



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

February 6, 2025

The Honorable Howard Marklein
Joint Committee on Finance, Senate Co-Chair
Room 316 East State Capitol
Madison, WI 53707

The Honorable Mark Born
Joint Committee on Finance, Assembly Co-Chair
Room 308 East State Capitol
Madison, WI 53708

Dear Senator Marklein and Representative Born:

Wisconsin Stat. § 46.03(26) requires the Department of Health Services to report annually on information system projects under development, including the implementation schedule, a cost estimate, and the methods of determining charges for service, where applicable.

We have the following projects under development:

- 1) State Vital Records Information System (SVRIS) Part 2
- 2) SVRIS Modernization: VitalChek (DAVE) Implementation
- 3) AIDS Drug Assistance Program (ADAP) Online Portal
- 4) Virtual ADRC and Statewide Resource Database Discovery and Implementation Project
- 5) ADRC Client Tracking System Implementation Project
- 6) Overdose Alert System
- 7) Integration of Long-Term Care (LTC) Encounters into the MMIS
- 8) Tribal Shared Savings Project
- 9) Adult Incident Report System (AIRS)
- 10) ACT 178-CIE-MIS
- 11) LTC Provider Management
- 12) Electronic Visit Verification (EVV) – Home Health
- 13) Children’s Long-Term Support (CLTS) Claims Processing
- 14) Hospital Access Payment System Enhancements and Corrections
- 15) GainwellConnect System Integration Platform
- 16) CARES: FoodShare Unclear (FSUC) Project
- 17) CARES: ACCESS Modernization
- 18) CARES: Katie Beckett Phase 2
- 19) CARES: Elderly Simplified Application Project (ESAP)
- 20) CARES: SeniorCare Front End Processing Implementation
- 21) CARES: Correspondence Improvement Roadmap (CIR): Notice of Decision Modernization
- 22) CARES: SSA Data Exchange Modernization BENDEX and SOLQ-I
- 23) CARES: Administrative Renewals for Individuals
- 24) CARES: Benefits Status Tracker
- 25) CARES: Medicaid Redetermination Compliance
- 26) CARES: Alert Modernization
- 27) CARES: Summer Electronic Benefit Transfer (EBT) 2025
- 28) BFAM Business Operations Support System (BOSS) Tool – Release 1
- 29) Assisted Living Reporting, Member Assessment and Certification Tools: 1-2 Bed Adult Family Home Certification and Home & Community Based Services Settings Review Project
- 30) CARES: Source Code Vulnerabilities Remediation Phase 3
- 31) Program Participation System (PPS) Mental Health/Substance Use Replacement Project

Senator Marklein
Representative Born
1/29/2025
Page 2

32) DHS Connect Laboratory Enhancement
Through Pathnet (Oracle Cerner Software System)
33) iQIES Integration – Implementation Phase

34) Assisted Living Facility and Resident
Assessment Tool
35) DQA Licensing Project

Information regarding these initiatives is included in the enclosed report.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Johnson". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kirsten L. Johnson
Secretary-designee

Enclosure



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Report to the Legislature on Data Processing Projects – 2024

P-00988 (02/2025)

