

## **IT INVESTMENT CAPITAL FUND PROJECT STATUS REPORT**

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

**FROM:** Dawn Lambert, Money Follows the Person Manager

**AGENCY/PROJECT NAME:** DSS / Balancing Incentive Program (BIP)

**PROJECT MANAGER:** Dawn Lambert

**REPORTING PERIOD:** Project Inception through 6/30/2015

**Total Funds Requested:** \$1,114,726

**Bond Commission Approval(s):** Date: Jan. 2015                      Amount: \$1,114,726

**Accumulative Total Capital Fund Expenditures to Date: \$360,937**

### **Brief Project Description/Summary:**

The Balancing Incentive Program – Automation of Long Term Services and Supports No Wrong Door and Universal Assessment (BIP Project) will streamline the process through which individuals who need Long Term Services and Supports (LTSS) apply for and receive those services, resulting in improved access to community-based, as opposed to, nursing facility care. LTSS are services and supports that help people with functional limitations care for themselves, providing help with things like bathing, dressing, eating, preparing meals, managing medications, walking, housework, and managing finances.

### **Summary of Progress Achieved to Date:**

The major components of the BIP system have been divided into three releases.

Release 1 is the automation of the Universal Assessment (UA), which is the functional assessment instrument that will ultimately be used by all Medicaid Home and Community Based Services (HCBS) waivers. Release 1 was successfully implemented on July 1, 2015.

Release 2 will include the automated functional prescreen and universal LTSS application integrated in the existing ConneCT consumer portal, built-in algorithm to refer applications to appropriate agencies, consumer portal to view status of the application, worker portal to review and process applications, consumer profile, enhanced Universal Assessment, reports, and data services, which will provide a mechanism for sharing universal application and universal assessment data between the BIP system and the various State Agency and Access Agency systems. The Business Requirements and System Design for BIP Release 2 have been conditionally approved. The Systems Integrator has started development on the Release 2 components.

Release 3 will include the automated coordination of the financial and functional aspects of eligibility. This will be incorporated into the Department's new eligibility management system, ImpaCT. Additionally, an enhanced consumer portal, which will allow the consumer to see the status of their functional and financial eligibility, a snapshot of all of their benefits, information on their care plan, their Personal Health Record (PHR), their Medicaid claims, and will provide a link to set up non-emergency medical transportation. The system will also include an automated mechanism for consumers and medical providers, specifically hospital discharge planners to request and order HCBS services online. Release 3 will also include enhanced reporting and additional data services.

**Business Goal:** Decrease length of time from application to delivery of needed community services by automating coordination of financial and functional eligibility process. **Status:** Fully automated coordination of the financial and functional eligibility process cannot occur until after the implementation of the Department's new eligibility management system, ImpaCT. Initially this automation was expected to happen in state fiscal year 2015-2016. However, delays in the ImpaCT project pushed pilot implementation from August 2015 to March 2016, thus delaying the automated coordination. In the meantime, the Department has incorporated the financial eligibility staff in the unit that determines functional eligibility. This closer relationship, based on a model proven to work by the Money Follows the Person (MFP) demonstration, will move the Department closer to its goal.

**Business Goal:** Increase hospital discharges to the community rather than to nursing homes. **Status:** The Department is working with various hospitals in a pilot project to improve discharges to the community rather than to nursing homes. The pilot project requirements and operating protocol is being developed, with a pilot start in August 2015. Preliminary figures will be available in early 2016.

**Business Goal:** Increase access to LTSS information and services for Connecticut residents. **Status:** The Department continues to work on updating LTSS information. Most recently, 2-1-1 staff will be providing information on and accepting telephone applications for the Community First Choice (CFC) program. The Universal Application for LTSS has been made available online for CFC applicants. Data collected will be used to analyze the effectiveness of the online universal application.

**Business Goal:** Increase standardization in assessments and budget allocation methodologies across all agencies performing functional assessments to create parity across age and disability resources based on functional support needs rather than diagnosis. **Status:** The first phase of this project was the automation of the Universal Assessment, which will eventually be used by all waivers. The automated Universal Assessment was successfully launched on July 1, 2015. No major problems were found and initial system glitches are being addressed. Initially the automated UA is being used by the MFP demonstration and the new Community First Choice State Plan program. Budget allocations have been developed for CFC. Data from the automated UA will be collected over the first six months and analyzed to determine whether or not the current budget allocations are accurate for the CFC program. MFP assesses and develops care plans for individuals targeted for multiple waivers, so data for waivers will be also be available from the system. Additional analysis will be done to confirm that the budget allocations are appropriate for the various Medicaid waivers. Analysis will continue until budget allocations for all waivers and CFC are determined accurate and finalized.

