

# Health and Human Resources Information Technology Strategic Plan



2014 Addendum

Commonwealth of Virginia

## Table of Contents

<b>Executive Summary</b>	3
<b>Introduction</b>	6
Purpose of the Addendum	6
Alignment with Commonwealth Technology Goals	7
<b>Agency Updates</b>	8
Department for Aging and Rehabilitative Services (DARS)	10
Department of Behavioral Health and Developmental Services (DBHDS)	24
Health and Human Resources (HHR) & Commerce and Trade	55
Office of Comprehensive Services	59
Department of Social Services (VDSS)	66
Department of Medical Assistance Services (DMAS)	82
Division of Motor Vehicles (DMV) partnering with Department of Medical Assistance Services (DMAS)	90
Department of Health (VDH)	95
<b>Revision History</b>	127

## Executive Summary

In the *Health and Human Resources Information Technology Strategic Plan 2012 – 2014 Biennium*, the Secretariat defined two strategic objectives and six cross-agency goals that connect Health and Human Resources (HHR) agencies to each other in dynamic ways.

The two strategic objectives include: organizational operations effectiveness to ensure optimum service delivery to individuals and families, and health care reform to comply with the federal Patient Protection and Affordable Care Act (PPACA).

The six cross agency goals build on current partnerships (e.g., Virginia Information Technologies Agency (VITA)/Northrop Grumman (NG)) and cut across agencies both within and outside of the HHR Secretariat. These include: Health Reform, Job Creation, Healthy Virginians, Community Integration, Strengthening Families and IT Infrastructure/Customer Portal, (See *Health and Human Resources Information Technology Strategic 2012 – 2014 Biennium* for more detailed information).

These goals were designed to leverage information technology to improve health care and human services for Virginians by providing access to the right services, to the right people, at the right time and for the right cost. Many of these goals were designed to be citizen facing. As such, the information technology infrastructure includes:

- Support for self-directed services models.
- Right-time and real-time processing.
- Access to all HHR services through a single and secure customer portal.
- Ability to leverage existing services.

Additionally, as required by Chapter 20.1 of Title 2.2 of the Code of Virginia, the 2013 Appropriation Act (§ 4-5.04(b) & (k)), the Commonwealth of Virginia's (COV's) Technology Management Policy, the HHR Information Technology Strategic Plan (ITSP) and the eHHR Business Requirements, agencies within the HHR Secretariat must use the enterprise services provided through VITA in all instances where doing so is not barred by applicable law. These enterprise services include, but are not limited to:

- Services Oriented Architecture (SOA),
- Enterprise Services Bus (ESB),
- Enterprise Data Management (EDM) and
- Commonwealth Authentication Service (CAS).

In particular, HHR agencies that provide services such as enrollment and eligibility determination will implement EDM and CAS as the primary means of establishing common technology architecture, providing citizen authentication services and improving the effectiveness, accuracy, reliability and security of their business processes.

Other goals were designed to:

- Align the (COV's) strategic direction to Federal strategic goals and funding streams (e.g., the American Recovery and Reinvestment Act (ARRA) and the PPACA).
- Achieve streamlined service delivery and enterprise-wide collaboration at the Secretariat level.
- Ensure that the Commonwealth's workforce has the most up-to-date staff, skills, knowledge and tools to deliver effective technical solutions.
- Modernize aging HHR legacy systems where they have become too expensive or problematic to maintain.
- Prepare for future changes in service delivery such as the coming retirement of the Baby Boomer generation and the potential for Medicaid Expansion.

There are a number of new projects that have been identified among the agencies within the HHR Secretariat since the publication of the original HHR ITSP in December 2011. The new projects support the goals in the ITSP and align with the COV Technology Business Plan. Project timelines for each agency and the new projects are included in this Addendum.

In addition to the new projects identified in this Addendum, there remains a considerable number of eHHR Program deliverables still pending implementation. These deliverables include the following major items:

- Conversion of existing Medicaid case records from ADAPT to VaCMS
- Migration of SNAP, TANF and LIHEAP benefit programs from ADAPT to VaCMS
- Migration of ABD and LTC benefit programs from a paper workflow process to VaCMS
- Complete data sharing interface from VaCMS to EDM
- Complete accepting data change updates from EDM into VaCMS
- Integrate using EDM into an automated file clear/de-dup workflow process of an incoming VaCMS application
- Prisoner Transition interface between CORIS and VaCMS to allow automated pre-screening of incarcerated prisoners prior to release
- Change Reporting via Telephone
- Self-Directed Services for Telephonic Applications and Renewals
- Pre-population of intake forms used by call-center workers for Renewals
- Automated Account Transfer intake and processing from the HIM
- Dynamic application intake and processing as per CMS mandates
- Birth Registry Interface
- Death Registry Interface
- Immunization Registry Interface
- Rhapsody Connectivity

- Planning and consideration of an enterprise call center assisting citizens with multi-program benefit needs including Medicaid, SNAP, TANF, LIHEAP, ABD, LTC, etc.
- Additional items can be found in the EDSPO Release plan

## Introduction

The Secretary of HHR oversees eleven State agencies that provide 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 used the strategic planning process to create an ITSP that encompasses and provides direction to all eleven agencies. This document is an addendum to the 2012 – 2014 HHR ITSP. Agencies within the HHR Secretariat shall ensure that their individual strategic plans align with the objectives, and adhere to the requirements, of the HHR ITSP and this Addendum.

## Purpose of the Addendum

Background: For the 2014 ITSP Addendum, HHR agencies were asked to submit planning information for major IT (>\$250,000 estimated cost) projects and IT procurements they expected to engage in the 2014 - 2016 timeframe. Projects are included regardless of their current funding status so this Addendum can be used to forecast funding requirement timelines and remain current and responsive to changes.

The purpose of the HHR ITSP Addendum is to provide an update on how HHR has established and maintained the organizational and technical foundations necessary for the transformation of government services. The plan has been used to guide the following program and project decisions:

- Make IT investment choices 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.
- Mitigate program and project risks.

### Alignment with Commonwealth Technology Goals

The ITSP and this Addendum will assist HHR agencies in complying with major COV IT technology goals by creating visibility, planning opportunities and collaboration with VITA and other COV sister IT agencies. Major COV IT compliance points include the COV's architecture strategy, adoption of data standards and compliance with technology procurement requirements.

The vision for the COV is to improve the way the State manages its information. The Enterprise Information Architecture (EIA) Strategy was formally adopted and signed by Secretary of Technology Jim Duffey on August 14, 2013. This significant milestone is the result of a Commonwealth-wide effort to articulate a strategic vision for data governance, data standardization, data asset management and data sharing, as well as to formulate the strategy that enables Virginia to become "One Commonwealth . . . Well Informed."

More than 130 data standards have been adopted within the COV; the majority dedicated to health IT standards. The Health Information Technology Standards Advisory Committee (HITSAC), chaired by Dr. Marshall Ruffin of Inova Health Systems, has been a guiding force in the COV's effort to standardize health data. Additionally, the Commonwealth Data Standardization Final Plan (Item 427, 2012 & 2013 Appropriation Acts) calls for the standardization of all "citizen-centric" data, as well as, a process model for the adoption of standards for other enterprise data. The COV followed in the footsteps of the federal government with the adoption of the National Information Exchange Model (NIEM) as a basis for which all personal information is exchanged. All of these efforts towards data standardization highlight the COV's dedication to maintaining high quality and timely information while promoting security, privacy, confidentiality, and a greater return on investment for information assets.

As noted above, agencies within HHR Secretariat shall ensure their individual strategic plans align with the objectives and adhere to the requirements of the HHR ITSP and this Addendum.

## Agency Updates

The pages that follow provide updated and supporting strategic program/project information from eight HHR Agencies and Partners. Non-submitting HHR Agencies and Partners were consulted and they advised their agenda did include strategic programs/projects in the defined planning horizon.

Submitting HHR Agencies and Partners include:

### **Department for Aging and Rehabilitative Services (DARS)**

- A. FRATE and Multi-System Data Exchanges
- B. Enhancement of the Application for ASAPS
- C. Automating Nursing Home Screenings for VDH and AS/APS

### **Department of Behavioral Health and Developmental Services (DBHDS)**

- D. Enhance Infant Toddler Tracking System (ITOTS)
- E. Health Information Management – Digitize Paper Records
- F. Implement a DBHDS Project Management Office
- G. Billing and Diagnostic Code Update
- H. DBHDS Data Warehouse Development, Operational Management and Support
- I. Fund Financial Management System II (FMS) to work with CARDINAL
- J. Modernization of Collaboration and Paperless Workflow capabilities
- K. Provide support for Regional Information Security Officers
- L. Support new operational costs at Western State Hospital
- M. DBHDS Kronos Implementation – Remaining Facilities
- N. Complete relocation of Dept. Servers to VITA/CESC (Transformation)
- O. Enterprise Video Conferencing for all DBHDS
- P. DBHDS On Line Licensing Information System Upgrade

### **Health and Human Resources (HHR) & Commerce and Trade**

- Q. Homeless Outcome Initiative

### **Office of Comprehensive Services (OCS)**

- R. SAS – Renew Your Software Licenses
- S. Child Based Data Reporting Systems (CBDRS)

### **Department of Social Services (VDSS)**

- T. Central Registry System (CRS) (Phase 1)
- U. Central Registry System (CRS) (Phase 2)
- V. DOLPHIN Licensing and Support contract renewal with Enhancements VDSS – DCSE
- W. Prime Power Replacement
- X. New Hire & Employer Services Solicitation

### **Department of Medical Assistance Services (DMAS)**

- Y. Replacement MMIS
- Z. Medicaid Expansion

**DMV Partnering with DMAS**

- AA. EC2 Expanded On-line Credentials

**Department of Health (VDH)**

- AB. WIC EBT Project – eWIC
- AC. SNP ROAP System Replacement Project – SNOOPY
- AD. Division of Disease Prevention STDMIS Replacement Project – Maven
- AE. Contract, Budget and Grant enhancements
- AF. Travel Authorization Request (TAR)
- AG. Electronic Death Registration System
- AH. DMAS Interface Projects
- AI. SB1039 – DMV birth certificate issuance
- AJ. Vital Records Index Project
- AK. All-Payer Claims Database

## Department for Aging and Rehabilitative Services (DARS)

- A. FRATE and Multi-System Data Exchanges
- B. Enhancement of the Application for ASAPS
- C. Automating Nursing Home Screenings for VDH and AS/APS

## 1. Project Inventory

<b>Agency</b>	<b>Department for Aging and Rehabilitative Services (DARS)</b>
<b>Project Title</b>	<b>A. FRATE and Multi-Systems Data Exchanges</b>
<b>Project Owner</b>	<b>John Thaniel</b>
<b>Estimated Start Date</b>	<b>07/14</b>
<b>Estimated End Date</b>	<b>07/18</b>

## 2. Business Problem

The DARS IT Strategic Plan states, “*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.*” This Project Charter specifically addresses these issues.

The Financial Reporting And Transaction Entry System (FRATE) was implemented on July 1, 2013. During the development of FRATE, enhancements and current manual processes were identified that are needed to simplify and streamline operations and service delivery, improve integration of business processes, reduce duplication of effort, increase accountability, manage costs and make better use of information.

One of the initiatives of this project is to build web-based pages into the FRATE System that will replace the Aging Monthly Report (AMR), a spreadsheet created by each of the 25 Area Agencies on Aging (AAAs) that each month, provides invoice information and tracks progress on planned services. Currently, it is a labor-intensive, manual function. The web-based pages that will replace the current AMR process will enable DARS and the AAAs to be able to develop budgets, make payment requests for grant funds from DARS and improve contract management between the AAAs and DARS. The web-based pages will use data from the FRATE System and the DARS HCBS Data Warehouse to reduce redundant reporting and billing effort of the AAAs, improve accuracy of AAA reporting, and eliminate duplicative efforts in the DARS Fiscal Division. The result will be compliance with Federal and State grant processing/reporting regulations, improved Federal and State grant reporting and drawdown activity. Timeliness of grant payments to the AAAs will expedite services to the aging. Accurate information on variances between AAA service plans and actual services will improve DARS management of State and Federal funds. The automation of the AMR will simplify and streamline operations and service delivery.

Maintenance and Operations (M&O) initiatives were prioritized to improve operations for DARS by leveraging the FRATE application. They include eforms for the hundreds of travel reimbursement requests processed monthly, automated payment processes to the Department of General Services (DGS) for several hundred State cars, automated distribution of Bank of America (BoA) credit card payments and case management system payment data, eforms for user management of vendor data for our 100K+ vendors and user requested processes that improve efficiency.

Project objectives are:

1. Develop web-based pages using FRATE and the DARS HCBS Data Warehouse that will replace the current Aging Monthly Report (AMR) process. It will streamline AAAs plan and budget development, monthly invoicing and performance tracking, grants management and improved contract management between the AAAs and DARS.

Background and Context: The Aging Monthly Report (AMR) analysis and payment processing is a completely manual, labor-intensive function. It was integrated into the Disabilities Services Agencies (DSA) Fiscal Services Division from the Virginia Department for Aging (VDA) when VDA and Department of Rehabilitative Services (DRS) merged into the Department for Aging and Rehabilitative Services (DARS) in July 2012. It became a significant additional workload for Federal, financial grant reporting and drawdown activity. The FRATE was implemented on July 1, 2013. The AMR function was not a part of the newly implemented FRATE System, because the requirements and design of FRATE were completed prior to the merger of VDA and DRS into DARS.

The AMR process will be split into web-based program requests for funds from each sub-contracted provider of the VDA. When this limited AMR data is submitted, a database of service specific budgets, expenditure history and other information would be used to produce reports embedded in the current AMR, as well as exception reports when the requested funds are inappropriate. Consequently, the new web-based information could be compared to projected service levels from the area plans, thereby reducing the complexity of monthly reporting, automating reconciliation of service data and providing a path for agile configuration of systems for discretionary grants.

2. Develop web-based pages in FRATE that will replace the current travel reimbursement process.

Background and Context: This automates the Travel Reimbursement Voucher. Traveler will enter reimbursement request in web-based pages. The new automation will perform calculations (such as miles traveled times appropriate mileage reimbursement rate), and with edits in place will select appropriate lodging and per diem rates based on location of travel. The application will

generate account coding based on employee and type of service being reimbursed. The web-based pages for travel reimbursement will include an approval workflow process. Accounts Payable staff will be the last in the workflow. Once approved by Accounts Payable, the reimbursement requests will be processed by the payment feature in FRATE. The automated travel reimbursement process will have the ability to attach scanned supporting documentation to the appropriate reimbursement request.

3. Develop a data exchange between the existing DARS Vehicle /Fleet System and the DARS FRATE System to automate the payment process from DARS to DGS for vehicle usage and maintenance.

Background and Context: Currently, Department of General Services submits a monthly bill showing vehicle usage and maintenance. Information from this bill is manually entered into the DARS Vehicle Tracking System. (An electronic version of this bill is currently not available). The Vehicle Tracking System is used to generate the payment documentation that is manually submitted to Accounts Payable for processing. This data exchange will automate the payment process by exporting the payment from the Vehicle Tracking System into FRATE. Also, it will generate a Vehicle Usage Report. This data exchange will be able to be expanded to import the data from DGS when an electronic version of the monthly bill becomes available. This data exchange will improve efficiency as it will eliminate duplicate data entry and streamline operations

4. Develop a data exchange between FRATE and BoA that will eliminate paper logs for small purchase credit card (SPCC) payments and automate payment distributions into the correct chart of accounts codes.

Background and Context: The Bank of America (BoA) Works application has functions that cardholders can use to reconcile and code the transactions on their credit cards. The Works application can also generate a file that can be used to transmit transactions to other systems for payment processing. This data exchange will allow cardholders to use the Works functions to manage their cards and transactions. It also allows Fiscal to use the data exchange feature of the BoA Works application. This data exchange will improve efficiency as it will eliminate duplicate data entry.

5. Develop a web-based Vendor Request Process in which staff will use eforms to request new vendors and obtain electronic approvals from authorized Fiscal Staff.

Background and Context: This web-based process will automate the Vendor Request process. Requests to modify or add a vendor record will be entered Using this application. Vendor Maintenance Staff will review requests and have the ability to approve, reject or return requests for correction. Once approved, the requests will be exported to the Vendor Maintenance System where the

Appropriate vendor record will be updated. This new web-based process will improve efficiency and streamline operations as it will eliminate duplicate data entry.

6. Develop user-requested enhancements in FRATE that will assist Fiscal Staff with streamlining business processes

Background and Context: The user-requested enhancements in FRATE involve adding edits for improving the accuracy of data, enabling COA system to supply codes to another system to feed FRATE so there is no manual intervention, creating web pages to enhance the approval process for some business functions, thus streamlining the business processes. There are other user-requested enhancements that will eliminate duplicate data entry and improve efficiency for the Fiscal Staff.

### ***3. Project Business Objectives***

**a. HHR IT Strategic Plan; Goal 4; 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 services that strengthens families, takes care of children and aids the impaired, aged and disabled.

Build Fiscal Staff pages into FRATE that will replace the current labor-intensive, manual AMR process to improve timeliness of payments to local providers. It will provide a mechanism for better accountability of contractors.

