be automated away from valuable operational time. Employees will then be able to concentrate their efforts on the most vital and critical operations needed.

Notice Engine Consolidation

Build a centralized noticing service can be leveraged by all agencies and support cost savings in notice development, implementation, and mailing.

Benefits include

- Clients receive consolidated notices for all programs reducing confusion, delays and redundancy. This in turn reduces calls to call centers/benefit centers.
- Client receive notices with consistent formatting/branding.
- Consolidation of the entire noticing process, the state will increase buying power to lower the overall costs of printing and mailing, prevent redundant payments and provide greater visibility into the volume and content of notices being sent to the CT HHS Enterprise customers/members.
- Provide flexibility to business users to make edits and have them sent to clients in a timely manner vs waiting for IT support to schedule them as part of application deployments.

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being able to easily check the status of all pending applications across programs. The funding under this update will leverage funding available through a SNAP bonus award received by the State (~\$350k of the \$1.6M will be used for Phase 1). The project will use the SNAP funding to establish an enterprise scalable platform (Progressive Web Application), focused initially on the needs of SNAP recipients. Shared services will expand upon that infrastructure to pursue opportunities for a broader application of that functionality to other programs including Medicaid which will be done as part of Phase 2 and Phase 3.

Shared Analytics

- Create a data repository that aggregates data from different HHS applications and also the development of a health and human services analytical tool to enhance data reporting and analytics.
- Accomplished through tool(s) that focus on data visualization, management and accessibility across the universe of shared services programs and clients

Benefits include

- Enhance service delivery and service value to their clients/citizens.
- Improve the efficiency of usage and allocation of resources
- Improve client access to data and provide more transparency to and accountability for performance.
- Be compliant with state/federal reporting requirements
- Reduce fraud, waste and abuse.

Unified Client Portal and Improve Self Service

- Implement a shared client portal* for DSS and AHCT's programs and services. The client portal will utilize a capability-based approach that includes the application intake process, providing a new electronic channel for applicants to submit required information and documentation electronically across programs.
- Consolidate the prescreening tools in order to determine which programs and services the applicant or member qualifies for.
- Provide the applicant or member post-screening determination information about other services and programs they may be eligible for provided by the other agency.

This platform will be built in a way so that it can be rolled out to other HHS agencies during later phases.

** Existing client portals can be leveraged vs building a new portal*

Benefits include

- Improve single client portal for all data collection and real time eligibility determination for all DSS and AHCT's programs.(No wrong door)
- Increase self-service for clients to determine possible eligibility across all DSS and AHCT programs (Pre/Post Screening).
- Increase timelines – Clients will obtain services and benefits when needed and will be better prepared for life events and transitions such as job loss or changes in family structure(Change Reporting)
- Clients will encounter fewer errors, and if there are any errors they will be resolved more quickly as dependency across multiple portals will not exist.

Consolidate image/document repository

Migrate to a single repository for information. This avoids the complexity of implementing a federation layer and associated data integration and synchronization services. Having a single repository will also allow for a single point for consent and access management of information.

Benefits include

- Having verifications and documents in one central location avoids system complexity as well

- reduces redundancy of same documents submissions required by clients
- Utilizing a single repository avoids synchronization issues and associated lag time in updating the information
- Single point for client consent and access management.

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".

12/31/18 Update:

The Department has engaged consultant supports to establish a governance structure to support the broader Shared Services effort. Meetings have begun with a target date for a report to be issued in the spring 2019.

Overall

6/30/19 Update:

With the change in the administration, efforts to affirm the continuation of shared governance are in progress. Further efforts are underway related to continue planning for other shared services projects.

June 2020 Update:

Shared Services Vision was updated based on the Governor's digital strategy, DAS resource availability and DSS Business Priorities. This was reflected in the State's submission of our annual APD update for Shared Services to our Federal partners (CMS/FNS) which has now been approved.

The following initiatives were identified to be the priority for Shared Services over the next 24 months.

- Client Relationship Management (CRM)
- Shared Services Readiness
 - Cloud Migration - Dev/Testing to AWS
 - Arch Recommendation
 - Automation
 - Open Source Migration
- Consolidating Imaging w/ AHCT
- DSS Mobile (SNAP)
- Shared Analytics

Over the past six months progress was made on the following projects.

Shared Services Readiness – Cloud Migration: This project was completed during this timeframe and all of DSS's Development/System Testing environments are now operational on the AWS platform. This has provided DSS the flexibility to diversify the SI vendors it can work with to enhance and maintain the enterprise applications.

DSS Mobile (SNAP): Completed a Proof of Concept of the proposed Mobile PWA solution that included integration with existing enterprise assets with only State Staff supporting the work.

Customer Relationship Management (CRM): There has been ongoing discussion that have included five health and human services agencies, DSS, DDS, DCF, DPH, and DMHAS to implement a Client Relationship Management (CRM Solution) that would address critical client issue tracking for DSS/DDS/DCF/DPH/DMHAS and bridge customer contact across HHS agencies. The CRM solution would also provide a single repository of constituent contacts for Benefit Centers (call centers) for DSS and other agencies. This would significantly enhance constituent reporting capability across agencies.

