

Health and Human Resources Information Technology Strategic Plan



For the 2012 – 2014 Biennium

Commonwealth of Virginia

Table of Contents

Preface	ii
Secretarial Committee and Additional Contributors	iii
Introduction	1
Purpose of the Plan	1
Strategic Plan Development and Alignment	1
Secretariat’s Strategic Objectives and Cross-agency Goals	3
Strategic Plan Detail	4
Strategic Information Technology (IT) Vision.....	4
Strategic IT Goals.....	4
Goal 1.....	5
Goal 2.....	8
Goal 3.....	9
Goal 4.....	11
Goal 5.....	13
Supplemental Information	15
Alignment of HHR ITSP Goals to Commonwealth of Virginia Technology Business Plan.....	15
Acronyms.....	16

Preface

Converging efforts played a role in arriving at the decision to create an information technology (IT) strategic plan at the Secretariat level. The American Recovery and Reinvestment Act (ARRA), in part, addressed modernization and interoperability of Medical systems to improve patient outcomes and address rising health care costs. The Patient Protection and Affordable Care Act of 2010 (PPACA), which mandates an expansion of Medicaid enrollment by 2014, is predicted to increase Virginia's Medicaid membership by 35 to 45 percent. Virginia state government does not currently have the business processes or technology capacity to manage the increased membership. Additionally, a federal initiative called the Medicaid Information Technology Architecture (MITA) is intended to foster integrated business and information technology transformation across the national Medicaid enterprise to enable successful administration of the expanded Medicaid program.

Virginia considered two options for PPACA compliance from a cost perspective: expand capacity of legacy eligibility systems and increase administration and operational staff by an average of 40 percent, or develop new business processes and technology capacities to manage expanded Medicaid membership. Based on projections, an operational staff expansion of 40 percent would result in a \$40 million per year increase in cost to Virginia's Medicaid program, half of which would likely be paid with State funds that would produce little to no return on investment. Further, the technology directly addresses the fundamental problems behind the Medicaid eligibility error rates: inconsistent application of business rules and the operational difficulties associated with correctly identifying unique person information among the many disparate legacy systems. In contrast, by developing new systems based on MITA, and using enhanced Federal funding match rates available under MITA, the American Recovery and Reinvestment Act and PPACA, the return on Virginia's IT investments for the Medicaid program can be measured in months.

Leveraging MITA provides significant opportunities to establish technical foundations for the future transformation of Virginia government services that exceed changes needed for Medicaid. Encompassed in the transformation are several things important to HHR's future success: expanding self-directed service options for customers, reengineering business processes or realigning agency services to improve effectiveness, creating a more agile organization that leverages technology, shares data across agencies, and develops a collaborative approach to IT governance at a Secretariat level. An enterprise-level strategic plan for technology investments is necessary to create this transformation. This plan will be implemented in phases that will depend, in part, on the availability of resources and funding.

Special thanks to the individuals on our Secretarial IT planning committee and to others who contributed to the creation of this plan. Their contributions of time and ideas are greatly appreciated.

The Honorable Bill Hazel, MD
Secretary of Health and Human Resources
Commonwealth of Virginia
December 8, 2011

Secretarial Committee for the HHR Information Technology Strategic Plan and Additional Contributors

Anne Wingfield, Virginia Information Technologies Agency
Beth Ferrara, Department of Medical Assistance Services
Carrie McDermott, Department of Medical Assistance Services
Charline Davidson, Department of Behavioral Health and Developmental Services
Constance Scott, Virginia Information Technologies Agency
Dave Burhop, Department of Motor Vehicles
David Mix, Department of Medical Assistance Services
David Stankavich, Department of Medical Assistance Services
Debbie Secor, Virginia Department of Health
Dennis Unger, Department of Rehabilitative Services
Donna Douglas, Virginia Department of Social Services
Ernie Steidle, Department of Rehabilitative Services
Eva Ampey, Department for the Blind and Vision Impaired
Gay Cohn, Virginia Department of Health
Jeanine LaBrenz, Virginia Department of Social Services
Jim Roberts, Department of Behavioral Health and Developmental Services
Joan Martin, Virginia Department of Health
Leonard Eshmont, Department for the Aging
Lynne Jeffries, Virginia Information Technologies Agency
Mark Monson, Department of Health Professions
Marsha Endicott, Virginia Department of Social Services
Maurion Edwards, Department of General Services
Mike Sandridge, Virginia Information Technologies Agency
Nan Pemberton, Board for People with Disabilities
Olivia Garland, Department of Behavioral Health and Developmental Services
Patrick Reynolds, Virginia Information Technologies Agency
Rich Barnes, Virginia Information Technologies Agency
Robert Hobbelman, Virginia Department of Social Services
Russell Sarbora, Department of Behavioral Health and Developmental Services
Sean Weir, Virginia Information Technologies Agency
Seta Vandegrift, Department of Medical Assistance Services
Sunny Singh, Department of Medical Assistance Services
Sylvia Hart, Department of Medical Assistance Services
Vickie Tyson, Department of General Services

Facilitated by John Wheatley and Jacqueline Anderson, International Consulting Services, LLC

Introduction

The Secretary of Health and Human Resources (HHR) oversees twelve state agencies that provide often vital services to Virginians. Individuals with disabilities, the aging community, low-income working families, children, caregivers, and the provider network are supported through the work of this Secretariat. In addition, our agencies license health practitioners and ensure safe drinking water in the Commonwealth.

For the 2012–2014 strategic planning cycle, the HHR Secretariat is using the strategic planning process to create an Information Technology Strategic Plan (ITSP) that encompasses and provides direction to all twelve agencies.

Purpose of the Plan

The purpose of the HHR ITSP is to provide a clear direction for how HHR will establish and maintain the organizational and technical foundations necessary for the transformation of government services. The plan will be used to:

- Make IT investment decisions that support the business goals and objectives of HHR agencies, the Secretariat, and the Commonwealth.
- Manage organizational change related to the implementation of new and improved technical solutions.
- Address organizational and information technology-related change management.
- Ensure that transformation-focused work aligns with the direction of our Federal partners.
- Proactively facilitate collaboration and cooperation within HHR, across Secretariats, and with federal, state and local governments.
- Facilitate and support continuity of direction across administrations and secretariats.
- Manage risks.

The 2012-2014 HHR ITSP will serve as a baseline upon which progress can be assessed going forward. The document will be updated annually at a minimum, and will be reviewed at the same time agency strategic plans are reviewed, in accordance with the schedule published by the Department of Planning and Budget. This will enable the plan to remain current and responsive to changes on an ongoing basis.

Strategic Plan Development and Alignment

To create the first HHR-level Information Technology Strategic Plan, a new planning process that engages stakeholders was developed. A draft plan was developed as a starting point. Representatives from each HHR agency (IT departments and business areas), the Virginia Information Technologies Agency, and other participating agencies were then invited to review the draft and help shape the final plan. As a result, the HHR ITSP reflects the perspectives and collaboration of the participants. Although the scope of the HHR Information Technology Strategic Plan is for the next biennium, there are goals and objectives that will take more than two years to achieve.

The plan contains HHR-level goals, objectives, strategies, milestones, and measures. In addition, it contains the following appendices, which are separate documents:

- Appendix A – Consolidated Agency IT Portfolio
- Appendix B – Consolidated Agency Information about IT Maintenance and Operations Resources
- Appendix C – HHR Aspirational Goals for the FY2012-2014 Biennium
- Appendix D – Agency IT Budget Information

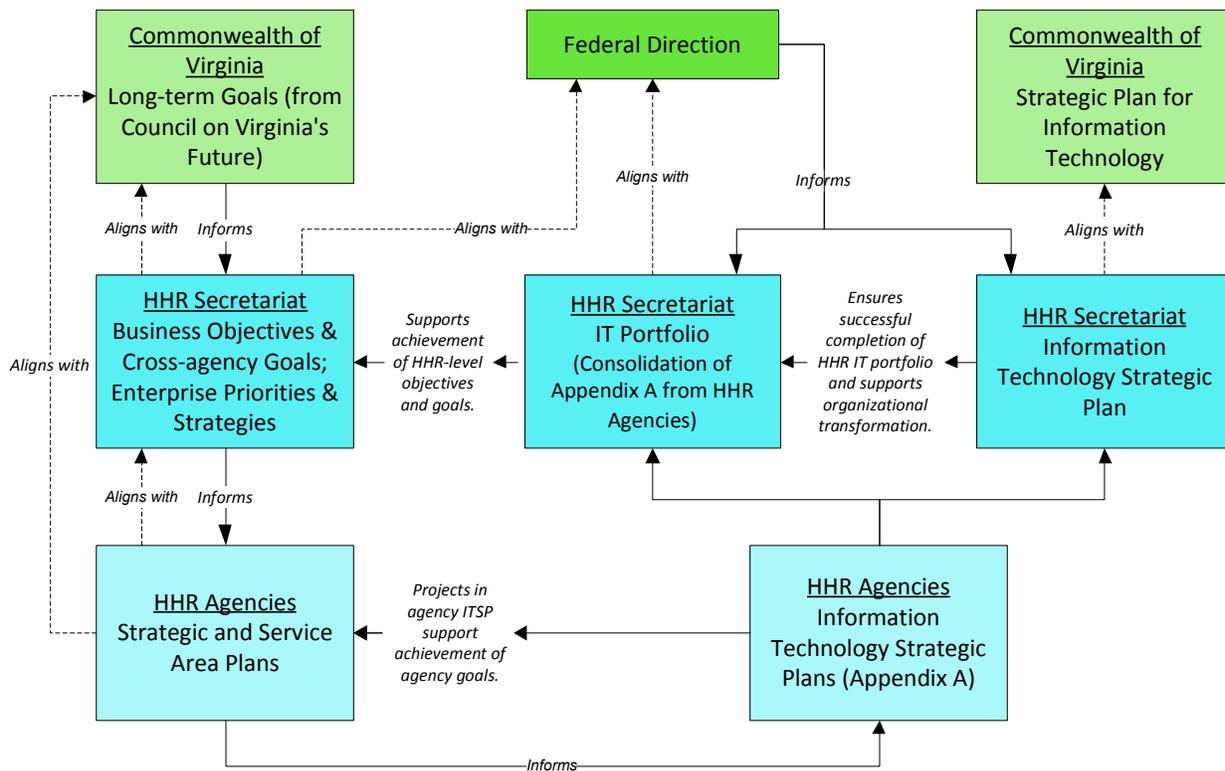
- Appendix E – Roadmap of Key IT Investment Management Milestones

In prior planning cycles, each agency developed an agency strategic plan and then developed an information technology strategic plan (ITSP) to support the agency’s business goals. The agency ITSP consisted of a summary (rationale for IT decisions), an IT project list (appendix A), and budget tables. For the 2012-2014 biennium, agency IT summaries will be used to capture agencies’ aspirational strategies that align to the goals and/or objectives stated in the HHR ITSP. There are no budget dollars associated with these summaries. Instead, the summaries reflect how agencies will move forward with their plans to leverage the new technology architecture. Strategies may be based on decisions already made by the agency or may simply convey options the agency plans to explore or assess.

These summaries will be combined into an HHR-level summary and a link will be established from each agency’s ITSP to the HHR-level summary. Links will also be established from the agency ITSPs to the consolidated Appendix A and Appendix B. On page 14 of this plan, there is a table that shows how HHR ITSP goals align with and support goals in the Commonwealth’s Strategic Plan for Information Technology.

Figure 1 shows the relationship among Commonwealth plans and Federal direction. Because of these strong relationships, the involvement and commitment of the business side of HHR agencies is as vital as the involvement and commitment of the HHR IT departments in achieving the goals stated in their strategic plans.

Figure 1



Secretariat's Strategic Objectives and Cross-Agency Goals

The Secretariat has defined two strategic objectives and six cross-agency goals that can potentially connect HHR agencies to each other in dynamic ways. HHR strategic information technology goals listed on page 4 support achievement of these objectives and goals.

HHR Strategic Objectives

- **Effective Management:** Optimize organizational effectiveness to provide service in the most effective and efficient manner, and optimize program effectiveness to deliver service that strengthens the family, takes care of children, and aids the impaired, aged, and disabled.
- **Healthcare Reform:** Implement Virginia's version of healthcare reform to improve quality, reduce cost, increase provider satisfaction, and improve the health and well being of the population.

Cross-Agency Goals

The goals listed below may cut across agencies both within and outside of the HHR secretariat.

1. **Health Reform:** Implement recommendations from the Virginia Health Reform Initiative. Participating agencies: Department of Medical Assistance Services (DMAS), Department of Health Professions (DHP), Virginia Department of Health (VDH) and Health Professions Shortage Area (HPSAs).
2. **Job Creation:** Encourage and maximize consumer participation in the workforce. Participating agencies: Department of Rehabilitative Services (DRS), Department for the Blind and Visually Impaired (DBVI), Department of Social Services (VDSS), Department of Behavioral Health and Developmental Services (DBHDS), and Virginia Board for People with Disabilities (VBPD).
3. **Healthy Virginians:** Improve the health of Virginians, decrease health care costs, and improve nutrition. Participating agencies: VDH, DMAS, DBHDS, Virginia Foundation for Healthy Youth (VFHY), VDSS, VDA, DBVI, and Director of Health Reform Initiative (DHRI).
4. **Community Integration:** Enable Virginians to live lives that are fully integrated in the community. Participating agencies: DBHDS, DMAS, Virginia Department for the Aging (VDA), DRS, Virginia Board for People with Disabilities (VBPD), VDBI, Virginia Department for the Deaf and Hard of Hearing (VDDHH), and Office of the Comprehensive Services Act (CSA).
5. **Strengthening Families:** Strengthen families and promote family stability and sustainability. Participating agencies: DMAS, CSA, VDSS, and VDH.
6. **IT Infrastructure/Customer Portal:** Develop a customer portal for Health and Human Services. Participating agencies: VDSS, DMAS, and VDH.

Strategic Plan Detail

Strategic HHR IT Vision

Leverage information technology to improve healthcare and human services for Virginians by providing access to the right services for the right people at the right time and for the right cost.

We envision an information technology infrastructure that comprises the following:

- Support for self-directed services models
- One service-oriented architecture (SOA) physical environment that supports many logical programs, allows HHR to be more agile in its response to change, facilitates greater reuse of business and technical services, lowers costs, reduces development schedules, and lowers implementation risks
- Multi-tiered approach to security
- Standards-based interoperability
- Right-time and real-time processing
- Access to all HHR services through a single and secure customer portal
- Enterprise data management
- Commonwealth authentication service
- Ability to leverage existing services

Strategic IT Goals

The HHR Information Technology Strategic Plan contains the following five goals:

1. Increase the availability of customer self-directed service capabilities across the Commonwealth.
2. Align our strategic direction to Federal strategic goals and to the direction of other key funding partners.
3. Achieve enterprise-wide collaboration and standardization through HHR-level information technology program and project management governance.
4. Enable Health and Human Resources' agencies to streamline the delivery of and access to services to customers through common technology architectures.
5. Position information technology departments with the staff, skills, knowledge, and tools to deliver effective technical solutions.

The pages that follow provide supporting information for each goal.

GOAL 1: Increase the availability of customer self-directed service capabilities across the Commonwealth.

GOAL DESCRIPTION: This goal is focused on the development of new business processes and technology capabilities to manage expanded health and human services. The aim is to provide customers with better access to their own information and empower them to make decisions based on that information.

GOAL ALIGNMENT: This goal supports achievement of the HHR strategic objectives and/or cross-agency goals listed below.

- HHR Strategic Objective 1 – Effective Management: Optimize organizational effectiveness to provide service in the most effective and efficient manner, and optimize program effectiveness to deliver service that strengthens the family, takes care of children, and aids the impaired, aged, and disabled.
- HHR Cross-agency Goal 4 – Community Integration: Enable Virginians to live lives that are fully integrated in the community.
- HHR Cross-agency Goal 5 – Strengthening Families: Strengthen families and promote family stability and sustainability.
- HHR Cross-agency Goal 6 – IT Infrastructure/Customer Portal: Develop a customer portal for Health and Human Services.

OBJECTIVES, STRATEGIES, MEASURES & MILESTONES

Objective 1.1. Increase access to and usage of self-directed services.

Strategies

- Strategy 1.1.A: Determine service transactions that could be self-directed.
- Strategy 1.1.B: Implement and track transactions to support customer self-directed capabilities.
- Strategy 1.1.C: Partner with and/or leverage efforts across agencies both within and outside of the HHR Secretariat.
- Strategy 1.1.D: Establish and maintain an inventory of self-directed services. Publish the inventory and hyperlinks to access self-directed services on appropriate Commonwealth of Virginia websites.
- Strategy 1.1.E: Conduct surveys and focus groups with agency customers and stakeholder groups to define opportunities for and concerns regarding the use of self-directed services.

Measures & Milestones

- Measure 1.1.1: % of transactions performed via self-directed services vs. assisted services
- Measure 1.1.2: # of services that are set up as self-directed
- Measure 1.1.3: Cost avoidance resulting from use of customer self-directed services

- Measure 1.1.4: Customer satisfaction with ease of use of self-directed services; abandonment rate
- Measure 1.1.5: Self-directed service transaction speed

Objective 1.2. Increase public awareness of how to use self-directed services and trust in their use.

Strategies

- Strategy 1.2.A: Develop and implement a marketing and communication plan that includes surveying the public regarding awareness of and trust in self-directed services.
- Strategy 1.2.B: Address customer perception and business barriers to self-directed services.

Measures & Milestones

- Milestone 1.2.1: Communication plan has been implemented

Objective 1.3. Implement data and messaging standards.

Strategies

- Strategy 1.3.A: Leverage work performed at a national level and by VITA/HITSAC regarding the adoption of data and messaging standards for external interfaces.
- Strategy 1.3.B: Leverage resources to ensure all new and legacy systems conform to VITA/HITSAC standards for data exchange.

Measures & Milestones

- Milestone 1.3.1: Availability of approved standards, vocabulary, and implementation guides/specifications from the Secretary of Technology's office
- Measure 1.3.2: % of relevant health and human services' external interfaces that comply with enterprise data exchange standards

Objective 1.4. Implement a single, secure customer portal for HHR services.

Strategies

- Strategy 1.4.A: Use the secure customer portal developed by the Virginia Department of Social Services when it becomes available.
- Strategy 1.4.B: Identify the services that need to move to and be supported by the portal.

Measures & Milestones

- Measure 1.4.1: # of identified existing services moved to the single portal

Objective 1.5. Improve data sharing across programs, agencies, and localities.

Strategies

- Strategy 1.5.A: Complete the work of the data sharing committee (i.e., Data Use and Reciprocal Support Agreement - DURSA).
- Strategy 1.5.B: Identify organizations that will adopt the data sharing agreement.

Measures & Milestones

- Milestone 1.5.1: Agreement is completed.
- Measure 1.5.2: # of transactions interfaced via DURSA
- Milestone 1.5.3: # of programs, agencies, and localities using the Enterprise Service Bus and/or HIE for data exchange

GOAL 2: Align our strategic direction to Federal strategic goals and to the direction of other key funding partners.

GOAL DESCRIPTION: This goal promotes interoperability and data standardization. It ensures collaboration with funding partners as well as alignment with their standards.

GOAL ALIGNMENT: This goal supports achievement of the HHR strategic objectives and/or cross-agency goals listed below.

- HHR Strategic Objective 2 – Healthcare Reform: Implement Virginia’s version of healthcare reform to improve quality, reduce cost, increase provider satisfaction, and improve the health and well being of the population.
- HHR Cross-agency Goal 1 – Health Reform: Implement recommendations from the Virginia Health Reform Initiative.

OBJECTIVES, STRATEGIES, MEASURES & MILESTONES

Objective 2.1. Align with federal objectives (e.g., MITA and NIEM – ACF version of the National Information Exchange Model).

Strategies

- Strategy 2.1.A: Conduct MITA state self-assessments every two years.
- Strategy 2.1.B: Leverage federal funding for HIT/MITA and maintain compliance with all requirements and standards necessary to retain that funding.
- Strategy 2.1.C: Monitor NIEM development.

Measures & Milestones

- Milestone 2.1.1: Assessments completed and action taken where we lack progress

Objective 2.2. Ensure grants with technology investments align with HHR’s information technology strategic direction.

Strategies

- Strategy 2.2.A: Educate the agency and administrative grant staff on the strategic plan and how to apply it when writing grants that have a technology investment.
- Strategy 2.2.B: Make process changes to ensure evaluation of projects for IT alignment.
- Strategy 2.2.C: Ensure grant submissions include a sustainability plan for any new technologies implemented.

Measures & Milestones

- Milestone 2.2.1: Process developed

GOAL 3: Achieve enterprise-wide collaboration and standardization through HHR-level information technology program and project management governance.