Develop the AMR process into the FRATE System so payments can be made to the AAAs in a timely manner to keep DARS in compliance with Federal and State grant reporting and to ensure payments are made within contract and budget allotments.

Create an automated method via internet for AAAs to submit invoices to DARS for funds, which will increase timeliness and responsiveness to local area providers.

Develop web-based pages into FRATE that will allow the AAAs to build their budget, request payments from DARS, allow DARS to make payments to the AAAs, and tracking expenditures through the FRATE System, which will provide improved and timely statistical and analytical reporting and eliminate duplicative reporting of services and client information.

**b. COV IT Plan; Goal 2 Objective 2.2** Create a knowledge sharing culture; **Initiative for 2.2:** Implement a shared information repository to facilitate knowledge sharing.

**HHR Strategic Planning Agency Priorities and Initiatives - Community Integration**

Create an automated method via internet for creation and maintenance of AAAs' budgets.

Build a web page for AAAs and DARS to maintain AAAs budgets, so that DARS will be able to monitor for compliance.

**c. COV IT Plan; Goal 3 - Ensure a trusted and reliable technical environment; Initiative for Objective 3.1:** Transform the Commonwealth's IT infrastructure to modernize, standardize and reduce long-term costs.

Implement the IT Infrastructure Library (ITIL) for operations to support consistent Operational performance.

Develop web-based pages in FRATE that will replace the current travel reimbursement process.

Develop a data exchange between DARS Credit Card Admin and BoA.

**d. DARS IT Strategic Plan – 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.

Automate the manual AMR business processes to eliminate duplicative efforts, streamline operations and service delivery.

Develop a data exchange between the existing DARS Vehicle /Fleet System and the DARS FRATE System to automate the payment process from DARS to the Department of General Services for vehicle usage and maintenance.

Develop a web-based Vendor Request Process.

#### **4. Project Assumptions**

##### **Funding**

*Has funding already been secured?*

Yes

*What COV general fund sources are expected?*

Title III Older Americans Act Fund and General Funds Match

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Must be compliant with Federal grant reporting Title III Older Americans Act

**Other Assumptions**

- The FRATE System resides on the DARS application server, which is hosted And supported by VITA in the DARS Central Office and will be transferred to the new VITA facility when feasible.
- Any delay in starting the project or during the project due to hardware availability issues will impact final implementation date.
- Resources are not 100% dedicated development staff. The resources are M&O staff. Staff unavailability due to other project priorities may impact final implementation date.

## 1. Project Inventory

<b>Agency</b>	<b>Department for Aging and Rehabilitative Services (DARS)</b>
<b>Project Title</b>	<b>B. Enhancement of the Application for AS/APS</b>
<b>Project Owner</b>	<b>Ernie Steidle</b>
<b>Estimated Start Date</b>	<b>07/13</b>
<b>Estimated End Date</b>	<b>12/15</b>

## 2. Business Problem

As of July 1, 2013, the Adult Services (AS) and Adult Protective Services (APS) division of The Department of Social Services (VDSS) have been integrated into the Department for Aging and Rehabilitative Services (DARS). Along with this change of administration of business processes for AS/APS comes the obligation by DARS to provide Information Technology (IT) support to this division.

The AS/APS division currently has one critical system (also called AS/APS) used by VDSS to collect the required information of this business entity for 120 local VDSS offices (LDSS). This case management system was placed into production in 2005 and was the first web-based application used by VDSS. In the past eight years, the requested enhancements exceeded staff resources and; therefore, many requests could not be implemented. Meanwhile, available technology options greatly improved.

The current annual cost to host AS/APS on VITA/NG servers is estimated by DARS to be approximately \$700K. Because of substantial additional costs, AS/APS shares server resources with other VDSS applications resulting in poor system performance and unhappy system users. Beginning in FY 2014, DARS will be responsible for AS/APS. DARS' conservative analysis of cost to move the current AS/APS system from VDSS is approximately \$1.3M. VDSS and DARS have agreed that the AS/APS system in use today will continue to be hosted and supported by VDSS until such time as a replacement system can be implemented by DARS. Additionally, DARS will keep a monthly copy of the VDSS AS/APS system in a data warehouse for management reporting.

Over the past five years, DARS has invested almost \$3M in the customization of, the No Wrong Door case management system used to track Home and Community Based Services (HCBS) for its Division for Aging. Initial analysis of as a possible replacement system for AS/APS suggests that already meets as much as 75% of business requirements needed for AS and APS. Additionally, initial estimates of annual maintenance cost is less than \$650K - much less than alternative HCBS case

management systems and less than current VDSS server costs.

The fact that DARS already supports PeerPlace also provides an opportunity to promote common business practices within the agency. DARS is working with the APS division State and regional staff and local VDSS AS/APS representatives from each region this summer to customize technology to support approximately 900 AS and APS users. We believe that this strategy is the most time efficient and least costly approach. DARS expects full implementation to require two years, well into 2015.

The goal is a better system for those who use it and those who we serve.

### ***3. Project Business Objectives***

- a.** Establish an infrastructure within DARS that can support the AS/APS business processes. VDSS currently must keep their AS/APS system functionality until a satisfactory replacement system can be put into place.
- b.** Leverages the current application already established within DARS that offers the majority of the required features the AS/APS business processes demand.
- c.** Provides LDSS with new automated technology to help them manage the information and referral process for services outside their agencies.
- d.** The System has many different types of agencies involved. It is based on the principle of collaboration with these different types of agencies collaborating to provide better service delivery to the citizens of COV. Having LDSS agencies joining will promote this collaboration objective.

### ***4. Project Assumptions***

#### **Funding**

*Has funding already been secured?*

No. DARS intends to secure a portion of the \$30M VDSS initiative to replace their child and family case management system (OASIS).

*Other funding points to consider?*

Funding for a replacement AS/APS system was not addressed in the VDSS/DARS MOU but replacement efforts were addressed. We agreed to work toward AS/APS replacement ASAP, AS/APS reporting by 12/31/2013. We have already established the data exchange between the DARS HCBS Data Warehouse and AS/APS.

#### **Federal or State Legislative Requirements**

*Or from COV policy or leadership?*

All current COV regulations related to AS/APS apply to this initiative.

*Any specific mandated dates that need to be addressed?*

The development of PeerPlace to meet the AS/APS business requirements must be completely implemented including all reporting requirements by all LDSS offices and then also the agencies migrated over to use this new application before the current system maintained by VDSS can be decommissioned.

### **5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VDSS	Continued data exchange between VDSS AS/APS system and the DARS HCBS Data Warehouse. Continued M&O efforts on AS/APS until the replacement is completed. Completion of purge routines for AS/APS data to comply with VSL standards, a joint effort of DARS and VDSS.

## 1. Project Inventory

<b>Agency</b>	<i>Department for Aging and Rehabilitative Services (DARS)</i>
<b>Project Title</b>	<i>C. Automating Nursing Home Screenings for VDH and AS/APS</i>
<b>Project Owner</b>	<b>Ernie Steidle</b>
<b>Estimated Start Date</b>	<b>12/12</b>
<b>Estimated End Date</b>	<b>06/14</b>

## 2. Business Problem

As of July 1, 2013, the Adult Services (AS) and Adult Protective Services (APS) Division of the Department of Social Services (VDSS) have been integrated into the Department for Aging and Rehabilitative Services (DARS). Along with this change of administration of business processes for AS/APS comes the obligation by DARS to provide Information Technology (IT) support to this division.

When an individual in Virginia needs a pre-admission nursing home screening to determine Medicaid eligibility, a Licensed Clinical Social Worker (LCSW) from the LDSS along with a nurse and physician from the local Department of Health must complete the assessment process by using the Uniform Assessment Instrument (UAI). The UAI is a standard assessment developed by DMAS in the 1990's that assesses a person's social, physical health, mental health and functional abilities. Typically this process is done in the home to accommodate the individual's limitations due to transportation and/or mobility. Once the screening is completed, the local physician assigned to this task will submit the completed UAI to DMAS for payment related to this service. Today, this assessment is completely paper driven.

In 2008, VDH requested that VDSS provide an automated UAI for use by VDSS social workers and nurses and physicians from the local Department of Health. For both IT resource and VDSS security reasons, the VDH request was never acted upon. VDA also foresaw the need for an automated UAI to assess eligibility for AAA programs as well. They automated the business function in, the current case management system.

Recently, additional functionality allowed for application for Medicaid to be made via the Medicaid Management Information System (MMIS). This business function will be available for users as early as November, 2013. DARS will be able to offer VDH the pre-admission nursing home screening tool.

As stated above, this process today is still a paper process. It involves sending the UAI to DMAS for entry into their MMIS hosted by Xerox Corp. Upon entry into MMIS, notification is sent back to the local VDH office accepting the submitted UAI or indicating errors that need correction. If errors are found, the UAI paper form is adjusted and the entire process starts again. It is a snail mail process that can sometimes take many months - thus adding to the already lengthy process. The paper method is long and frustrating and often, a portion of these transactions are written off; that is, Medicaid payment for assessment services due to the local VDH office is never received.

DARS, in collaboration with Networks, LLC, DMAS, and Xerox have been developing a software solution for the paper process currently used in pre-admission nursing home screening. This IT solution slated for availability Fall 2013 is an enhancement to the browser-based application already in use. This proposed solution will have the 12 page UAI form built in the application so that it may be inputted directly into a laptop while in the client's home including places that do not have internet connectivity.

The completed UAI can then be uploaded back into when a network connection is available. After final review and verification of the UAI, it can be submitted by the application directly to DMAS' MMIS. Submissions will be processed overnight and returned to the submitting agency with standard descriptions for approval, denial or errors to be corrected. If the UAI submission comes back with errors, only those data fields requiring corrections can be readily changed and submitted again that day.

Once the forms are successfully submitted, a receivable tracking system is also in place to help the LDSS easily identify when the payment occurs. We expect a substantial increase in efficiency, paid providers, greatly reduced non-payment for lost forms and significantly less redundancy in provider paperwork.

Fall 2013, DARS plans to reach out to LDSS and local VDH to work with 2 selected pairs to pilot this new application process after testing has been completed. One of these pilot LDSS will be from Northern Virginia, densely populated area, and the other will be from a rural area to help ensure that we analyze extremely different community environments for proof of concept.

### ***3. Project Business Objectives***

- a.** Increase productivity, accuracy, and accountability for this process by automating this process. At some point we should be able to develop a goal for reduced number of days from claim submission to claim approval.
- b.** Promote collaboration of the agencies serving our citizens by providing an effective process. Due to the productivity gain by implementing this process many LDSS and local VDH locations will want to join the System.
- c.** Automates a business function of the DARS AS/APS division centralizing data

management.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

Yes

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

All current COV regulations related to AS /APS apply to this initiative.

Must comply with all DMAS MMIS policies and procedures related to nursing home screening.

##### **Other Assumptions**

DMAS has proposed legislative changes to allow the use of third party vendors to conduct nursing home assessments in Virginia. Use of the automated application to the MMIS could improve efficiency of the current processes.

Assessments done for care transition between acute and nursing home care use a different business model than assessments done by LDSS and VDH. Use of the automated application provides an incentive to acute care organizations that promotes No Wrong Door in Virginia.

#### ***5. Other Agencies***

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VDH and LDSS	Collaboration for pilot testing and eventual system users.
DMAS	The CIO at DMAS is expediting the testing processes with Xerox for the MMIS.

### Project Timelines for Department for Aging and Rehabilitative Services (DARS)

← 12/2012 Automating Nursing Home Screenings for VDH and AS/APS 12/2015 → |

| ← 7/2013 Enhancement of PeerPlace Application for AS/APS 12/2015 → |

| ← 7/2014 FRATE and Multi-System Data Exchanges 7/2018 → |

Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## Department of Behavioral Health and Developmental Services (DBHDS)

- D. Enhance Infant Toddler Tracking System (ITOTS)
- E. Health Information Management – Digitize Paper Records
- F. Implement a DBHDS Project Management Office
- G. Billing and Diagnostic Code Update
- H. DBHDS Data Warehouse Development, Operational Management and Support
- I. Fund Financial Management System II (FMS) to work with CARDINAL
- J. Modernization of Collaboration and Paperless Workflow capabilities
- K. Provide support for Regional Information Security Officers
- L. Support new operational costs at Western State Hospital
- M. DBHDS Kronos Implementation – Remaining Facilities
- N. Complete relocation of Dept. Servers to VITA/CESC (Transformation)
- O. Enterprise Video Conferencing for all DBHDS
- P. DBHDS On Line Licensing Information System Upgrade

### 1. *Project Inventory*

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
<b>Project Title</b>	<b>D. Enhance Infant Toddler Tracking System (ITOTS)</b>
<b>Project Owner</b>	<b>Janet Lung</b>
<b>Estimated Start Date</b>	<b>07/13</b>
<b>Estimated End Date</b>	<b>11/15</b>

### 2. *Business Problem*

This request for funding is to support two contract Full Time Employees (FTE) for ITOTS development, modifications and improvements to ITOTS which will enable Community Services Boards (CSBs) to create and submit required Federal and State reporting with efficiency.

The Infant and Toddler Connection of Virginia, the State's system of early intervention, supports services for infants and toddlers from birth through age two who are not developing as expected or who have a medical condition that can delay normal development. These early intervention services are designed to meet the full range of developmental needs of each child and the needs of their families related to their child's development. Services are provided through public and private agencies in Virginia and are designed to include a wide range of family-centered services, resources and supports.

DBHDS has budgeted \$384,000 in FY 2014 for the ITOTS maintenance and updates. However, this funding is insufficient to accommodate the necessary changes to the system. This request fills this funding gap by providing additional non-general fund (NGF) appropriation in FY 2014 for \$250,000 for these one-time costs.

### 3. *Project Business Objectives*

**a.** DBHDS uses ITOTS to track information on individuals that are getting these early intervention services to include the number of children by local system, race/ethnicity, gender, age and reason for eligibility.

**b.** Enhancements to ITOTS accountability system would address the limitations of the current system and enable DBHDS Early Intervention to provide effective and efficient monitoring of service delivery for individual children, funding sources and service cost by child.

c. ITOTS collects data on the services planned on each child's initial plan of care, but does not currently collect data on how these services change over time, on service delivery or on payment for services.

d. The upgrade to ITOTS is critical to obtaining real time, ongoing data. This allows DBHDS to monitor services more efficiently and to provide oversight of scarce funding.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

Yes, FY 2014: \$ 384,000 (Department IT Budget)

*What Federal funding sources are expected?*

None

*Other funding points to consider?*

NGF Request for FY 2014 250,00

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Yes

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>E. Health Information Management – Digitize Paper Records</b>
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<b>Project Owner</b>	<b>Marion Greenfield</b>
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<b>Estimated Start Date</b>	<b>07/14</b>
<b>Estimated End Date</b>	<b>12/15</b>

## 2. Business Problem

This request for funding will provide for the scanning of records into a digital system which will eliminate paper records. This will be more feasible and cost effective for facilities and will also comply with the transition to electronic health records (EHR).

The storing and destruction of records are governed by the Library of Virginia (LOV) and other Federal statutes. Currently the facilities are required to store and keep the records on file. The length of time facilities are required to store records is dependent upon the type of record; (i.e., patient discharge papers, admit papers, treatment documentation, etc.)

There are various lengths of time that a record is required to be stored (5 - 75 years), as well as, when facilities are obligated to destroy them. The facilities also have different methods of storage. These storing methods include boxing and filing the records in cabinets at designated facilities.

## 3. Project Business Objectives

**a.** Many facilities are out of compliance with the destruction of their records. If DBHDS does not convert the records to an electronic format, it is less likely that the destruction of records will be completed according to LOV code.

**b.** Automating the records would enable a search function for a specific record type needing to be deleted. The software would go through and identify all the records for a given date of creation. This functionality will enable the facilities to comply with LOV requirements. Additionally, this will enable the department to conform to the EHR requirements started in 2012.

#### 4. Project Assumptions

##### Funding

*Has funding already been secured?*

No

*What Federal funding sources are expected?*

FY2015 \$1.6 mil FY2016 \$500,250 (From Medicare Incentive Payments)

##### Federal or State Legislative Requirements

*Does the project need to comply with any specific requirements from the Federal government?*

Health Insurance Portability and Accountability Act (HIPAA)

*Or from COV policy or leadership?*

COV: LOV Information Retention requirements

##### Other Assumptions

###### **Alternatives Considered**

Keeping the records as paper - Alternative options, such as physical storage of records, are not viable as facilities would need to be retro-fitted to ensure a climate controlled environment for properly maintaining records. Moreover, there would be ongoing costs as the physical records would need to be destroyed on a scheduled basis up to a 75 year timeframe. This would require a manual process to go through the records and sort them to find which records need to be destroyed, as well as, the costs associated with the destruction of the records themselves.

Microfilm/Microfiche - This alternative was considered, but rejected, due to the nature of how the microfilms are scanned. When a microfilm is created, it puts multiple types of records (with various destruction schedules) onto the same microfilm image. It then becomes incredibly cumbersome to search and scroll through the microfilms to identify which records need to be destroyed and creates the problem of how to extricate the deleted record from the film/physical fiche media.