Table of Contents

Report Approach Overview..... 4

Projects Completed/Closed Since Active in 2023 Report 5

2024 Active IS Projects under Development..... 6

1. State Vital Records Information System (SVRIS) Part 2 6

2. SVRIS Modernization: VitalChek (DAVE) Implementation..... 9

3. AIDS Drug Assistance Program (ADAP) Online Portal 11

4. Virtual ADRC and Statewide Resource Database Discovery and Implementation Project 15

5. ADRC Client Tracking System Implementation Project 18

6. Overdose Alert System..... 21

7. Integration of Long-Term Care (LTC) Encounters into the MMIS 25

8. Tribal Shared Savings Project 29

9. Adult Incident Report System (AIRS)..... 31

10. ACT 178-CIE-MIS 34

11. LTC Provider Management 37

12. Electronic Visit Verification (EVV) – Home Health 41

13. Children’s Long-Term Support (CLTS) Claims Processing..... 44

14. Hospital Access Payment System Enhancements and Corrections..... 47

15. GainwellConnect System Integration Platform 51

16. CARES: FoodShare Unclear (FSUC) Project..... 53

17. CARES: ACCESS Modernization 57

18. CARES: Katie Beckett Phase 2..... 61

19. CARES: Elderly Simplified Application Project (ESAP) 64

20. CARES: SeniorCare Front End Processing Implementation 66

21. CARES: Correspondence Improvement Roadmap (CIR): Notice of Decision Modernization..... 69

22. CARES: SSA Data Exchange Modernization BENDEX and SOLQ-I 72

23. CARES: Administrative Renewals for Individuals..... 74

24. CARES: Benefits Status Tracker..... 77

25. CARES: Medicaid Redetermination Compliance 80

26. CARES: Alert Modernization..... 83

27. CARES: Summer Electronic Benefit Transfer (EBT) 2025 86

28. BFAM Business Operations Support System (BOSS) Tool – Release 1..... 90

**Department of Health Services
Data Processing Projects – 2024**

29. Assisted Living Reporting, Member Assessment and Certification Tools: 1-2 Bed Adult Family Home Certification and Home & Community Based Services Settings Review Project..... 93

30. CARES: Source Code Vulnerabilities Remediation Phase 3 96

31. Program Participation System (PPS) Mental Health/Substance Use Replacement Project 99

32. DHS Connect Laboratory Enhancement Through Pathnet (Oracle Cerner Software System) 101

33. iQIES Integration – Implementation Phase 104

34. Assisted Living Facility and Resident Assessment Tool 107

35. DQA Licensing Project 110

Appendix A..... 113

Appendix B 114

Report Approach Overview

Wisconsin Stat. § 46.03(26) requires the Department of Health Services (DHS) to report annually on information system (IS) projects under development, including the implementation schedule, a cost estimate, and the methods of determining charges for service, where applicable.

In the 2021 report, DHS adopted a new approach and format for this report to leverage information system project reporting required under Wis. Stat. § 16.973(16) that DHS submits to the Joint Committee on Information Policy and Technology via the Wisconsin Department of Administration (DOA), Division of Enterprise Technology (DET) each February and August under the report title, “Large, High-Risk Information Technology Project Report”.

With the ongoing intent of efficiency and more robust reporting, DHS continues the approach adopted in the 2021 report. DHS includes all active projects under development at the point this report is prepared using the project inclusion criteria and report components prescribed by DOA, DET in the most recent report cycle for the Large, High-Risk Information Technology Project Report. For context, report component guidance is included below.

Report Inclusion Criteria and Components — Reference

Inclusion Criteria: Active, under development information system projects with a projected cost exceeding \$1,000,000 or otherwise deemed to meet the DET definition of an active large, high-risk IT project based on the May 2022 guidance issued by the State of Wisconsin, Department of Administration. See Appendix A for the DOA Large, High-Risk IT Project Definition, revised May 2022.

Components:

1. Report Preparation Date: Lists the date the status report was prepared for this project.
2. IT Project Title: States the formal name of the project.
3. IT Project Status: Lists the status of the project at the time the report was prepared. All are “Active”.
4. DET Services/Impact: Indicates if DET services are needed or impacted to support the project.
5. DET Impact Explanation: Indicates what DET services are needed or impacted, if known.
6. Master Lease Funding Amount: Lists the total amount funded through the master lease program.
7. Original Cost Projection: Lists the overall estimated cost of the IT project at the time the project started.
8. Additional Context for Original Cost Projection: Optional field to provide context for the field above.
9. Funding Source: Details applicable project funding sources to equal the total current cost projection.
10. Current Cost Projection: Lists the current overall cost of the Information Technology (IT) Project.
11. Additional Context for Current Cost Projection: Optional field to use, if needed.
12. Explanation for Changes to Cost Projection: Provides explanation if the actual, current cost projection varies from the original cost projection. If there is no variance, the field states “No Change.”
13. Original Estimated IT Project Start Date: Lists the original projected project start date.
14. Actual or Current Estimated IT Project Start Date: Lists the current estimated or actual project start date.