GOAL DESCRIPTION: This goal seeks to provide program and project management governance that includes, but is not limited to, organizational change management assistance, continuity, coordination of multi-agency investment projects, and support in order to achieve the goals and objectives of this plan.

GOAL ALIGNMENT: This goal supports achievement of the HHR strategic objectives and/or cross-agency goals listed below.

- **HHR Strategic Objective 1 – Effective Management:** Optimize organizational effectiveness to provide service in the most effective and efficient manner, and optimize program effectiveness to deliver service that strengthens the family, takes care of children, and aids the impaired, aged, and disabled.
- **HHR Strategic Objective 2 – Healthcare Reform:** Implement Virginia’s version of healthcare reform to improve quality, reduce cost, increase provider satisfaction, and improve the health and well being of the population.
- **HHR Cross-agency Goal 1 – Health Reform:** Implement recommendations from the Virginia Health Reform Initiative.
- **HHR Cross-agency Goal 6 – IT Infrastructure/Customer Portal:** Develop a customer portal for Health and Human Services.

OBJECTIVES, STRATEGIES, MEASURES & MILESTONES

Objective 3.1. Establish and maintain a Secretariat-level information technology program and project management office.

Strategies

- Strategy 3.1.A: Establish a charter for the office that identifies its role, responsibilities, overall scope, etc.
- Strategy 3.1.B: Secure resources to establish and maintain the office.
- Strategy 3.1.C: Establish, maintain and promulgate all required policies and procedures.

Measures & Milestones

- Milestone 3.1.1: Office established and maintained.

Objective 3.2. Provide cross-agency change management assistance and coordination.

Strategies

- Strategy 3.2.A: Establish organizational change management policies and approaches.
- Strategy 3.2.B: Use an oversight committee for tracking the effectiveness of organizational change management.

- Strategy 3.2.C: Help stakeholder groups develop an understanding of and commitment to future business and technology changes through proactive communication.
- Strategy 3.2.D: Provide assistance to agencies in use of organizational change management to transform the way we do business in HHR.

Measures & Milestones

- Measure 3.2.1: % of projects that are using the office

Objective 3.3. Ensure ongoing compliance with Commonwealth of Virginia and Federal requirements, standards, and notices, including but not limited to HIPAA, ADA, and Security Standards such as Section 501 and NIST.

Strategies

- Strategy 3.3.A: Ensure HHR's information technology strategic plan conforms to Commonwealth and Federal standards.
- Strategy 3.3.B: Leverage resources so that IT systems provide reasonable accommodation for people with disabilities. This includes ensuring that IT systems and infrastructure are accessible to persons with disabilities at the time they are rolled out, putting resources in place to support the use of software and hardware for accessibility purposes, and removing barriers to accommodate ADA provisions.

Measures & Milestones

- Measure 3.3.1: # of instances of non-compliance

Objective 3.4. Facilitate and support continuity of HHR's information technology and organizational visions across administrations and Secretariats.

Strategies

- Strategy 3.4.A: Maintain and update the HHR information technology strategic plan.
- Strategy 3.4.B: Brief incoming administration leaders and staff on the HHR IT vision, strategic plan and organizational vision.

Measures & Milestones

- Milestone 3.4.1: Briefings held

Objective 3.5. Research new and leading edge technologies for application in HHR.

Strategies

- Strategy 3.5.A: Leverage technology and technology research across HHR agencies.
- Strategy 3.5.B: Leverage VITA's information and research on new technologies.

Measures & Milestones

- Milestone 3.5.1: Technology research process is in place

GOAL 4: Enable Health and Human Resources' agencies to streamline the delivery of and access to services to customers through common technology architectures.

GOAL DESCRIPTION: This goal is focused on the implementation of a common technical architecture for data and IT solutions that will facilitate the sharing of data, the reduction of data duplication, and the establishment of software solutions as services that can be leveraged by any entity.

GOAL ALIGNMENT: This goal supports achievement of the HHR strategic objectives and/or cross-agency goals listed below.

- HHR Strategic Objective 1 – Effective Management: Optimize organizational effectiveness to provide service in the most effective and efficient manner, and optimize program effectiveness to deliver service that strengthens the family, takes care of children, and aids the impaired, aged, and disabled.
- HHR Strategic Objective 2 – Healthcare Reform: Implement Virginia's version of healthcare reform to improve quality, reduce cost, increase provider satisfaction, and improve the health and well being of the population.
- HHR Cross-agency Goal 1 – Health Reform: Implement recommendations from the Virginia Health Reform Initiative.
- HHR Cross-agency Goal 6 – Health Reform: Implement recommendations from the Virginia Health Reform Initiative.

OBJECTIVES, STRATEGIES, MEASURES & MILESTONES

Objective 4.1. Establish a common technology architecture.

Strategies

- Strategy 4.1.A: Establish a physical service oriented architecture (SOA).
- Strategy 4.1.B: Interface existing systems via the statewide enterprise service bus (ESB).
- Strategy 4.1.C: Implement an enterprise data management (EDM) solution.
- Strategy 4.1.D: Implement the Commonwealth Authentication Service (CAS).
- Strategy 4.1.E: Leverage the business rules engines.
- Strategy 4.1.F: Leverage the workflow engine.

Measures & Milestones

- Milestone 4.1.1: Common architecture established
- Measure 4.1.2: % of HHR applications using the common architecture

Objective 4.2. Implement the Commonwealth's Health Information Exchange (HIE).

Strategies

- Strategy 4.2.A: Support existing project.

Measures & Milestones

- *Adopt existing measures from this project.*

Objective 4.3. Implement certified electronic health records (EHR) in agencies.

Strategies

- Strategy 4.3.A: Integrate EHR with the Health Information Exchange.
- Strategy 4.3.B: Establish EHR implementation projects for those agencies having EHR needs and collaboratively manage those projects.

Measures & Milestones

- Measure 4.3.2: % of agencies needing EHR systems that are participating in HIE and demonstrate meaningful use

Objective 4.4. Implement collaborative and enterprise-wide administrative systems.

Strategies

- Strategy 4.4.A: Connect HHR administrative systems to the enterprise service bus.

Measures & Milestones

- Milestone 4.4.1: Verification that all agencies are using available enterprise administrative systems through the enterprise service bus

Objective 4.5. Continue to maintain and, as necessary, modernize agency-managed specialized technology that has been approved as exempt from a common technology architecture.

Strategies

- Strategy 4.5.A: Continue to comply with policies, standards, and guideline (PSGs) related to agency-managed applications.

Measures & Milestones

- Measure 4.5.1: # of exceptions

Objective 4.6. Support HHR agency efforts to improve the effectiveness, accuracy, reliability, and security of their business processes through the application of technology.

Strategies

- Strategy 4.6.A: Improve enrollment accuracy through the application of technology.
- Strategy 4.6.B: Implement SOA and EDM.
- Strategy 4.6.C: Launch business process reengineering initiatives as agreed to / prioritized by management.

Measures & Milestones

- Measure 4.6.1: Enrollment accuracy rates
- Measure 4.6.2: % of technology changes that improve business process performance

GOAL 5: Position information technology departments with the staff, skills, knowledge, and tools to deliver effective technical solutions.

GOAL DESCRIPTION: This goal is focused on ensuring adequate breadth and depth of knowledge and skills to support department objectives, thus reducing dependence on individual staff members with specific expertise.

GOAL ALIGNMENT: This goal supports achievement of the HHR strategic objectives and/or cross-agency goals listed below.

- **HHR Strategic Objective 1 – Effective Management:** Optimize organizational effectiveness to provide service in the most effective and efficient manner, and optimize program effectiveness to deliver service that strengthens the family, takes care of children, and aids the impaired, aged, and disabled.

OBJECTIVES, STRATEGIES, MEASURES & MILESTONES

Objective 5.1. Improve the attractiveness of state government for IT workers.

Strategies

- Strategy 5.1.A: Use teleworking and flexible scheduling to attract and retain IT staff.
- Strategy 5.1.B: Provide incentives and support for advancing and expanding knowledge and skills.
 - Provide time for professional development and set an expectation among staff that a portion of their time be used for development.
 - Recognize achievement.
 - Modernize and standardize SOA tools used by IT staff.
- Strategy 5.1.C: Pay rates that are competitive with those of the private sector for “like” IT positions.

Measures & Milestones

- Measure 5.1.1: Retention rate

Objective 5.2. Create centers of excellence in technology domains to be accessed by and support agency and Secretariat IT efforts.

Strategies

- Strategy 5.2.A: Partner with VITA and with other Secretariats to develop centers of excellence.
- Strategy 5.2.B: Strengthen the knowledge and skill base across HHR IT groups.
 - Develop a skills matrix.
 - Conduct a skill gap analysis.
- Strategy 5.2.C: Consistently use the Employee Work Profile (EWP) process to encourage skill adoption.

Measures & Milestones

- Milestone 5.2.1: # of centers of excellence (including work groups) established
- Measure 5.2.2: # of uses of centers of excellence

Objective 5.3. Incorporate resource management into portfolio and project management processes.

Strategies

- Strategy 5.3.A: Develop an IT staffing plan for HHR and for each agency.
- Strategy 5.3.B: Implement a common tool for allocating resources and measuring over-allocation.

Measures & Milestones

- Milestone 5.3.1: Time-keeping system implemented across HHR
- Measure 5.3.2: Consultant/staff ratio; target is to achieve the Secretariat standard

Objective 5.4. Ensure ongoing funding for staff to support achievement of the IT vision.

Strategies

- Strategy 5.4.A: Work with the legislature and the Department of Planning and Budget to focus resources.
- Strategy 5.4.B: Leverage agency staffing plans to assess and establish a business case for IT staffing needs.

Measures & Milestones

- Milestone 5.4.1: Agency budget requests include justification for Maximum Employment Levels (MEL) needed to support IT projects

Supplemental Information – Alignment of HHR ITSP Goals to the 2012-2014 Commonwealth of Virginia Technology Business Plan

An “X” in a cell means that the HHR ITSP goal aligns with and supports achievement of Commonwealth of Virginia initiative displayed in that column.

	Initiatives from 2012-2014 COV Technology Business Plan (10/17/11 draft)				
	Initiative 1 – Improve information-sharing to optimize current business functions and supporting systems.	Initiative 2 – Leverage technology to improve workforce productivity and make state employment more attractive to the future workforce.	Initiative 3 – Support educational attainment initiatives – key to achieving state economic development and quality of life goals.	Initiative 4 – Emphasize programs and tools that enable all citizens to interact with government 24/7 – safety and securely, and when, how, and where they want it.	Initiative 5 – Expand and support back-office platforms and productivity tools that support Governor’s Reform Commission recommendations on streamlining government operations.
HHR ITSP Goals					
1. Increase the availability of customer self-directed service capabilities across the Commonwealth.	X			X	
2. Align our strategic direction to Federal strategic goals and to the direction of other key funding partners.				X	X
3. Achieve enterprise-wide collaboration and standardization through HHR-level information technology program and project management governance.	X				
4. Enable Health and Human Resources’ agencies to streamline the delivery of and access to services to customers through common technology architectures.				X	X
5. Position information technology departments with the staff, skills, knowledge, and tools to deliver effective technical solutions.		X			

Supplemental Information – Acronyms

ADA	American with Disabilities Act
ARRA	American Recovery and Reinvestment Act
CAS	Commonwealth Authentication Service
COV	Commonwealth of Virginia
CSA	Office of the Comprehensive Services Act
DBHDS	Department of Behavioral Health and Developmental Services
DBVI	Department for the Blind and Vision Impaired
DHP	Department of Health Professions
DHRI	Director of Health Reform Initiative
DMAS	Department of Medical Assistance Services
DRS	Department of Rehabilitative Services
DURSA	Data Use and Reciprocal Support Agreement
EDM	Enterprise Data Management
EHR	Electronic Health Records
ESB	Enterprise Service Bus
EWP	Employee Work Profile
FTE	Full Time Equivalent
HHR	Health and Human Resources
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITSAC	Health Information Technology Advisory Committee
HPSA	Health Professional Shortage Areas
IT	Information Technology
ITSP	Information Technology Strategic Plan
ITSP	Information Technology Strategic Plan
MEL	Maximum Employment Level
MITA	Medicaid Information Technology Architecture
NIEM	National Information Exchange Model
NIST	National Institute for Standards and Technology
PPACA	Patient Protection and Affordable Care Act
PSG	Policies, Standards, and Guidelines
SOA	Service Oriented Architecture
VBPB	Values Based Purchasing and Healthcare Reform
VBPD	Virginia Board for People with Disabilities
VDA	Virginia Department for the Aging
VDBI	Virginia Department for the Blind and Vision Impaired
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services
VFHY	Virginia Foundation for Healthy Youth
VITA	Virginia Information Technologies Agency

Health and Human Resources Information Technology Investment Management Strategic Plan

APPENDIX A

Consolidated Agency Information Technology Portfolio

As of December 13, 2011



For the 2012 – 2014 Biennium

Commonwealth of Virginia

Report Title: Appendix A 12 - 14 Report

Secretariat: Secretary of Health & Human Resources

Date: 12/12/2011

Budget Category: Major Projects				
Birth Reporting Interface (BRI)				
SHHR HIT/MITA PMO				
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High				
Appropriation Act/Funding Status			Investment Business Case Approval -	
This project will establish a birth reporting service/interface between the birth registry and the ESB. The system of record for all birth records will be VVESTS (Virginia Vital Events and Screening Tracking System). The proposed functionality must support a HITSAC approved data standard which should align with the EDM standards. The project requires use of HITSAC endorsed messaging standards.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	12/2/2011	Planned project end date:	12/31/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$2,639,952	\$263,995	\$2,375,957	
Estimated project expenditures first year of biennium:	\$1,055,981	\$105,598	\$950,383	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$1,055,981	\$105,598	\$950,383	Non-general - Federal
Funding required for second year of biennium:	\$0	\$0	\$0	
Service Area				Weight

601 VDH 40402 Vital Records		Primary	
602 DMAS 49900 Administrative and Support Services		Secondary	
Project Related Procurements			
There are no procurements for this project			
Procurement Description:			
Planned Delivery Date:			

Death Reporting Interface (DRI)				
SHHR HIT/MITA PMO				
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High				
Appropriation Act/Funding Status			Investment Business Case Approval -	
This project is designed to establish a death reporting service/interfaces between the death registry and the ESB. The service will be supported by an extract of the minimum required fields to identify a death record. Additional development may be required to add a match code (Yes/No) and an MPI placeholder.				
In addition to supporting a inquiry death service on the ESB, a publish and subscribe model will be developed so the registry can actively publish new death notices as they occur. This will allow subscribers to trigger appropriate processing based on the notification.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	12/2/2011	Planned project end date:	12/31/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$2,639,952	\$263,995	\$2,375,957	
Estimated project expenditures first year of biennium:	\$1,055,981	\$105,598	\$950,383	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	

Funding Required:	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$1,055,981	\$105,598	\$950,383	Non-general - Federal
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
601 VDH 40402 Vital Records				Primary
602 DMAS 49900 Administrative and Support Services				Secondary
Project Related Procurements				
There are no procurements for this project				
Procurement Description:				
Planned Delivery Date:				

Electronic Lab Reporting Interface (ELRI)				
SHHR HIT/MITA PMO				
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High				
Appropriation Act/Funding Status			Investment Business Case Approval -	
<p>Clinical laboratories throughout Virginia (including DGS Department of Consolidated Laboratory Services (DCLS) and national clinical reference laboratories submit reportable disease findings to VDH. Test orders are submitted to DCLS and DCLS returns test results. Current partners include VDH and a growing number of Virginia hospitals.</p> <p>Additional legacy formatted exchanges between DCLS and VDH will continue until they are converted to HL7, but the legacy messages will not be managed through the interface.</p> <p>This project interfaces DCLS interfaces to the Commonwealth's Enterprise Service Bus (ESB) for access by the Health Information Exchange.</p>				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	12/2/2011	Planned project end date:	12/2/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral	Nongeneral

			Fund	Funding Source
Project Cost (estimate at completion):	\$2,074,248	\$269,652	\$1,804,596	
Estimated project expenditures first year of biennium:	\$829,699	\$107,861	\$721,838	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:				
	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$829,699	\$107,861	\$721,838	Non-general - Federal
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
601 Department of Health (VDH)				Primary
194 Department of General Services (DGS)				Secondary
Project Related Procurements				
There are no procurements for this project				
Procurement Description:				
Planned Delivery Date:				

Immunization Registry Interface (IRI)	
SHHR HIT/MITA PMO	
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High	
Appropriation Act/Funding Status	Investment Business Case Approval -
<p>Participating organizations such as hospital providers create a file to include new and updated immunization activity for import into Virginia Immunization Information System (VIIS) and receive an acknowledgement of their transmission from VIIS. All content processing and data de-duplication will be performed by VIIS. Business partners may also create a query message to which VIIS will generate a response message.</p> <p>There will be a component to the Immunization Registry Interface project in which VDH is expected to participate in the HIE Pilot Phase.</p>	

Current immunization service/interfaces include: Immunization DE, Immunization DE - Carilion Hospital, and Immunization DE – UVA.				
Current messaging partners: Sentara, Coventry, Airforce, CHKD, Fairfax County, Anthem, UVA, VA Premier, Carilion Hospital, and UVA.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	12/2/2011	Planned project end date:	12/2/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$2,262,816	\$294,166	\$1,968,650	
Estimated project expenditures first year of biennium:	\$226,282	\$29,417	\$196,865	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$226,282	\$29,417	\$196,865	Non-general - Federal
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
601 VDH 40502 Immunization Program				Primary
Project Related Procurements				
There are no procurements for this project				
Procurement Description:				
Planned Delivery Date:				

Rhapsody Connectivity (RC)
SHHR HIT/MITA PMO

Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High				
Appropriation Act/Funding Status			Investment Business Case Approval -	
The Orion Rhapsody data integration engine is used by DGS Department of Consolidated Laboratory Services (DCLS) and VDH to facilitate the accurate and secure exchange of electronic data using with the COV Enterprise Service Bus (ESB).				
VDH and DCLS interfaces use Rhapsody for messaging.				
Rhapsody connectivity project is needed for DCLS and VDH to participate in the HIE Pilot Phase.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date: 12/2/2011 Planned project end date: 12/2/2012				
PPEA Involvement:		No		
Estimated Costs:				
	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$2,074,248	\$269,652	\$1,804,596	
Estimated project expenditures first year of biennium:	\$829,699	\$107,861	\$721,838	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:				
	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$829,699	\$107,861	\$721,838	Non-general - Federal
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
601 VDH 49900 Administrative and Support Services				Primary
194 DGS 72604 Statewide Laboratory Services				Secondary
Project Related Procurements				
There are no procurements for this project				
Procurement Description:				

Planned Delivery Date:			
------------------------	--	--	--

Syndromic Surveillance Interface (SSI)				
SHHR HIT/MITA PMO				
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High				
Appropriation Act/Funding Status			Investment Business Case Approval -	
Participating organizations create a file to include data transmitted to the Virginia Department of Health (VDH) from facilities on a daily basis. The data is grouped into syndromes and statistical algorithms and are run to identify unusual temporal and geographic patterns that might indicate situations of concern.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	12/2/2011	Planned project end date:	12/2/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$2,639,952	\$343,194	\$2,296,758	
Estimated project expenditures first year of biennium:	\$263,995	\$34,319	\$229,676	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$263,995	\$34,319	\$229,676	Non-general - Federal
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
601 Department of Health (VDH)				Primary
Project Related Procurements				

There are no procurements for this project			
Procurement Description:			
Planned Delivery Date:			

HIT/MITA Program				
Secretary of Health and Human Resources Enterprise				
Oversight and Governance Category: Category 1: High/High				
Appropriation Act/Funding Status			Investment Business Case Approval -	
<p>The purpose for the HIT/MITA Program is to align the Commonwealth with Federal direction relative to the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act of 2010 (PPACA). These acts present significant funding opportunities to improve the quality and value of American healthcare. PPACA mandates Medicaid expansion in 2014, which is predicted to increase Virginia's Medicaid membership by 35-45%. Leveraging the Federal funding opportunities to offset the impact of expansion is an important investment in Virginia's future. The Federal funding available under ARRA and PPACA provide opportunities to achieve the following outcomes for Virginia:</p> <ul style="list-style-type: none"> *Build on current health reform efforts; *Modernize information technology infrastructure as an enabler for future business transformation; *Provide a technical environment where standards-based interoperability is possible between new and legacy systems; *Provide web based self-directed service options for human services; *Reduce the need for large administrative and operational staff for Federal and State programs; *Reduce overall long-term technology costs for Federal and State programs; and *Provide an enterprise technology environment that is accessible on a pay-for-use basis by Federal, State, and local governments as well as non-government organizations, community based-services, and commercial interests as allowed by policy. 				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	11/14/2011	Planned project end date:	4/29/2014	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$53,373,320	\$7,398,574	\$45,974,746	
Estimated project expenditures first year of biennium:	\$4,091,415	\$704,245	\$3,387,170	Non-general - Federal
Estimated project expenditures second year of	\$3,451,779	\$603,304	\$2,848,475	Non-general - Federal

biennium:				
Funding Required:				
	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$4,091,415	\$704,245	\$3,387,170	Non-general - Federal
Funding required for second year of biennium	\$3,451,779	\$603,304	\$2,848,475	Non-general - Federal
Service Area				Weight
602 DMAS 49900 Administrative and Support Services				Primary
765 DSS 49900 Administrative and Support Services				Secondary
Project Related Procurements				
HIT/MITA Program Office - project office contractor				
Procurement Description:	<p>A Project Office contractor is needed to manage and provide program management services for the HHR HIT/MITA Program office. The funding source is a 90% federal funding participation under the CMS approved HIT Implementation Advanced Planning Document (HIT I-APD).</p> <p>The services provided will include program management/milestone reporting, scope management, project integration, issue and risk management, quality management, and change management.</p> <p>The contractor will follow COV Project Management standards and guidelines and its staff must be able to meet COV Project Manager qualifications.</p> <p>The services will be obtained under the SMSA SOW process</p>			
Planned Delivery Date:	11/28/2013			

Electronic Death Registration (EDR)	
Department of Health	
Oversight and Governance Category: Category 1: High/High	
Appropriation Act/Funding Status	Project Initiation Approval - Fully Funded NGF 100%
<p>Project Approach</p> <p>The Office of Information Management (OIM) has performed a feasibility analysis and considered options such as the availability of a COTS (Customer Off The Shelf) system or some form of "canned" software. After much research, it became readily apparent, that no related, customizable application exists or has been developed that DVR could use to perform their tasks regarding death registration. Several States such as Indiana and Nebraska have developed and deployed electronic death</p>	

registration systems, but those systems are neither web-based nor available online. They remain client-server applications until now. Other States such as California, have developed a web-based electronic death registration system, but have significantly different requirements and lack the total automation that DVR desires. Additionally, some of the technologies used would not be compatible with other OIM systems which would make integration difficult and expensive.