December 2020 Update:

Shared Service Readiness

- Increased Cloud Footprint - As part of Shared Service readiness and for future vendor diversification for DDI work, during FY2020 the State has moved all development and system testing environments for all enterprise HHS applications from existing vendor's data center to Cloud(Amazon Web Services). The support services for this cloud infrastructure is being managed by state staff thereby eliminating any vendor dependencies. During FY2021 additional projects will be initiated under Shared Services Readiness
 - Increased automation to support business process/operations to provide much needed efficiencies, which will allow us to better serve our constituents.
 - Implementation of Architectural recommendations to make enterprise applications Shared Service Ready.
 - Open Source Migration - The Department and our HIX are actively planning for an effort to reduce dependency on more costly proprietary services by moving to open source products. The first effort in that regard is expected to last for nine months and will significantly reduce ongoing maintenance and operations costs associated with the proprietary products

Integrated Mobile Platform

In FFY 2021, the State will focus on creating and expanding mobile capabilities for HHS services, including Medicaid, to provide a “no wrong door” approach focused on self-service consumer tools including being able to easily check the status of all pending applications across programs. The funding under this update will leverage funding available through a SNAP bonus award received by the State (~\$350k of the \$1.6M will be used for Phase 1). The project will use the SNAP funding to establish an enterprise scalable platform (Progressive Web Application), focused initially on the needs of SNAP recipients. Shared services will expand upon that infrastructure to pursue opportunities for a broader application of that functionality to other programs including Medicaid which will be done as part of Phase 2 and Phase 3.

During FY2020, preliminary work was done to confirm/get approval on business requirements and build a proof of concept that confirmed the state's ability to do this with in house staff vs procuring services
The final approval of the project has been delayed due to other priorities (primarily supporting projects involving Covid Relief Funds)

HHS Client Relationship Management (CRM)

During FY2021 the State will build Client Centric solutions that are scalable & modular and can be leveraged by other state agencies for improving the client's experience. An example would be utilizing a Client Relationship Management (CRM Application) that would address critical client issue tracking for DSS/DDS/DCF/DPH/DMHAS and bridge customer contact across HHS agencies.

During FY2020, multiple meetings were held with all agencies involved to get an agreement on the scope of the project. The project charter was created and reviewed with all stakeholders.

Benefits

- Enhanced Informational Organization - Customers, who ask for information from one department, may be directed into a labyrinth of different departments and agencies. CRM can break through silos and make information available across an entire organization. When proper dashboards are

and make information available across an entire organization. When proper dashboards are implemented, CRM allows users to see customer data across departments.

- Constituents as Customers - By improving data organization, CRM allows all employees to provide an excellent level of customer service by giving all customer facing employees the same access to customer records and information.
- Routine Task Automation - Actions such as mailing lists, notices, or other routine reports that can be automated and save valuable operational time. Employees will then be able to concentrate their efforts on the most vital and critical operations needed.

Notice Engine Consolidation

Build a centralized noticing service can be leveraged by all agencies and support cost savings in notice development, implementation, and mailing. This is planned for FY2022

Benefits include

- Clients receive consolidated notices for all programs reducing confusion, delays and redundancy. This in turn reduces calls to call centers/benefit centers.
- Client receive notices with consistent formatting/branding.
- Consolidation of the entire noticing process, the state will increase buying power to lower the overall costs of printing and mailing, prevent redundant payments and provide greater visibility into the volume and content of notices being sent to the CT HHS Enterprise customers/members.
- Provide flexibility to business users to make edits and have them sent to clients in a timely manner vs waiting for IT support to schedule them as part of application deployments.

The following projects were part of the initial list of Shared Services but are currently are not a priority for the State under the Shared Services initiative for the next 12 months.

1. Shared Rules Engine

Based on the updated business priorities and benefits that could potentially be realized from undertaking this project, the state believes it would be a challenge in initiating/implementing this project in the next 18 to 24 months. The state has set this project aside for future consideration/update.

2. Consolidate image/document repository

Migrate to a single repository for information. This avoids the complexity of implementing a federation layer and associated data integration and synchronization services. Having a single repository will also allow for a single point for consent and access management of information.

Benefits include

- Having verifications and documents in one central location avoids system complexity as well reduces redundancy of same documents submissions required by clients
- Utilizing a single repository avoids synchronization issues and associated lag time in updating the information
- Single point for client consent and access management.

3. Shared Analytics

This project involves the development of an analytical tool to aggregate data across the shared eligibility system to enhance data reporting and analytics. This is would be primarily focus on meeting DSS's reporting needs across all departments.

Benefits

- Enhance service delivery and service value to their clients/citizens.
- Improve the efficiency of usage and allocation of resources
- Improve client access to data and provide more transparency to and accountability for performance.
- Be compliant with state/federal reporting requirements
- Reduce fraud, waste and abuse.

Issues and Risks:

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

12/31/18 Update:

The above risk has been eliminated based upon the timely delivery of the system.

Going forward, the change in federal cost allocation rules will reduce the state's ability to leverage federal funding and will likely require a reassessment of project scope and focus areas.

6/30/19 Update:

The change in federal cost allocation rules continues to impact project planning.

12/31/2019 Update:

The Change in federal cost allocation rules continues to impact project planning.

June 2020 Update:

Shifting priorities given COVID impacts have slowed project progress.

December 2020 Update:

As the Public Health Emergency continues the Department continues to evaluate and shift priorities which has impacted the Shared Services project timeline and priorities.

Next Steps & Project Milestones:

June 2020 Update:

DSS will continue on the path of starting projects that were identified as Shared Service priorities but may have to adjust the schedule based on the competing priorities, as with many agencies work that supports the State's Covid-19 recovery efforts. The projects currently planned for the next six months included;

- DSS Mobile
- CRM
- Consolidated Imaging
- Shared Services
 - o Arch Recommendations
 - o Automation

December 2020 Update:

- Completing updates to the IAPD as necessary to keep up with the changing priorities.
- Focus on creating and expanding mobile capabilities for HHS services
- Continued progress toward completion of Shared Service Readiness
- Continue discussions around building a Client Centric solutions that are scalable & modular and can be leveraged by other state agencies for improving the client's experience.

