

**IT INVESTMENT CAPITAL FUND
PROJECT STATUS REPORT**

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

FROM: Vance Dean, Acting IT Director, DSS
Mike Gilbert, Finance Director, DSS

AGENCY/PROJECT NAME: DSS / HIX-IE

PROJECT MANAGERS: Matthew Robertson/Sharon Kopycinski

REPORTING PERIOD: Project Inception through 12/31/2015

Total Funds Requested: \$18,776,611

Bond Commission Approval(s):	Date: Feb. 2013	Amount: \$ 1,563,055
	Date: Jan. 2014	Amount: \$ 5,316,356
	Date: July 2014	Amount: \$ 5,400,000
	Date: July 2014	Amount: \$ 500,000 transferred from ConneCT
	Date: Jan 2015	Amount: \$ 2,745,683
	Date: Sept. 2015	Amount: \$ 2,329,035

Accumulative Total Capital Fund Expenditures to Date: \$14,910,022

Brief Project Description/Summary:

The Department of Social Services Integrated Eligibility System project will replace the Department's existing 24 year old Eligibility Management System (EMS). The integrated eligibility platform, once designed, developed and implemented, will provide a seamless eligibility and enrollment process for Medicaid, CHIP and the CTHIX, and will ultimately be used to determine eligibility for other social service programs (e.g., SNAP, TFA). Specifically, the planned integrated eligibility function will initially address federal requirements for eligibility determinations for advance premium tax credits and reduced cost sharing through the Exchange, MAGI-based eligibility for Medicaid, complete individual responsibility exemption determinations, and coordinate enrollment. This project was divided into Tiers. Tier 1 was standing up the Access Health CT client and worker portals to handle eligibility and enrollment for MAGI Medicaid, MAGI CHIP, QHP, and APTC. Tiers 2 and 3 are directly related to replacing DSS' legacy eligibility system known as EMS. Tier 4 is to utilize the existing infrastructure and platforms built in Tiers 1-3 to extend towards the other CT HHS agencies to achieve enterprise integration.

Summary of Progress Achieved to Date:

DSS, BEST and Access Health CT have been working with the Systems Integrator, Deloitte, to continue Tier 1 deployments insuring that the full designed functionality is achieved. There have been a number of deployments throughout the year to reach this goal including a January 30, 2015 release to address Bulk Services, 90 Day Termination and a variety of warranty fixes including 10 high priority DSS/CMS requirements. For Tier 2 and Tier 3, business system design and technical system design has been completed and all but a few deliverables have been finalized and approved.

Release 19 in the Access Health System was deployed on March 4, 2016. This release is the functionality to assist in Medicaid case management.

The Interim Systems Security Plan (SSP) review was waived by CMS. DSS has proceeded with the use of production data in conversion environments. The Final SSP and Security Design Plan for CMS has multiple submissions. SSP and Security Design Plan submissions are in progress or have been submitted to CMS. For Tier 4, business requirements definitions have been completed. Since the federal cost allocation exception has been extended providing for additional time, the Department has been more fully evaluating the project timeline and scope in anticipation of possible adjustments to both.

Conversion Design, Interface Design and Change Requests Design are in progress. The delay in the waiver to allow for use of production data, along with delays in design, development, and testing for conversion, interfaces, and change requests have led to a need to initiate mitigation strategies. 58 functional, 20 zero dollar and 5 conversion change requests are in design and development now.

Mitigation strategies that have been initiated include extension of the project timeline, an expansion of resources assigned to conversion and interfaces and intensive risk management. The project plans will be frozen on March 7, 2016. A code freeze is imminent and should be in place by early April.

A critical goal of DSS is to improve health and well-being of Connecticut's low income and disadvantaged populations by making it easy for individual clients and families to be enrolled in the most appropriate and advantageous HHS programs. As we move to a technology solution that will assist DSS to meet this need, it is equally important that we insure that the solution is well designed, tested and is operational. The change requests and system itself will facilitate access to screening for multiple programs to insure people are provided as many supports as they are eligible for. Proper testing and conversion mitigate any disruptions and errors. Real time interfaces minimize eligibility processing delays and minimizes waiting times for verification.

Issues and Risks:

Tier 1 Risk - Coordinating future deployments with the Tier 2 and 3 build.

Next Steps & Project Milestones:

Continue with outlined Tier 1 deployments.

Continue to track Tiers 2 and 3 to the current Project Plan – at the same time, given the A87 Cost Allocation extension and the permanency of the 90/10 Eligibility and Enrollment FFP, DSS has requested that Deloitte consider a project re-baseline as well as the addition of the following scope: Enterprise Master Person Index (EMPI), Asset Verification System (AVS) and a more robust AHCT/ImpaCT integration.