Furthermore, while standardization of death certificates throughout the United States is an objective, it might only be possible to a certain extent. The stakeholders of the applications for different States have different requirements. In order to best serve the requirements of the stakeholders (DVR, Funeral Directors, OCMEs, Physicians), the Office of Information Management along with the users of the Division of Vital Records, propose to develop an in-house, customized, web-based Electronic Death Registration system that will meet the needs of the Business Users and can be seamlessly integrated, with only nominal costs, into the current Virginia Vital Events and Screening Tracking System (VVESTS) which was also developed and created in-house by OIM.

Therefore, OIM is proposing to add the (EDR) system as a new subsystem to VVESTS. Reducing many disparate systems into a single, central database will lower maintenance cost and as VVESTS has proven, will provide additional benefits of improved

Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?	Proposed
--	----------

Planned project start date:	3/15/2011	Planned project end date:	9/30/2014
-----------------------------	-----------	---------------------------	-----------

PPEA Involvement:	No
-------------------	----

Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$3,003,499	\$0	\$1,900,000	
Estimated project expenditures first year of biennium:	\$880,500	\$0	\$880,500	
Estimated project expenditures second year of biennium:	\$421,666	\$0	\$421,666	

Funding Required:	Total	General	Nongeneral	
Funding required for first year of biennium:	\$0	\$0	\$0	
Funding required for second year of biennium:	\$0	\$0	\$0	

Service Area	Weight
601 VDH 40402 Vital Records	Primary

Project Related Procurements

There are no procurements for this project			
Procurement Description:			
Planned Delivery Date:			

Women, Infants, and Children (WIC) Electronic Benefits Transfer (EBT) Project				
Department of Health				
Oversight and Governance Category: Category 1: High/High				
Appropriation Act/Funding Status			Project Initiation Approval -	
<p>This project will develop and implement the business processes and associated technology to provide e-WIC issuance, redemption, payment, and reconciliation services to distribute food benefits in the Virginia and West Virginia WIC Programs, the states of the e-WIC Consortium. Virginia will act as the lead state and will perform Consortium level project management and administration activities. The project will require procurement of a number of services including support for the development of an Implementation Advanced Planning Document (IAPD), as required by the United States Department of Agriculture Food and Nutrition Service, Quality Assurance and Monitoring, and Design, Development, and Implementation of the selected e-WIC solution.</p> <p>During preliminary planning of the e-WIC project, the Virginia Division of WIC and Community Nutrition Services completed a baseline analysis of the current system and conducted a feasibility study and cost-benefit analysis to evaluate three e-WIC alternatives. The WIC EBT Feasibility Study and Cost Benefit Analysis found that the online, outsourced EBT technology received the highest ranking with respect to the evaluation criteria selected by the state. Online EBT requires a real-time connection to the host for transaction authorization, as the term off-line indicates, transactions at the point of sale (POS) do not require a real-time connection to the host for authorization, instead transactions are validated directly against data stored on a Smart card. Among other criteria, each alternative was evaluated with respect to its proven record of implementation, operation, and integration; its ability to increase accuracy and accountability; and its ability to minimize ongoing operations costs. Given the context of the Virginia WIC Program, including current IT development projects and in-house technology development support, the online, outsourced solution provides the greatest opportunity to meet project goals includin</p>				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				Continuing
Planned project start date:	5/4/2009	Planned project end date:	10/31/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$6,619,018	\$0	\$3,980,666	

Estimated project expenditures first year of biennium:	\$802,075	\$0	\$802,075	
Estimated project expenditures second year of biennium:	\$21,713	\$0	\$21,713	
Funding Required:				
	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$301,649	\$0	\$301,649	
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
601 VDH 43017 Women, Infants, and Children (WIC) and Community Nutrition Services				Primary
Project Related Procurements				
Women, Infants, and Children (WIC) Electronic Benefits Transfer (EBT) Project Staff Procurement				
Procurement Description:	<p>The Virginia Department of Health, Division of WIC and Community Nutrition Services (WIC) is leading the e-WIC Consortium, a partnership of Virginia and West Virginia, to plan, design, develop, test, pilot, and implement an Electronic Benefits Transfer (EBT) system. The e-WIC project has been approved for development by the Commonwealth of Virginia Chief Information Officer (CIO) as a major information technology project.</p> <p>The e-WIC project will require an e-WIC Project Coordinator, a Point-of-Sale (POS) Systems Specialist and a Universal Product Code (UPC) and Policy Management Specialist i.e. UPC Coordinator. These positions will support the e-WIC Consortium in the planning, design, development, and implementation of the e-WIC project.</p>			
Planned Delivery Date:	10/31/2012			
Women, Infants, and Children (WIC) Electronic Benefits Transfer (EBT) Service Provider Procurement				
Procurement Description:	<p>The Virginia Department of Health, Division of WIC and Community Nutrition Services (WIC) is completing the planning phase of the Electronic Benefits Transfer (EBT), or e-WIC, project. The e-WIC project is approved as a Commonwealth of Virginia major information technology project. The objective of the e-WIC project is the procurement of an online e-WIC service provider to process the electronic issuance, redemption, settlement, and reconciliation of food benefits in the Virginia WIC program.</p> <p>Online e-WIC service providers perform real-time e-WIC benefit transaction processing on behalf of the client state agency. Online e-WIC service providers (just like the banking contractor, Covansys, who currently processes WIC paper food instruments) perform all activities necessary to process e-WIC food benefit transactions. The traditional approach to pricing of EBT services (both for traditional EBT and e-WIC projects) has been the use of a cost per case month (CPCM) price. Using this model, all costs to implement and operate the system are consolidated into a single price per active household account (case) that is charged to the state agency monthly once the system is operational. A single price is charged per WIC household, not per participant. Active accounts include only those that have been utilized that month; it does not include accounts that have benefits stored, but which have not been used in the current</p>			

	<p>month.</p> <p>Online e-WIC service providers have been negotiating pricing in the range of \$1.95 to \$2.25 cost per case month (CPCM) depending on the inclusion of up-front implementation and pilot costs. Online e-WIC services are procured for a seven (7) year contract including 22 months of development and implementation and 62 months of operations. The Total Estimated Cost for the life of the contract including implementation, pilot, and operations is based on the payment of up-front implementation and pilot costs for the reduced CPCM price of \$1.95</p>		
Planned Delivery Date:	10/1/2017		
Crossroads State Agency Model (SAM) Test Bed			
Procurement Description:	<p>As part of the Crossroads Consortium, the Virginia Division of Nutrition, Physical Activity and Food Programs, along with WIC programs in the states of Alabama; North Carolina; and West Virginia, is currently involved in a United States Department of Agriculture Food and Nutrition Service initiative to develop a WIC State Agency Model (SAM) information system. The objective of the Crossroads SAM Consortium is to develop a model WIC information system which, upon implementation, will be available for transfer to any number of WIC programs in other States and territories. The Crossroads SAM system will support all aspects of the WIC Program including local agency participant services, caseload management and appointment scheduling as well as state agency retailer, operations and financial management. The Crossroads SAM system is following an iterative development methodology in which each module of the system is incrementally designed, developed, and tested. The system is currently concluding design and initiating the early stages of repetitious development and testing.</p> <p>The Crossroads SAM system will support many interfaces in each Consortium State. In Virginia, the Crossroads SAM system will interface with the Department of Social Services (DSS) SPIDeR system to determine Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid adjunctive eligibility with the WIC program. The system will interface with Immunization and Lead tracking systems within the Department of Health (VDH) as well as with data tracking systems within the United States Department of Agriculture and the Center for Disease Control and Prevention. Crossroads will also interface with an Electronic Benefits Transfer (EBT) system to issue participant benefits and track program resources through an interface with the agency Financial and Accounting System (F&A). In April 2010, representatives from Computer Sciences Corporation (CSC), the C</p>		
Planned Delivery Date:	10/31/2012		

DMAS Eligibility System Support	
Department of Medical Assistance Services	
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High	
Appropriation Act/Funding Status	Investment Business Case Approval -
The Patient Protection and Affordable Care Act (ACA) requires a Medicaid population expansion that will occur in 2014. Along with the expansion a Health Insurance Exchange and a standardization of	

enrollment forms across all health & human services programs will also take place. The DMAS Eligibility System Support project will provide the needed support to the contractor for the replacement of the eligibility systems.

Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?

Planned project start date: 7/30/2012 Planned project end date: 6/30/2014

PPEA Involvement: No

Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$4,871,340	\$633,274	\$4,238,066	
Estimated project expenditures first year of biennium:	\$3,409,938	\$443,292	\$2,966,646	Non-general - Federal
Estimated project expenditures second year of biennium:	\$1,461,402	\$189,982	\$1,271,420	Non-general - Federal

Funding Required:	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$3,409,938	\$443,292	\$2,966,646	Non-general - Federal
Funding required for second year of biennium	\$1,461,402	\$189,982	\$1,271,420	Non-general - Federal

Service Area	Weight
765 Department of Social Services (DSS)	Primary
602 DMAS 46003 Eligibility Determination Local Staff and Operations	Secondary
602 DMAS 46006 Social Worker Local Staff and Operations	Secondary
602 DMAS 49900 Administrative and Support Services	Secondary

Project Related Procurements

There are no procurements for this project

Procurement Description:

Planned Delivery Date:

HIPAA Upgrade Code Set (ICD-10)				
Department of Medical Assistance Services				
Oversight and Governance Category: Category 2: High/Medium or High/Low or Medium/High				
Appropriation Act/Funding Status			Investment Business Case Approval - Partially Funded GF/NGF	
The Centers for Medicare and Medicaid Services (CMS) has passed regulation requiring that the ICD-10 version of Code Sets be implemented. DMAS will have to plan and implement the new version in order to remain HIPAA compliant and continue to receive and send electronic data. Implementation of the changes will require modification to the MMIS for the ICD- 10 version, and extensive provider outreach and trading partner testing.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				Proposed
Planned project start date:	5/2/2012	Planned project end date:	11/29/2013	
PPEA Involvement:				
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$2,200,000	\$550,000	\$1,650,000	
Estimated project expenditures first year of biennium:	\$1,200,000	\$300,000	\$900,000	Non-general - Federal
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$240,000	\$60,000	\$180,000	Non-general - Federal
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
602 DMAS 49900 Administrative and Support Services				Primary
Project Related Procurements				
There are no procurements for this project				
Procurement Description:				

Planned Delivery Date:			
------------------------	--	--	--

Electronic Health Records (EHR)				
Department of Behavioral Health and Developmental Services				
Oversight and Governance Category: Category 1: High/High				
Appropriation Act/Funding Status			Investment Business Case Approval - Not Funded	
This project involves the purchase of a comprehensive clinical information system for behavioral healthcare that manages the care data of thousands of patients in the facilities. In order to properly manage the care provided, clinical data in the form of thousands of transactions per facility per day needs to be collected, stored and analyzed using an electronic medical record. The system would be implemented at all sixteen facilities and Central Office and would help to eliminate the manual data processes still used in many clinical areas. An electronic medical record, supported by a suite of clinical applications will greatly reduce risk while greatly increasing operational efficiencies, cost savings and most important of all, patient satisfaction.				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				Proposed
Planned project start date: 12/30/2011 Planned project end date: 9/30/2014				
PPEA Involvement:				
Estimated Costs:				
	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$16,000,000	\$0	\$16,000,000	
Estimated project expenditures first year of biennium:	\$2,909,418	\$0	\$2,909,418	Non-general - State
Estimated project expenditures second year of biennium:	\$4,272,289	\$0	\$4,272,289	Non-general - State
Funding Required:				
	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$2,909,418	\$0	\$2,909,418	Non-general - State
Funding required for second year of biennium:	\$4,272,289	\$0	\$4,272,289	Non-general - State
Service Area				Weight

720 DMHMR 43007 Inpatient Medical Services		Primary
720 DMHMR 42102 Inpatient Pharmacy Services		Secondary
720 DMHMR 43010 State Mental Retardation Training Center Services		Secondary
720 DMHMR 43014 State Mental Health Facility Services		Secondary
720 DMHMR 49800 Facility Administrative and Support Services		Secondary
Project Related Procurements		
Electronic Medical Record COT		
Procurement Description:	DMHMRSAS will issue a RFP for a vendor's off the shelf behavioral healthcare information system/electronic medical record. The procurement will cover Central Office and the sixteen facilities. Cost include infrastructure upgrades, additional hardware, vendor software and vendor training, IV&V and Contingency. Does not include ongoing maintenance.	
Planned Delivery Date:	6/30/2010	

Medication Management System: Pharmacy Systems Software Application	
Department of Behavioral Health and Developmental Services	
Oversight and Governance Category: Category 1: High/High	
Appropriation Act/Funding Status	Project Initiation Approval - Fully Funded NGF 100%
<p>This project includes the procurement of a pharmacy system software application that will be integrated with the existing billing and Admission Discharge Transfer (ADT) application used in facilities by the agency setting the stage for later integration with the proposed Electronic Medical Record (EMR) application.</p> <p>This software will replace the existing Pharmacy System currently used by DMHMRSAS.</p> <p>DMHMRSAS released a Request for Proposals on March 24, 2008 to solicit sealed proposals from qualified contractors to provide Automated Pharmacy System Application and Support Services.</p> <p>Pharmacy operations and services in the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS or "Department") consists of providing services to eight mental health facilities, (Institute for Mental Disease; IMD), five mental retardation training centers (Intermediate Care Facilities for the Mentally Retarded and or Developmentally Disabled; ICFMRDD), one Center for Rehabilitation (VCBR) as well as one child and adolescent facility. Pharmacy operations for these facilities provide a range of psychiatric and medical pharmacological services and support to inpatients, residential long-term care and or acute care services. The Hiram W. Davis Medical Center provides medical treatment to clients and residents at State facilities. The Department's Community Resources Pharmacy is a mail order pharmacy that provides services to outpatient clientele.</p> <p>Starting in 2003, the Institute of Medicine's (IOM) Committee on Crossing the Quality Chasm - Adaptation to Mental Health and Addictive Disorders commissioned a series of papers on client safety research, harm reduction, and prevention strategies applied to persons with psychiatric and substance</p>	

use disorders.				
The IOM charge is to address the incidence, severity and costs of medication errors. Of importance is that special attention should be given to errors that arise at the interface between				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				Continuing
Planned project start date:	10/10/2008	Planned project end date:	5/20/2011	
PPEA Involvement:				
Estimated Costs:	Total	General Fund	Nongeneral Fund	
Project Cost (estimate at completion):	\$4,372,105	\$3,500,000	\$0	
Estimated project expenditures first year of biennium:	\$0	\$0	\$0	
Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:	Total	General	Nongeneral	
Funding required for first year of biennium:	\$0	\$0	\$0	
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area				Weight
There are no service areas for this project.				
Project Related Procurements				
Purchase third party solution				
Procurement Description:	Purchase third party solution			
Planned Delivery Date:	6/30/2008			
Medication Management Procurement				
Procurement Description:	Obtain and implement a medication management automated application to support pharmacy functions at DMHMRSAS facilities and the Aftercare Pharmacy.			
Planned Delivery Date:	6/30/2009			

EDS - Customer Portal Enterprise Delivery System Program				
Department of Social Services				
Oversight and Governance Category: Category 1: High/High				
Appropriation Act/Funding Status			Project Initiation Approval -	
<p>The Enterprise Delivery System Program represents four major projects: the EDSP Worker Portal, the EDSP Customer Portal, the EDSP Master Customer ID and the EDSP Document Management Imaging System. The four major projects are the foundation for implementing the VDSS vision of a self-service model that is efficient, effective and provides a customer friendly experience. Clients will be able to file applications for benefits or services through an online application process, report changes, and manage benefit "accounts" online. Most required materials and verifications documents will be scanned and stored electronically. Whenever possible, verification of required information will be captured electronically through a web-based service. Workers and/or automated processes will review applications, ask additional questions and request additional documentation electronically or in print to communicate with customers. As a result, workers will be able to spend more time providing quality service, case management, and accurate determination of eligibility.</p> <p>This project focuses on the Customer Portal of the EDS Program. The EDSP-Customer Portal Project will:</p> <ul style="list-style-type: none"> · Deliver a web-based J2EE portal system where customers (stakeholder) will be able to <ul style="list-style-type: none"> o file applications for services or benefits through an online application process o report changes o manage their benefit "accounts" online o file renewal applications for services or benefits through an online renewal process · Allow customers to request services or benefits for the following programs: <ul style="list-style-type: none"> o SNAP (Supplemental Nutrition Assistance Program) o TANF (Temporary Assistance for Needy Families) o Medicaid o LiHEAP (Energy Assistance) programs · Allow the data entered by the customer to populate data elements in the case management system electronically for the following programs: <ul style="list-style-type: none"> o SNAP (Supplemental Nutrition Assistance Program) 				
Is this a proposed project or the continuation of an active project? (Proposed or Continuing)?				
Planned project start date:	10/1/2010	Planned project end date:	9/14/2012	
PPEA Involvement:	No			
Estimated Costs:	Total	General Fund	Nongeneral Fund	Nongeneral Funding Source
Project Cost (estimate at completion):	\$9,722,312	\$3,157,163	\$6,565,149	
Estimated project expenditures first year of biennium:	\$97,000	\$31,499	\$65,501	

Estimated project expenditures second year of biennium:	\$0	\$0	\$0	
Funding Required:				
	Total	General	Nongeneral	Nongeneral Funding Source
Funding required for first year of biennium:	\$0	\$0	\$0	
Funding required for second year of biennium	\$0	\$0	\$0	
Service Area			Weight	
765 DSS 46003 Eligibility Determination Local Staff and Operations			Primary	
Project Related Procurements				
IBM Licensing Renewal				
Procurement Description:	<p>This APR is to request approval to transact a bundled offering from IBM to bring VDSS current with IBM Software Licensing and Maintenance requirements and to purchase new Software and Software Services that will provide the foundation for Enterprise solutions that are now in Planning phases. These include the EDS - Customer Portal Project and the Child Care Subsidy Automation Project (which may be the first Enterprise project to leverage the results of this procurement).</p> <p>Using the bundled procurement will save the Commonwealth \$282,400.30 Items include:</p> <ol style="list-style-type: none"> 1. IBM Software to Support DSS Projects <ul style="list-style-type: none"> Ø WebSphere Application Server (WAS and WASND) and WebSphere Enterprise Service Bus (WESB) Ø Incremental Rational Development Tools Ø IBM to provide "bridge" allowing usage of Rational and WebSphere software until deal is executed 2. IBM Business Intelligence <ul style="list-style-type: none"> Ø New requirements for Business Metrics 3. IBM Passport Advantage and Cognos Existing Renewals <ul style="list-style-type: none"> Ø Pro-rate Existing Renewals to 08/31/2011 end date Ø DSS reviewed all IBM Software products in use to determine quantities for renewal 4. IBM Passport Advantage Renewals for New License (OTC) <ul style="list-style-type: none"> Ø For new software purchased IBM will quote 1 extra months of maintenance (August 2011) to align with NEW anniversary date and make all renewals co-terminous 5. Cognos and WebSphere Compliance Licenses 6. IBM Services and Training 			
Planned Delivery Date:	7/30/2010			