### 1. *Project Inventory*

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>F. Implement a DBHDS Project Management Office</b>
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<b>Project Owner</b>	<b>Jim Stewart</b>
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<b>Estimated Start Date</b>	<b>4/13</b>
<b>Estimated End Date</b>	<b>6/16</b>

### 2. *Business Problem*

The Virginia DBHDS currently has a significant and growing portfolio of projects across information technology and the business areas of the department. To meet the project management needs of the projects within its portfolio, DBHDS requires greater and more coordinated program and project management. To meet this need, and deliver adequate oversight and governance over these projects, DBHDS plans to develop and implement a Project Management Office (PMO) to assist it in managing these projects consistently.

The core purpose of the PMO will be to provide strong coordination and oversight for projects being delivered by DBHDS and drive transparency across interested parties on project statuses, risks and issues, financial metrics and other key tracking indicators. In addition to the project oversights, the PMO will be accountable for a comprehensive review of key milestones and touch points across projects to facilitate understanding of the interrelated nature of projects, better resource usage and to understand cross-project impacts as risks or issues are identified. Providing this holistic view will better enable department leadership to understand the status of project related investments and make more informed decisions regarding potential tradeoff conversations.

### 3. *Project Business Objectives*

- a.** Deliver an introduction to Project Management practices to those within the DBHDS who oversee initiatives that support meeting the department's objectives.
- b.** Establish a set of Project Management tools, templates, and practices to be used in all projects within DBHDS.
- c.** Establish a set of Portfolio Management tools, practices, and processes that will allow the DBHDS to manage resources, integrate project schedules, budgets and status

reporting to support management of inter-dependencies.

d. Establish a mechanism for managing overall system change control and release management as required by projects managed within the DBHDS PMO.

e. Establish a clear and consistent focus on delivering quality project management practices consistent with COV project management standards and guidelines.

#### **4. Project Assumptions**

##### **Funding**

*Has funding already been secured?*

Yes. FY 14 – \$780,000 for Project

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

TBD

*Or from COV policy or leadership?*

Coordination with VITA has been undertaken to ensure alignment with project management policies and standards as appropriate. Coordination will also be necessary with the eHHR PMO per the OSHHR.

### 1. *Project Inventory*

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services</b>
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<b>Project Title</b>	<b>G. Billing and Diagnostic Code Update</b>
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<b>Project Owner</b>	<b>Marion Greenfield</b>
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<b>Estimated Start Date</b>	<b>04/13</b>
<b>Estimated End Date</b>	<b>12/14</b>

### 2. *Business Problem*

The Federal Center for Medicare and Medicaid Services (CMS) is requiring International Statistical Classification of Diseases and Related Health Problems (ICD-10 code) adoption by Oct 1, 2014.

The DBHDS system(s) for capturing medical care service delivery charges and securing reimbursement from CMS currently use ICD-9 codes. These systems and work processes must be upgraded to support use of ICD-10 codes in order to continue receiving reimbursements from CMS totaling approximately \$300M per year.

Scope discovery regarding DBHDS application modification requirements began in FY 2013. System upgrades and staff training must be performed in COV FY 2014 to achieve Federal date requirements.

### 3. *Project Business Objectives*

- a.** Modify DBHDS applications, databases and reports to comply with changes required to support Federal requirements for adoption of ICD-10 financial reimbursement systems to support ICD-10 code set.
- b.** Train clinical staff and reimbursement staff to use ICD-10 code set.
- c.** Coordinate required updates and testing with 3<sup>rd</sup> party vendor supplied application systems.
- e.** Ensure readiness and uninterrupted reimbursement cash flow stream from CMS to DBHDS for medical care services.

#### 4. *Project Assumptions*

##### Funding

*Has funding already been secured?*

Yes.

*What COV general fund sources are expected?*

Internal DBHDS funding

##### Federal or State Legislative Requirements

*Does the project need to comply with any specific requirements from the Federal government?*

Yes. CMS mandate to replace ICD-9 codes with ICD-10 codes.

*Any specific mandated dates that need to be addressed?*

October 1, 2014 for use of ICD-10 codes.

*Other requirements to note?*

Coordinate required updates and testing with 3<sup>rd</sup> party vendor supplied application systems.

##### Other Assumptions

Vendor support for use of ICD-10 codes is already, or will be, functional in 3<sup>rd</sup> party supplied production systems.

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>H. DBHDS Data Warehouse Development, Operational Management and Support</b>
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<b>Project Owner</b>	<b>Kathy Drumwright</b>
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<b>Estimated Start Date</b>	<b>09/13</b>
<b>Estimated End Date</b>	<b>06/16</b>

## 2. Business Problem

Business analytics and reporting requirements from the Department of Justice (DOJ), other Federal agencies and programs and COV led to \$3M+ funding support in COV 2014 for implementation of a data warehouse and business intelligence capabilities. This ongoing funding request provides management, operational and maintenance staff for the DBHDS data warehouse and business intelligence system.

The data warehouse is a significant application system that will require ongoing technical staff to support its operations and business users. Absent ongoing technical support, the warehouse will atrophy and usage by business units will not materialize.

## 3. Project Business Objectives

- a.** Bring data together and make it accessible for all Central Office stakeholders. At least 80% of DBHDS Central Office data warehouse identified stakeholders will use data warehouse reporting functionality by project end.
- b.** Streamline, automate and standardize reporting produced for internal and external reporting needs. At least 20 existing reports produced manually will be replaced by Data Warehouse reports OR by Data Warehouse self-service functionality by the end of the Data Warehouse project.
- c.** Allow DBHDS Central Office employees to spend more time focusing on outcomes vs. gathering/combining/cleansing data. At least four DBHDS staff members will have at least 20% more time to devote to their analytical responsibilities instead of devoting their time to gathering/combining/cleansing data.
- d.** Follow best practices in data governance in order to ensure that DBHDS data is

understood, actively managed and properly disseminated to all stakeholders. 100% of data elements in the data warehouse are defined in the enterprise data dictionary and each data element has an identified business owner.

e. Advance DBHDS' data maturity level as defined by The Data Warehouse Institute (TDWI) Maturity Model past the current state, which is Phase 1 - nonexistent. DBHDS' data maturity level will be Phase 4 (repeatable) at the end of the data warehouse project.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

Yes

*What Federal funding sources are expected?*

None

*What COV general fund sources are expected?*

DOJ Settlement Funding 1.5 million

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

Comply with COV enterprise architecture regulations, data warehouse standards, and National Information Exchange Model (NIEM) standards.

*Other requirements to note?*

The Federal DOJ settlement mandates reporting requirements. The data warehouse will be used to meet those requirements.

#### ***5. Other Agencies***

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA PMD	Project review and approvals. Project oversight. Project reporting.
VITA	Ensure data standards and architecture are followed.

### 1. *Project Inventory*

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>I. Fund Financial Management System II (FMS) to work with CARDINAL</b>
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<b>Project Owner</b>	<b>Don Darr</b>
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<b>Estimated Start Date</b>	<b>07/14</b>
<b>Estimated End Date</b>	<b>03/16</b>

### 2. *Business Problem*

The COV will be upgrading its current accounting system (CARS) to the CARDINAL system. DBHDS uses the Financial Management System II (FMS) for its accounting and financial management needs. This system interfaces with the CARS system. When the State switches to CARDINAL, the interfacing software with FMS will also require an upgrade.

The current schedule calls for DBHDS to begin interfacing with CARDINAL in mid FY 2016. This request is for additional NGF appropriations to cover the anticipated software update.

### 3. *Project Business Objectives*

**a.** DBHDS uses FMS for its day to day financial management in its State-wide operations across multiple State facilities. This software upgrade will ensure that DBHDS avoids the additional personnel costs associated with data entry and eliminates likely errors that result from manual entry.

**b.** Mitchell & Humphrey Co., the creators of FMS, provided the cost estimate for this interface software upgrade. They projected that the total costs would be \$1,429,000. Currently the Department of Emergency Management (VDEM) and the Department of Veteran Services (DVS) both use the FMS system. The DBHDS agreed upon share would be \$783,000.

**c.** FMS is used for General Ledger, Budgets, Accounts Payable, Inventory, Cost Accounting, Purchasing, Patient Accounting, Receipting and Consolidated General Ledger. There is a FMS II payroll interface with the Payroll System (CIPPS). E-Procurement (EVA) interfaces with the Department of General Services (DGS). The

Patient Accounting system has an interface with the Social Security Administration (SSA). By upgrading FMS with CARDINAL, the accounting structure will be less impacted on a daily basis. It will also keep the system integrated without having two sets of accounting structures with reconciliation.

d. FMS would interface with CARDINAL.

#### **4. Project Assumptions**

##### **Funding**

*Has funding already been secured?*

No

*What Federal funding sources are expected?*

None

*What COV general fund sources are expected?*

None

*Other funding points to consider?*

NGF \$783,000

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Yes – data management must comply with HIPAA and Payment Card Industry security requirements.

*Or from COV policy or leadership?*

Yes – DBHDS must comply with COV requirements to interface with CARDINAL.

*Any specific mandated dates that need to be addressed?*

CARDINAL go-live currently projected to be late 2016.

##### **Other Assumptions**

In reviewing the CARDINAL system we found that it does not have certain key functions crucial to the financial operations and controls of the organization including: Patient Fund Accounting, Cost Accounting (Medicare/Medicaid), Purchasing Model (used for inventory at facilities), Consolidated Ledger and Management of Local Funds. If we would use the CARDINAL system we would need to purchase software that would have these functions.

Another alternative considered is to do nothing. This would double the amount of work for staff, require additional staff and increase the risk for potential errors in financial data. (Estimate 26.16 FTE at a cost of \$1,211,750)

We also considered delaying the implementation. If the agency delays one year, it would not be ready for the 2016 date when it would start to interface with the new CARDINAL system.

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>J. Modernization of Collaboration and Paperless Workflow Capabilities</b>
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<b>Project Owner</b>	<b>Don Darr</b>
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<b>Estimated Start Date</b>	<b>7/14</b>
<b>Estimated End Date</b>	<b>6/17</b>

## 2. Business Problem

Prepare DBHDS culture and technology infrastructure for adoption and use of Service Oriented Application (SOA) technologies established by Electronic Health and Human Resources (eHHR) Program.

1. Establish a sharable content management system (SharePoint) for use by DBHDS and our Business Associates to support:
  - a. Collaborative content development;
  - b. Consistent business process definition, execution and record-keeping;
  - c. Reduced time-to-market and time-to-serve/support DBHDS service consumers.

Supports all of DBHDS and our Business Associates as a content management repository. Enables efficient collaboration for critical projects such as DOJ & EHR. Reduces data integrity issues by reducing the number of data storage locations. Improves efficiency and quality of service.

2. Identify and transform paper and/or manual data exchange processes to utilize modern programmatic SOA transactions and accelerate business processes to occur on demand.

### 3. *Project Business Objectives*

- a. Implement a current generation SharePoint environment for shared information storage and management.
- b. Migrate local department content from existing siloed SharePoint environment to organizational environment.
- c. Sunset local department SharePoint environments.
- d. Document current-state common business processes in IBM Blueworks Live Business Process Modeling tools. Identify business process candidates for SOA modernization.
- e. Upgrade technical staff skill sets to use modern SOA transactions for exchange of data.
- f. Develop and implement on demand services to support common data computation and exchanges.

### 4. *Project Assumptions*

#### Funding

*Has funding already been secured?*

No

*What COV general fund sources are expected?*

FY 2015 \$336,000, FY 2016 \$216,000

#### Federal or State Legislative Requirements

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

Comply with COV Enterprise Architecture regulations.

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>K. Provide Support for Regional Information Security Officers</b>
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<b>Project Owner</b>	<b>Russell Sarbora</b>
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<b>Estimated Start Date</b>	<b>07/13</b>
<b>Estimated End Date</b>	<b>06/15</b>

## 2. Business Problem

The current Information Security Program within the DBHD and its facility systems does not support the Department's requirement to comply with the minimum required standards of the COV Virginia Information Security Standard SEC501-07, the National Institute of Standards and Technology (NIST) guidelines, the HIPAA Omnibus and the HITECH rules. As identified in the 2012 Annual Report on the Information Security (IT) in the COV, the DBHDS has been assessed as non-compliant (red) in two out of three Security data points: the 2012 Overall Audit Program and the Overall Risk Profile. The Department's only green is the designation of an Information Security Officer at the Central Office.

The current status is a direct consequence of the historical assignment of the Facility ISO role as a part-time, non-critical function within the DBHDS. These duties have been historically filled by roles that have little to no security knowledge or background. Required security mandates, training and follow through on VITA and Central Office directives are not being carried out.

To put DBHDS on the path to compliance, the Department requires four full time roles reporting directly to the DBHDS Chief Information Security Officer. This team of Regional Security Officers will be full time staff dedicated to Information Security. Each Security Officer will be assigned a geographic region of the COV and will be responsible for security at each of the facilities within that region. This reporting structure and facility based approach increases compliance with security initiatives and standardization of security practices across the agency and minimizes the potential for line of business distractions giving the DBHDS the basic structure to achieve compliance.

## 3. Project Business Objectives

**a.** To put DBHDS on the path to compliance, the Department requires 4 full time roles

reporting directly to the DBHDS Chief Information Security Officer. This team of Regional Security Officers will be full time staff dedicated to Information Security. Each Security Officer will be assigned a geographic region of the Commonwealth and will be responsible for security at each of the facilities within that region.

**b.** Regional Security Officers will build a comprehensive knowledge of the operational and business processes at the facilities and begin implementing standardized security practices and enforcing security “best practices” across the agency.

**c.** The DBHDS security assessment and risk rating will improve as the program grows and compliance increases. The improved security and risk rating will prevent the department from incurring fines and penalties for non-compliance.

**d.** Regional Security Officers will provide Information Security training to DBHDS staff to lower the risk of data breaches and security incidents such as; information leaks, malware attacks, privilege escalation and phishing.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

No

*What COV general fund sources are expected?*

FY’15: \$560,653; FY’16: \$542,530

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

None

*Or from COV policy or leadership?*

COV Information Security Standard SEC501-07.1

*Any specific mandated dates that need to be addressed?*

Mandatory compliance date for the COV Information Security Standard SEC501-07.1 was January 1, 2013.

##### **Other Assumptions**

DBHDS risk for HIPAA breach/violation will increase by at least 1 to 2 orders of magnitudes (10 to 100 times increase) as a result of adoption of Electronic Health Records (EHR). Proper oversight for observation of Information Security requirements

will be effective in mitigating this risk.

The DBHDS considered several alternatives to the regionalized approach.

1. The centralized housing of the RSO's at the DBHDS Central office was considered and then discarded due to:

- Higher salary expenses and competitive pressures for Richmond based staff.
- Increased travel expenses to support an on-site presence at the facilities.
- Centralizing these resources does not support the required 24/7 operational requirements of the facilities.

2. Utilizing contract staff for these positions was also considered but was determined to be an unviable solution because:

- The usage of contract staff is short term; the Department requires a long term solution to gain compliance.
- The amount of Department and COV specific training and knowledge that is required for these positions would not be feasible for short term positions.
- The use of contract staff may help achieve some compliance in the beginning, but the loss of this staff after contract expiration would render the DBHDS back at its starting point with no long term progress made.

3. The use of VITA as a means to compliance is not an alternative.

- VITA levies the standards and policies that COV agencies are expected to implement and enforce.
- VITA cannot provide the agency level security that is required; they provide compliance oversight only.
- VITA is a service provider for infrastructure services only; they do not provide Agency specific support for security.

## 5. Other Agencies

Other Agency Name	Role/Deliverables
VITA	VITA's Commonwealth Security and Risk Management (CSRM) group is responsible for Security Oversight for COV Agencies. CSRM rates the compliance for the DBHDS Information Security Program against the COV Standard.

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
<b>Project Title</b>	<b>L. Support New Operational Costs at Western State Hospital</b>
<b>Project Owner</b>	<b>David Mawyer</b>
<b>Estimated Start Date</b>	<b>07/13</b>
<b>Estimated End Date</b>	<b>06/14</b>

## 2. Business Problem

Western State Hospital (WSH) plans to open its new facility and begin receiving patients. There are additional ongoing IT and support service requirements associated with the new facility. These systems and services will result in increased VITA charges for IT and security operations. This includes network infrastructure, computer hardware, telephonic and radio costs, as well as, additional IT personnel costs associated with local support for server support, security and infrastructure.

This funding request provides additional general fund support to address this capability gap and support the new IT infrastructure and security systems.

The new WSH has greater IT network, hardware, software and support service requirements than the current facility or any other DBHDS facility, with many hospital services now automated along with new IT requirements for patient management. This request includes the need for three IT positions (one position for physical security of the system and two information specialists for web-based system development and maintenance). The physical security position will work in conjunction with the Regional Information Security Officers (RISO). However, the new position will be responsible for the onsite day to day physical security needs of the hospital; whereas, the RISO will be working on State-wide security. This IT support position will help to ensure that the facility remains compliant and improve the overall efficiency of ongoing operations regarding patient care and support services.