**Technology Goal:** Create an automated Universal Assessment including an algorithm to determine individual budget allocations based on standard need groupings. **Status:** Automation of Universal Assessment is complete. Individual budget allocations have been developed and will be analyzed to confirm validity for CFC and waivers.

**Technology Goal:** Data download for analysis and reporting. **Status:** The data download specifications have been developed and are being reviewed. Security precautions are being addressed to ensure HIPAA requirements are met.

**Technology Goal:** Create an online functional prescreen on ConneCT, building on the existing "no wrong door" established by DSS and Access Health. **Status:** The language on the functional prescreen and a universal waiver application has been finalized. The Business System Design to automate the prescreen and application into the existing ConneCT consumer portal has been approved by the Department and the System Integrator has begun development.

**Technology Goal:** Integrate the Department of Social Services' new eligibility management system, ImpaCT, with the functional eligibility process. **Status:** Fully automated coordination of the financial and functional eligibility process cannot occur until after the implementation of the Department's new eligibility management system, ImpaCT. Initially this automation was expected to happen in state fiscal year 2015-2016. However,

delays in the ImpaCT project pushed pilot implementation from August 2015 to March 2016, thus delaying the automated coordination. System requirements will be developed in state fiscal year 2015-2016.

**Technology Goal:** Provide links from various State and other websites to LTSS information and prescreen.

**Status:** Links from the MyPlaceCT LTSS informational website and the Department of Social Services' website and ConneCT have been put in place. Links to other state agency websites are planned as part of the system Release 2, currently targeted for February 2016.

**Technology Goal:** Integrate the new BIP system with existing care management systems. **Status:** Data extracts from Release 1 of the Universal Assessment will be shared with the state's Access Agencies for incorporation into their case management systems. More efficient Data Services are planned as part of the system Release 2, currently targeted for February 2016. The Data Services will allow both universal application and universal assessment data to be shared between the BIP system and the various State Agency and Access Agency systems.

**Technology Goal:** Develop robust reporting process. **Status:** The Department has contracted with UConn Health Center to develop quality management and demographic reports using the Release 1 data extracts. Requirements have been finalized for additional reports that will be implemented by the System Integrator with Release 2, currently targeted for February 2016. An ad hoc reporting system is also being considered.

### **Issues and Risks:**

Work on Release 2 has been paused pending a review of the project vision, scope, and approach. Release 2 contains many components (Automated Prescreen, Automated Universal Application, Enhanced Universal Assessment, Worker Portal for the No Wrong Door, Consumer Portal for the No Wrong Door, Consumer Profile, Data Services, Reporting, and Supporting Functions). Given the complexity of the system and its integral relationship with ImpaCT, it is critical to look at the various implementation options, including a phased in approach for different components of BIP Release 2. Options will be reviewed in August and a plan developed for an Executive Team decision. The Release 2 pause may cause a project resource shortage. The BIP Release 2 Work Plan will be revised when the decision has been made.

The delay in the ImpaCT project from August 2015 to March 2016 directly impacts the BIP system timeline due to the integrated nature of the systems. Although BIP Release 2 is being built on ImpaCT architecture, it is a stand-alone system. However, BIP Release 3 will be integrated with ImpaCT. Another concern for Release 2 Because ImpaCT is a hugely complicated system, servicing hundreds of thousands of consumers, the implementation of ImpaCT will be rolled out and take months from the initial implementation to state-wide implementation and resolution of the initial system problems. It is unlikely that any components of BIP can be implemented during the ImpaCT roll out.

The effect of the BIP system on the existing technology of the partner agency systems could exceed original estimates. Discussions on integrating the partner agency systems and BIP have been scheduled and held.

### **Next Steps & Project Milestones:**

The meeting to discuss the Release 2 project vision, scope, and approach has been scheduled for August 13, 2015. Out of this, and additional meetings as needed, will emerge the potential options for implementing Release 2 with a proposal for the Executive Team, who will make the final decision. The next milestone will be the updated Work Plan for BIP Release 2, including implementation dates. System development will continue, leading to system testing and user acceptance testing. Organizational Change Management and Training will be coordinated. System implementation of BIP Release 2

Next, the overall vision, scope, and approach will be established for BIP Release 3 with broad system requirements. Then, more detailed requirements will be developed and Joint Application Design sessions will be held.