EDS Customer Portal APR			
Procurement Description:	The Department of Social Services is acquiring the services of a vendor from an existing contract to supply an Enterprise Customer Portal application for use by customers to request services or benefits for SNAP, TANF, Medicaid, and LIHEAP.		
Planned Delivery Date:	9/14/2012		

Report Title: Appendix A 12 - 14 Report

Secretariat: Secretary of Health & Human Resources

Date: 12/12/2011

Stand Alone Major Procurements

Procurement Name:	Statewide HIE Governance Body and Technology Outsourcing		
Department of Health			
Procurement Description:	The Virginia Statewide Health Information Exchange (Statewide HIE) is a collaborative endeavor, involving public and private stakeholders from across the Commonwealth. The ultimate goal of the Statewide HIE is to utilize health information technology to improve health care and the health of all Virginians. The Statewide HIE will provide secure health information exchange (HIE) across the health care systems in the Commonwealth of Virginia and support the goal of continuous expansion of HIE services over time to reach all health care providers in an effort to improve the quality and efficiency of health care for our population.		
Procurement Planned Start Date	8/20/2011	Procurement Planned Completion Date	2/7/2014
		Appropriation Act Status	
Service Area			Weight
601 VDH 49900 Administrative and Support Services			Primary

Stand Alone Non-Major Procurements

Procurement Name:		KRONOS Contract Re-Establishment 2010	
Department of Behavioral Health and Developmental Services			
Procurement Description:	Approximately ten (10) years ago, the Department of Behavioral Health and Developmental Services (DBHDS), requested and received approval (from DGS/DPS to enter into a sole source contract with Kronos Incorporated for time and leave management reporting systems. DBHDS requested this approval in an effort towards standardizing information technology related procurements to the extent practicable for most if not all major software systems used throughout our 16-facility system. The department determined the need to enter into a sole source contract for Kronos's time and leave management system (hardware, software, maintenance and technical assistance) due to the degree in which Kronos time and leave management systems was already found in one-third of our facilities at that time, and our satisfaction with the Kronos system's performance.		
Procurement Planned Start Date	7/1/2010	Procurement Planned Completion Date	6/30/2016
		Appropriation Act Status	
Service Area			Weight
720 DMHMR 49900 Administrative and Support Services			Primary
720 DMHMR 43010 State Mental Retardation Training Center Services			Secondary
720 DMHMR 43014 State Mental Health Facility Services			Secondary
720 DMHMR 49800 Facility Administrative and Support Services			Secondary

Procurement Name:		Prescription Monitoring Program Renewal	
Department of Health Professions			
Procurement Description:	Prescription Monitoring Program (PMP) originated as a Southwest Virginia pilot, expanded to a Virginia statewide program and became a DHP project reviewed and approved by VITA, and is now moving into its Interoperability stage whereby Virginia and other states share patient prescription usage for pain and other types of drug usage to detect abuse and appropriate pain management. The PMP program began as a grant funded effort and is now supported by a Trust fund. Optimum Technology of Ohio is the developer of the PMP software and the nation's leading PMP vendor. The DHP contract with Optimum Technology expires January 31, 2011.		
Procurement Planned Start Date	12/31/2010	Procurement Planned Completion Date	12/31/2015
		Appropriation Act Status	
Service Area			Weight

223 DHP 56044 Technical Assistance to Regulatory Boards	Primary	
---	---------	--

Procurement Name:	Staff Augmentation for ITOTS
--------------------------	-------------------------------------

Department of Behavioral Health and Developmental Services

Procurement Description:	Analyst and programming services to complete modifications to the existing system to provide tracking of services for the Infant and Toddler System (ITOTS). Modifications are needed to the system in order to comply with changes in Federal and state reporting requirements and data elements. This also requires screen and data base modifications and reporting modifications in order to address the above changes. The DBHDS does not have adequate staff to complete these changes. This is also to add the capability of allowing private providers of services to access the system to update their cases.		
--------------------------	--	--	--

Procurement Planned Start Date	11/7/2011	Procurement Planned Completion Date	6/30/2015
--------------------------------	-----------	-------------------------------------	-----------

		Appropriation Act Status	
--	--	--------------------------	--

Service Area	Weight
720 DMHMR 78701 Facility and Community Programs Inspection and Monitoring	Primary

Procurement Name:	Virginia Health Information Web Support
--------------------------	--

Department of Behavioral Health and Developmental Services

Procurement Description:	The concept of a real time, web-based tracking system was developed by the Behavioral Health subcommittee of the Joint Commission on Health Care (JCHC) in response to accounts of Community Services Boards (CSBs) having difficulty locating and accessing acute inpatient psychiatric beds.		
--------------------------	--	--	--

Procurement Planned Start Date	11/1/2011	Procurement Planned Completion Date	11/1/2016
--------------------------------	-----------	-------------------------------------	-----------

		Appropriation Act Status	
--	--	--------------------------	--

Service Area	Weight
720 DMHMR 43007 Inpatient Medical Services	Primary

Procurement Name:	Web Based Training -Direct Care Staff
--------------------------	--

Department of Behavioral Health and Developmental Services			
Procurement Description:	Renewal of Contract for Web Based System for Training Staff at Facilities, CSBs & Private Providers. This Training Program is a multimedia interactive computer assisted training curriculum developed by the Sertoma Center, Inc. of Knoxville, TN, the University of Minnesota, Minneapolis, MN and MC Strategies, Inc., Atlanta, GA for the direct support personnel who care for people with disabilities in community settings and meets the ever growing needs of the DBHDS system stakeholders. The training is designed to enhance the knowledge of direct support personnel and competencies in a distance education setting.		
Procurement Planned Start Date	10/1/2011	Procurement Planned Completion Date	9/30/2012
		Appropriation Act Status	
Service Area			Weight
720 DMHMR 19708 Facility-Based Education and Skills Training			Primary

Procurement Name:	Well Family Data System Licensing and Maintenance		
Department of Health			
Procurement Description:	License fees and maintenance is requested from Go Beyond, LLC for use of their systems, (1) BASINET (Baby Abstracting System and Information Network) for the Fetal and Infant Mortality Review program (FIMR) and (2) Well Family system for case management services.		
Procurement Planned Start Date	7/1/2011	Procurement Planned Completion Date	6/30/2016
		Appropriation Act Status	
Service Area			Weight
601 VDH 43005 Women's and Infant's Health Services			Primary

Procurement Name:	Women, Infants, and Children (WIC) Electronic Benefits Transfer (EBT) Quality Assurance Services		
Department of Health			
Procurement Description:	This request from the Virginia Department of Health is for the revision of the previously approved APR 11-002. This APR increases the approved procurement amount from \$476,396 to \$676,733. The funding source is the Federal WIC Electronic Benefits Transfer (EBT) Fiscal Year 2010 WIC EBT Implementation grant. Complete funding for this contract is available and allocated specifically to Quality Assurance Services for the Commonwealth of Virginia and the State of West Virginia through this grant. This is a request for approval of a contract to be made with a vendor in response to the Virginia/West Virginia WIC EBT Quality Assurance Services RFP released May 17, 2011. The contract will cover a period of 23 months (12		

	<p>months initially, with an optional 11 month renewal). Proposals have been received and as a result of the cost schedules received, we are requesting approval for \$676,773, the cost of the selected vendor contract.</p> <p>The original APR was for Quality Assurance (QA) services to support joint Virginia and West Virginia WIC Electronic Benefits Transfer (EBT) projects and had a procurement limit of \$476,392. In 2009, Virginia and West Virginia formed a partnership to complete joint EBT project planning activities. APR 11-002 was based on an estimate assuming the States would be able to realize synergies and combine efforts between the two projects. However, following the completion of project planning, the States determined that they would independently procure the vendors that would develop and implement EBT. In May 2011, the States contracted with separate EBT Processors; Virginia with ACS, West Virginia with FIS/CDP. With this decision, the States embarked on two completely separate projects, the States have already planned separate requirements sessions, status meetings, and interface developments. This is expected to continue with the States preparing for separate testing phases, pilots, and deployments. This almost doubled the scope of the QA s</p>		
Procurement Planned Start Date	8/15/2011	Procurement Planned Completion Date	7/14/2013
		Appropriation Act Status	
Service Area			Weight
601 VDH 43017 Women, Infants, and Children (WIC) and Community Nutrition Services			Primary

Health and Human Resources Information Technology Investment Management Strategic Plan

APPENDIX B

Consolidated Agency Operations & Maintenance Resources

As of December 11, 2011



For the 2012 – 2014 Biennium

Commonwealth of Virginia

Appendix B – Consolidated Agency Operations & Maintenance Resources

The purpose of this appendix is to convey the resources (FTE – full time equivalents) committed to support major operations and maintenance (O and M) work (e.g., big releases) for an agency. FTEs can be state employees or contractors. There are no budget figures in this appendix.

FTE Summary

Agency	Total O&M FTEs & Contractors
CSA – Office of the Comprehensive Services Act	0
DBHDS – Department of Behavioral Health and Developmental Services	14
DHP – Department of Health Professions	15.5
DMAS – Department of Medical Assistance Services	80
DRS – Department of Rehabilitative Services*	29
DSS – Department of Social Services	103
VDA – Virginia Department for the Aging	4
VDH – Virginia Department of Health	40
Total	285.5

*Includes the Department for the Blind and Vision Impaired, Virginia Department for the Deaf and Hard of Hearing, Virginia Board for People with Disabilities, Virginia Rehabilitation Center for the Blind and Vision Impaired, Woodrow Wilson Rehabilitation Center

FTE Breakdown

The first row under each agency's name contains the overall summary of FTEs. Rows below the overall summary contain a detailed breakdown.

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
Office of the Comprehensive Services Act (CSA)						
SUMMARY	N/A	SUMMARY OF O&M TASKS < \$250,000	0 – see DSS	0 – see DSS	01-Jul-12	30-Jun-14
Department of Behavioral Health and Developmental Services (DBHDS)						
SUMMARY	N/A	SUMMARY OF O&M TASKS < \$250,000	12.00 <i>(see note below)</i>	2.00	01-Jul-12	30-Jun-14
Reporting & Support	Avatar-PM	Reports & support of over 400 system users and billing interfaces for all facilities.	1.00	0	01-Jul-12	Ongoing
Reporting, User Support & System Upgrade - Support	FMS	The system includes support for seven sub systems, and four complex interfaces. A new Version of the software must be tested installed, user trained & over 400 current users must be supported at all facilities and Central Office.	1.00	0	01-Jul-12	Ongoing
User Support	KRONOS	Support to the facilities, coordination etc.	0.10	0	01-Jul-12	Ongoing
Reporting & Support	Critical Incident Reporting	System support for changes, interfaces and reporting.	0.25	0	01-Jul-12	Ongoing

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
Reporting & Support	Human Rights (CHRIS)	System support for changes, interfaces and reporting.	0.25	0	01-Jul-12	Ongoing
Reporting & Support	Internet & Intranet Pages	Maintain the DBHDS web sites & Internal CODIE site and produce special reports from sites and other systems as requested by Management.	1.00	0	01-Jul-12	Ongoing
System Maint-Reporting & Support	Infant & Toddler Services (ITOTS) Part C	A large number of changes have had to be made to this system and many reports are still required to meet new Children's Federal Reporting guidelines	0.75	1.00	01-Jul-12	Ongoing
Reporting & Support	External Interface Secure Services (DELTA)	Support establishment of external users and assist with security reporting and processing.	0.75	0	01-Jul-12	Ongoing
Reporting & Support	On Line Licensing Information System (OLIS)	OLIS requires frequent updates and changes required by licensing.	0.75	0	01-Jul-12	Ongoing
Reporting & Support	PART C Practitioner Certification (EI-CERT)	System support for changes, interfaces and reporting. Provides certification information regarding external providers.	0.25	1.00	01-Jul-12	Ongoing
Reporting & Support	Patient Injury Reporting (PAIRS)	Provide user support and report development and modifications due to changes in needs and requirements.	0.25	0	01-Jul-12	Ongoing
Reporting & Support	Core Measures	Modification of data elements & reporting for each Joint Accreditation Survey Reporting cycle.	0.15	0	01-Jul-12	Ongoing
Reporting & Support	Seclusion & Restraint	System maintenance for user identified & legislative required changes, plus report modifications.	0.25	0	01-Jul-12	Ongoing
Reporting & Support	Forensic Information System (FIMS)	Adding reports, modifying the data base to add additional data elements required by external sources and management.	0.50	0	01-Jul-12	Ongoing
User Support	Pharmacy Systems QS1 & GE	Assist managers & users-follow up regarding merger with EHRS.	0.15	0	01-Jul-12	Ongoing
CO and CSB support	CSB Automated Reporting System (CCS)	Work with Central Office Staff and Community Services Boards regarding reporting and interfaces	0.50	0	01-Jul-12	Ongoing
Maintenance, Conversion & Support	Electronic Health Rec.(EHR)	Staff involved in moving appropriate legacy systems to SQL - to at least 2008 - release of SQL.	1.50	0	01-Jul-12	Ongoing

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
Support EHRS PM	Electronic Health Rec.(EHR)	Support to the facilities and CO regarding the new EHRS and blending with existing systems and business processes, work with new vendor on plans, testing & implementation.	1.50	0	01-Jul-12	30-Dec-16
Support-Updates & Reports	Intellectual Disabilities On Line System (IDOLS)	This system replaced the Medicaid waiver system. Work will continue to add CSB and Private Providers for access to the system.	1.00	0	01-Jul-12	Ongoing
Updates & Admin Work	SharePoint	SharePoint Administration - Updates & Security	0.10	0	01-Jul-12	Ongoing
BREAKDOWN OF TOTAL STAFF COMMITMENT			12.00	2.00		
Full Time FTEs (Includes CIO & Business Analyst.)			9.00			
Part Time FTEs (Includes business analyst)			3.00			
TOTAL FTEs AVAILABLE TO DISTRIBUTE			12.00			
TOTAL FTEs for programming & Analysis			7.50	2.00		
Note: Additional FTE workload is completed by staff working overtime. IT staff are <u>not</u> eligible for additional compensation for OT worked.						
Department of Health Professions						
SUMMARY	N/A	SUMMARY OF O&M TASKS < \$250,000	15.5 <i>(see note below)</i>	0	01-Jul-12	30-Jun-14
Summary	Licensing Sys.	Summary of O&M Tasks < \$250,000 (includes all tasks related to O&M of the agency's COTS CoVA contract VA-040901-SA licensing system and support of existing subsidiary applications using Licensing database as listed in CETA).	9.50	0	01-Jul-12	Ongoing
Summary	Documentum	Summary of O&M tasks for content management applications, including email management and eDiscovery that interface with the agency's COTS EMC Documentum application as listed in CETA.	2.50	0	01-Jul-12	Ongoing
Summary	Prescription Monitoring	Summary of O&M tasks for COTS Prescription Monitoring Program (PMP) including its federal Interoperability, and third-party collector activities as listed in CETA.	2.00	0	01-Jul-12	Ongoing
Summary	N/A	All tasks related to Administration, VITA Management, Security, NG Infrastructure, Work Requests, Billing and Inventory Reconciliations, and similar.	1.50	0	01-Jul-12	Ongoing

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
<p>NOTE: Not representative of agency effort. The agency's IT FTE positions exceed the 40 hour weekly work effort and most positions work across applications so these counts under-represent the actual work effort required to adequately perform operations and maintenance of agency application and system requirements. IT FTE staff are <u>not</u> eligible for additional compensation for OT worked. The agency also currently has two of its previous FTE positions filled with temporary agency staffing (not contractors) because of funding limitations for licensure helpdesk assistance to the public.</p>						
Department of Medical Assistance Services (DMAS)						
SUMMARY	N/A	O&M TASKS < \$250,000	13.00	67.00	01-Jul-12	30-Jun-14
O & M Summary	MMIS	Releases, Development, & Maintenance	13.00	56.00	01-Jul-12	30-Jun-14
O & M Summary	TAG	Technology Access Tasks and Maintenance	0	11.00	01-Jul-12	30-Jun-14
Department of Rehabilitative Services (Includes DBVI, VDDHH, VBPD, VRCBVI, WWRC)						
SUMMARY	N/A	O&M TASKS < \$250,000	29.00	0	01-Jul-12	30-Jun-14
Summary	N/A	Summary of O&M Tasks < \$250,000 (includes all tasks related to O&M, support of existing applications listed in CETR)	19.00	0	01-Jul-12	30-Jun-14
Summary	N/A	All tasks related to Administration, VITA Management, Security, OOS infrastructure, Work Requests, and similar	7.00	0	01-Jul-12	30-Jun-14
Summary	AWARE	All tasks related to O&M, support of AWARE - rehabilitation client management, tracking, reporting system	3.00	0	01-Jul-12	30-Jun-14
Department of Social Services (DSS)						
SUMMARY	N/A	O&M TASKS < \$250,000 - Total IT Staff for SFY 13 doing O&M work	88.00	15.00	01-Jul-12	30-Jun-14
Summary	N/A	O&M Tasks < \$250,000	61.00	7.00	01-Jul-12	30-Jun-14
Convert SSI To ADAPT	ADAPT	Expand ADAPT eligibility automated rules to SSI applicants/recipients	5.00	0	in Process	31-Jul-12
	ADAPT	Add automated Notices of Action (NOAs) to ADAPT for the TANF Program	4.00	4.00	in Process	In Planning
	OASIS	OASIS version 3.10. This release will include all components necessary to implement custody assistance in Virginia. The Virginia Program Improvement Plan (PIP) lists the implementation of Custody Assistance as a method for improving outcomes for at-risk youth. The same 9 IT staff will work on both OASIS Releases.	5.00	4.00		31-Mar-12
	OASIS	In 2010, the Federal Government conducted a review of Virginia's AFCARS elements in OASIS. As a result of this review Virginia was given 2 years to make the	0.00	0		31-Mar-12

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
		changes necessary to be in compliance with the Federal corrective action plan. This SR seeks to implement the required changes. The same 9 IT staff will work on both OASIS Releases.				
		Leave time available to FTEs that is unavailable for work	13.00	0		FTE Equivalent to average leave hours used.
Virginia Department for the Aging (VDA)						
SUMMARY	N/A	SUMMARY OF O&M TASKS < \$250,000	4.00	0	01-Jul-12	30-Jun-14
Virginia Department of Health (VDH)						
SUMMARY	N/A	SUMMARY OF O&M TASKS < \$250,000	10.00	30.00	01-Jul-12	30-Jun-14
Maintenance - Accounts Receivable/Payable, Encounters, Registration	WebVISION	Bug Fixes, minor enhancements, code mandates, electronic billing *medicaid, medicare, anthem, doral dental etc) billing upgrades/changes etc	1.00	1.00	In process	30-Jun-13
Maintenance - Immunization, Central Pharmacy - Vaccines Inventory management	WebVISION	Bug Fixes, minor enhancements, code mandates, include non-vaccine and central services as part of the inventory management	1.00	1.00	In process	30-Jun-13
Maintenance - Community Events, Security, Lab orders and results	WebVISION	Audit requirements. Phased implementation of Lab module, Bug Fixes, minor enhancements, code mandates, interface with DCLS etc	1.00	1.00	In process	30-Jun-13
Maintenance - Retail Store Management System	WICNET/RSMS	Maintain WIC Vendors authorizations and Reauthorization, Authorized store locator, peer group changes, bug fixes, minor enhancements	0	1.00	In process	30-Jun-13
Maintenance - WICNet	WICNET	Bug Fixes, minor enhancements, code mandates	0	1.00	In Process	04-Apr-14
Transition - CROSSROADS to WICNet	WICNet	Transition to CROSSROADS (New WIC MIS), data conversion assistance, interface between WICNet and CROSSROADS	0	1.00	05-Jan-12	30-Jun-13
GIS - CROSSROADS/SNP/WICNET	WIC and SNP	Building GIS interface with CROSSROADS, geocode VENDOR addresses, grocery stores etc, build population based maps for health risks.	0	1.00	In process	30-Jun-13
Data Warehouse - Immunization Reporting	Data Warehouse	Immunization billing Upgrade Analysis reporting	1.00	1.00	01-Jan-12	30-Nov-13
Data Warehouse - Maintenance	Data Warehouse	General Warehouse Maintenance, Reports for CDC,	3.00	0	In process	

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
		Analytical reports for the commissioner, operational reports, dashboard				
Small Applications Unit	All .Net and SQL SERVER applications	Maintenance, minor enhancements, bug fixes, research and analysis etc.	1.00	0	In process	
Maintenance ROAP	ROAP	Maintain, fix bug, add additional reports, interface with web F&A etc. for the Summer Food Program and Child Care program, data conversion.	0	2.00	In process	30-Jun-13
VVESTS-Maintenance	Vital Records	Maintenance, minor enhancements, bug fixes, research and analysis etc. Federal Changes etc.	2.00	0	In process	
VVESTS - VISITS Maintenance	Family Health Services	Maintenance, minor enhancements, bug fixes, research and analysis etc. Federal Changes etc.	0	1.00	In process	
VVEST - EDR	Vital Records	Maintenance, minor enhancements, bug fixes, research and analysis etc. Federal Changes etc. Implementation Support	0	2.00	In process	
Web F&A	Financial Admin	T&E,Vouchers, etc. Maintenance, minor enhancements, bug fixes, research and analysis etc.	0	2.00	In process	
Web F&A	Financial Admin	RAP,Grant Modules Etc.	0	1.00	In process	
Web F&A	Human Resources	HR-5,HR-9 etc. Maintenance, minor enhancements, bug fixes, research and analysis etc.	0	1.00	In process	
VVHS	EP&R	Volunteers Mgmt, SNS Inventory, Communications, List Serv, Offline Modules Maintenance, minor enhancements, bug fixes, research and analysis etc.	0	2.00	In process	
VDH Database Mgmt	All VDH systems	Upgrades and Patches	0	1.00	In process	
VDH Database Mgmt	All VDH systems	Monitoring, 24/7 support, System Testing, and DR	0	2.00	In process	
Lead Tracks	Environmental Health	Maintenance, minor enhancements, bug fixes, research and analysis etc. Federal Changes etc.	0	0	In process	
CCSUN	Family Health Services	Maintenance, minor enhancements, bug fixes, research and analysis etc. Federal Changes etc.	0	0	In process	
VDH QA Webvision	OIM	Testing	0	1.00	In process	
VDH QA WIC	OIM	Testing	0	1.00	In process	
VDH QA Vital Record Systems	OIM	Testing	0	1.00	In process	

O&M Task Name	Application	O&M Task Description	Approx. FTEs Used		Task Dates	
			COVA Staff	Contractors	Start Date	End Date
VDH QA EMS Systems	OIM	Testing	0	1.00	In process	
VDH QA EP&R Systems	OIM	Testing	0	1.00	In process	
Application Help Desk	OIM	Trouble-shooting, Releasnotes and Implementation Support	0	3.00	In process	

Health and Human Resources Information Technology Investment Management Strategic Plan

APPENDIX C

HHR Aspirational Goals for the FY2012-2014 Biennium

As of December 14, 2011



For the 2012 – 2014 Biennium

Commonwealth of Virginia

Appendix C – Aspirational Goals for the FY2012-2014 Biennium

The purpose of this appendix is to provide each HHR agency's summary of the current state of information technology (IT), factors impacting IT, and the future direction for IT in the agency.