Without this funding and positions, WSH will not be able to fully utilize its IT network and infrastructure which will potentially result in lost productivity in service areas. Additionally, given some of the unique requirements of the facility, the IT system must function at a zero percent failure rate.

### 3. *Project Business Objectives*

a. Given current compliance requirements, WSH would have to support these systems and functions from internal resources, absent additional general fund support. This would result in reduced services to current patient population.

b. WSH requests general fund support of \$673,497 in FY 2015 and \$690,495 in FY 2016 to support efforts at WSH.

c. Personnel Service Costs

WSH would require two new positions:

- (1) IT Specialist III for information security management with starting salary of \$80,000 and,
- (2) Two IT Specialist II for web-based development each with a starting salary of \$65,000.

DBHDS is requesting funding of \$186,981 in FY 2015 and \$203,979 in FY 2016. This is to support salary and associated fringe benefits, based on 22 pay periods in FY 2015 and fully annualized in FY 2016.

d. VITA Charges

In May 2013, VITA provided WSH an estimated cost to support its GPON (Gigabit Passive Optical Network) system in the new facilities. This estimate included a recurring monthly charge of \$40,543 for the total annual charge of \$486,516.

This GPON standard differs from the current system in that it achieves higher bandwidth and higher efficiency using larger, variable-length packets. GPON offers efficient packaging of user traffic, with frame segmentation allowing higher quality of service (QoS) for delay-sensitive voice and video communications traffic.

### 4. *Project Assumptions*

Funding

*What COV general fund sources are expected?*

FY 2015: \$673,497 | FY 2016: \$690,495 Total Cost: \$1,363,992

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>M. DBHDS KRONOS Implementation – Remaining Facilities</b>
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<b>Project Owner</b>	<b>Don Darr</b>
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<b>Estimated Start Date</b>	<b>9/13</b>
<b>Estimated End Date</b>	<b>10/14</b>

## 2. Business Problem

DBHDS employs approximately 8,500 people in the sixteen facilities it operates in the COV. DBHDS completed a project to upgrade or install KRONOS (a third-party vendor software solution) to assist with time-keeping, staff scheduling and payroll management. These investments were made based on the availability of funds at each facility that was upgraded or added to KRONOS.

The KRONOS application has proven to be an extremely useful tool. Currently, eleven facilities utilize the application. The remaining four DBHDS facilities have identified funds that will permit them to either upgrade their current version of KRONOS or purchase KRONOS for those facilities that are still using manual processes.

The Auditor of Public Accounts has made annual audit recommendations that DBHDS expand the use of the KRONOS solution to all DBHDS facilities to address the problems of excessive overtime and scheduling. Fully implementing KRONOS at these four remaining facilities (Northern Virginia Mental Health Institute (NVMHI), Southwestern Virginia Mental Health Institute (SWVMHI), Southwestern Virginia Training Center (SWVTC) and Southern Virginia Mental Health Institute (SVMHI) will remove this annual audit point.

One facility, Central Virginia Training Center (CVTC), completed some work towards using the KRONOS application and will be added to this project to complete the remaining work needed to use the application.

## 3. Project Business Objectives

**a.** Four facilities that currently are using the older version of KRONOS (NVMHI and SVMHI) data will be converted from the current version of the software to the new

version in the test environment.

The threshold for acceptance will be 100% accuracy for data.

**b.** Payroll and work rules will be revised as needed for current KRONOS facilities and developed for new KRONOS facilities.

The threshold for acceptance will be a functional work or payroll rule for 100% of payroll and work activity.

**c.** Validated data for NVMHI will be migrated to the KRONOS production environment.

The threshold for data accuracy will be 100%.

**d.** Validated data for SVMHI will be migrated to the KRONOS production environment.

The threshold for data accuracy will be 100%.

**e.** SWVTC and SWVMHI currently do not have an automated time system. Pay and work rules will be defined for the automated system.

Pay and work rules will be developed and keyed with 100% accuracy.

**f.** SWVTC and SWVMHI pay and work rules will be migrated to the production environment.

The threshold for data accuracy will be 100%

**g.** Install time clocks at SWVTC and SWVMHI.

The threshold for acceptance will be 100% accurate reading of all card or fingerprint punches and transfer of data to the server.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

Yes, \$900,000.00

##### **Federal or State Legislative Requirements**

*Any specific mandated dates that need to be addressed?*

NVMHI and SVMH must be completed by June, 2014. This is when a VITA exception for legacy servers expires.

*Other requirements to note?*

The Auditor of Public Accounts requires DBHDS to use an automated system for timekeeping and payroll to manage overtime costs.

**5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA PMD	Project review and approvals. Project oversight. Project reporting.

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
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<b>Project Title</b>	<b>N. Complete relocation of Dept Servers to VITA/CESC (Transformation )</b>
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<b>Project Owner</b>	<b>Don Darr</b>
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<b>Estimated Start Date</b>	<b>7/14</b>
<b>Estimated End Date</b>	<b>6/17</b>

## 2. Business Problem

Re-host DBHDS application servers from Central Office and Facilities to VITA/NG computer center (CESC). Much of this work was performed as a part of Transformation prior to 2010. This project will migrate all remaining servers capable of being hosted at CESC.

Computer Servers for DBHDS Central Office and Facility application systems are currently housed in both the VITA/NG central computer center (CESC) and in computer rooms at each Facility/Office location. These “legacy” servers housed in local computer rooms are, for the most part, servicing applications that were not “easy” to relocate during the “Transformation” project(s) that were intended to migrate all computing services to VITA/NG CESC.

More stringent security requirements, aging hardware and software and reductions in VITA, NG and DBHDS staff available to support legacy systems have reached a point where the applications served by these systems are at risk of failure. This project will:

- Re-host applications served by local servers to CESC servers; or
- Define standalone projects that will be required to re-develop and migrate applications unable to be re-hosted at CESC in their current form.

## 3. Project Business Objectives

**a.** Relocation of hardware to CESC enables DBHDS CO to reconfigure the server room to be used by staff.

**b.** Relocation of hardware to CESC will assist with compliance to SEC 501-07 by ensuring that CESC security requirements are implemented when hardware is moved.

- c. Relocation of hardware to CESC will provide for better support by VITA/NG since it will be centrally located with their support staff.
- d. Relocation of hardware will also reduce the overall server numbers by allowing DBHDS to consolidate some servers and reduce our monthly bill. The consolidation of servers will be determined during the execution of the Work Request.
- e. Relocation of hardware to CESC will allow DBHDS to retire certain legacy applications that will no longer be used due to the decommission of associated legacy server.

### ***3. Project Assumptions***

#### **Funding**

*Has funding already been secured?*

Yes \$63,000

#### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

Comply with COV Enterprise Architecture regulations

## 1. Project Inventory

<b>Agency</b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
<b>Project Title</b>	<b>O. Enterprise Video Conferencing for all DBHDS</b>
<b>Project Owner</b>	<b>John Pezzoli</b>
<b>Estimated Start Date</b>	<b>12/13</b>
<b>Estimated End Date</b>	<b>12/15</b>

## 2. Business Problem

Provide secure (HIPAA compliant) video conferencing for DBHDS and our Business Associates.

DBHDS currently supports real time conferences with multiple court jurisdictions, performs timely psychiatric patient evaluations across a wide geographic region, and collaborates on patient care with 40 CSBs. Multiple dissimilar video-tele-conferencing systems have been procured by individual DBHDS facilities to support these business requirements with their specific court systems, psychiatrists and CSBs. These disparate video-tele systems are not fully compatible with one another outside of their specific intended communications partners and, thus, do not support other potential uses of the DBHDS video-tele technology investment.

The Enterprise Video Conferencing for all DBHDS project will initialize use of a normalizing video and tele-conferencing service that enables dissimilar video and tele-conferencing systems to communicate with one another. The new service will provide encrypted voice and data transmission (HIPAA Compliant) through Voice over IP capability.

Use of existing DBHDS video-conferencing capabilities will increase through use of the normalization technology. This is documented by multiple backlogged requests to better support video-tele-conferencing needs including:

- Reduce travel costs for meetings.
- Support remote training.
- Increase collaboration opportunities between the DBHDS and its remote business associates.

### ***3. Project Business Objectives***

- a. DBHDS will use a multiple platform video and audio conferencing system to create an inter-connect capability for all video-conferencing systems in production service. This will enable video-conferencing between currently incompatible video-conferencing systems.
- b. The proposed video and audio conferencing system support COV and Federal security requirements.
- c. Physician, psychiatrist, and forensic use of video-conferencing will increase. Travel costs associated with transport for evaluations and consultations that require visual communication will decrease.
- d. DBHDS staff training and other meetings requiring broadcast of content will begin to use electronic communications in lieu of travel.

### ***5. Project Assumptions***

#### **Funding**

*Has funding already been secured?*

Yes Internally (\$340,000)

#### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Yes. Provide secure (HIPAA compliant) communications between DBHDS and our Business Associates.

#### **Other Assumptions**

The technology under consideration is an extension to the Adobe communication services available through VITA, but containing capabilities beyond those currently offered through the VITA contract. DBHDS proposes to be a pilot site for expansion of the VITA service offering.

### ***1. Project Inventory***

<b><i>Agency</i></b>	<b>Department of Behavioral Health and Developmental Services (DBHDS)</b>
<b><i>Project Title</i></b>	<b>P. DBHDS On-Line Licensing Information System Upgrade</b>
<b><i>Project Owner</i></b>	<b>Les Saltzberg</b>
<b><i>Estimated Start Date</i></b>	<b>09/13</b>
<b><i>Estimated End Date</i></b>	<b>09/14</b>

### ***2. Business Problem***

The DOJ settlement agreement requires the DBHDS to collect individual and provider level data regarding critical events, licensure status and corrective action plans, along with other elements. The current on-line licensing system (OLIS) does not allow for this type of data collection and the level required by the DOJ. An upgraded Office of Licensure information system will ensure proper oversight of the DBHDS licensed providers by enabling staff to monitor on a Statewide, regional and local level trends and events, as well, as to effectively track individual and provider events.

This project will significantly improve business processes for the Office of Licensure and permit more timely and accurate assessment of events, incidents, trends and other system issues.

### ***3. Project Business Objectives***

- a.** Ensure the DBHDS can track and monitor events, incidents and other data elements at the individual, provider, regional and State levels.
- b.** Streamline, automate and standardize reporting produced for internal and external reporting needs. At least 25 daily requested reports produced manually will be replaced by the upgraded OLIS system.
- c.** Allow DBHDS licensing specialists to spend more time focusing on provider site visits and quality analysis rather than manually processing applications.
- d.** Provide a resource to develop ongoing quality improvement initiatives with providers at the State and regional level.

- e. Identify trends that require additional training, regulatory action or other specialized attention by the DHBDS or other sister agencies.
- f. Track long-term outcomes data related to individuals transitioning from training centers to the community.

#### 4. *Project Assumptions*

##### Funding

*Has funding already been secured?*

Yes

*What COV general fund sources are expected?*

DOJ Settlement Funding

##### Federal or State Legislative Requirements

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

Comply with COV enterprise architecture regulations, licensing and human rights regulations.

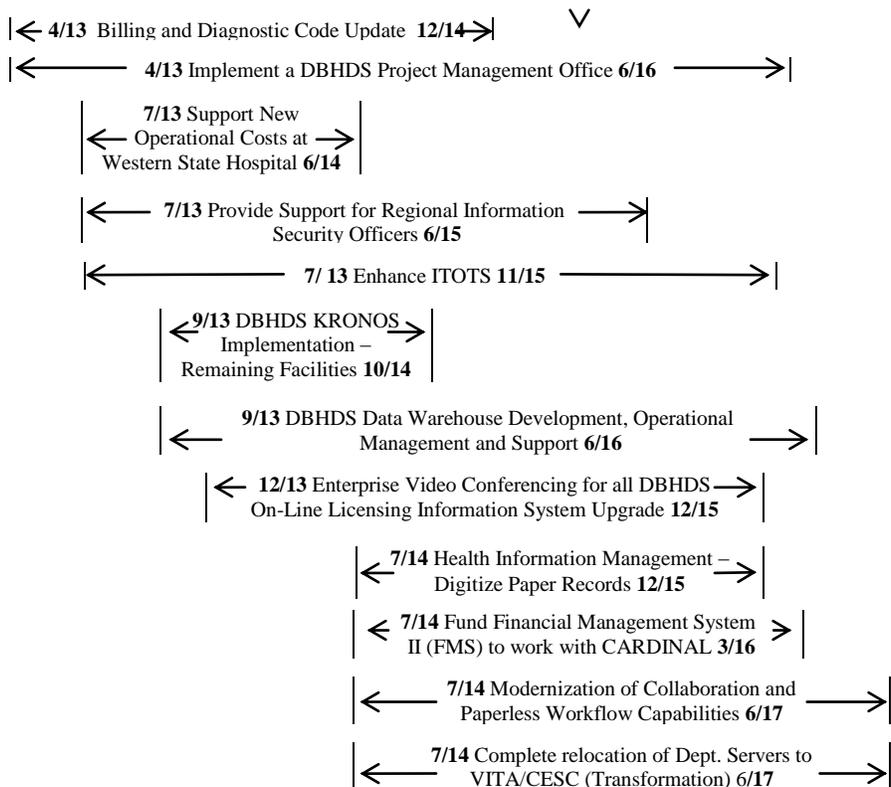
*Other requirements to note?*

The Federal DOJ settlement mandates reporting requirements. The upgraded licensure information system will meet those requirements.

#### 5. *Other Agencies*

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA PMD	Project review and approvals. Project oversight. Project reporting.
VITA	Ensure data standards and architecture are followed.

## Department of Behavioral Health and Developmental Services (DBHDS)



Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## **Health and Human Resources (HHR) & Commerce and Trade**

Q. Homeless Outcome Initiative

## 1. Project Inventory

<b>Agency</b>	HHR & Commerce and Trade
<b>Project Title</b>	Q. Homeless Outcomes Initiative
<b>Project Owner</b>	Pam Kestner
<b>Estimated Start Date</b>	01/13
<b>Estimated End Date</b>	11/14

## 2. Business Problem

Homelessness is the problem. Homelessness has a negative impact on the ability to obtain and retain employment, to effectively address substance abuse and mental health issues and to excel in school – whether that’s elementary, junior high, high or post-high school education/training. While the long range goal is to resolve homelessness, the Homeless Outcomes Initiative will not resolve the issue completely during this time frame but will develop policies and approaches to reduce the number of those who experience homelessness.

## 3. Project Business Objectives

a. The Homeless Outcomes Initiative has as one of its goals to “develop a Statewide data collection process that provides accurate and reliable data to effectively address homelessness Statewide.” This goal seeks to improve coordinated Statewide data collection to help leverage new resources, target services where they are needed most and make it easier for individuals and families who are homeless to access a range of State and local resources.

## 4. Project Assumptions

### Funding

*Has funding already been secured?*

Funding was secured from the National Alliance to End Homelessness which is serving as the lead agency for a grant from the Freddie Mac Foundation (FMF). The COV is a partner in the grant. FMF grant funds have been used to develop a prototype - the Virginia Homeless Data eXchange (VHDX) and to do a capacity assessment of the regional Continuum of Care (CoC) groups across the State.

*What Federal funding sources are expected?*

No Federal funding sources are expected.

*What COV general fund sources are expected?*

Requesting State funds to provide on-going staffing of the VHDX.

*Other funding points to consider?*

Plans are to request funds from the FMF again for the time period of 12/01/13 – 11/30/14.

### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

The Homeless Outcomes Initiative plans to align State performance measures with those Housing and Urban Development (HUD) are requiring.

*Or from COV policy or leadership?*

The Homeless Outcomes Coordinating Council has endorsed the initial performance measures that CoCs will be requested to track and report through the VHDX. The Department of Housing and Community Development (DHCD) manages the State, and most of the Federal dollars, that are allocated to homeless service providers. DHCD plans to require those agencies receiving those funds to track and report on the same performance measures.

### **Other Assumptions**

The COV cannot require CoCs to submit homeless data to the State unless the CoC receives funds from the State. Therefore, DHCD and the State Homeless Outcomes Coordinator are working to gain buy-in from the CoCs.

## **5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
Department of Housing and Community Development	DHCD will manage the Statewide Virginia Homeless Data eXchange project with assistance from the Homeless Outcomes Coordinator.

### Health and Human Resources (HHR) & Commerce and Trade

| ← 1/13 Homeless Outcome Initiative 11/14 → |

Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## **Office of Comprehensive Services (OCS)**

- R. SAS – Renew Your Software Licenses
- S. Child Based Data Reporting Systems (CBDRS)

### 1. *Project Inventory*

<b>Agency</b>	Office of Comprehensive Services (OCS)
<b>Project Title</b>	R. SAS - Renew Your Software Licenses
<b>Project Owner</b>	Preetha Agrawal
<b>Estimated Start Date</b>	11/13
<b>Estimated End Date</b>	11/14

### 2. *Business Problem*

Over the course of the past 20 years, many efforts and initiatives have been implemented to improve implementation of the CSA, to increase accountability for the expenditure of funds and to identify outcomes for youth who benefit from the services provided. To date, the capacity to produce meaningful answers to critical questions is minimal. Presently, data regarding expenditures under the CSA is collected only in the aggregate. An independent audit in 2008 of the OCS identified the lack of supporting documentation received for reimbursements made to localities as a significant control weakness.

