

Status: 21 Projects Tracked

As of 3/31/18

As of 6/30/18



5 Complete

11 On Track

4 Delayed

1 At Risk

Complete

On Track

Delayed

At Risk

5 Complete

12 On Track

2 Delayed

2 At Risk



DDS PMO Project Status June 2018

| Project Name | 5 Year Plan | Strategic Outcome Area | Status | Lead(s) | Status Description | Status View | FY | What is needed? |
|---|-------------|--------------------------------|----------|---|---|-------------|-----------|--|
| Provider Electronic Enrollment | Yes | Sustainable Change | Complete | Josh Scalora | DDS/DSS/HP streamlined Medicaid Provider enrollment and eliminated follow-on documents for providers | | 2017 | Complete |
| Residential Waiting List Definitions Implementation | Yes | People and Families First | Complete | Tammy Garris | Definitions updated, targets replaced with categories | | 2017 | Complete |
| Modernizing Data Systems: MIR Automation | Yes | Innovation and Transformation | Complete | Josh Scalora | Mapped data sources, interdisciplinary work group revised criteria and report format for September 2017 MIR (October release) | | 2018 | Complete |
| Modernizing Data Systems: Access Database Program | Yes | Innovation and Transformation | Complete | Josh Scalora | Access Conversion 100% Access to SSRS Reports 100% BI Analytics 100% | | 2017-2018 | Complete |
| TCM Optimization | Yes | Sustainable Change | Complete | Bob Smith | Met with Exec teams, developed video promoting TCM, graphics developed, dashboards developed to help CM's see performance | | 2017-2018 | Completed initial project, optimization activities will be ongoing |
| Positive Behavior Support Strategies | Yes | Excellence in Service Delivery | On Track | Peter Tolisano | Ongoing, training to EMPS providers via Wheeler Clinic, rounds with Beacon, Restraint and Seclusion Prevention Initiative, work with DSS and Beacon as main partners, training for First Responders | | 2017-2018 | Video Presentation with Peter Tolisano and Tracey Sondik will complete initial project |
| Public/Private Training Partnership | Yes | Excellence in Service Delivery | On Track | Jackson Pierre-Louis | Training Task Force formed, meeting every other month, developing shared strategies | | 2017-2022 | Continue collaboration through productive meetings every other month |
| Settings Rule Planning | Yes | Innovation and Transformation | On Track | Siobhan Morgan | CMS approved initial plan, CMS extended deadline for compliance to 2022, working with DSS on amended plan | | 2017-2022 | Reconvene Interdisciplinary Transition Team, develop and post online shared Toolkit with DSS, final approval of Plan |
| Streamlining Licensing | Yes | Sustainable Change | On Track | David Sokolow, Josh Scalora, Jackson Pierre-Louis | Configurations for e-Scores, Med Admin, CCH and CLA Licensing, Train the Trainer conducted | | 2017-2018 | Reports, Database Mapping, full adoption across business |
| Supportive Housing Pilot | Yes | Innovation and Transformation | On Track | Josh Scalora, Peter Mason | IDASH NOFA issued, rated 4 responses, 2 developments awarded, 1 recommended, 1 not selected, program ongoing until \$20 M bond funds exhausted | | 2017-2019 | Additional applications to DOH for development funding meeting award criteria |
| Time Keeping Solution (Multiple Agencies) | No | N/A | On Track | Sarah Cook | Vendor selected, agency implementation scheduled | | 2018-2021 | Successful implementation at first phase agencies prior to DDS implementation |
| Web IP.6 Payment | Yes | Sustainable Change | On Track | Dennis Mitchell | Payment processing needs to be supported by new system | | 2017-2018 | Decision to finalize project or add additional scope |
| Streamlining Providers' Administrative Burdens: Quality and Systems Improvement | Yes | Sustainable Change | On Track | Katie Rock-Burns, Jackson Pierre-Louis | Licensing Lean conducted, reduced manual processes by over 50%, eliminated 50% of renewal packets, saved time and increased value, multiple waivers for CLA and CCH, reduced duplicate and overall QSR visits, QSR training | | 2018-2019 | Continued improvement efforts within QSI unit and as part of Statewide Licensing Lean (per Special Act), internal oversight and measurement of results (PDCA) |