Table of Contents	Page
CSA – Office of the Comprehensive Services Act	2
DBHDS – Department of Behavioral Health and Developmental Services	3
DHP – Department of Health Professions	4
DMAS – Department of Medical Assistance Services	5
DRS – Department of Rehabilitative Services*	8
DSS – Department of Social Services	16
VDA – Virginia Department for the Aging	23
VDH – Virginia Department of Health	25
Supplemental Information – Acronym Glossary	31

*Includes the Department for the Blind and Vision Impaired, Virginia Department for the Deaf and Hard of Hearing, Virginia Board for People with Disabilities, Virginia Rehabilitation Center for the Blind and Vision Impaired, Woodrow Wilson Rehabilitation Center

Comprehensive Services for At-Risk Youth and Families (200)

Current Operational IT Investments

The Office of the Comprehensive Services Act (OCS) is supported administratively by the Department of Social Services. The agency employs web-based, agency-developed applications to support its mission. The Department of Social Services (DSS) supplies all web connectivity and supplies technology support as necessary. The Virginia Information Technology Agency (VITA) considers OCS and the CSA as part of DSS and incorporated CSA with its agency consolidation of DSS. The OCS has several major information technology initiatives in implementing the CANS assessment instrument, revising the CSA data set and replacing the service fee directory system.

- Implementation of the CANS online assessment instrument allows the agency to collect data to use in measuring child and system performance outcomes. Value added is in constituent service, as localities are able to better evaluate the effectiveness of the services provided to children and families. Operational efficiency is enhanced as all assessments are entered into the web-based system, eliminating the need for paper assessments. An assessment instrument is mandated under section 2.2-2648 (11) COV.
- Revising the CSA Data Set to provide a detail evaluation of individual services received by a child. This information, coupled with CANS outcome data, will assist in providing the most effective child service delivery. Numerous statistical management reports and key performance measures are derived from information contained in the CSA Data Set. The collection of child data is mandated under sections 2-2-2649 (11) and 2-2-2648 (16) COV.
- The CSA Service Fee Directory provides provider information for the purchaser (local governments in CSA) to provide comparative “shopping” for children requiring the same or similar service needs. The depth of the service information needs to be expanded to afford purchasers of children’s services with information to make the most efficient service decision for the child and family. The Service Fee Directory is mandated under section 2-2-5214 COV.

OCS does not anticipate any major IT projects requiring CIO approval, but will know more once the scope of these projects is clearer. This increases the demand on OCS from a data systems and analysis perspective that is beyond our current capacity. It is unclear whether there will be any new and/or unanticipated information technology service charges for OCS to store data since VITA is a cost-supporting agency.

Factors Impacting the Current IT

The agency has no dedicated Information Technology resources. The requirements associated with implementing all VITA/NG standards must be absorbed within the scope of existing office and administrative operations. To comply with enhanced future standards will require additional resource hours of the existing CSA IT contractor.

Proposed IT Solutions

At this time, the agency does not anticipate any requirements for IT investments to support business needs during the upcoming 2012-2014 budget biennium.

Department of Behavioral Health and Developmental Services (720)

Current Operational IT Investments

The department's IT program provides coordination, guidance, oversight, and support to central office and state facility IT programs, including IT infrastructure transformation activities, security, compliance, and web and application development.

With new IT leadership, DBHDS is involved in an assessment of the agency's information technology, including its existing infrastructure and infrastructure needed to meet business objectives. This assessment is examining ITS staff skills, particularly with respect to the adoption of new technologies or integration strategies across the supported applications; software development processes and practices that facilitate cross-project communication and collaboration; application and project inventory organization and management; facility IT infrastructure and central office support; and IT infrastructure (system hardware and software) support. The goal of this assessment is to provide DBHDS executive leadership with strategic and tactical recommendations to:

- Strengthen IT leadership and management;
- Improve communication, collaboration, and efficiency;
- Enhance project, portfolio, and organizational change management capability;
- Upgrade technical skills necessary for the adoption of modern technologies and software development methodologies; and
- Increase agency IT capacity to meet emerging business requirements.

Factors Impacting the Current IT

Two new requirements are increasing the scope and complexity of DBHDS ITS work and capacity.

- First is the requirement to align with and support the strategic plan of the HHR Secretariat. This includes DBHDS implementation of an electronic health record that meets meaningful use requirements in each state facility and conformance of applicable DBHDS systems to standards for data exchange.
- The second is the requirement to support implementation of changes brought about through negotiations with the U.S. Department of Justice, including increased quality management and oversight processes.

These drivers present an environment demanding rapid coordinated change, navigated and measured by information and analysis. Both will create increased demands regarding the pace, quality, and capabilities for information technology systems development, deployment, and adoption in support of healthcare delivery to Virginians.

Proposed IT Solutions

Implementation of assessment recommendations will require a combination of more efficient use of existing staff capabilities and resources, by expansion of staff as required, to introduce absent skill sets, and by achieving alignment between budget and organizational demand.

Department of Health Professions (223)

Current Operational IT Investments

At this time, the agency anticipates that all current operational IT investments will continue to meet agency business needs in the foreseeable future, and will not need enhancement or additional investment.

Factors Impacting the Current IT

At this time, the agency is not aware of any external factors, requirements or mandates that will require IT investments by the agency in the foreseeable future.

Proposed IT Solutions

At this time, the agency does not have any proposed IT solutions that will support agency strategic objectives, service area strategic objectives, Commonwealth, enterprise, or secretariat-level strategic priorities, agency performance measures, or societal indicators.

However, in support of the secretariat-level initiative for the Commonwealth Authentication Services (CAS) and Master Person Index (MPI) project, DHP will provide a data file of publicly-available current Virginia healthcare providers licensed by the agency as part of the Secretariat project's authentication process.

Although no additional IT solutions are being proposed by the agency at this time, the agency is planning to make its public-facing applications accessible as mobile applications for better citizen access to information.

Also, VITA has instructed the agency to enter into its ProSight automated system the ongoing cost of the agency's licensing, content management, and Prescription Monitoring annual maintenance contracts as each exceeds \$100,000 annually. They are as follows:

- CoVA Enterprise Licensing contract VA-040901-SA maintenance \$146,168
- EMC Documentum w/eDiscovery maintenance \$115,000
- Prescription Monitoring Optimum Technology maintenance \$150,000
- Total \$411,168. Annually

Department of Medical Assistance Services (602)

Current Operational IT Investments

In July 2010, DMAS implemented a new fiscal agent services contract with ACS State Healthcare (ACS). The contract with ACS included a new web interface to the MMIS, a provider web portal with enhanced electronic capabilities, and an enterprise content management system. Since that time, additional online provider services have been added to the portal, including a claims submission application and a provider profile maintenance application. Additional services, including online provider enrollment and provider search applications, are under development. In addition and in cooperation with ACS, the agency has implemented and will continue to implement systems enhancements to support state mandates and program initiatives. This includes the expansion of managed care into the southwest regions of Virginia.

Transition of DMAS' infrastructure into the VITA/NG Partnership (ITP) was supposed to have occurred on July 1, 2010. Progress to-date has been slow, and as of August 2011, many systems have not been transformed, including our messaging system. The messaging system includes the agency's Exchange environment, email archiving, and journal for electronic discovery.

DMAS operates a mission-critical function using the Oracle Government Financials System (GFS). The GFS hardware platform has been upgraded with a state-of-the-art system that increases maintainability and efficiency and reduces risk of hardware failure. The agency needs to support the system through required maintenance and enhancements as well as any product upgrades. The GFS application was upgraded to the latest level in August 2011. The first phase of the database upgrade has been completed. The final database upgrade is scheduled for October 2011.

Factors Impacting the Current IT

PPACA mandates an expansion of Medicaid enrollment by 2014 that is predicted to increase Virginia's Medicaid membership by 35 to 45 percent. Virginia state government does not currently have the business processes or technology capacity to manage the additional membership. PPACA and ARRA provide federal funding for States to modernize HIT systems. MITA, a joint initiative CMS and CMSO, is intended to foster integrated business and IT transformation across the national Medicaid enterprise that will enable successful administration of the expanded Medicaid program under PPACA. Using the MITA SS-A, Virginia identified the future state agency HIT capabilities needed to meet the MITA objectives, and a series of enterprise-level IT projects that will support those capabilities.

The Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification requires ongoing compliance with standardized transactions and code sets. Effective January 1, 2012, the transactions that support standardization of electronic data interchange (EDI) must be upgraded. All EDI trading partners must migrate to the 5010 version for EDI transactions in order to continue to conduct electronic data exchanges with DMAS. Effective October 1, 2013, HIPAA requires an upgrade from the current ICD-9 code sets to ICD-10.

The slow progress in transitioning DMAS' infrastructure into the ITP has resulted in increased costs to the agency, environment instability and vulnerability, and lack of support for the environment since much of it has been deemed out-of-scope by the ITP.

Proposed IT Solutions

ARRA and PPACA present significant funding opportunities to improve the quality and value of Virginia healthcare. PPACA mandates Medicaid expansion in 2014, which is predicted to increase Virginia's Medicaid membership by 35-45 percent. Virginia considered two options for PPACA compliance from a cost perspective: expand capacity of legacy eligibility systems and increase administration and operational staff by an average of 40 percent, or develop new business processes and technology capacities to manage expanded Medicaid membership. Based on projections, an operational staff expansion of 40 percent would result in a \$40 million per year increase in cost to Virginia's Medicaid program, half of which would likely be paid with state funds that would produce little to no return on investment. In contrast, by developing new systems based on MITA, and using the enhanced federal funding match rates available under ARRA and PPACA, the return on Virginia's IT investments for the Medicaid program can be measured in months. Leveraging MITA also provides significant operational improvements in the administration of state government health and human services as well as federal, state, and local government programs.

Leveraging the federal funding opportunities to offset the impact of Medicaid expansion is an important investment in Virginia's future. The federal funding available under ARRA and PPACA provides opportunities to achieve the following outcomes for Virginia:

- Build on current health reform efforts;
- Modernize information technology infrastructure as an enabler for future business transformation;
- Provide a technical environment where standards-based interoperability is possible between new and legacy systems;
- Provide to all Virginians a web-based, self-directed service option for health and human services;
- Reduce the need for large administrative and operational staff for federal and state programs;
- Reduce overall long-term technology costs for federal and state programs; and
- Provide an enterprise technology environment that is accessible on a pay-for-use basis by federal, state, and local governments as well as non-government organizations, community based-services, and commercial interests as allowed by policy.

ARRA and PPACA have many interdependencies and commonalities between them. Together they present significant opportunities to establish technical foundations for the future transformation of government services. The primary impact to DMAS is leveraging the SOA infrastructure to include Enterprise Data Management and the replacement of the eligibility systems that ultimately will trigger the retirement of the MMIS member subsystem and the FAMIS eligibility determination system.

Based on the MITA Transition plan, the MMIS will begin a long term strategic process to align with MITA and the HHR IT Strategic Plan. The more significant architectural changes will be targeted for re-compete of the Fiscal Agent Services contract.

Note: The HIT/MITA Program Funding is reflected in the cost tables in Appendix D. However, the HIT/MITA Program is not reflected in Appendix A.

DMAS has completed an assessment of the impact to upgrade to the 5010 version for conducting EDI exchanges with providers and other trading partners. A major IT project has been initiated in order to complete the transition by January 2012. This upgrade will allow the agency to continue to benefit from standardization of electronic data interchange. The healthcare industry's continued efforts to standardize electronic data interchange is expected to result in three major benefits: (1) improved claims standards will reduce manual intervention to resolve issues resulting from ambiguities in the standards; (2) cost savings due to increased use of electronic transactions; and (3) operational savings

due to increased use of auxiliary transactions through EDI that will result from a decrease in manual intervention to resolve issues with the data, otherwise handled through phone calls or correspondence.

DMAS has completed an assessment of the impact to upgrade to the ICD-10 codes sets. The upgrade will result in significant impacts to the MMIS and will result in significant interactions with providers as they will also have to make the upgrade. A major IT project will be initiated in fiscal year 2012 to make the required system upgrades.

DMAS' Information Management Division will maintain and enhance the Oracle GFS to support the requirements of the agency and Commonwealth. Vendor upgrades to the software application will also be monitored and upgrades will be evaluated, scheduled, and performed as needed. In addition, the Information Management Division is in the process of re-developing aging client-based applications and replacing them with web-based technology.

The Information Management Division will continue to work with the VITA/NG Partnership to complete transformation of DMAS' infrastructure to the ITP.

Department of Rehabilitative Services (262)

Current Operational IT Investments

Purpose:

- Provide technology guidance and direction for the Disability Services Agencies (DSA) during the Fiscal Year (FY) 2013-14 biennium.
- Align DSA technology projects and procurements with the Secretary of Health and Human Resources (SHHR) Information Technology Investment Management Strategic Plan.
- Identify partners and their inputs, concerns and technology goals.
- Describe how technology will address those issues.

Overall Strategy: Leverage new technologies to assist the DSA to improve effective services to their customers while leveraging cost efficiencies.

Scope: In-scope to Northrop Grumman and out-of-scope information technology for the following agencies.

- Department for the Blind and Vision Impaired (DBVI)
- Department of Rehabilitative Services (DRS)
- Virginia Board for People with Disabilities (VBPD)
- Virginia Department for the Deaf and Hard of Hearing (VDDHH)
- Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI)
- Woodrow Wilson Rehabilitation Center (WWRC)

Virginia Department for the Aging (VDA) has prepared its own IT Summary. VDA will also be participating with the DSA in the next biennium for back office services including IT.

Other Sources of Input / Impacts:

- The technology infrastructure of VITA
- The guidance of the SHHR and partnerships with Human Resources (HHR) agencies and other relevant agencies
- Local governmental and private partners serving the DSA consumers
- DSA consumers' needs
- DSA staff needs
- DSA IT staff needs
- The Comprehensive Information Technology Assessment (CITA) report for the DSA

Assumptions:

- Appropriate funding is available
- DSA IT staff resources are available with the appropriate abilities to accomplish the goals.
- DSA and the SHHR leadership support the goals.
- VITA continues as the lead technology agency .
- Northrop Grumman continues as a partnership with VITA and provides and maintains the infrastructure.
- All Commonwealth of Virginia (COV) and Partnership Policies, Standards and Guidelines support the necessary technologies to accomplish the DSA goals.

Factors Impacting the Current IT

DSA agency factors, future expectations, anticipated changes, concerns, issues, goals related to IT as discussed in the agency strategic plans:

- The amount of time required to produce Braille textbooks is lengthy and there is a shortage of Braille transcribers to transcribe books when needed. (DBVI factor)

- Information, including library materials, will become more readily available and accessible through other sources including the Internet. The DBVI Library and Resource Center will likely become more directly involved in downloading books for patrons and storing information locally. Some responsibilities presently held by the National Library Service will be shifted to the State Library. (DBVI anticipated change)
- To provide for effective performance of DBVI personnel to ensure sound business practices and agency operations. (DBVI Goal)
- Projected increases in the number of older Virginians and people with disabilities and constraints on current and future sources of funding requires better integration of home-and-community-based services and supports for older adults and people with disabilities to simplify and streamline operations and service delivery, increase coordination among similar activities, avoid duplication, increase accountability, manage costs, and make better use of information and other resources. (DRS future expectation)
- With an ever increasing demand for services, DRS will continue to be asked to provide more services than its resources allow. This will require DRS to expand partnerships with other state agencies and institutions of higher education to provide the programs and services needed by Virginians with disabilities and to continue to advocate for additional resources. (DRS future expectation)
- VITA provides IT services to the DSA and is taking an active role and responsibility for creating policies, standards, and guidelines (PSGs). Technology expense has dramatically increased over the past three years and the scope of services has narrowed. Compliance with VITA PSGs has increased expense as well. Technology services are steadily improving, but still suffer from delays due to a lack of understanding of the DSA technology environment. While steadily improving, communication of infrastructure change management to the DSAs and constantly changing business processes has resulted in interruption of direct client services. Efforts by agency staff to resolve these issues are significant and we hope to see less effort in the future. (DRS factor)
- VITA has refreshed or replaced much of the DSA's in-scope computer equipment and network equipment. The refresh effort has forced duplication of infrastructure for out-of-scope portions of the computer network, the portion most important for direct service programs. (DRS factor)
- Technology advances continue to develop at a more rapid pace than agency IT resources can implement effectively. There is growing demand for use and diverse applications of video-teleconferencing and social networking for both direct services and administrative functions. This presents challenges to the DSA in adapting older technology standards to higher and more demanding new technology. (DRS factor)
- Telework and more efficient use of technology have allowed staff to serve clients in larger geographic regions, reducing office space requirements. (DRS factor)
- Changes in technology continue to impact consumer expectations of the agency. The use of wireless devices for basic communication among persons who are deaf continues to increase each year, as well as access to and use of internet-based video relay and interpreting services. Several states have added one or more wireless devices to their equipment distribution programs and VDDHH will need to evaluate the impact of such an addition to our Technology Assistance Program. (VDDHH customer trends)
- Virginia Relay Oversight - VDDHH serves as the oversight agency for the operation of telecommunications relay services in the Commonwealth. In this capacity, VDDHH solicits proposals and manages the resulting contract for telecommunications relay services in the state. Since the original Code language was written, relay-based technology has mushroomed and many new relay services are now available. These services, including, but not limited to, internet relay, video relay, Spanish relay, and remote text messaging relay are now readily available to deaf and hard of hearing citizens nationwide. These new services are often provided from national relay centers and are largely supported by a federal universal services type fund. While VDDHH retains Code authority for the oversight of basic relay services such as TTY-based and Voice Carry Over (CapTel), consumers consider the agency as a resource for information, referral, equipment and training on all types of relay services, including those provided on a national basis. (VDDHH customer trends)
- Video Relay Services (VRS) represent the fastest growing segment of the relay services nationwide. While states do not currently have responsibilities for this internet-based service, VDDHH constantly receives inquiries for assistance in obtaining, using and trouble-shooting the associated video devices. (VDDHH customer trends).