Further, multiple funding streams are utilized to provide services to individual youth. The need to assess duplication of services, wasteful or fraudulent expenditures is high, as is the need to effectively determine if expenditures do, in fact, result in positive outcomes for youth. The proof of concept project funded by a private foundation demonstrated the ability of Virginia to collect client-specific expenditure data, to integrate that data with assessment and case management data and to produce meaningful information regarding the utilization of the State's resources.

This is an initiative in the Agency's Strategic Plan for FY2012-2014; it is noted as "high powered data analytics system to support IT initiatives."

### 3. *Project Business Objectives*

**a.** The ability to evaluate program effectiveness.

Performance Goal: To assess whether dollars that are spent for human services impact positively upon the lives of youth and families, and to inform and improve practice which is dependent upon the capacity to effectively examine and utilize data.

**b.** The ability to integrate and analyze data from multiple sources.

Performance Goal: The COV and local governments require the ability to integrate and analyze data from multiple sources across human service agencies to be effective in executing their responsibilities for oversight and administration of the CSA.

**c.** The ability to capture service level data.

Performance Goal: The capacity to collect, integrate and analyze data regarding services to youth will improve the COV's ability to provide an innovative and effective comprehensive system of care to meet the needs of its at-risk youth and families consistent with the intent of the CSA.

**d.** The capacity to access these same data analytics.

Performance Goal: Local communities, armed with the capacity to access these same data analytics, will be empowered to improve long range planning and to assess and evaluate their progress toward achieving local goals, maximizing resources and effectively meeting the needs of youth in their communities.

**e.** Reduce data redundancy.

Performance Goal: Capability of high-powered data analytics will enable both the COV and the localities to identify the services, and service providers, who will produce the best outcomes for high-risk youth.

**f.** Assurance that State dollars are effectively and efficiently used.

Performance Goal: The capability of high-powered data analytics will provide the COV a maximum level of accountability for implementation of the CSA and assurance that State dollars are effectively and efficiently used.

**4. Project Assumptions****Funding**

*Has funding already been secured?*

Yes

*What COV general fund sources are expected?*

\$300,000 for FY 14

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

Yes

**5. Other Agencies**

Other Agency Name	Role/Deliverables
DMAS	Medicaid Data File for SAS on a regular basis
VDSS	OASIS & VEMAT data file on a regular basis

### 1. *Project Inventory*

<b>Agency</b>	Office of Comprehensive Services (OCS)
<b>Project Title</b>	S. Child Based Data Reporting System (CBDRS)
<b>Project Owner</b>	Preetha Agrawal
<b>Estimated Start Date</b>	11/13
<b>Estimated End Date</b>	11/15

### 2. *Business Problem*

To conform to the SAS data file layout for agencies that do not have the capability to upload data.

Presently data regarding expenditures under the CSA is collected only in the aggregate. SAS dataset does not capture all the data elements and it needs to be expanded. This project will facilitate CSA to integrate its dataset and expenditure data. Also, the new system will meet VITA standards on the technical software development.

### 3. *Project Business Objectives*

**a.** The ability to conform to the SAS file layout.

Performance Goal: For the SAS project to conform to the local data file layout. Currently all the data elements are not captured for in the CSA reporting system.

**b.** The ability to integrate dataset and pool reimbursement.

Performance Goal: The current pool reimbursement system only captures a summary of the report. This will allow capacity to integrate the two systems.

**c.** The ability to capture service level data.

Performance Goal: The capacity to collect, integrate and analyze data regarding services to youth will improve the COV's ability to provide an innovative and effective comprehensive system of care to meet the needs of its at-risk youth and families consistent with the intent of the CSA.

**d.** Reduce data redundancy.

Performance Goal: Capability of high-powered data analytics will enable both the COV and localities to identify the services and service providers who will produce the best outcomes for high-risk youth.

e. Adequate data collection and analysis capabilities.

Performance Goal: At present, data collection and analysis capabilities are inadequate to enable reporting that meets the requirements noted above, as well as, in ways that are meaningful and add value to the implementation of the CSA and, more broadly, to a comprehensive system of services for youth and families across the COV.

f. Improve reporting capabilities.

Performance Goal: The reporting capabilities are inadequate to enable reporting that meets the requirements noted above in ways that are accurate and add value to the implementation of the CSA and, more broadly, to a comprehensive system of services for youth and families across the COV.

#### **4. Project Assumptions**

*Has funding already been secured?*

Yes

*What COV general fund sources are expected?*

\$200,000 for FY 14

#### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

No

*Or from COV policy or leadership?*

Yes

#### **5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
DMAS	Medicaid Data File for SAS on a regular basis
VDSS	OASIS & VEMAT data file on a regular basis

### Office of Comprehensive Services (OCS)

←11/13 SAS – Renew Your  
Software Licenses 11/14→

←11/13 CBDRS – Child Based Data Reporting Systems 11/15→

Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## Department of Social Services (VDSS)

- T. Central Registry System (CRS) (Phase 1)
- U. Central Registry System (CRS) (Phase 2)
- V. DOLPHIN Licensing & Support contract renewal with Enhancements VDSS – DCSE
- W. Prime Power Replacement
- X. New Hire & Employer Services Solicitation

## 1. Project Inventory

<b>Agency</b>	Department of Social Services (VDSS)
<b>Project Title</b>	T. Central Registry System (CRS) (Phase 1)
<b>Project Owner</b>	Lynne Williams
<b>Estimated Start Date</b>	07/12
<b>Estimated End Date</b>	06/14

## 2. Business Problem

The CRU Central Registry Unit (CRU) has been waiting for 4 years to get relief from their current business process which is at least 85%-90% manual. CRU receives an average of 650 requests for individuals who will be working with children, and by State law, must be screened to see if they have ever had a founded (or pending) complaint for child abuse or neglect. The current CRU process is cumbersome, inefficient and antiquated making it almost impossible to meet the required 10 day turnaround to process a request for information required by Virginia State law. Failure to meet the 10 day turnaround time leaves VDSS open to lawsuits, loss of potential jobs and children remaining in abusive surroundings longer than need be.

## 3. Project Business Objectives

### a. Improved Service Delivery:

Meet required 10 day turnaround time to provide screening for those persons working with children as mandated by Virginia State law. Provide screening for potential jobs, prevent lost job opportunities and prevent children from remaining in abusive surroundings.

### b. More services delivered electronically:

Provide an automated system for pre-intake, scanning, intake, finance, alerts, billing, reports, letters and meet the COOP.

### c. More effective public communication:

Improving the efficiencies of processing search forms will allow the Commonwealth to serve more customers.

#### 4. *Project Assumptions*

##### Funding

*Has funding already been secured?*

Yes

*What Federal funding sources are expected?*

50% Federal Funding (\$740,795.59)

*What COV general fund sources are expected?*

50% COV GF (\$740,795.59)

##### Federal or State Legislative Requirements

*Does the project need to comply with any specific requirements from the Federal government?*

TBD

*Or from COV policy or leadership?*

Code of Virginia – Commonwealth Project Management Standard

##### Other Assumptions

VDSS will provide trained and dedicated resources in order to accomplish the project in a reasonable timeframe. This will include the following activities:

- State and IT personnel will review and comment on deliverables on a timely basis.
- State and IT personnel will be available for meetings and provide required input/approvals as well as participate in the full lifecycle process.
- State and IT personnel will participate in and manage requirements elicitation, analysis and documentation as required.
- State personnel (Business users or CRU) will participate in consultative sessions and periodic product reviews during the development and testing phases.
- State (Business users, CRU) and IT personnel will plan and execute User Acceptance Testing (UAT).

#### 5. *Other Agencies*

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA	Infrastructure support (servers, file & storage space, firewalls, networks)

### 1. *Project Inventory*

<b>Agency</b>	Department of Social Services (VDSS)
<b>Project Title</b>	U. Central Registry System (CRS) (Phase 2)
<b>Project Owner</b>	Lynne Williams
<b>Estimated Start Date</b>	01/14
<b>Estimated End Date</b>	04/15

### 2. *Business Problem*

The CRU (Central Registry Unit) has been waiting for four years to get relief from their current business process which is at least 85%-90% manual. Delays in processing searches of the CR request can cause applicants to be out of compliance with licensing.

Child Care: Staff can work but the search must be returned within 30 days except for applicants. Applicants must have their search returned before they can be licensed.

- Local agencies requiring an official search
- The Department of Corrections for a special sex offender program
- Groups involved with children who wish to screen volunteers (e.g. Big Brothers Big Sisters)
- Any individual who submits a notarized request (e.g. a person wanting to have a Central Registry check of a potential babysitter)
- Other States which require a search on foster/adoptive parents who have lived in Virginia. This is a Federal requirement. In the current set-up, there is also a greater possibility of errors in the searching process causing a greater liability to VDSS.

### 3. *Project Business Objectives*

**a. Improved Service Delivery:**

CRS – Phase 2 will include the search and match development (based on the completed requirements in Phase 1) including interfaces with OASIS and CANIS data tables found in OASIS, notification, administration, archive, purge, queries, additional reports and log-out (close request) process.

**b. More services delivered electronically:**

Provide an automated system for search, research and matches. Automated activity notifications; automated security logging of user activities.

**c. More effective public communication:**

More effective, automated communication processes to include automated letter generation.

**4. Project Assumptions****Funding**

*Has funding already been secured?*

No confirmation of funding source secured.

*What Federal funding sources are expected?*

Expected 50% Federal Funding (estimate is \$275,000)

*What COV general fund sources are expected?*

Expected 50% COV general funding (estimate is \$275,000)

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

TBD

*Or from COV policy or leadership?*

Code of Virginia – Commonwealth Project Management Standard

**Other Assumptions**

VDSS will provide trained and dedicated resources in order to accomplish the project in a reasonable timeframe. This will include the following activities:

- State and IT personnel will review and comment on deliverables in a timely basis.
- State and IT personnel will be available for meetings and provide required input/approvals as well as participate in the full lifecycle process.
- State and IT personnel will participate in and manage requirements elicitation, analysis and documentation as required.
- State personnel (Business users or CRU) will participate in consultative sessions and periodic product reviews during the development and testing phases.
- State (Business users, CRU) and IT personnel will plan and execute User Acceptance Testing (UAT).

### *5. Other Agencies*

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA	Infrastructure support (servers, file & storage space, firewalls, networks)

## 1. Project Inventory

<b>Agency</b>	Department of Social Services (VDSS)
<b>Project Title</b>	V. DOLPHIN Licensing and Support Contract Renewal with Enhancements
<b>Project Owner</b>	Lynne Williams
<b>Estimated Start Date</b>	10/13
<b>Estimated End Date</b>	06/15

## 2. Business Problem

The Division of Licensing Programs has had an ongoing contract with the vendor Iron Data to provide the primary mission critical automated system. Over the extended life of the system, the vendor has completed numerous configurations, as well as, an extensive technical upgrade of the DOLPHIN system. The current contract for the licensing, maintenance and support will expire in June of 2014. The deliverables (business case & DSP) of a recently completed project indicates that a new contract be implemented with the current vendor (Iron Data). The contract will include enhancements to fill identified gaps in the automated support of the current system. Two primary areas are enhancements to the Enforcement module and the integration of the system's security to make it compliant with new agency and COV standards.

- Within the Licensing Programs Division, the Enforcement Program's business process has little automated support. Most business processes are handled manually. This leads to extended service times and potential errors in tracking enforcement activities.
- Security activities are maintained and controlled within the DOLPHIN system. This approach to security is out of compliance with the current agency security policy.

### ***3. Project Business Objectives***

**a. Improved Service Delivery:**

Automation of an extensive portion of the Enforcement Program’s business process. Automated tracking, workflow and letter generation will improve service delivery.

The security enhancements that will bring DOLPHIN into compliance with the current central focused security policy will ensure accurate and efficient control and audit capabilities of the system.

**b. More Services Delivered Electronically:**

Adding the automated system component for tracking enforcement activities and other Enforcement business processes removes an identified gap in delivering automated services.

The security enhancements will bring electronic audit logging of all security auditable data.

**c. More Effective Public Communication:**

Adding the automated system component for tracking enforcement activities and other Enforcement business processes improves the efficiency and accuracy of the very sensitive and critical Enforcement related communication.

**d. Operational Effectiveness:**

Centralizing the security control and audit logging improves the operational effectiveness of the system.

**e. Strategic Alignment:**

The security enhancements will bring DOLPHIN into compliance with the current central focused security policy and will ensure accurate and efficient control and audit capabilities of the system.

### ***4. Project Assumptions***

**Funding**

*Has funding already been secured?*

Yes

*What Federal funding sources are expected?*

50% Federal Funding (estimated \$250,000). Total estimated budget estimate \$500,000.

*What COV general fund sources are expected?*

50% COV GF (estimated \$250,000). Total estimated budget estimate \$500,000

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

None

*Or from COV policy or leadership?*

Code of Virginia – Commonwealth Project Management Standard

**Other Assumptions**

VDSS will provide trained and dedicated resources in order to accomplish the project in a reasonable timeframe. This will include the following activities:

- State and IT personnel will review and comment on deliverables in a timely basis.
- State and IT personnel will be available for meetings and provide required input/approvals as well as participate in the full lifecycle process.
- State and IT personnel will participate in and manage requirements elicitation, analysis and documentation as required.
- State personnel (Business users or CRU) will participate in consultative sessions and periodic product reviews during the development and testing phases.
- State (Business users, CRU) and IT personnel will plan and execute User Acceptance Testing (UAT).

***5. Other Agencies***

Other Agency Name	Role/Deliverables
VITA	Infrastructure support (servers, file & storage space, firewalls, networks)

**1. Project Inventory**

<b>Agency</b>	Department of Social Services (VDSS)
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<b>Project Title</b>	W. Prime Power Replacement
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<b>Project Owner</b>	Robert Hobbelman
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<b>Estimated Start Date</b>	03/14
<b>Estimated End Date</b>	03/15

**2. Business Problem**

VDSS is in need of the replacement of the Prime Power Hardware that supports a large number of mission critical VDSS applications. VDSS has worked with VITA/NG on a replacement recommendation to ensure we have modern hardware, separation of mission critical applications within the existing hardware, creation of separate environments for development, integration testing, User Acceptance Testing and Production.

**3. Project Business Objectives**

The project will provide VDSS with a stable environment for our mission critical applications that are not part of the Eligibility System Modernization project.

**4. Project Assumptions****Funding**

*Has funding already been secured?*

Yes
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*What Federal Funding sources are expected?*

50% Federal Funding ( \$275,000)
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*What COV general fund sources are expected?*

50% COV GF (\$ 275,000)
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**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

No, the applications that depend on the hardware replacement do, however

*Any specific mandated dates that need to be addressed?*

No

**Other Assumptions**

- Timeline will depend on business owner's availability to verify the system migration efforts.

## 1. Project Inventory

<b>Agency</b>	<b>Department of Social Services – Division of Child Support Enforcement (VDSS/DCSE)</b>
<b>Project Title</b>	<b>X. New Hire &amp; Employer Services Solicitation</b>
<b>Project Owner</b>	<b>Craig Burshem</b>
<b>Estimated Start Date</b>	<b>01/14</b>
<b>Estimated End Date</b>	<b>01/20</b>

## 2. Business Problem

### New Hire Reporting Center

The State's New Hire Program was established July 1st, 1993. Since July 1st, 1998, employers have been required to report, within 20 days, to the Virginia New Hire Reporting Center, operated under the authority of the DCSE, (see Virginia Statutes, §63.2 – 1946) information regarding the initial employment of any person. The New Hire Reporting Center operates and maintains the Virginia State Directory of New Hires and is authorized to share information with the Virginia Employment Commission (VEC). Information that must be provided by the employer includes only that information that is required by Federal law, listed in Section III.A.2, but the employer may report optional information. Employers may provide the information by mail, fax or electronic submittal. VDSS/DCSE uses the employee information to aid in locating non-custodial parents who are responsible for the payment of child support.

This program has been successful for the State and has resulted in locating and obligating non-custodial parents and in increasing child support collections. The State received approximately 1.5 million new hire reports from employers last year, with child support collections totaling approximately \$7.8 million. In 2012, 88% of new hire reports were received electronically (76% by FTP, <0.1% by disk, 11.9% by Internet), and 12% non-electronically (9% on lists, 2.6% on forms, and <0.4% via receipt of W-4s).

### Centralized Employer Reporting and Processing Center

Employers play a critical role in Virginia's child support enforcement program by providing employment and income information to the Commonwealth. VDSS/DCSE uses this information to determine where non-custodial parents are working and how much child support they should pay. Employers deduct child support from noncustodial parents' paychecks and forward it to the VDSS/DCSE for posting and disbursement to the custodial parent and children. Employers also sponsor health insurance plans for their

employees, and when ordered to do so by DCSE or the courts, ensure that children are covered by their parent's plans.

The current process to provide this information is time and people intensive. Each year, VDSS/DCSE generates more than 400,000 documents to employers. Many of these documents require a response from the employer, which must be processed by VDSS/DCSE staff. Almost all of this communication is currently being accomplished in hard copy, on a case-by-case basis, and most of the documents are exchanged by mail.