| Operational Governance: Procedures | Yes | Strong Foundation | On Track | Katie Rock-Burns, Rod O'Connor | Policies & Procedures update project kicked off, created framework for standardized review and update process, finalized prioritization, began update process, moved procedure review into System Design (Leadership) | | 2018-2021 | Evaluate effectiveness of new approach, and revise as needed (PDCA) |
| Incident Reporting: Back End | Yes | Strong Foundation | On Track | Dennis Mitchell | Assessing vendor solution, conducting Proof of Concept using MMIS claims | | 2017-2018 | Funding mechanism through collaboration with DSS as State Medicaid Agency via APD process, IT Bond Funds, contract to procure |
| Incident Reporting: Front End | Yes | Strong Foundation | On Track | Dennis Mitchell | IT developing ability to receive electronic transfer of incident reports in standardized structured data format | | 2017-2019 | Implementation of free alternative as interim solution |
| Quality Redesign | Yes | Excellence in Service Delivery | On Track | Jackson Pierre-Louis | Reduced QSR Indicators, created QI Regional positions, completed Settings Rule Crosswalk, Culture of Quality 2 year project with HSRI | | 2017-2019 | Outcome-Based Assessment tool that meets all other reporting requirements (Quality Assurance, Quality Improvement, Medicaid Waiver Assurances/Evidence, Settings Rule) |
| Incident Reporting: Procedure | Yes | Strong Foundation | Delayed | Kendres Lally | Near completion, pending final recommendations | | 2017-2018 | Decision on definition of Critical Incident, Stakeholder support |
| Incident Reporting: Training | Yes | Strong Foundation | Delayed | Jackson Pierre-Louis | Powerpoint updated, on hold pending updated Procedure | | 2017-2018 | Updated Procedure/Definitions of Abuse & Neglect for training materials |
| Workforce Collective Bargaining/DOL Rule | Yes | Excellence in Service Delivery | At Risk | Greg McMahon | Completed Initial work, need final recommendations | | 2017-2018 | External Stakeholder engagement |
| Modernizing Data Systems: HCBS Modernization | Yes | Innovation and Transformation | At Risk | Josh Scalora, Dennis Mitchell | IAPD funding lapsed while on hold, exploring Shared Services solutions with DSS | | 2017-2022 | Funding and decision on platform; support from State Medicaid Agency for Federal funding mechanism for Shared Services development, support from IT Bond Commission for State share of costs |

Five Year Plan Strategic Improvement Areas and Projects Grid

| People & Families First | Strong Foundation | Innovation & Transformation | Excellence in Service Delivery | Sustainable Change |
|---|---------------------------------|--|--|--|
| Family Engagement | Operational Governance | Employment Strategic Plan | Performance Measurement and Analytics | Streamlining Providers' Administrative Burdens |
| Life Course Planning | Change Management | Residential Supports Continuum Design | Quality Redesign | Balancing Incentives & Universal Assessment Implementation |
| External Communications | Project Management Office | Settings Rule Planning | Public/Private Training Partnership | Streamlining Electronic Licensing Management |
| Website Management | Provider Engagement Improvement | Supportive Housing | Workforce Collective Bargaining Agreement Implementation | Provider Electronic Enrollment |
| "Front Door" Information Packet | Skill Development Redesign | Transportation Redesign | Positive Behavior Support Strategies | Web IP-6 Payment |
| Residential Waiting List Definitions Implementation | Incident Reporting | Modernizing Data Systems | | Targeted Case Management Optimization |
| Peer Mentoring | | | | |

http://www.ct.gov/dds/lib/dds/report/5yrplan2017_2022/dds_5_year_plan_final_2017_2022_color.pdf