- Advances in technology routinely and significantly impact VDDHH's products and services. Virginia Relay frequently serves as a testing ground for new forms of telecommunications access, including the captioned telephone relay service and text messaging. As Relay-related devices move from conceptual testing to full market availability, the agency will be challenged to determine which ones should appropriately be added to the agency's TAP program as essential tools for communications access. (VDDHH Factor).
- VDDHH continues to work toward expansion of the Virginia Quality Assurance Screening (VQAS) Written Assessment on-line, which is expected to improve customer service and to improve the validity and reliability of the test since each test will be a different computer-generated version (VDDHH Factor).
- Extensive revisions to the VDDHH website to provide a wider range of useful information in a variety of formats and with more frequent updates is expected to improve the effectiveness of this tool in meeting the VDDHH mission. Additionally, continuing with postings on Facebook will reach the younger consumers who are deaf and hard of hearing, and who rely on such social media for information.(VDDHH anticipated changes)
- Emerging technologies, especially IT including social media, and the growing access to and use of technology by people with disabilities, will impact the processes and products of the VPBD. The need to ensure accessible web content and new media distribution channels will require investments of people, duties, and technological tools to deliver timely communication and raise public awareness. (VPBD factor)
- By investing in technology tools to communicate with a wider audience of disability stakeholders, and as access to technology by its constituents grows, the VBPD will be able to increase the amount and precision of information it gathers and shares. The format and immediacy of its messaging will also change particularly the availability and widespread use of social media and new communication channels. (VBPD factor).
- Increase use of electronic formats to reduce administrative cost and increase operational efficiency. (VBPD goal)
- The growing demand for video-teleconferencing for both direct services and administrative functions will be expanded by partnership between DRS, the DSA, WWRC Workforce investment partners and other interested state agencies. (WWRC Future Direction and Expectation)
- Conversion of the DSA financial systems to CARS first, and then to Cardinal, will present opportunities to promote common business practices, modernize WWRC technology infrastructure and provide economies of scale for software maintenance. (WWRC Future Direction and Expectation)
- Improvements in data systems will add accountability and 'evidence based' strategies for direct service program improvement. (WWRC Future Direction and Expectation)
- Emphasis on electronic document management beyond case management applications will affect supply chain management and personnel record keeping. (WWRC Factors Impacting Agency Products and Services).
- Elimination of the HP 3000 minicomputer based financial systems and implementation of Cardinal accounts payable will demand the attention of fiscal and IT staff in the next biennium. (WWRC Factors Impacting Agency Products and Services).
- VITA has refreshed the WWRC's in-scope computer equipment and network equipment. The refresh effort has forced duplication of infrastructure for out-of-scope portions of the computer network, that portion most important for direct service programs. (WWRC Factors Impacting Agency Products and Services).

SHHR Shared Infrastructure and Processes

Several events have led to the vision supported by the SHHR and the 12 agencies under the Secretariat.

- The Patient Protection and Affordable Care Act (PPACA) and the American Recovery and Reinvestment Act (ARRA) provide federal funding for states to modernize Health Information Systems (HIT).
- The Medicaid and Medicaid Services (CMS) and the Center for Medicaid and State Operations (CMSO) have a joint initiative to integrate business and IT transformation across the national enterprise to administer the Medicaid program.
- Several existing projects provide technology innovations that can be leveraged by other state agencies.

VITA / NG are establishing an enterprise service bus that follows a service oriented architecture (SOA) Essentially there are three parts: an enterprise service bus (ESB) that handles data traffic between participating organizations, a master client index (CAS/EDM) that provides a unique identifier for all

providers and consumers, and a business rules engine that controls the flow of data and enhances business process re-engineering.

An existing project is the Commonwealth's Health Information Exchange (HIE) between select HHR agencies and health care providers. For agencies that provide direct client services, particularly health care, the next step is to implement a certified electronic health record (EHR) in these agencies. The DSA has several programs that provide direct client services, some are health care and other are human services or education services. Critical to this effort is the Department of Motor Vehicle's effort to establish a single identification record for every individual in the Commonwealth, the CAS (Citizen Authentication Service)/EDM (Enterprise Data Management) project, the Commonwealth of Virginia's manifestation of the master client index. Consumer data will be available to the DSA as a part of this effort. Events like address changes can be accessed via a publish/subscribe model that reduces individual agency efforts. Validation that a consumer is a Virginian and sharing of common data on the consumer can be accessed from the EDM, reducing the burden on each agency to collect and verify the same data multiple times.

The MITA program, a joint effort of VDH and the Department of Medical Assistance Services (DMAS), uses the SOA to automate eligibility and benefits administration for Medicaid. It is a precursor to a Health Benefits Exchange to provide medical insurance plans to consumers. The DSA provides disability based Medicaid eligibility but is out of scope to the MITA project as they are participating in a similar federal effort with the SSA. Other DSA programs rely on Medicaid eligibility and waivers, information that will be much more readily available in the near future.

The Department of Social Services (DSS) will be establishing a common portal for HHR as a part of their automation projects for the TANF and SNAP programs. Their use of the business rules engine will streamline DSS eligibility workers efforts that provide referrals to DSA programs.

Issues and Concerns Addressed in the CITA Summary for the DSA

The Comprehensive Information Technology Assessment (CITA) provided an opportunity to formalize business processes that contribute to good stewardship of technology assets and keep costs to a minimum. In most cases, these business processes studied in the CITA have been in place for years and many pre-date the VITA/NG Partnership.

We continue to exert day-to-day efforts at managing NG services, along with a bi-monthly status meeting that serves to surface progress at resolving issues. We have formed a team of DSA IT staff that collaborates on resolving issues that are typically related and cross over areas of responsibility of DSA IT staff. By sharing all issues with all affected IT staff, the inter-relationships are uncovered, allowing us to better articulate root cause with the VITA/NG Partnership and improve services to our customers.

VITA, in initiating an effort like the CITA, clearly shares our concerns over the cost of services. We are sure that all agree that consistent best practices, or consistently exercised business processes, aimed at improving service effectiveness or controlling cost are value added to both the DSA and the VITA/NG Partnership. As a result, we aimed at refining our ongoing business processes aimed at informing service effectiveness that in turn allow us to better control costs.

Asset-specific management plans allow us to address agency needs, cost and uniform procurement and maintenance business processes. For print management, the DSA provides assistance in planning a cost effective environment. We also minimize access to color devices as color print is 10 times as costly as

black and white. Efforts to move toward a paperless environment offer opportunities to re-evaluate print environments. Publishing cost per page statistics for network printers and all-in-one copiers provide office managers with information that may prompt them to save money. For PC management, with some exception, one staff gets one PC. They must justify a premium unit, extra monitors or extra memory. Users with laptops or tablets are encouraged to use their own devices to minimize training costs. A trigger to re-evaluate PC hardware is for job changes that often require user role changes and perhaps a more or less powerful PC.

There are a couple of future action steps that need to be emphasized.

1. One is distribution of technology asset costs to the proper office or cost center. Once this capability is available in FY13, we can budget these costs and hold office managers more accountable than we can with one central budget.
2. A second is re-evaluation of servers located at the DRS Central data center. Because large numbers of staff are supported by out-of-scope operations and we still maintain a legacy minicomputer/ server data transfer operation, the feasibility of relocating servers is questionable, especially given that a managed firewall is transparent to location. We expect to be able to re-evaluate physical location of servers upon the completion of the managed firewall implementation, an active VITA Work Request, and completion of the project that leads to the elimination of the HP 3000 minicomputer, planned for FY13.
3. A third and future activity is to evaluate the need for disaster recovery (DR) services. We have an older, technology COOP plan that addresses this issue, but are awaiting completion of risk assessments to update our technology COOP and DR Service need.
4. In response to the CoVA Wireless Audit a fourth activity is to follow up with agencies staff that are in situations where they keep their mobile device with low utilization, opportunities to develop and maintain plans for groups of staff, or data and phone plans that are too large or small for actual staff utilization.
5. A fifth activity is to evaluate data archiving processes that are compliant with VSL standards. It is a separate issue from data backup and retrieval and an area where the DSA is out of compliance. With currently available technology, available archival solutions are cost prohibitive.

There are a few other considerations that are problematic and potentially impact performance of our systems and the ability of our staff to work effectively. These areas may be interrelated and further study will be needed. This includes bandwidth, router / switch configuration and effect on packet delivery rate; as well as an increasing number of VITA / NG processes such as blue coat scans, anti-virus scans, and Altiris distribution and other software tools. The DSA monitors reports on each of these processes across its 60 physical locations in Virginia.

Proposed IT Solutions

Short Term IT Vision

1. Centralization and sharing of staff, data and information over common back office applications for all DSA with the inclusion of VDA and other potential candidates where business functionality and processes are similar.
2. Implementation of new financial data exchange processes between CARS and DSA case management systems. The Financial Reporting and Transaction Entry (FRATE) project provides new SOA compliant technology for all of the DSA and subsequent interface with Cardinal as it becomes available and effective.
3. Total migration to open internet application architecture and elimination of all closed, proprietary applications based on the HP3000 architecture.
4. Eliminate computer processing performance issues through the scheduled PC Refresh, by providing DSA staff with new pc's and mobile devices and current operating system and VITA provided application software which are right sized for all computerized interactions with agency processes, data and information transported over the VITA / NG provided infrastructure as well as overhead background security, anti-virus scan, software distribution, and other control software.
5. Eliminate computer processing performance issues through balance of increasing bandwidth where needed and reduction of packet delivery error rates through router, switch and firewall configuration.

6. Decrease dependency on assigned office space in service delivery offices by increasing wireless access points, mobile computerized devices, and an appropriate balance of smart phones, call manager and UCaaS utilization strategies that match increased teleworking activity by agency staff.
7. Reduce costs through consolidation of servers and server storage space through right sizing storage, virtualization and centralization where appropriate and effective.
8. Implementation and increased utilization of Sharepoint 2010 features and decreased dependence on outlook for project communication. This effort is underway for client based services and as the VITA MS CRM effort evolves, the DSA will be informed and an early adopter.
9. Further modernization of the DSA supported Out of Scope Network by WWRC utilized by consumers at WWRC, VRCBVI, VIB and DRS Field offices and upgrade of consumer's Employment Resource Centers and Vocational Evaluation Centers.
10. Adopt principles of ITIM and ensure that DSA Management and Grant writers involve DSA IT to leverage the COV and SHHR vision.
11. Renew Virginia Relay contract. VDDHH is the Code-authorized and FCC-certified oversight agency for the Commonwealth's telecommunication relay service for persons who are deaf, hard of hearing, deaf-blind or speech-disabled. This federally-mandated service is currently provided through VITA contracts for traditional (#VA-110801-AT&T) and captioned telephone (#VA-110401-Hamilton) relay services. Expenditures for these contracts approach \$14,000,000 annually. Established during calendar year 2011, both contracts are in effect for three-years with the option of four, one-year extensions. Both contracts will require further action during the third quarter of FY 2014 when VITA and VDDHH must negotiate one or more of the contract extensions or issue a new RFP.
12. Ensure that DSA IT staff has the necessary skills to accomplish the tasks to meet the vision and goals of the SHHR and the DSA.
13. Keep all applications maintained and current with technology improvement, all federal and Commonwealth mandates, changes as requested by DSA management, and funding sources.
14. Continue the expansion of electronic document management from client records to other record storage functions that increase staff effectiveness and reduce costs.

Long Term IT Vision

1. Shared data and information with local partnerships, HHR, and other COV agencies through the ESB established for the HIE and MITA projects by migrating existing applications for authentication, background information, shared services (in /out bound health, human services, employment, education), etc.
2. Elimination of all duplicative data processes, storage, and infrastructure through sharing of data, information and architecture with appropriate COV agencies, except where redundancy is required for COOP and disaster recovery.
3. Extensive use of document imaging, less dependence on printing and hard copies leading toward total paperless processes and procedures.
4. Robust services provided through mature internet forms and processes allowing consumers to self direct services to reduce dependence on physical contact with staff for application and other routine processes.
5. Increasing interaction with consumers via internet, video teleconferencing, social media, and other computerized conveniences to reduce need for travel by both the consumer, agency service provider and other agency staff.
6. Extensive use of enterprise hand held devices and tablets, and to a lesser extent laptops, leading toward a truly mobile workforce to reduce on the need for and square footage of single brick and mortar locations.
7. Increase use of technology that promotes telework at home, consolidated commonwealth service centers such as one-stops and shared office space.
8. Migration to cloud computing, either the COV private cloud or SaaS, where appropriate.

General Issues / Concerns

1. The strategies, measures and milestones as outlined in the SHHR's integrated ITSP are robust and will require extensive staff resources from the agency.
2. The impact of the agencies to meet the requirements of the Integrated SHHR ITSP will require more funding increases and increases in staff resources to the DSA IT Division and / or a reduction or elimination of specific agency IT short / long term vision items.
3. Any reduction or diverting of existing staff to accomplish the SHHR's integrated ITSP will impact the agencies' abilities to maintain the current systems.

Additional information in chart format relating to this plan has been provided to VITA ITRM staff.

Department of Social Services (765)

Current Operational IT Investments

The Virginia Department of Social Services (VDSS) supports three major mission critical agency systems: (Application Benefit Delivery Automation Project) ADAPT; (Online Automated Services Information System OASIS) and (the Automated Program for the Enforcement of Child Support) APECS. The Department's Division of Information Systems (DIS) supports the first two systems, and the Division of Child Support Enforcement (DCSE) supports the third.

In addition to these major systems, DIS supports seventy other automated applications. These applications are used by more than 10,000 employees and contractors of the Virginia Social Services System (VSSS). The VSSS is made up of VDSS, 121 local departments of social services (LDSS) and Community Action agencies across the Commonwealth. Most social services programs in Virginia are state-supervised (by VDSS) and locally administered (by LDSS). Local departments of social services implement the programs and provide direct benefits and services to citizens and residents in their communities.

VDSS is in the process of re-aligning itself to provide information solutions in support of the HHR Strategic Vision, the VDSS Strategic Plan and the continued implementation of the Department's Business Process Reengineering (BPR) effort.

DIS's Information Technology (IT) services delivery model incorporates all components of the Commonwealth's measures of value for IT efforts- Constituent Service, Operational Effectiveness and Strategic Alignment. These components include:

- Customer-centric access, supporting self-directed customer service business flows
- Portal-based presentation services
- Service-oriented architecture
- Enterprise approach to IT development
- Non-duplicative development efforts
- Web-based applications

VDSS is a major participant in the Commonwealth project to leverage Service Oriented Architecture (SOA), Enterprise Service Bus (ESB) technology and Business Rules Engine usage.

VDSS needs to reduce the total number of IT platforms used by the Department, making use of enterprise solutions and standardized architecture. The Department would like to remove all legacy type processes and be fully operational via the web and using relational data structures within the next several years. Following are brief descriptions of the current state of IT in each major program/business areas:

Enterprise Change Management Office (ECMO)

The main ECMO application is Systems Partnering in a Demographic Repository (SPIDeR). This enterprise web-based system saves time for local workers in determining applicants' eligibility by facilitating communication with many VDSS applications to provide customer specific information.

Customer Portal Project

The Customer Portal Project will deliver a web-based portal through which customers will be able to:

- File applications for services or benefits online
- Report changes and manage benefit "accounts" online

- File renewal applications online
- Allow customers to request services or benefits, including Child Care, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and Medicaid
- Access information from data in the legacy case management system via web service secure access.

The Customer Portal will also:

- Streamline processes, allowing data entered by the customer to populate data elements in the legacy case management systems for multiple public assistance programs
- Prompt the assigned worker to “pull” data into the case management system when file clearance activities are initiated.

The Customer Portal is scheduled for a two phase release. The project is currently in development for March 2012 phase 1 release. The phase 1 release will consist of a “Screening” module, an “Apply for Benefits” module, and a “My Workspace” module (for workers). The phase 2 release (June 2012) will consist of a “Renew My Benefits” module, “Report My Changes” module, and “Check My Benefits” module for customers.

Child Care

The Child Care Subsidy Program has recently begun implementation of a new automated system. The Virginia Case Management System (VaCMS) is a comprehensive intake, eligibility determination, case management, financial management and provider management system.

Prior to the VaCMS implementation, the Child Care Subsidy Program was administered manually. The VaCMS includes a customer portal that allows clients to apply for child care assistance online; allows workers to correctly determine eligibility and provide better case management services.

A companion system to VaCMS, the Electronic Child Care system (ECC), allows parents to use swipe cards to record child care time and attendance for each child. Because the technology is scalable and extensible, the combined systems of VaCMS and ECC provide a strong baseline for expansion to other programs.

Child Support Enforcement

The Division of Child Support Enforcement (DCSE) supports the Automated Program for the Enforcement of Child Support (APECS), one of the Department’s mission critical systems. Although APECS has achieved federal automation requirements, there is still potential for significant additional cost savings through more efficient use of automation. In 2005, DCSE completed conversion of the previous hierarchical database to a more dynamic and flexible relational database management system. This conversion yielded significant efficiency gains related to data storage and management, and positioned DCSE well for new enhancements.

APECS currently uses out-dated, inefficient technology to create user screens for almost all automated case functions. Charges for mainframe computing services to support this environment total nearly \$11,000,000 annually, and this figure is rising. DCSE anticipates that a new user interface will greatly reduce the need for mainframe computing, as well as eliminate the reliance on outdated software.

Family Services

Maintenance anticipated for OASIS for the biennium includes the following:

- Full integration of the use of Structured Decision Making (SDM) within OASIS. All Child Protective Services workers in the state use SDM to support their work.
- In the spring of 2012 DIS will automate the Custody Assistance program which is a new initiative of the Permanency program in Family Services. This program will support relative custodians, willing to move from being foster parents of relative children to assuming custody of them. This will provide permanency for more children in foster care.

- Enhancements to Prevention Services to families and children; as well as some Foster Care changes due to federal requirements.

Family Services is also working toward a number of data sharing projects across agencies. This includes an interface with the courts and possibly the Department of Corrections.

Benefit Programs

Benefit Programs depends heavily on the ADAPT system to determine eligibility and benefit levels for programs such as SNAP, TANF and Medicaid. Benefit Programs is fully committed to the eligibility modernization project and has dedicated significant resources to the Customer Portal project. Staff shares project management responsibilities as business owners. Benefit Programs staff is also leading user acceptance testing and supporting training design and implementation.

Appeals and Fair Hearings

The application used by staff in the Appeals unit is antiquated. The current application cannot support requests for information and evaluation received frequently from local departments and other program staff. The unit needs a modern Case Management System that will meet staff and stakeholder needs. There are plans to draft preliminary requirements and present them to the IT Investment Board for review and action.

Human Resources

The Division of Human Resources (HR) oversees the Local Employee Tracking System (LETS), which is a Human Resource Management Information System for local departments of social services. LETS is a “Commercial Off The Shelf” (COTS) solution which has been heavily customized to meet very specific VDSS business requirements.

HR’s IT initiatives include assessing and improving business and system requirements, implementing alternate features to improve the efficiency and effectiveness of the system, and improving the data integrity of information keyed by staff.

HR challenges include Oracle product requirements that negatively impact flexibility in making changes to meet business needs; limited skilled DIS staff and tools to improve system design and performance and accommodating various HR practices and methodologies of individual local agencies.

Finance

The Division of Finance (DOF) performs management and oversight of the annual VDSS budget, funding from more than 30 sources of the Catalogue of Federal Domestic Assistance (CFDA) and reporting for the local, state, and federal funding sources and uses for VDSS.

The enterprise applications supporting this complex financial operation are maintained and supported by a team within the Division of Finance. The core applications are based on Oracle eBusiness Financials, extended by custom applications and interfaces. These systems provide the framework for the financial activities of VDSS, including procurement, reporting, reimbursement of local expenditures, federal and state accounting processes, federal grant monitoring and reporting, budget analysis and reporting; and federally approved public assistance cost allocation. Frequent changes to the department’s financial requirements and finance applications are necessary due to influences and mandates from local agencies, federal rules, other state agencies and the General Assembly, etc.

The use of Oracle eBusiness provides strategic positioning of the Department’s financial applications

with other state initiatives such as the Vendor Data Standard, the Cardinal Project, and provides a basis for meeting the increasing demands for federal and state reporting.

Factors Impacting the Current IT

Health Care Reform

The intent of the Health Care Reform Initiative is to prepare Virginia for the implementation of federal health reform by planning for the expansion of Medicaid eligibility. This expansion is expected to increase the number of Medicaid enrollees in Virginia by 270,000 to 425,000 individuals, at an annual cost of \$1.5 billion dollars between 2017 and 2022. As a part of this effort, DIS will implement several major IT projects to facilitate self directed customer service, which will reduce eligibility determination costs, promote efficiency, and reduce costs of inaccurate eligibility actions.