The Centralized Employer Reporting and Processing Center concept recognizes that the effectiveness of child support actions often comes down to speed and accuracy of response. The Centralized Employer Reporting and Processing Center should increase the speed and response of all employer-related communications by making it easier for an employer to receive, process and accurately respond to standard child support requests.

### ***3. Project Business Objectives***

#### **a. New Hire Reporting Center**

1. Maintain a database of the new hire data.
2. Establish and maintain a public facing website that provides new hire reporting information and that allows employers to report new hires via the Internet. The Contractor must use a standard security protocol to ensure the privacy of the data reported by employers through the website.
3. Accept new hire information via fax, W-4's and other non-electronic formats.
4. Provide a plan to monitor employer compliance, on not less than a quarterly basis.
5. Provide employer outreach regarding the New Hire Reporting Program.
6. Participate in evaluating the efficiency and effectiveness of the New Hire Program at the request of, and in conjunction with, the Division. The purpose of the evaluation will be to assess compliance with the contract, to monitor compliance with State and Federal procedures and to determine the effectiveness of the program.
7. Provide statistical reports to the State monthly which shall minimally include the following information:
  - Incoming new hire reports received per day, per month and per year; by type and the total returned for correction.
  - Report of record type received by day.
  - Report of website usage for the month.

**b. Centralized Employer Reporting and Processing Center**

Provide Centralized Employer Reporting and Processing Center Services which the Division, at its sole discretion, may opt to purchase. Requirements include:

1. A Centralized Employer Reporting and Processing Center which provides a single point of contact and communication for employers with VDSS.
2. Centralized Employer Services Web Site (VA CES).
3. Employer accounts on the web site for two way communications between employers and service bureaus and VDSS and the Centralized Employer Reporting and Processing Center.
4. Income Withholding and Employment/Income Verification Management Services to increase child support collections through accelerated wage withholdings.
5. National Medical Support Notice (NMSM) Management Services to help increase the number of children with health coverage.
6. Employer Database Clean-up and Maintenance Services to manage employer and employee data effectively.
7. New Hire Directory reporting link to the web site.
8. Outreach Services to promote increased compliance and conversion to electronic data submissions.

**4. Project Assumptions****Funding**

*Has funding already been secured?*

Yes

*What Federal funding sources are expected?*

Regular Division of Child Support Federal Match:  
Federal 66%  
State 34%

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, known as welfare reform, requires all employers to report certain information on their newly hired employees to a designated State agency.

*Or from COV policy or leadership?*

Employers have been required to report to the Virginia New Hire Reporting Center, operated under the authority of the DCSE, the initial employment of any person, within twenty days (20) days of employment (see Virginia Statutes, §63.2 – 1946).

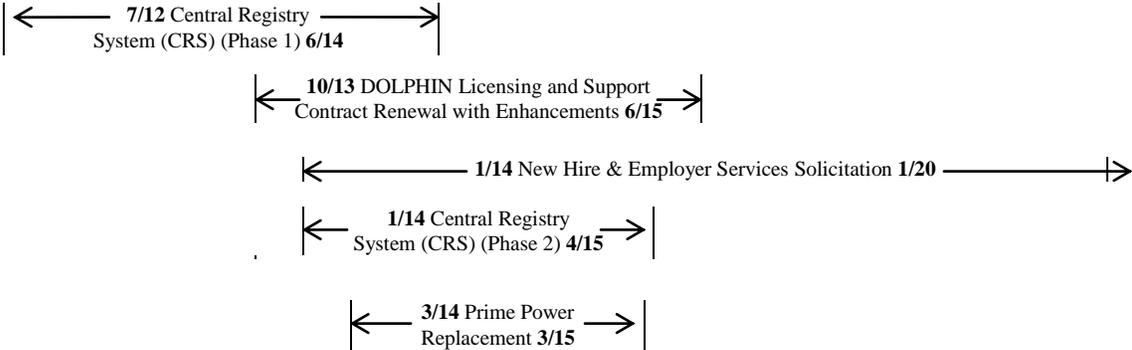
**Other Assumptions**

Initial budgeted estimate will not be exceeded. If prices from bidders exceed budgeted amount, the Division will reconsider the Employer Services portion of this project. The New Hire services are required by State and Federal law.

***5. Other Agencies***

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA – Procurement	Approve all associated procurement documents (e.g. APR)
VITA – PMD	Approve all associated project documents (e.g. Business Case)

**Department of Social Services (VDSS)**



Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## **Department of Medical Assistance Services (DMAS)**

- Y. Replacement MMIS
- Z. Medicaid Expansion

### 1. *Project Inventory*

<b>Agency</b>	Department of Medical Assistance Services (DMAS)
<b>Project Title</b>	Y. Replacement MMIS
<b>Project Owner</b>	Scott Crawford
<b>Estimated Start Date</b>	7/15
<b>Estimated End Date</b>	7/18

### 2. *Business Problem*

The current Virginia Medicaid Management Information system (MMIS) has been in production since June 2003. The current contract with Xerox Corporation runs out in June 30 2018 after exercising all of the option years. By 2018, the current system will be 15 years old and in need of a replacement. The current system has gone through considerable overhaul as part of the national provider identifier, HIPAA 5010 and ICD-10 upgrades and still meeting the agency needs. DMAS will be preparing a RFI in second part of 2014 and issue a RFP in the fall of 2014. The new system will adhere to Medicaid Information Technology Architecture (MITA) 3.0 and CMS' seven conditions and standards necessary for enhanced federal match funding. The new system will involve a rules-based claims processing engine, Medicaid data warehouse, Fiscal agent component, Data Analysis and program integrity.

### 3. *Project Business Objectives*

- a. The new system will increase the speed of changes to the system based on State and Federal mandates.
- b. The current contract expires in 2018, after all the option years have been exercised, and by State and Federal mandate, it has to be competitively procured again.
- c. There is a possibility to merge few existing contracts into one to achieve cost benefit to the State.

### 4. *Project Assumptions*

#### Funding

*Has funding already been secured?*

Not yet

*What Federal funding sources are expected?*

Up to 90% Federal Funding up to implementation; standard 75% for Operations/Support and 50% for Maintenance/Changes.

*What COV general fund sources are expected?*

10% COV general funding for implementation; 25% for Operations/Support and 50% for Maintenance/Changes.

### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Yes, CMS

*Or from COV policy or leadership?*

Code of Virginia – Commonwealth Project Management Standard

### **Other Assumptions**

DMAS will provide trained and dedicated resources in order to accomplish the project in a reasonable timeframe. This will include the following activities:

- State and IT personnel will review and comment on deliverables in a timely basis.
- State and IT personnel will be available for meetings and provide required input/approvals, as well as, participate in the full lifecycle process.
- State and IT personnel will participate in and manage requirements elicitation, analysis and documentation as required.
- State personnel (Business users) will participate in consultative sessions and periodic product reviews during the development and testing phases.
- State (Business users) and IT personnel will plan and execute User Acceptance Testing (UAT).
- State resources will be involved in: developing the contract, reviewing the proposals, contract negotiations, transitioning from the current vendor to the new vendor, training, OCM, provider outreach, meeting with CMS and the State, working with various vendors and State/Federal agencies on their current interfaces etc.

## ***5. Other Agencies***

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA	Infrastructure support (servers, file & storage space, firewalls, networks)

VDSS	Recipient Enrollment and Eligibility determination
CMS	Federal oversight and approval authority

### 1. *Project Inventory*

<b>Agency</b>	Department of Medical Assistance Services (DMAS)
<b>Project Title</b>	Z. Medicaid Expansion (if approved by new Administration and Legislative session)
<b>Project Owner</b>	Scott Crawford
<b>Estimated Start Date</b>	4/14
<b>Estimated End Date</b>	1/15

### 2. *Business Problem*

#### Expansion of Medicaid:

If the Medicaid expansion occurs, there is a series of systems changes needed in MMIS, CommonHelp, VaCMS and other ancillary systems that are dependent on these systems. As a result of projected 40% growth, the capacity of the systems and the underlying technical infrastructures have to be increased; systematic changes have to occur to satisfy the benefit policy structure that will be put into place. Based on the increase in volume, systems dealing with the managed care organizations may change based on the business rules that will be drafted.

### 3. *Project Business Objectives*

If approved by the Administration and General Assembly, addressing automation and capacity planning needs will be required. The primary benefit will be the ability for the automation to support current eligibility determination and enrollment process metrics without increasing wait times.

If approved by the Administration and General Assembly, addressing policy and procedures changes for expansion population will be required. The primary benefit will be the ability for the operational staff to be well trained in new policies, operational procedures and automation to support current eligibility determination and enrollment process metrics.

### 4. *Project Assumptions*

#### Funding

*Has funding already been secured?*

No. Federal funding requests will be prepared and submitted if the Medicaid expansion is approved.

*What Federal funding sources are expected?*

For systems development 88.75% Federal funding up to implementation.

For the expansion population for Medicaid Assistance, there is an increase in Federal match: 100 percent in calendar years 2014 - 2016, 95% in calendar year 2017, 94% in calendar year 2018, 93% in calendar year 2019, and 90% in calendar years 2020 and beyond.

*What COV general fund sources are expected?*

For systems development 11.25% COV general funding.

For the expansion population for Medicaid Assistance, 0% General Funds (GF) in calendar years 2014 - 2016, 5% in calendar year 2017, 6% in calendar year 2018, 7% percent in calendar year 2019, and 10% in calendar years 2020 and beyond.

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Yes, CMS rules and regulations for the Medicaid expansion population.

*Or from COV policy or leadership?*

Code of Virginia – Commonwealth Project Management Standard

**Other Assumptions**

DMAS will provide trained and dedicated resources in order to accomplish the project in a reasonable timeframe. This will include the following activities:

- State and IT personnel will review and comment on deliverables in a timely basis.
- State and IT personnel will be available for meetings and provide required input/approvals as well as participate in the full lifecycle process.
- State and IT personnel will participate in and manage requirements elicitation, analysis and documentation as required.
- State personnel (Business users) will participate in consultative sessions and periodic product reviews during the development and testing phases.
- State (Business users) and IT personnel will plan and execute User Acceptance Testing (UAT).
- State resources will be involved in developing the contract, reviewing the proposals, Contract negotiations, transition from the current vendor to new

vendor, training, OCM, Provider outreach, meeting with CMS and State, working with various vendors and State/Federal agencies on their current interfaces, etc.

- DMAS will collaborate and coordinate with VDSS.
- VDSS will collaborate and coordinated with local Departments of Social Services (LDSS).

##### 5. *Other Agencies*

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA	Infrastructure support (servers, file & storage space, firewalls, networks)
VDSS	Member Enrollment and Eligibility determination
CMS	Federal oversight and approval authority

**Department of Medical Assistance Services (DMAS)**

← 4/14 Medicaid Expansion 1/15 →

← 7/15 Replacement MMIS 7/18 →

Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## Department of Motor Vehicles (DMV) Partnering with Department of Medical Assistance Services (DMAS)

AA. EC2 Expanded On-line Credentials

## 1. Project Inventory

<b>Agency</b>	DMV Partnering with DMAS
<b>Project Title</b>	AA. EC2 Expanded On-line Credentials
<b>Project Owner</b>	David Burhop (DMV)/David Mix (DMAS)
<b>Estimated Start Date</b>	4/14
<b>Estimated End Date</b>	1/15

## 2. Business Problem

From the CAS Phase I efforts we've learned that DMV customer data alone is not sufficient for on-line credentialing of the Medicaid community beyond 60 - 70%. Additional authentication sources are required from various social/economic/demographic backgrounds to improve this match rate. Some of these sources may well be existing COV agency data (VDSS) that can be trusted for specific uses. EC2 works to extend the framework created by CAS to fill this gap.

EC2 provides a method to confirm the identities of in-State and out-of-State individuals applying for government services or benefits that is far superior to current technology. EC2 can be used by any Commonwealth agency to authenticate a citizen's identity for any service/benefit they provide. This new technology employs a match/no-match model using sources of government and commercial data. No data is exchanged between parties involved in the identification process. EC2 will decrease fraud and abuse, decrease waste amongst already limited government resources, decrease duplicative processes and provide greater convenience for citizens obtaining services across agencies.

## 3. Project Business Objectives

Improve authentication match rate for existing Medicaid population accessing COV systems on-line. Resolve key gaps in the DMV authentication data set including:

- Children/youth
- Out of State designated caregivers
- Non-driving residents

Allows EC2/CAS to be used by Medicaid subgroups that do not drive (DBHDS).

Key enabling feature for the potential Medicaid Expansion population.

Increased confidence level that the applicant is who they say are (stronger credential).

Strong authentication/credentials are requested to meet CMS requirements under ACA for remote access via website, IVR and call center by the citizen.

#### **4. Project Assumptions**

##### **Funding**

*Has funding already been secured?*

\$2M already secured from CMS.

Design is still underway; costing will be confirmed once the design is finalized.

*What Federal funding sources are expected?*

88.75% Federal Funding up to implementation and standard 50% for O&M

*What COV general fund sources are expected?*

11.25% COV general funding

*Other funding points to consider?*

Need to include costs to initially secure/integrate 3<sup>rd</sup> party authentication sources. Also need to include funding for VDSS to develop an authentication query interface to support knowledge based questions and backend evaluation. VDSS will need to get their Federal funding through an update to their Eligibility IAPDU.

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the Federal government?*

Yes, CMS ACA security requirements.  
Potentially IRS also for F&S programs.

*Or from COV policy or leadership?*

Code of Virginia – Commonwealth Project Management Standard  
Code of Virginia – Data Protection and Dissemination

*Any specific mandated dates that need to be addressed?*

Must be completed by the end of 2015 to secure ACA funding.

##### **Other Assumptions**

1. EC2 will integrate with the CAS Phase I framework.
2. EC2 will be used for on-line citizen authentication.
3. EC2 will also be used for IVR and batch application interfaces.
4. EC2 can leverage dynamic verification question from multiple sources.
5. The Federal HIM authentication service can be used as an EC2 authentication source.

- |  |
|--|
| 6. EC2 can leverage commercial authentication sources such as Facebook, Google and Experian.   |
| 7. VDSS will be added as a COV verification source. VDSS will be able to submit knowledge based questions to EC2 using a secure interface. VDSS client data will remain with VDSS to comply with Commonwealth security requirements. |

### ***5. Other Agencies***

VITA	Infrastructure support (servers, file & storage space, firewalls, networks)
VDSS	Recipient Enrollment and Eligibility determination
CMS	Federal oversight and approval authority

### Virginia Division of Motor Vehicles (DMV) Partnering with Department of Medical Assistance Services (DMAS)

← 4/14 EC2 Expanded  
On-line →  
Credentials 1/15

Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## Department for Health (VDH)

- AB. WIC EBT Project – eWIC
- AC. SNP ROAP System Replacement Project - SNOOPY
- AD. Division of Disease Prevention STDMIS Replacement Project – Maven
- AE. Contract, Budget and Grant enhancements
- AF. Travel Authorization Request (TAR)
- AG. Electronic Death Registration System
- AH. DMAS Interface Projects
- AI. SB1039 – DMV birth certificate issuance
- AJ. Vital Records Index Project
- AK. All-Payer Claims Database

## 1. Project Inventory

<b>Agency</b>	Division of WIC and Community Nutrition Services
<b>Project Title</b>	AB. WIC EBT Project - eWIC
<b>Project Owner</b>	Division of WIC and Community Nutrition Services
<b>Estimated Start Date</b>	05/09
<b>Estimated End Date</b>	10/14

## 2. Business Problem

VDH, Division of Women, Infant and Children (WIC) and Community Nutrition Services, provides nutritious foods, nutrition education and referrals to health and other social services to clients throughout the COV. In Virginia, nutritious foods are delivered to WIC participants through Food Instruments (FIs). FIs are vouchers, similar to checks, but which state the food items and quantities that may be purchased by participants at authorized food retail locations. WIC FIs are printed and issued to participants at local clinic locations. The WIC participant, parent, guardian, caretaker or proxy then redeems the FI(s) at a WIC - authorized retailer location. The retailer deposits any FIs they receive as they would a paper check. The State banking contractor then reduces the State's WIC account accordingly and performs settlement with retailers.

An alternative to this largely manual issuance process is e-WIC, the electronic issuance of benefits similar to Electronic Benefits Transfer (EBT). In the WIC Program, EBT includes the use of an electronic food prescription that specifies particular food items, quantities of the food items that can be purchased, the time period within which the food items must be purchased and the maximum value associated with these food item purchases. These electronic benefits are maintained in an account which is set up for a benefit recipient. The account is associated with a card that identifies the account holder and through which benefits are accessed. With e-WIC the issuance, redemption and settlement of food benefits is automated. Automation of this process results in, among other benefits, fewer retailer errors, greater anonymity and security for participants and greater reporting accuracy for the WIC Program.

### 3. *Project Business Objectives*

- a. Improve the ability of State and local WIC staff to provide efficient quality services to WIC participants. Improve service delivery to ensure high program retention rates and customer satisfaction. Improve the delivery and quality of nutrition education.
- b. Strengthen participating retailers' point-of-service delivery, ensuring high quality services are rendered to all eligible Virginia WIC participants. Eliminate paper food instruments.
- c. Ensure participating retailers' products and services comply with State, Federal, and regulatory requirements/guidelines. Help ensure compliance with all State and Federal accountability guidelines regarding food instrument issuance and reconciliation.
- d. Help ensure that all critical reporting needs and requirements are met in a timely and accurate manner. Help codify policies and procedures of the Virginia WIC Program to support and expedite certain program operations. Improve the integrity of program operations by strengthening internal controls and minimizing the risk of potential fraud and abuse.
- e. Improve the effectiveness and efficiency of program operations through the use of automated data processing and services.

### 4. *Project Assumptions*

#### Funding

a) *Has funding already been secured?*

Yes

#### Federal or State Legislative Requirements

a) *Does the project need to comply with any specific requirements from the federal government?*

Yes

b) *Or from COV policy or leadership?*

Yes

#### Other Assumptions

The Crossroads Consortium will implement the custom WIC management information system concurrently with Virginia's development of e-WIC. In order to successfully deploy these systems together, the Crossroads system must remain on schedule with E-WIC.

E-WIC pilot and implementation will be concurrent with Crossroads. The e-WIC and Crossroads pilot and implementation schedules will coincide to allow the Virginia WIC Program to deploy Crossroads with e-WIC benefit issuance, redemption and payment capabilities. This will require adherence to the Crossroads project schedule throughout development, test, pilot and implementation.

## 1. Project Inventory

<b>Agency</b>	<b>Division of Community Nutrition</b>
<b>Project Title</b>	<b>AC. SNP ROAP System Replacement Project - SNOOPY</b>
<b>Project Owner</b>	<b>Division of Community Nutrition – John Stajduhar</b>
<b>Estimated Start Date</b>	<b>10/13</b>
<b>Estimated End Date</b>	<b>09/14</b>

## 2. Business Problem

In 2010, the United States Department of Agriculture (USDA) transferred administrative control of the Special Nutrition Programs (SNP) to the Virginia Department of Health (VDH). The Regional Office Administered Program (ROAP) management information system (MIS) was also provided as a technology solution for program oversight and data management. ROAP has limited functionality encompassing the processing of Sponsor applications and claims for reimbursement, along with a module for generating reports. The shortcomings of ROAP cover a wide spectrum and are to the detriment of the business units that utilize its basic functions.

The Applications module of ROAP captures only a small portion of the yearly data gathered from Sponsors that is used to determine their eligibility to participate in SNP. Given the limited amount of data captured by the system, the application process is primarily paper-based with ROAP acting as a secondary repository for certain critical information. Since the application process is paper-based and subject to human error, the processing of applications can take up to two weeks per application. The volume of applications requires the Business Unit to hire supplemental contract staff to perform Sponsor compliance monitoring. These contract hires are not only costly, but force the Business Unit to rely on staff with limited knowledge of federal regulations to verify that sponsors are operating their individual programs according to published policies and procedures. ROAP also has no capacity to keep records of administrative reviews and associated findings. This creates a disconnect between paper documents and data stored in ROAP for each sponsor.

The Claims module of ROAP suffers from ongoing deficiencies. The most current known defect occurs when a list of sponsors submit claims. The claims are compiled in to a payroll and passed to our Finance and Accounting (F&A) system; however, the sponsors' data occasionally remains in a pending state even though payments have been processed, resulting in duplicate payments. To date, there has been no reliable method of recreating the exact scenario that causes this issue and thus the problem continues to occur each

month. Another issue with the payment system is that the scope of payable sponsors via ROAP is not scaled to be compatible with VDH's F&A system. F&A can only process 25 transactions at a time; whereas, ROAP was designed to handle any number of sponsor claims. The process to manage this involves moving sponsors from the pending list to a holding list; however, the system can only move one sponsor at a time, and there are frequently anywhere from 75-100 claims to be processed. This issue is further exacerbated when a single sponsor needs to be processed. Rather than selecting the single sponsor for payment, every other sponsor must be removed from the list before the payment can be processed. Once a payment has been processed, it cannot be cancelled. If fraud is detected and a claim needs to be rescinded, then the sponsor in question must make a repayment to VDH directly.

ROAP has undergone 300+ modifications and defect repairs. Despite these efforts, there remain defects that have not been addressed. For example, in the Family Day Care (FDC) module of ROAP, no new sponsors can be added. Also, in the Child and Adult Care Food Program (CACFP) module, not all available sponsor categories can be enabled. Other issues occur due to yearly changes such as fiscal year entry, as well as, cost and payment category code adjustments. These yearly changes frequently impact the timeliness of both the application and payment processes.

### ***3. Project Business Objectives***

- a. Replace a legacy application with a robust solution based on the current day technology supported by a vendor.
- b. Introduce paperless Sponsor applications which would reduce data entry errors by applying system level validations to application content.
- c. Decrease staff time spent on application reviews and following up with Sponsors which would allow core staff to spend more time on administrative reviews.
- d. Reduce program costs through savings on paper supplies, mailing and contract staff currently needed for application reviews and processing.
- e. Unify and centralize relevant program data. This would aid in meeting USDA's audit requirements more efficiently as currently data is stored across paper files, individual employee computer storage, networked storage and data found within ROAP itself. By allowing for the collection of all program data through one application, SNP could be managed both more efficiently and more effectively.
- f. Align new system functions with existing business processes to streamline tasks, benefiting the Financial Unit among others.

Support financial tracking and reconciliation for auditing with the introduction of new reports.

Automatically recoup misappropriated program funds eliminating paper check processing.

#### **4. Project Assumptions**

##### **Funding**

*Has funding already been secured?*

Yes

*What federal funding sources are expected?*

State Administration Expense Fund

*What COV general fund sources are expected?*

100% federal, no state funds.

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

Yes

*Or from COV policy or leadership?*

Yes

*Any specific mandated dates that need to be addressed?*

Dates pertinent to funding. Division is hoping to finish the project before FY end on September 30<sup>th</sup> 2014.

##### **Other Assumptions**

- Division has access to funding sources sufficient to implement and maintain the solution.
- Division and Vendor resources will be available as needed.
- The Project Team will participate in the timely execution of the Project Plan. Project scope will not be modified. However, the Project Plan may change as the new information is obtained.

#### **5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA/NG	Server infrastructure – this is a potential role, since vendor

	may propose to provide this service.
VITA/NG	PMO
OIM	PM

## 1. Project Inventory

<b>Agency</b>	<b>Division of Disease Prevention</b>
<b>Project Title</b>	<b>AD. Division of Disease Prevention STD MIS Replacement Project – Maven</b>
<b>Project Owner</b>	<b>Division of Disease Prevention – Jeff Stover</b>
<b>Estimated Start Date</b>	<b>05/13</b>
<b>Estimated End Date</b>	<b>09/14</b>

## 2. Business Problem

The Division of Disease Prevention (DDP) works with numerous information management systems provided by the Centers for Disease Control and Prevention (CDC). The reportable conditions are predominantly associated with sexually transmitted diseases (STD), HIV, tuberculosis (TB) and hepatitis. DDP has an immediate need for a surveillance system to replace the existing CDC provided STD system (STD\*MIS) which is extremely complex, written in FoxPro. It was launched in 1995. The CDC has decided to cease development of additional versions, requiring states to find alternative solutions.

STD\*MIS has a variety of limitations, including instability, outdated technology, difficult navigation, lack of electronic laboratory reporting (ELR) infrastructure, and inadequate access controls. STD surveillance programs using STD\*MIS must transition to vendor-based products or custom-built applications. Virginia does not have a custom STD application and development/maintenance would be cost prohibitive. Additionally, the DDP is comprised of six work units which use seven large-scale, complex data systems for routine activities. The evolving healthcare system and complex programmatic requirements is requiring robust data interoperability in order to meet the wide variety of DDP core priorities, such as linkages to healthcare.

## 3. Project Business Objectives

- a. Replace an unsupported legacy application with a robust solution based on the current day technology supported by a vendor.
- b. Increase security of sensitive data.
- c. Improve data management (faster, more accurate, fewer resources, LHD web access, reduce the need to mail documents).

- d. Improve data integration and interoperability while creating a cohesive system to identify and monitor multiple disease trends and respond in a timely and meaningful manner.
- e. Provide DDP with the capability to improve cross-regional collaborations.
- f. Decrease the number of mapping requests via built-in GIS.
- g. Import all electronic data directly into the new solution via built-in ELR.
- h. Increase flexibility via on-the-fly application customization.
- i. Improve DDPs infrastructure to allow for program/server consolidation while increasing overall system performance.

#### **4. Project Assumptions**

##### **Funding**

*Has funding already been secured?*

Yes

*What federal funding sources are expected?*

CDC funds

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

Yes

*Or from COV policy or leadership?*

Yes

*Any specific mandated dates that need to be addressed?*

Dates pertinent to funding

##### **Other Assumptions**

- DDP has access to funding sources sufficient to implement and maintain the solution.
- DDP and Vendor resources will be available as needed.

- The Project Team will participate in the timely execution of the Project Plan. Project scope will not be modified. However, the Project Plan may change as the new information is obtained.

### *5. Other Agencies*

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
VITA/NG	Server infrastructure
VITA/NG	PMO
OIM	PM, Tech Lead

## 1. Project Inventory

<b>Agency</b>	Virginia Department of Health (VDH) – 601
<b>Project Title</b>	AE. Contract, Budget and Grant enhancements
<b>Project Owner</b>	Office of Finance, Office of Purchasing and General Services
<b>Estimated Start Date</b>	03/13
<b>Estimated End Date</b>	06/15

## 2. Business Problem

Contract: Currently the Contracts Office maintains paper based contract information that is time consuming in creating various reports and statistical analyses. It also delays tracking contract maintenance functions like renewal, termination or extension as there is no systematic way to keep track and manage contracts. This results in misleading and unreliable information and requires more resources to pull the information together.

Budget: Currently the Finance Office maintains budget and grant information using MS-Excel in a spreadsheet form. This approach is very time consuming and requires more resources and frequent communication between cost centers and the central office. It also restricts the data exchange opportunity and integration with other systems.

Grant: The Federal Funding Report and other reporting are done manually, which occupies much time of the business users who collect and format the information. Cost centers manually manage un-liquidated obligations (ULOBS) and also manually manage frequent reporting requirement schedules which may delay timely reporting.

## 3. Project Business Objectives

a. Objective: Eliminating manual, paper based approach to automated and integrated system with existing business related system.

Benefit: The proposed system would allow VDH users to create and manage contract, budget and grant information at nearly real time basis, electronically through data validations and integration with existing system. This would save significant time in entire process and provide better resource management.

b. Objective: Improving data quality and data exchange with other systems.

Benefit: The system would implement submission and approval process to ensure data quality to produce more reliable statistical analysis and opportunity for data exchange with other systems to save time and avoid data duplication.

c. Objective: Implement more secure, control and transparent approach for information.

Benefit: The project can leverage current system security model to use existing authentication, authorization and role based approach to protect various information which leads towards more accurate management reporting.

d. Objective: Real time notifications/alerts/reminder for contract dead-line, renewals or termination.

Benefit: The notifications/alerts would remind business users (contract administrators, business managers) to act and manage the information in the system to ensure continued contract service to the agency, as well as, timely update on budget information.

e. Objective: Improve customer satisfaction through enterprise data sharing.

Benefit: The project improves overall customer satisfaction as they find contract, budget and grant information are integrated with each other including the existing system which helps improve productivity and data accuracy.

f. Objective: Generate history trail for information change.

Benefit: This would benefit the business users to review and supplement the information for any audit query.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

Yes, through Indirect Cost Recovery and EP&R

*What federal funding sources are expected?*

Public Health Emergency Program grant (\$40,000) and rest from Indirect Cost Recovery

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

No

*Or from COV policy or leadership?*

Yes

*Any specific mandated dates that need to be addressed?*

EP&R grant is ending by June 30, 2014

## 1. Project Inventory

<b>Agency</b>	Virginia Department of Health (VDH) – 601
<b>Project Title</b>	AF. Travel Authorization Request (TAR)
<b>Project Owner</b>	Josh Czarda – Office of the Commissioner
<b>Estimated Start Date</b>	08/13
<b>Estimated End Date</b>	06/15

## 2. Business Problem

Currently VDH maintains paper-based event and travel requests submission and approval which are time consuming processes. The paper process also delays other administration processes that depend upon travel approval. There is no systematic way to track and manage travel requests which leads to misleading, unreliable information and requires more resources to pull the information together.

## 3. Project Business Objectives

a. Objective: Eliminating manual, paper-based approach and replacing with automated and integrated system with existing business related system.

Benefit: The proposed system would allow VDH users to create and manage travel requests on a nearly real-time basis, using electronic data validations that integrate with the existing system. This would save significant time in the entire process and would provide better resource management.

b. Objective: Improving data quality and data exchange with other systems.

Benefit: The system would implement submission and approval processes to ensure data quality in producing more reliable statistical analysis and opportunity for data exchange with other systems. This would save time and avoid data duplication.

c. Objective: Implement more secure, control and transparent approach for information.

Benefit: The project can leverage the current system security model to use existing authentication, authorization and role based approach to protect various information which leads towards more accurate management reporting.

d. Objective: Real time notifications/alerts/reminders for submission and approval

decisions.

Benefit: The notifications would remind business users to act to ensure timely response for requests.

e. Objective: Improve customer satisfaction through enterprise data sharing.

Benefit: The project will improve overall customer satisfaction as users find event, travel and funding information that are integrated with each other, as well as, the existing system. This would help improve productivity and data accuracy.

f. Objective: Generate history trail for information exchange.

Benefit: This would benefit the business users and allow for review and supplementing information to be added for any audit query.

#### ***4. Project Assumptions***

##### **Funding**

*Has funding already been secured?*

Yes

*What federal funding sources are expected?*

Public Health Infrastructure program

##### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

No

*Or from COV policy or leadership?*

Yes

## 1. Project Inventory

<b>Agency</b>	Virginia Department of Health (VDH)
<b>Project Title</b>	AG. Electronic Death Registration System
<b>Project Owner</b>	Division of Vital Records (DVR) – Janet Rainey – State Registrar
<b>Estimated Start Date</b>	03/11
<b>Estimated End Date</b>	10/14

## 2. Business Problem

This project is to replace the current manually-performed death registration process with a web-based Electronic Death Registration (EDR) system. The current Death Registration process is a manual one, involving extensive paperwork that must be performed by its participants before the Division of Vital Records (DVR) can enter information into the current system.

The registration of a death involves Funeral Directors, Physicians, Coroners, Medical Examiners, State Registrar, local Registrars, as well as, Hospitals. These participants in the death registration process are each faced with the need to complete their portion of the death record according to a time schedule that may require them to set aside other pressing business requirements - for instance, when a physician must stop and complete the cause of death on a certificate when he/she might have patients waiting to be seen.

The current process for gathering death records is highly labor-intensive for all parties involved. This results from the current reliance on manual processing and the often extensive travel required by the funeral director staff to compile information, obtain all signatures and file certificates. Unnecessary time may be consumed by the business partners interacting amongst themselves to acquire the needed information and handwritten signatures. A funeral director may have to travel to a physician's office one hundred miles away to obtain a signature. The family of the decedent may be inconvenienced by needless delays when a legal correction is required due to simple errors of entry or omission on the original certificate. This process, which can require many weeks to complete, is prone to errors and certificate loss. It can even lead to potential fraud if benefits from Social Security are processed and issued to the deceased beneficiaries. Manual processing of this critical information can result in a significant number of certificates filed inappropriately due to inaccuracies which may result in unacceptable certificates for the use of family members and other State and Federal agencies. Moreover, manual processes prevent sharing of data which can be a significant

negative. Delays in death notifications due to infectious disease or epidemic can negatively impact the efforts of VDH in taking critical and time-sensitive actions in preventing further deaths.

As stated, the current, manual process is cumbersome and fraught with inconvenience and there is potential for delay at every step of the process. These delays will be addressed by the new system, as it will provide users with the ability to sign records digitally; thus, eliminating delays associated with those activities.

Furthermore, in the current, paper-based Death Registration client server system, there are often times when delays in the death registration process occur as a result of one or more participants who cannot or do not perform their assigned duties and responsibilities. As a result, families who may require their decedent's death certificate within a specific time frame may be inconvenienced by these delays.

The proposed EDR system shall be a new subsystem that will be added to the Virginia Vital Events and Screening Tracking System (VVESTS). This new system shall be web-based, allowing all participating users to fulfill and perform their duties and responsibilities online, thereby, reducing and eventually eliminating any of the paperwork that is currently required.

The reduction in technical maintenance costs that have been realized for the other custom-designed, integrated systems that were created by OIM in-house, such as the Electronic Birth Certificate (EBC), Certifiable and the Virginia Infants Screening and Infants Tracking System (VISITS) in the VVESTS application, are also expected to accrue to the Electronic Death Registration system when it is combined with VVESTS since only one system will need to be maintained.