Health and Human Resources (HHR) IT Strategic Planning

VDSS's first priority is to support Health Care Reform by aligning major IT initiatives with the HHR IT Strategic Plan. VDSS participation in the HHR IT Strategic Plan is pivotal since it includes completion of a Customer Portal which will ultimately be available across HHR agencies to promote citizen self-directed service. VDSS will also modernize its eligibility systems using Service Oriented Architecture (SOA), which will enable collaboration and data sharing across the commonwealth. Individual projects in support of the HHR IT Strategic Plan are described in the Proposed IT Solutions section.

Increased UNISYS Mainframe Costs

VDSS has submitted a Budget Request to fund increased Virginia Information Technology Agency (VITA) charges for UNISYS mainframe usage. VDSS requested \$1,000,000 (\$500,000 GF and \$500,000 NGF) in FY 2012 and \$1,330,000 (\$665,000 GF and \$665,000 NGF) each year thereafter to cover the additional VITA charges.

VDSS operates several applications on the UNISYS mainframe platform which are critical to the agency. These applications process work for TANF, SNAP, Medicaid; Employment Services, Low Income Home Energy Assistance Program (LIHEAP) as well as several smaller programs. This request seeks funding for mainframe processing costs that have increased above projections due to continued workload increases, mainly in SNAP applications.

Adcock Supreme Court Decision

The Virginia Supreme Court ruled in November 2011 that all arrearage amounts for Child Support Cases are considered judgments with a 20 year statute of limitations. This ruling will require major changes to the processing and payment of arrearage amounts for Child Support cases. Currently the APECS system does not process arrearages in this manner. VDSS is in the early stages of estimating the changes required to meet the ruling. This will be a very large effort.

Proposed IT Solutions

Major IT Projects Planned for the 2012 -2014 biennium:

Eligibility Modernization

VDSS has submitted a Budget Request for Eligibility Modernization. The request includes funding to replace the ADAPT database application with modern relational database technology and add Medicaid eligibility determination to the new application, replacing manual processes. The new database application will be linked to the user interfaces already in development as part of the customer portal

project. Instead of purchasing middleware to work with ADAPT, the middleware purchase will work with the new database. Document imaging would be added in FY 2015 to complete the overhaul. When the system is complete, local departments will have a modern web-based system with integrated document imaging to support more than one million eligibility determinations per year.

The new system will function with the rules engine and middleware already purchased by the Department of Medical Assistance Services (DMAS) for health care reform. This is critical because any software and hardware purchased for health care reform will be eligible for 90 percent federal funding from the federal Medicaid agency. Moreover, other programs such as TANF and SNAP that share the same software, will not have to bear their customary proportionate development shares. The combined net result of these rules will be to dramatically lower the state matching funds for this proposal from \$24.5 million to \$12.1 million. When the cost of the document imaging component for FY 2015 is added, the total GF savings exceed \$20 million (\$34.5 million to \$14.1 million).

Planning for OASIS Replacement

VDSS has submitted a Budget Request for planning to replace OASIS. OASIS supports the delivery of services by local departments of social services (LDSSs). These services include Foster Care, Child Protective Services (CPS), Employment Assistance, and Adult Protective Services. The total cost of the new system is estimated to be \$30 million.

Federal health care reform requirements are forcing modernization of eligibility determination systems. The OASIS replacement will be built as a component of that enterprise wide data system. The net result will be a modern fully-integrated social services information system that can be used as the foundation for a statewide human services system.

In addition, OASIS is not fully compliant with federal regulations affecting child welfare information systems, with respect to integration with payment systems. When the federal government requires enhancements to federal matching, it may not be available because OASIS is not federally certified.

Local Financial Interface with OASIS

VDSS has submitted a Budget Request for an interface between local financial systems and OASIS to create an automated interface between local financial management systems (e.g., Harmony, Thomas Brothers) and the child welfare case management system.

The interface would link not only OASIS and local financial management systems, but also the Comprehensive Services Act (CSA) system, the Child and Adolescent Needs and Strengths (CANS) system and the Virginia Enhanced Maintenance Assessment Tool (VEMAT). This data integration would allow monitoring of the cost and quality of services provided to at-risk youth, evaluation of private providers, and cost benefit analysis of various service types and providers.

In addition to these major IT efforts, the aging nature of many VDSS systems implies that more can be done to improve business operations and mitigate risks of aging software. These needs will have to be prioritized and addressed as resources are available. The Department's goal is to align these needs with the modernization efforts articulated in the HHR IT Strategic Plan wherever possible.

Following is a list of important agency IT needs, listed by major program/business area. The list is divided into IT efforts that align directly with the HHR IT Strategic Plan and those that are internal to the agency and important to essential agency functions. This list was developed by key agency stakeholders.

Following is a list of strategically aligned aspirational IT efforts.

Division of Child Support Enforcement

Graphical User Interface Modernization

This initiative will modernize our Graphical User Interface (GUI) to:

- Promote worker efficiency
- Remove out-dated technology which will allow self-directed service capabilities, align with our federal partner's strategic goals, allow enterprise-wide collaboration, and integrate with the HHR technology architecture

Employer Services Initiative

This initiative will create an interface with a service provider who will centralize and consolidate Child Support Program contacts with employers. The initiative will obtain the following benefits:

- Increased health coverage for children and reduced costs to Medicaid
- Increased employer compliance and faster payment cycle times
- Increased collections and reduced follow-up work
- Ongoing cost reductions in mailing and printing
- Maintenance of accurate employer data.
- Reduced local staff processing time

Division of Finance

Common Financial Framework Initiative

- Provide a common accounting structure/system for localities that allows for a common chart of accounts and source of statewide detail financial transactions
- Establish a common/central financial reporting framework for all programs/services (i.e. single source, financial repository) to support local, state, federal reporting requirements and monitoring
- Develop a common financial model for programs/services for the case/client systems to track and manage obligations and liquidations. Combining this with a single client ID would allow tracking detailed financial transactions throughout VDSS' service delivery structure
- Provide a basis for implementing "data mining" applications and processes to support sub-recipient monitoring efforts. It would also, optimize the use of VDSS' Financial Accounting and Analysis System to meet various DOF reporting needs. It would also provide for expanding to include balance sheet type items such as accounts receivable and inventory that would enable streamlined reporting.

Random Moment Sample (RMS) Replacement Initiative

- Move RMS from legacy technology to a web-enabled service.

Appeals and Fair Hearings

The Appeals Unit will work with DIS to determine the technology support needed for staff and stakeholders. That information will be evaluated for possible inclusion as a module within the enterprise Case Management System being designed as part of the HHR ITSP.

Licensing

The Division of Licensing will begin the planning process to replace its current Dolphin system. The contract with the developer, Iron Data, will end in two years. Any new system will meet Commonwealth IT architecture standards. VDSS must also determine whether a Commonwealth enterprise solution can be used.

Human Resources

Web-based Performance Plan

HR would like to develop a web-based Performance Plan and Evaluation system that is user-friendly, linked to agency goals, objectives and competencies, and able to produce management level reports, trend analysis, etc.

Currently, each employee's performance plan/evaluation information is documented using Excel. Each form is a standalone document. Management reports and trend analysis data cannot be readily produced. The current process is also paper-driven. At an average of 10 pages per performance plan/evaluation form, VDSS is producing and filing 16,825 pages. An electronic process would substantially reduce staff time to sort, file and store forms.

HR State Employee Portal

HR would like to develop a portal that allows State Employees to access all state-based administrative system/accounts. Similar to the customer portal, this portal would provide direct service capabilities for state employees.

The portal would allow state employees to view payroll, leave, medical benefits, flexible reimbursement accounts, short-term/long-term care, life insurance, and retirement information through one web portal. Ideally, it would be beneficial for employees to view their federal benefit information to include Medicare and Social Security.

This would be a major statewide initiative, undertaken across multiple state and federal agencies to include the Department of Human Resources, Department of Accounts, Virginia Retirement System, Virginia Information Technologies Agency, Social Security Administration, and Centers for Medicaid and Medicare Services.

There is one aspirational IT effort not aligned with the HHR ITSP.

Human Resources

HR needs to improve server-system capacity and performance to effectively run and maintain the Oracle HR applications.

Accessing LETS and conducting online transactions is extremely poor at this time. Performance problems include: system not loading application, delays in loading the application and delays in processing transactions. Increasingly, the application freezes and locks up while users are keying data. HR has submitted VCCC tickets to resolve the problem. The problem is due to the server capacity being overloaded.

Department for the Aging (163)

Current Operational IT Investments

VDA has been completely transformed according to VITA/NG requirements. Service delivery for the current infrastructure is stable, but changes continue to take unreasonable amounts of time.

Peerplace is an online system that is accessed with proper credentials using the Internet Explorer browser and the internet. Peerplace is designed for provider agency staff as a professional tool as part of the No Wrong Door initiative. No Wrong Door connects public and private agencies and providers through the development of single, coordinated systems of information, referral, and access to aging and disability long-term support services. Peerplace is also an application that functions as a tool to collect the federally- funded required data elements for reporting purposes for some of our Area Agencies on Aging.

Advanced Information manager (AIM) is an application that functions as a tool to collect the federal funded required data elements for reporting purposes for some of our Area Agencies on Aging.

The EasyAccess portal is an important tool in finding valuable information related to seeking senior and disability services. EasyAccess is an on-line resource portal for seniors and adults with disabilities and the providers that support them. It provides information related to long-term care support services for this population.

Factors Impacting the Current IT

Even before budget cuts, VDA has struggled to find adequate resources to fund IT security properly and expand the use of the No Wrong Door (NWD) tools application.

VDA currently has to support two systems to meet its Title-III federal reporting requirements. These systems are PeerPlace and AIM. The agency must continue to look for ways to consolidate its application use to one system to realize some new efficiencies currently lacking in the collecting and reporting of consolidated service data. In addition to consolidating systems, VDA also anticipates additional funding needed to attach and leverage the Medicaid Information Technology Architecture (MITA) framework currently in development.

Proposed IT Solutions

No Wrong Door connects public and private agencies and providers through the development of single, coordinated systems of information, referral, and access to aging and disability long-term support services. It is a collaborative partnership among many different types of service providers and agency types such as public, private, and non-profit. The architecture of the NWD Tools System is an example of how we plan to take advantage of this technology to interface with other systems or because of its flexibility can relatively quickly add additional technical functionality as resources are found. This system is all about creating a seamless point of entry for the citizen to be able to receive and coordinate long-term care support services.

VDA continues to search for new grant opportunities to help build on our sound base set of agencies using the NWD tools application to manage clients services. We believe the NWD Tools system to be an extremely important asset in helping our expanding population of seniors and adults with disabilities.

VDA will work to find resources to attach to the Medicaid Information Technology Architecture (MITA) framework when available as this infrastructure should allow us at minimum to seamlessly exchange Medicaid, Medicare, Uniform Assessment Instrument (UAI), and Information and Referral records.

Department of Health (601)

Current Operational IT Investments

The Virginia Department Health hosts 119 applications. Most applications are used by small numbers of employees to address program, division, or office issues. The core applications with more of an enterprise focus appear below. Agency goals can be viewed in the Agency Goals section of the Agency Strategic Plan.

- Environmental System (VENIS) for restaurant inspection, wells, septic, etc. - Contributes to Agency Business Goals 1, 4, 5 and supports many environmental health activities that are required by Code.
- Emergency Medical Services (EMS) Trauma Registry - Tracks medical reports on each patient transported to an ER by ambulance. Contributes to Agency Business Goal 8, Supports activities of the state-wide emergency medical services.
- Strategic National Stockpile System (InVaTrak) - Tracks federal drugs and medical supplies provided during an emergency and contributes to Agency Business Goal 8. Part of the Agency's emergency response.
- Volunteer Management (VVHS) - Registers medical volunteers for deployment in an emergency and contributes to Agency Business Goal 8. Part of the Agency's emergency response.
- FLU-DASHBOARD - The Influenza Dashboard project allows the Virginia Department of Health (VDH) to track the progression of influenza and influenza-like illness (ILI), on a district-by-district basis. This dashboard tracks both ILI and influenza related laboratory results by subtype and contributes to Agency Business Goals 1, 8, and 11.
- Vaccine Registry (VIIS) - Code-mandated statewide immunization registry supports vaccination efforts and contributes to Agency Business Goals 1, 8, and 11.
- Syndromic surveillance system (ESSENCE) - Receives and analyzes daily data from hospital ERs to detect emerging patterns of disease syndromes. Accessed by DSI and district staff and contributes to Agency Business Goals 1, 4, 8, 9, and 11. Part of a multi-state (MD, DC, and VA) early-warning system to detect bioterrorism events and other disease patterns.
- National Epidemiology and Disease Surveillance System (NEDSS) - A CDC-developed application for tracking reports of diagnoses that require notification. Meets code-required reporting of certain diseases of public importance and contributes to Agency Business Goals 1, 4, 8, and 9.
- Cancer Registry - Central office application for tracking and reporting cancer and contributes to Agency Business Goals 1 and 10. Meets federally- funded cancer data reporting needs.
- Virginia Vital Events Screening and Tracking System (VVESTS) Birth defects tracking and Vital Records Production System Agency Business Goal 1 and 11. Meets code-mandated birth defects tracking requirements.
- Woman, Infants and Children Program Management Information System (WICNet) – Supports the federal nutrition program and contributes to Agency Business Goals 1, 2, 3, 7, and 11. USDA-required system to provide nutritional assessments and to print WIC food checks.
- Financial & Admin System (F&A) - Administrative support and front end to CARS and includes Web F&A. Supports all Agency Goals. Allows coding to federal grant requirements.
- Health Alert Network (HAN) - Alerting system for medical providers. Provides emergency notification to licensed medical providers through multiple channels and contributes to Agency Business Goals 8, 11 and 13.
- WebVISION - Patient management system for local health department clinics. Meets code-mandated requirement to provide medical services based on ability to pay and contributes to Agency Business Goals 1, 2, 11, and 13.

All of these applications were developed for specific business needs and are actively managed to the system owner's requirements.

The VDH mission has always included elements of emergency preparedness and response, but as the lead state agency for response to bioterrorism, and as an important part of the response to chemical and radiological emergencies, the required level of reliability and redundancy of key systems, especially communications, has increased. Additionally, the strategic National Stockpile system and Volunteer Management System are more likely to be needed and must be available.

The major application at VDH is WebVISION. This in-house-developed, statewide system provides local health departments the ability to manage the business of providing patient care. It is currently running on Oracle 11g and has proven to be a reliable, flexible, and secure application. Changes in external requirements (such as third party payer electronic billing changes, immunization billing upgrades) and evolving user requirements (including new programs wanting to use WebVISION) continue to create substantial, ongoing maintenance requirements. This application continues to require regular maintenance and support.

VDH has recognized the expanding need for health-related data and is making a focused effort to improve the agency data warehouse's accessibility and functionality. As the common end point for many applications, this function has many potential benefits to both employees and citizens.

VDH has completed transferring key application development and maintenance personnel from contractor to full-time employee status. This was an important risk in the past that has now been substantially reduced. We have converted most contractors to classified employees, further decreasing risk.

Factors Impacting the Current IT

Like all executive branch agencies, many of VDH's IT issues are impacted by outsourcing the infrastructure through Virginia Information Technology Agency (VITA) to Northrop Grumman. The transformation process has introduced substantial change and we continue to meet these perpetual challenges.

Federal grantees are increasingly unwilling to fund state-specific development. Multi-state consortia, such as the Crossroads 4-state consortia for the new Women, Infants, and Children's program application, or federally funded applications, such as the Wisconsin Immunization Registry and the NEDSS project, decrease start-up costs for VDH but substantially decrease flexibility and may increase maintenance costs and/or challenges.

Though VDH is decreasing its reliance on IT contractors, uncertainty in future contracting anticipates that the IT Staff Augmentation Operational Review will provide avenues to address the issue of long-term reliance on IT contractors.

Proposed IT Solutions

VDH plans to continue to enhance the functionality of the data warehouse and to add the number of data sources being captured. Providing a comprehensive tool for public health decision-making is the long term goal.

All applications require regular maintenance including upgrades to operating systems, software, servers, and network, as well as training at all levels. Security continues to be a focus as it pertains to any application containing sensitive or confidential information, especially patient information. Several new projects will enhance current business functions through automation.

1. Electronic Death reporting - The Electronic Death Registration (EDR) will allow the Division of Vital Records to move from a paper-based reporting system to an electronic filing system. EDR will be a web-based system that will allow the many participants of the death registration process to remotely submit register and certify deaths occurring in the Commonwealth of Virginia. The EDR system is expected to reduce reporting delays, improve data quality, and increase the usability of death data. This project has been approved by the PMD office of Vita and has been started. This application will support the following:

- 221.20 Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).
 - 222.20 General Purpose Data and Statistics - Includes activities performed in providing empirical, numerical, and related data and information pertaining to the current state of the state in areas such as the economy, education, labor, weather, global trade, etc.
2. VDH's efforts to adopt an electronic health record (EHR) for its own patients have experienced a number of obstacles during previous planning efforts. A new effort is in the conceptual phase. This will enhance clinic operations, and improve patient safety. VDH will partner with the Department of Behavioral Health to select an Electronic Health Records vendor. This effort is currently underway.
 - 111.10 Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.
 - 111.30 Health Advancement - Addresses the evolutionary process in healthcare, quality improvements, and delivery of services, methods, decision models and practices. These cover all aspects of health.
 - 111.40 Health Care Services - Involves programs and activities that provide delivery of health and medical care (inpatient and outpatient) to the public, including health care benefit programs.
 3. VDH has recognized the many benefits of Electronic Content Management and has made progress in defining requirement and detailing business processes, but budget challenges have stalled this project. Much operational efficiency could be realized from this project. Processes will be simplified, documents will be safer and more easily found, storage costs will be eventually reduced.
 - 329. 60 Central Records and Statistics Management - Involves the operations surrounding the management of official documents, statistics, and records for the entire state government. This Sub-Function is intended to include the management of records and statistics for the state government as a whole, such as the records management performed by the Library of Virginia or the statistics and data collection performed by the Virginia Employment Commission. Note: Many agencies perform records and statistics management for a particular business function and as such should be mapped to that line of business. The Central Records and Statistics Management are intended for functions performed on behalf of the entire state government.
 - 440. 50 Record Retention - Involves the operations surrounding the management of the official documents and records for an agency.
 4. The Virginia Department of Health's Office of Information Management and Health Information Technology will be responsible for administering a program for the creation and maintenance of a statewide Health Information Exchange (HIE). Funding for this four year effort was provided through an agreement with the Office of National Coordinator within Health and Human Services. Community Health Alliance, a non-profit Virginia-based organization, will be responsible for the creation and governance of the statewide HIE. The statewide HIE will provide a secure, confidential, electronic system where a patient's records will be accessible to other health care providers throughout the nation, if that patient chooses to participate. Once implemented, the statewide HIE will improve the speed in which patients receive care, especially if the patient is receiving care from a physician other than their primary care provider.
 - 111.10 Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.
 - 111.30 Health Advancement - Addresses the evolutionary process in healthcare, quality improvements, and delivery of services, methods, decision models and practices. These cover all aspects of health.
 5. The WIC Electronic Benefits Project is part of the USDA-funded Crossroads Project. Virginia is taking the lead on developing this module for the multi-state consortium and providing better constituent services. This credit card type system will be more convenient for customers, safer, easier to track, cheaper to manage, eliminate any stigma associated with WIC checks.
 - 221.20 Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).
 6. Central Pharmacy Non-Vaccine Items Inventory in WebVISION Project. The Central Pharmacy Non-Vaccine Items Inventory in WebVISION will incorporate new functionalities within a new module that will integrate both the non-

vaccine items inventory from legacy F&A along with the vaccine inventory that currently exists in WebVISION. WebVISION will require some modifications to permit the merger of the two inventories into one module, providing users with a streamlined system. This will provide operational efficiencies by providing a single application to manage inventories.