Many of the business costs previously described can be avoided by the adoption of an electronic system to register deaths. A successful solution for these problems will:

- Increase the availability and accuracy of data.
- Bring efficiency to the registration process.
- Reduce costs associated with processing death certificates so that additional public health related activities can be done without increasing funding.
- Provide greatly improved customer service to both the general public and the business partners involved in death registration resulting from faster information gathering and speedy turnaround of certificate requests.
- Enable online verification of Social Security Numbers, thus, providing high-quality data along with enhanced service to families in the form of accurate certificates.
- Elimination of rework by participants will serve to greatly reduce their workload permitting them to process more death registration over time.
- Increase communications efficiency since the participants will interact with each other electronically.

- By virtue of being a public health dataset and being linked with so many other public health information systems, the investment made in this new death registration system will also be an investment in the public health statistics.
- Imminently aid in fraud prevention.

### 3. *Project Business Objectives*

#### a. Execution and compliance with mandates:

- The EDR Project has been proposed and desired at the Federal level by the National Association of Public Health Statistics and Information Systems (NAPHSIS).
  - VDH provides for the development of a sound system for administering vital records, including birth and death certificates, which are crucial to many aspects of public and private sector activities. Timely and informative health statistics provide a basis for analysis of public health issues.
  - The new EDR system, using the latest web technology, will be able to provide accurate, consistent, up-to-date statistics and information to all of the participants and the general public, in particular, to comply with established regulations.
- b. The COV has a long-term goal of engaging and informing its citizens to ensure their interests are served. It does so by making the public aware of health issues, both positive and negative, as they relate to health statistics. This goal will be accomplished by collecting, maintaining and disseminating accurate, timely and understandable public health information.
- c. As the leader and coordinator of Virginia's public health system, VDH is expected to provide effective guidance and collaboration in areas such as policy development, legislative and regulatory review, business process improvements, internal and external communications and quality control. Strong leadership and operational support also entails providing high quality customer service in a culturally-sensitive manner.

Improved customer service is a business objective of the EDR project which will further promote the aforementioned Critical Issue and Goal. Furthermore, this project's focus will aim at promoting the following statewide goals:

- Virginia being recognized as the best-managed State in the nation.
  - Inspiring and supporting Virginians to lead healthy lives and build strong and resilient families.
- d. The COV requires a sound system for administering vital records, including birth and death certificates, that is crucial to many aspects of public and private sector activities: timely and informative health statistics provided through the EDR application will provide a basis for comprehensive analysis of public health issues.

#### **4. Project Assumptions**

##### **Funding**

###### ***Has funding already been secured?***

Yes. The project is fully funded from the Vital Records Automation Fund which is a part of the NGF. The development approval for the EDRS project was obtained in March of 2011. This approval was based on the Project Charter and Proposal which included the Financial Estimates required for this project.

###### ***What federal funding sources are expected?***

This Project is fully funded from the Vital Records Automation Fund.

###### ***What COV general fund sources are expected?***

The Vital Records Automation Fund is a part of the NGF.

##### **Federal or State Legislative Requirements**

###### ***Does the project need to comply with any specific requirements from the federal government?***

- The Data collected and reported shall comply with the 2003 Revision of the National Death Certificate(s).
- An EDRS shall ensure the availability of a death record at the State for reporting to the Social Security Administration (SSA) within 24 hours of completion and/or filing of a death record.

###### ***Any specific mandated dates that need to be addressed?***

As per an October 2013 update of the EDRS development Map from The National Association for Public Health Statistics (NAPHSIS), 46 of the states are in production with an Electronic Death Registration System.

##### **Other Assumptions**

- IT partners VITA/NG will support the needed infrastructure.
- IT partners VITA/NG will recommend a secure solution for the users' connectivity in a timely manner.
- IT partners VITA/NG will approve the project in a timely manner.
- The project schedule and milestone dates are projected and contingent upon timely performance of VITA/NG, VDH development and QA staff, DVR, FHS and hospital commitment to implement.
- User Participation – On June 16, 2010, the project was presented at a meeting, hosted by the Virginia Board of Funeral Directors and Embalmers which included representatives from the following groups:

- a. Board of Medicine
- b. Board of Nursing
- c. Board of Long Term Care Administrators
- d. Virginia Health Care Organization (VHCA)
- e. Department of Health - Medical Examiner's Office
- f. Department of Health - Vital Records
- g. Emergency Room Physicians Association
- h. Hospital Association
- i. Medical Society

The proposed system was lauded and well received by the entire audience and, based on feedback OIM received from the Project Sponsor, the implementation of this system as soon as possible was enthusiastically recommended.

### ***5. Other Agencies***

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
SSA	Verification of Social Security Numbers using the OVS-2 system provided by NAPHSIS

## 1. Project Inventory

<b>Agency</b>	VDH
<b>Project Title</b>	AH. DMAS Interface Projects
<b>Project Owner</b>	Debbie Condrey, VDH
<b>Estimated Start Date</b>	11/12
<b>Estimated End Date</b>	05/14

## 2. Business Problem

DMAS in partnership with VDH and VITA have been tasked with developing and implementing project solutions in support of the MITA Care Management business process. MITA provides a vision for all state Medicaid/CHIP programs. The eHHR program was initiated to support this information architecture modernization.

The Birth Registry, Death Registry and Immunization portions of the Interface project will facilitate access to Care Management Services and the NAPHSIS Electronic Verification of Vital Events (EVVE) via the COV Gateway ESB and COV Health Information Exchange (HIE).

The eHHR program includes:

- Improving care management business processes.
- Development of enterprise applications and architecture to facilitate access to care management services including providing Birth, Death and Immunization Registry Information.
- This project will establish a Birth, Death and Immunization reporting service/interface between the VVESTS, VIIS and subscribed customers through a SOA.
- This project allows VVESTS/VIIS birth, death and immunization information to be published securely to an active subscriber list and consumed by individuals, programs and organizations as appropriate.
- The project will also expand access to birth, death and immunization data and improve data sharing between systems, programs, and agencies.
- At project conclusion, the solution can be offered state-wide as a shared service by DMAS, VDH and VITA.

### 3. *Project Business Objectives*

- a. Comply with HHR adopted MITA Concept of Operations document.
- b. Comply with MITA Technical Architecture Standard at, [http://dmasva.dmas.virginia.gov/Content\\_pgs/mita-ta.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/mita-ta.aspx).
- c. Comply with CMS document Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 2.0 May, 2011 at, [http://cciio.cms.gov/resources/files/exchange\\_medicaid\\_it\\_guidance\\_05312011.pdf](http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf).
- d. The system will allow VDH information to be made available to DMAS electronically. The automation removes the manual duplication of effort of re-entering the data. This will allow the data to be accessed, via the DMAS ESB, in a shorter period of time by subscriber consumers.
- e. Implement data and messaging standards.
- f. Improve data sharing across programs, agencies and localities.

### 4. *Project Assumptions*

#### **Funding**

*Has funding already been secured?*

Yes

*What federal funding sources are expected?*

ARRA and the PPACA – CMS

*Other funding points to consider?*

Ongoing funding for the support of these interfaces has not yet been identified but may be covered through subscription services fees.

#### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

The project must ensure ongoing compliance with COV and Federal requirements, standards, and notices, including but not limited to MITA, HIPAA, ADA and Security Standards such as Section 501 and NIST-800.

**5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
DMAS	<ol style="list-style-type: none"><li>1. Responsible for publishing the VDH data to subscribers on the ESB.</li><li>2. Responsible for any data transformation for the subscribers.</li></ol>
VITA	Responsible for providing Death, Birth and Immunization data access to the ESB message queues.

## 1. Project Inventory

<b>Agency</b>	Virginia Department of Health (VDH)
<b>Project Title</b>	AI. SB1039 – DMV birth certificate issuance
<b>Project Owner</b>	Debbie Condrey – VDH and Linda Ford - DMV
<b>Estimated Start Date</b>	03/13
<b>Estimated End Date</b>	03/14

## 2. Business Problem

VDH's Division of Vital Records is currently the only location where birth records may be issued. Death, marriage and divorce records are available through the Health Departments located in each locality and through the Courts, respectively. SB 1309 calls for the DMV to begin offering citizens certified copies of all records. The electronic birth records would be available at the DMV by March, 2014 and death, marriage and divorce records would be available by January, 2015.

## 3. Project Business Objectives

The DMV be enabled to:

- Accept applications from Virginia Citizens for the purpose of obtaining Vital Records.
- Print and issue Vital Records to Virginia Citizens in the same manner as done by Division of Vital Records.
- VDH shall provide to DMV all necessary information in a secure fashion necessary for Printing and issuing Vital Records.

## 4. Project Assumptions

### Funding

*Has funding already been secured?*

Yes. VDH's efforts on this project are fully funded by the Vital Records Automation Fund. The Automation Fund is made up of \$1 per record sold at the Vital Records Office.

*What federal funding sources are expected?*

None. VDH's efforts on this project are fully funded by the Vital Records Automation

Fund.

*What COV general fund sources are expected?*

VDH's efforts on this project are fully funded by the Vital Records Automation Fund.

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

No

*Or from COV policy or leadership?*

This project is an outcome of Senate Bill SB – 1039 which calls for the DMV to begin offering citizens certified copies of all records.

*Any specific mandated dates that need to be addressed?*

- Birth records must be available at all DMV locations by March, 2014.
- Death, Marriage and Divorce Certificates must be available by January, 2015.

**Other Assumptions**

- IT partners VITA/NG will support the needed infrastructure.
- The project schedule and milestone dates are projected and contingent upon timely performance of Vita/NG, VDH development and DMV Staff to implement.

***5. Other Agencies***

Other Agency Name	Role/Deliverables
DMV	VDH will make the birth data available to the DMV through a web service. DMV will be responsible to create the web service. The printing function will also be the responsibility of the DMV.

## 1. Project Inventory

<b>Agency</b>	Virginia Dept. of Health
<b>Project Title</b>	AJ. Vital Records Index Project
<b>Project Owner</b>	Janet Rainey/Division of Vital Records and Debbie Condrey, CIO, VDH
<b>Estimated Start Date</b>	08/13
<b>Estimated End Date</b>	12/15

## 2. Business Problem

The Vital Records Index project was established through legislation from the 2012 General Assembly session. SB660 requires that VDH, following the State's procurement policies, enter into a contract with a genealogy vendor to digitize all of Virginia's vital records and provide an index that will be available on the Division of Vital Records and LOV's websites, as well as, the genealogy vendor's site. VDH entered into a contract with Ancestry.com in August, 2013 and work has begun on this project. SB660 calls for the online index with associated images to be available by December, 2015. This project is to be done "at no cost to the Commonwealth" per SB660. SB660 also calls for imaged records to be transferred to the OVL.

## 5. Project Business Objectives

- Digitize over 17 million vital records.
- Create an online genealogy index with associated images of Virginia's vital records.
- Transfer imaged, public records to the LOV's custody.

## 4. Project Assumptions

### Funding

*Has funding already been secured?*

This project, per SB660, is at no cost to the Commonwealth.

*What federal funding sources are expected?*

none

*What COV general fund sources are expected?*

Staff time.

**Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

No

*Or from COV policy or leadership?*

VDH oversight and management

*Any specific mandated dates that need to be addressed?*

Summer, 2013 – enter into a contract with a vendor. Online index available by Dec., 2015.

**5. Other Agencies**

<b>Other Agency Name</b>	<b>Role/Deliverables</b>
LOV	MOU describing the transfer of public, digitized images and space for these records.

## 1. Project Inventory

<b>Agency</b>	<b>Virginia Department of Health</b>

<b>Project Title</b>	<b>AK. All-Payer Claims Database</b>
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<b>Project Owner</b>	<b>Dr. Cynthia Romero/Debbie Condrey</b>
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<b>Estimated Start Date</b>	<b>06/12</b>
<b>Estimated End Date</b>	<b>12/15</b>

## 2. Business Problem

During the 2012 General Assembly session, legislation (HB343/SB135) was enacted to establish an All-Payer Claims Database (APCD) for Virginia. Pursuant to the legislation, participation in the APCD was voluntary. The purpose of the APCD is to “facilitate data-driven, evidence-based improvements in access, quality and cost of health care and to promote and improve the public health through the understanding of health care expenditure patterns and operation and performance of the health care system.”

The legislation directed that all activities associated with development and implementation of the APCD would be conducted under the leadership, and subject to the ultimate approval, of the State Health Commissioner and the VDH. The Commissioner is required to appoint an APCD Advisory Committee, in order to provide assistance with the formation and operation of the APCD.

The legislation provides that the State Health Commissioner, in cooperation with the Bureau of Insurance, may collect paid claims data for covered benefits, pursuant to data submission and use agreements from entities electing to participate as data suppliers. Such entities may include issuers of individual or group accident and sickness insurance policies; corporations providing individual or group accident and sickness subscription contracts; health maintenance organizations providing a health care plan for health care services; and third-party administrators and any other entities that receive or collect charges, contributions, or premiums for, or adjust or settle health care claims for Virginia residents.

The legislation directed VDH to enter into a contract with a non-profit vendor to create the APCD. Since VDH already has a contract with Virginia Health Information (VHI), changes were made to that existing contract to include the creation of the APCD. Other key stakeholders included in this project are the Virginia Association of Health Plans (VAHP) and the Virginia Hospital and Healthcare Association (VHHA).

A key discussion point during the 2012 Session was the funding of the APCD. VAHP, VHHA and VHI agreed that since participation in the APCD is voluntary, they would contribute the initial funding for development and implementation of the APCD. The entities agreed the VAHP will contribute 40%, VHHA will contribute 40% and VHI will contribute 20% of the funding for the initial start-up costs.

Additional requirements from the legislation include the creation of standard data submission and use agreements with each entity that submits claims data to the APCD and with each entity that subscribes to data products and reports.

Finally, HB343/SB135 requires that the “Commissioner of Health report to the Governor and the General Assembly on whether the entities named in the code have executed agreements to submit claims data representing at least 75% of privately insured individuals and individuals covered under self-funded group health plans in the Commonwealth.”

### ***3. Project Business Objectives***

- a. Create a Participation Agreement defining participation in the APCD and funding sources.
- b. Create data usage and data submission documents.
- c. Enter into a contract with a non-profit to help manage the submission of claims data.
- d. Begin the data collection process in November, 2013 with the first reports available in Spring, 2014.

### ***4. Project Assumptions***

#### **Funding**

*Has funding already been secured?*

Yes, the APCD is funded by the following: 40% VAHP, 20% VHI and 20% VHHA.

#### **Federal or State Legislative Requirements**

*Does the project need to comply with any specific requirements from the federal government?*

Yes, HB343 established the creation of the APCD.

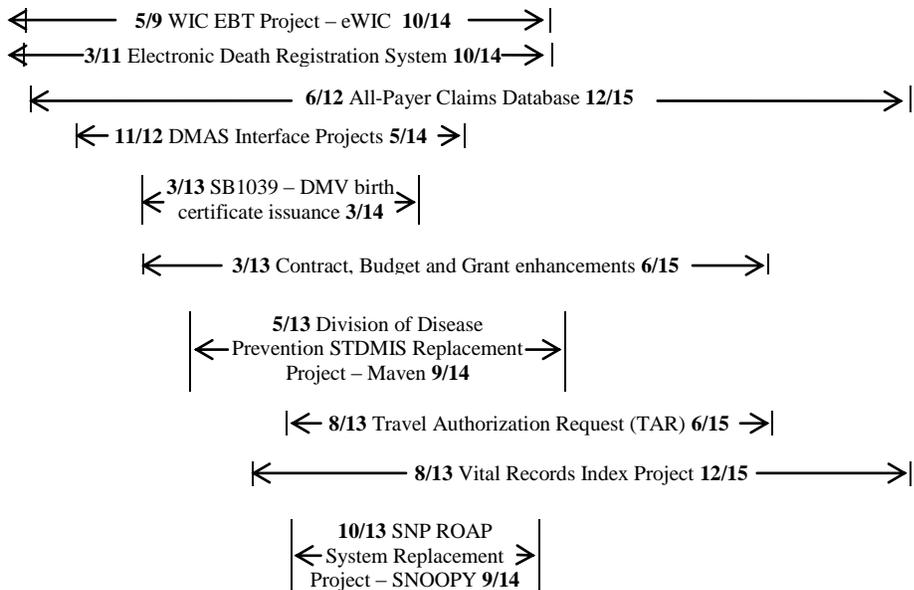
*Or from COV policy or leadership?*

HB343 specifically states that the State Health Commissioner has governance and oversight responsibilities for the APCD.

### 5. *Other Agencies*

Other Agency Name	Role/Deliverables
DMAS	Medicaid claims data

## Department for Health (VDH)



Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2016	2017	2018
2012	2013				2014				2015						

## Revision History

REVISION	DATE OF RELEASE	PURPOSE
v.1	12/12/13	Initial Release to Agency leaders
v.2	12/16/13	Updated VDH content
v.3	12/18/13	Cosmetic updates/Sarbora
v.4	12/26/13	1. Addition of W. Prime Power Replacement/Hobbelman 2. Deletion of W. Table PC 3. Wording change: “CRS Project” to “CRS Phase”/Hobbelman
v.5	12/27/13	Clean up/formatting/Willis
v.6	1/6/14	Incorporated comments (page 84) from DMAS
v.7	2/26/14	Minor clean up/formatting/Willis