- 111.10 Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.
 - 111.40 Health Care Services - Involves programs and activities that provide delivery of health and medical care (inpatient and outpatient) to the public, including health care benefit programs.
7. Virginia Volunteer Health System (VVHS, aka VMS) and SNS (InVaTrak) offline modules and enhancements. In order to use VVHS and SNS in a major emergency with no power and Internet connectivity, we have completed and deployed a mobile module for the both applications that can be run on a laptop. This new module will give the user capability to access the data from a laptop without Internet connectivity and synchronize data after the connectivity is established to the central database. This feature is very critical to both the applications due to the nature of business in which both these applications can be used. This suite of applications is also maintained in-house. We are currently working on an interface for automating the credential validation process for volunteers and downloading data from our enterprise training system, TRAINVA.
- 112. 10 Key Asset and Critical Infrastructure Protection - Involves assessing key asset and critical infrastructure vulnerabilities and taking direct action to mitigate vulnerabilities, enhance security, and ensure continuity and necessary redundancy in government operations and personnel.
8. Web F&A Assets Management Module. Web F&A Assets Management Module is an add-on to the current VDH Financial and Administration system that has been developed in-house. The add-on module helps integrate assets accounting to the existing system and allows inventory maintenance, funding management, cost center accounting etc. The integration will achieve data redundancy and reduce errors. Since the modules will be seamlessly integrated to existing modules, there will not be accounting error introduced by data synchronization issues. This new module will also help manage agency VITA inventory and related accounting of the same.

The Web F&A System will be enhanced to include a contracts module. This contract module will track and support the management of all goods and services contracts of VDH.

Web F&A Encumbrance module. The Web F&A Encumbrance module is an add-on to the current VDH Financial and Administration system which has been developed in-house. This new module will track WIC encumbrance data and transmit this information to the Crossroads SAM system. This new module will allow work units to track expenses by grant period and provide an approval process in the system for program units to approve the assignment of financial transactions before the grant is closed out. Additionally this module will contain a reporting module to comply with USDA reporting requirements.

- 438.10 Accounting - Entails accounting for assets, liabilities, fund balances, revenues and expenses associated with the maintenance of funds and expenditure of state appropriations (Salaries and Expenses, Operation and Maintenance, Procurement, Working Capital, Trust Funds, etc.), in accordance with applicable state standards.
- 438. 20 Asset and Liability Management - Provides accounting support for the management of assets and liabilities of the state government.
- 438. 70 Cost Accounting/Performance Measurement - Includes the process of accumulating, measuring, analyzing, interpreting, and reporting cost information useful to both internal and external groups concerned with the way in which an organization uses, accounts for, safeguards, and controls its resources to meet its objectives. Cost accounting information is necessary in establishing strategic goals, measuring service efforts and accomplishments, and relating efforts to accomplishments. Also, cost accounting, financial accounting, and budgetary accounting all draw information from common data sources.

Supplemental Information – Acronyms

ACS	ACS State Healthcare
ADAPT	Application Benefit Delivery Automation Project
AIM	Advanced Information manager
APECS	Automated Program for the Enforcement of Child Support
ARRA	American Recovery and Reinvestment Act
ASAPS	Adult Services/Adult Protective Services
BPR	Business Process Reengineering
CANS	Child and Adolescent Needs and Strengths
CAS	Commonwealth Authentication Service
CCMS	Child Care Management
CITA	Comprehensive Information Technology Assessment (
CMS	Centers for Medicare and Medicaid Services
CMSO	Center for Medicaid and State Operations
COOP	Continuity of Operations Plan
COTS	Commercial Off The Shelf
COV	Commonwealth of Virginia
COVA	Commonwealth of Virginia
CSA	Office of the Comprehensive Services Act
DBHDS	Department of Behavioral Health and Developmental Services
DBVI	Department for the Blind and Vision Impaired
DCSE	Department of Child Support Enforcement
DHP	Department of Health Professions
DIS	Division of Information Systems
DMAS	Department of Medical Assistance Services
DOF	Department of Finance
DRS	Department of Rehabilitative Services
DSS	Department of Social Services
DSA	Disability Services Agencies
ECC	Electronic Child Care system
EDI	Electronic Data Interchange
EDM	Enterprise Data Management
EDR	Electronic Death Registration
EHR	Electronic Health Records
ESB	Enterprise Service Bus
ESPAS	Employment Services Program Automated System (ESPAS)
FAMIS	Family Access to Medical Insurance Security
FRATE	Financial Reporting and Transaction Entry
GF	General Fund
GFS	(Oracle) Government Financials System
GUI	Graphical User Interface
HHR	Health and Human Resources
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology

HITSAC	Health Information Technology Advisory Committee
HPSA	Health Professional Shortage Areas
HR	Human Resources
ICD	International Classification of Diseases
IT	Information Technology
ITIMSP	Information Technology Investment Management Strategic Plan
ITP	VITA/NG Partnership
ITSP	Information Technology Strategic Plan
LDSS	Local departments of social service
LETS	Local Employee Tracking System
LIHEAP	Low Income Home Energy Assistance Program
MITA	Medicaid Information Technology Architecture
MPI	Master Person Index
MS CRM	Microsoft Customer Relationship Management
NG	Northrup Grumman
NGF	Nongeneral Fund
NWD	No Wrong Door
OASIS	Online Automated Services Information System
OCS	Office of the Comprehensive Services Act
PPACA	Patient Protection and Affordable Care Act
PSG	Policies, Standards, and Guidelines
RMS	Random Moment Sample
SCHIP	<i>State Children's Health Insurance Program</i>
SDM	Structured Decision Making
SHHR	Secretary of Health and Human Resources
SNAP	Supplemental Nutrition Assistance Program
SOA	<i>Service Oriented Architecture</i>
SSA	Social Security Administration
TANF	Temporary Assistance for Needy Families
TTY	Text Telephone
UAI	Uniform Assessment Instrument
USDA	U.S. Department of Agriculture
VACMS	Virginia Case Management System
VBPB	Values Based Purchasing and Healthcare Reform
VBPD	Virginia Board for People with Disabilities
VDA	Virginia Department for the Aging
VDBI	Virginia Department for the Blind and Vision Impaired
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services
VENAT	Virginia Enhanced Maintenance Assessment Tool
VFHY	Virginia Foundation for Healthy Youth
VITA	Virginia Information Technologies Agency
VRS	Video Relay Services

Health and Human Resources Information Technology Investment Management Strategic Plan

APPENDIX D

Estimated HHR IT Budget for the FY2012-2014 Biennium

As of December 11, 2011



For the 2012 – 2014 Biennium

Commonwealth of Virginia

Appendix D – Estimated HHR IT Budget for the FY2012-2014 Biennium

The purpose of this appendix is to provide estimated information technology budget information for the HHR Secretariat and its agencies for the FY2012-20-14 biennium.

Table of Contents	Page
Health and Human Resources Secretariat	2
Department for the Blind and Vision Impaired	3
Department of Behavioral Health and Developmental Services	4
Department of Health Professions	5
Department of Medical Assistance Services	6
Department of Rehabilitative Services*	7
Department of Social Services	8
Office of the Comprehensive Services Act	9
Virginia Board for People with Disabilities	10
Virginia Department for the Aging	11
Virginia Department for the Deaf and Hard of Hearing	12
Virginia Department of Health	13
Virginia Rehabilitation Center for the Blind and Vision Impaired	14
Woodrow Wilson Rehabilitation Center	15

Health and Human Resources Secretariat – Estimated IT Budget

Estimated 12-14 IT Budget for HHR Secretariat				
Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	54,740,690	27,672,244	55,561,799	28,087,328
Changes (+/-) to VITA Service Fees	1,432,763	16,906,127	1,396,556	17,126,592
Estimated VITA Service Fees	56,173,453	44,578,371	56,958,355	45,213,920
Specialized Infrastructure	48,827	704,111	49,560	714,672
Agency IT Staff	11,910,810	15,711,315	12,160,810	16,294,357
Non-agency IT Staff	3,497,179	5,708,669	3,272,820	5,517,482
Other Application Costs	3,847,282	6,262,353	4,062,646	6,375,236
Total	75,477,551	72,964,819	76,504,191	74,115,667

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	5,514,415	21,506,592	2,487,850	14,376,208
Non-major IT Projects	0	297,120	440,000	451,300
Agency-level IT Projects	0	1,417,964	0	1,262,964
Major Stand-alone IT Procurements	1,718,771	6,030,670	1,718,771	4,873,777
Non-major Stand-alone IT Procurements	0	938,539	0	873,536
Total	7,233,186	30,190,885	4,646,621	21,837,785

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	75,477,551	72,964,819	76,504,191	74,115,667	299,062,228
Proposed IT Investments	7,233,186	30,190,885	4,646,621	21,837,785	63,908,477
Total Budget by Fund Source	82,710,737	103,155,704	81,150,812	95,953,452	

Projected Total IT Budget	362,970,705
----------------------------------	--------------------

Estimated 12-14 IT Budget for 702 - Department for the Blind and Vision

Impaired				
Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	464,957	82,989	471,931	84,234
Changes (+/-) to VITA Service Fees	5,990	-13,901	6,081	-14,110
Estimated VITA Service Fees	470,947	69,088	478,012	70,124
Specialized Infrastructure	36,106	92,174	36,648	93,557
Agency IT Staff	0	0	0	0
Non-agency IT Staff	0	0	0	0
Other Application Costs	253,998	500,777	257,808	508,289
Total	761,051	662,039	772,468	671,970

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	0	0	0

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	761,051	662,039	772,468	671,970	2,867,528
Proposed IT Investments	0	0	0	0	0
Total Budget by Fund Source	761,051	662,039	772,468	671,970	

Projected Total IT Budget	2,867,528
----------------------------------	------------------

Estimated 12-14 IT Budget for 720 - Department of Behavioral Health and Developmental Services				
Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund

Projected VITA Service Fees	2,162,176	336,350	2,194,608	341,395
Changes (+/-) to VITA Service Fees	7,980,694	5,270,878	8,049,692	5,321,905
Estimated VITA Service Fees	10,142,870	5,607,228	10,244,300	5,663,300
Specialized Infrastructure	0	0	0	0
Agency IT Staff	885,843	353,742	885,843	353,742
Non-agency IT Staff	0	0	0	0
Other Application Costs	648,021	2,029,298	648,021	2,029,298
Total	11,676,734	7,990,268	11,778,164	8,046,340

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	4,380,000	12,000,000	1,900,000	8,500,000
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	4,380,000	12,000,000	1,900,000	8,500,000

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	11,676,734	7,990,268	11,778,164	8,046,340	39,491,506
Proposed IT Investments	4,380,000	12,000,000	1,900,000	8,500,000	26,780,000
Total Budget by Fund Source	16,056,734	19,990,268	13,678,164	16,546,340	

Projected Total IT Budget	66,271,506
----------------------------------	-------------------

Estimated 12-14 IT Budget for 223 - Department of Health Professions

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	0	1,927,001	0	1,955,906
Changes (+/-) to VITA Service Fees	0	885,030	0	897,760
Estimated VITA Service Fees	0	2,812,031	0	2,853,666
Specialized Infrastructure	0	0	0	0
Agency IT Staff	0	1,066,372	0	1,066,372
Non-agency IT Staff	0	0	0	0
Other Application Costs	0	432,168	0	432,468
Total	0	4,310,571	0	4,352,506

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	411,168	0	411,168
Total	0	411,168	0	411,168

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	0	4,310,571	0	4,352,506	8,663,077
Proposed IT Investments	0	411,168	0	411,168	822,336
Total Budget by Fund Source	0	4,721,739	0	4,763,674	

Projected Total IT Budget	9,485,413
----------------------------------	------------------

Estimated 12-14 IT Budget for 602 - Department of Medical Assistance Services

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	1,333,266	1,142,070	1,353,265	1,159,201
Changes (+/-) to VITA Service Fees	302,920	302,920	302,920	302,920
Estimated VITA Service Fees	1,636,186	1,444,990	1,656,185	1,462,121
Specialized Infrastructure	0	0	0	0
Agency IT Staff	1,021,454	1,155,969	1,021,454	1,155,969
Non-agency IT Staff	1,709,440	3,920,930	1,735,081	3,979,743
Other Application Costs	303,603	303,603	318,783	318,783
Total	4,670,683	6,825,492	4,731,503	6,916,616

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	903,320	7,332,941	587,850	5,432,829
Non-major IT Projects	0	0	440,000	440,000
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	903,320	7,332,941	1,027,850	5,872,829

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	4,670,683	6,825,492	4,731,503	6,916,616	23,144,294
Proposed IT Investments	903,320	7,332,941	1,027,850	5,872,829	15,136,940
Total Budget by Fund Source	5,574,003	14,158,433	5,759,353	12,789,445	

Projected Total IT Budget	38,281,234
----------------------------------	-------------------

Estimated 12-14 IT Budget for 262 - Department of Rehabilitative Services

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	74,144	4,101,191	75,256	4,162,709
Changes (+/-) to VITA Service Fees	-60,168	119,131	-61,070	120,918
Estimated VITA Service Fees	13,976	4,220,322	14,186	4,283,627
Specialized Infrastructure	12,721	394,293	12,912	400,207
Agency IT Staff	0	1,986,989	0	2,255,309
Non-agency IT Staff	0	0	0	0
Other Application Costs	1,881	748,545	1,909	759,773
Total	28,578	7,350,149	29,007	7,698,916

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	297,120	0	11,300
Agency-level IT Projects	0	880,564	0	880,564
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	1,177,684	0	891,864

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	28,578	7,350,149	29,007	7,698,916	15,106,650
Proposed IT Investments	0	1,177,684	0	891,864	2,069,548
Total Budget by Fund Source	28,578	8,527,833	29,007	8,590,780	

Projected Total IT Budget	17,176,198
----------------------------------	-------------------

Estimated 12-14 IT Budget for 765 - Department of Social Services

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	34,724,942	14,574,080	35,245,816	14,792,691
Changes (+/-) to VITA Service Fees	2,430,746	1,020,186	2,467,207	1,035,488
Estimated VITA Service Fees	37,155,688	15,594,266	37,713,023	15,828,179
Specialized Infrastructure	0	0	0	0
Agency IT Staff	6,560,467	9,063,974	6,810,467	9,313,974
Non-agency IT Staff	1,787,739	1,787,739	1,537,739	1,537,739
Other Application Costs	2,010,520	1,871,050	2,110,520	1,989,167
Total	47,514,414	28,317,029	48,171,749	28,669,059

Proposed IT Investments – Estimated Costs for Projects and New IT Investments

Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	231,095	491,076	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	231,095	491,076	0	0

Projected Total IT Budget

Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	47,514,414	28,317,029	48,171,749	28,669,059	152,672,251
Proposed IT Investments	231,095	491,076	0	0	722,171
Total Budget by Fund Source	47,745,509	28,808,105	48,171,749	28,669,059	

Projected Total IT Budget	153,394,422
----------------------------------	--------------------

Estimated 12-14 IT Budget for 200 - Comprehensive Services for At-Risk Youth and Families

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments		
Category	Costs – Year One	Costs – Year Two

	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	0	0	0	0
Changes (+/-) to VITA Service Fees	21,108	0	21,108	0
Estimated VITA Service Fees	21,108	0	21,108	0
Specialized Infrastructure	0	0	0	0
Agency IT Staff	0	0	0	0
Non-agency IT Staff	0	0	0	0
Other Application Costs	0	0	0	0
Total	21,108	0	21,108	0

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	0	0	0

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	21,108	0	21,108	0	42,216
Proposed IT Investments	0	0	0	0	0
Total Budget by Fund Source	21,108	0	21,108	0	

Projected Total IT Budget	42,216
----------------------------------	---------------

Estimated 12-14 IT Budget for 606 - Virginia Board for People with Disabilities

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	41,322	24,347	41,941	24,713
Changes (+/-) to VITA Service Fees	15,119	-14,653	15,346	-14,874
Estimated VITA Service Fees	56,441	9,694	57,287	9,839
Specialized Infrastructure	0	0	0	0
Agency IT Staff	0	0	0	0
Non-agency IT Staff	0	0	0	0
Other Application Costs	0	44,928	0	44,995
Total	56,441	54,622	57,287	54,834

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	0	0	0

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	56,441	54,622	57,287	54,834	223,184
Proposed IT Investments	0	0	0	0	0
Total Budget by Fund Source	56,441	54,622	57,287	54,834	

Projected Total IT Budget	223,184
----------------------------------	----------------

Estimated 12-14 IT Budget for 163 - Department for the Aging

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	67,111	70,372	68,118	71,428
Changes (+/-) to VITA Service Fees	4,296	0	2,233	0
Estimated VITA Service Fees	71,407	70,372	70,351	71,428
Specialized Infrastructure	0	0	0	0
Agency IT Staff	111,865	197,220	111,865	199,720
Non-agency IT Staff	0	0	0	0
Other Application Costs	164,259	207,927	195,605	167,445
Total	347,531	475,519	377,821	438,593

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	0	0	0

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	347,531	475,519	377,821	438,593	1,639,464
Proposed IT Investments	0	0	0	0	0
Total Budget by Fund Source	347,531	475,519	377,821	438,593	

Projected Total IT Budget	1,639,464
----------------------------------	------------------

Estimated 12-14 IT Budget for 751 - Department for the Deaf and Hard-Of-Hearing

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	181	29,687	184	30,133
Changes (+/-) to VITA Service Fees	0	0	0	0
Estimated VITA Service Fees	181	29,687	184	30,133
Specialized Infrastructure	0	0	0	0
Agency IT Staff	0	0	0	0
Non-agency IT Staff	0	0	0	0
Other Application Costs	0	0	0	0
Total	181	29,687	184	30,133

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	0	0	0

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	181	29,687	184	30,133	60,185
Proposed IT Investments	0	0	0	0	0
Total Budget by Fund Source	181	29,687	184	30,133	

Projected Total IT Budget	60,185
----------------------------------	---------------

Estimated 12-14 IT Budget for 601 - Department of Health

Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service	15,813,418	4,681,891	16,050,619	4,752,119

Fees				
Changes (+/-) to VITA Service Fees	-9,254,919	9,254,919	-9,393,743	9,393,743
Estimated VITA Service Fees	6,558,499	13,936,810	6,656,876	14,145,862
Specialized Infrastructure	0	0	0	0
Agency IT Staff	3,331,181	1,469,449	3,331,181	1,531,671
Non-agency IT Staff	0	0	0	0
Other Application Costs	465,000	60,000	530,000	60,000
Total	10,354,680	15,466,259	10,518,057	15,737,533

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	1,682,575	0	443,379
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	375,000	0	220,000
Major Stand-alone IT Procurements	1,718,771	6,030,670	1,718,771	4,873,777
Non-major Stand-alone IT Procurements	0	527,371	0	462,368
Total	1,718,771	8,615,616	1,718,771	5,999,524

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	10,354,680	15,466,259	10,518,057	15,737,533	52,076,529
Proposed IT Investments	1,718,771	8,615,616	1,718,771	5,999,524	18,052,682
Total Budget by Fund Source	12,073,451	24,081,875	12,236,828	21,737,057	

Projected Total IT Budget	70,129,211
----------------------------------	-------------------

Estimated 12-14 IT Budget for 263 - Virginia Rehabilitation Center for the Blind and Vision Impaired				
Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	46,150	6,145	46,843	6,237
Changes (+/-) to VITA Service	0	0	0	0

Fees				
Estimated VITA Service Fees	46,150	6,145	46,843	6,237
Specialized Infrastructure	0	0	0	0
Agency IT Staff	0	0	0	0
Non-agency IT Staff	0	0	0	0
Other Application Costs	0	0	0	0
Total	46,150	6,145	46,843	6,237

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	0	0	0
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	0	0	0

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	46,150	6,145	46,843	6,237	105,375
Proposed IT Investments	0	0	0	0	0
Total Budget by Fund Source	46,150	6,145	46,843	6,237	

Projected Total IT Budget	105,375
----------------------------------	----------------

Estimated 12-14 IT Budget for 203 - Woodrow Wilson Rehabilitation Center				
Current IT Services – Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected VITA Service Fees	13,023	696,121	13,218	706,562
Changes (+/-) to VITA Service Fees	-13,023	81,617	-13,218	82,842
Estimated VITA Service Fees	0	777,738	0	789,404
Specialized Infrastructure	0	217,644	0	220,908
Agency IT Staff	0	417,600	0	417,600
Non-agency IT Staff	0	0	0	0
Other Application Costs	0	64,057	0	65,018

Total	0	1,477,039	0	1,492,930
--------------	---	-----------	---	-----------

Proposed IT Investments – Estimated Costs for Projects and New IT Investments				
Category	Costs – Year One		Costs – Year Two	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	0	0	0	0
Non-major IT Projects	0	0	0	0
Agency-level IT Projects	0	162,400	0	162,400
Major Stand-alone IT Procurements	0	0	0	0
Non-major Stand-alone IT Procurements	0	0	0	0
Total	0	162,400	0	162,400

Projected Total IT Budget					
Category	Costs – Year One		Costs – Year Two		Total Budget by Category
	General Fund	Non-general Fund	General Fund	Non-general Fund	
Current IT Services	0	1,477,039	0	1,492,930	2,969,969
Proposed IT Investments	0	162,400	0	162,400	324,800
Total Budget by Fund Source	0	1,639,439	0	1,655,330	

Projected Total IT Budget	3,294,769
----------------------------------	------------------