**Department of Health Services
Data Processing Projects – 2024**

15. Explanation for Changes to IT Project Start Date: Provides a brief explanation if there is a difference between the original project start date estimate and the actual or current project start date estimate.
16. Original Estimated IT Project Completion Date: Lists the original, estimated project completion date at the time the project started. Note that this is not a baseline project completion date set in the project planning stage; it is a high-level estimate at the point of project definition or initiation.
17. Current IT Project Completion Date: Lists the estimated project completion date. Depending on the project’s stage, it may be a high-level estimate prior to a planning schedule baseline.
18. Explanation for Changes to IT Project Completion Date: Provides explanation for updates from the original project completion date estimate to the current project completion date projection.
19. Original IT Project Stage Completion Dates: Lists the stage names and original high-level estimated completion dates for all project stages at the time the project starts. This information is high-level best estimates of stages and dates prior to the formal project planning stage.
20. Current IT Project Stage Completion Dates: Lists the current project stage names and estimated project stage completion dates. Depending on the project’s stage, it may be a high-level best estimate prior to a planning schedule baseline.
21. Explanation for Changes to IT Project Stage Completion Dates: Explains variances from original stage completion dates to current stage completion dates.
22. IT Project Scope: Includes a brief description of the project scope.
23. IT Project Deliverables: Includes a brief list of deliverables expected to be produced by the project.
24. IT Project Assumptions: Lists assumption(s) for the project, if any.
25. IT Project Risks and Constraints: Lists key project risks or constraints to highlight for the project.
26. Submitted in Other DET Statutory Reports: Lists statutory reports submitted to the Department of Administration, DET, in which the project was included. It is limited to the agency’s Strategic IT Plan and submissions via the Large, High-Risk IT Project Report (formerly known as the Million-Dollar IT Project Report).
27. Other Information (Optional): Optional field to use, if needed.

Projects Completed/Closed Since Active in 2023 Report

2023 Report Reference #	Project Name from 2023 Report	Completed/Closed Date
8	Publications Modernization Project & Robohelp Migration	June, 2024
9	Integration of Long-Term Care (LTC) Encounters into the MMIS	September, 2024
10	CARES: 12 Month Continuous Coverage for Children	February, 2024
11	CARES: Able-bodied Adults Without Dependents (ABAWD) Changes Phase 2	March, 2024
14	CARES: Overpayment Claims Compromise	March, 2024
16	Prepayment Review Function	December, 2023
20	EDW/DAR Advanced Query Builder and Medicaid Reports Development	March, 2024
24	InsightCS to the Cloud	June, 2024

2024 Active IS Projects under Development

1. State Vital Records Information System (SVRIS) Part 2

1. *Report Preparation Date (Status as of):* 11/14/24
2. *IT Project Title:* Statewide Vital Records Information System (SVRIS) Part 2
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):*
Previously, DET hosted the OnBase/Naviant solution as part of their enterprise solution. In June of 2023, the enterprise instance of OnBase was discontinued. DHS now has a dedicated instance of OnBase hosted at the state data center. Servers provided by DET will store images used by that solution.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$20,000,000
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$10,000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$10,000,000
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* There is a projected cost savings from the original estimate of \$20 million for the project because DHS was able to contract with Ancestry free of charge. Ancestry was contracted to digitize all of the older paper and microfilmed vital records and to create an index of the key data variables contained on those records. This provides the ability to match those indexes and images to index data already contained in SVRIS through a data conversion process or, when an index does not exist in the SVRIS system, insert those data and images into the system.
13. *Original Estimated IT Project Start Date:* April 5, 2017

14. *Actual or Current Estimated IT Project Start Date:* April 5, 2017
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* December 31, 2022
17. *Current IT Project Completion Date:* December 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* SVRIS Part 2 will be completed later than initially projected. Working with fragile, irregular, and many hand-written paper documents that date back as far as 1814 that were filed and amended in many ways over the 200+ years was much more difficult than our contractor estimated. Keying of data from the old records is also proceeding more slowly than our contractor forecast, which has in turn delayed the conversion of data into SVRIS. Each stage has been extended accordingly. Additionally, competing priorities within the State Vital Records Office (SVRO) including numerous legislative changes affecting the SVRO and required modernization of SVRIS require key resources currently assigned to this project. These higher priority efforts require key staff resources to reallocate their time, which has caused the timeline for this project to extend. The forecasted completion date has been updated to late 2025, although the contractor and DHS project team routinely explores options for increasing pace.
19. *Original IT Project Stage Completion Dates:*
- *Project Charter Signed:* April 30, 2017
 - *Project Planning:* December 31, 2017
 - *Project Execution:* July 31, 2022
 - *Scanning of Original Vital Records Documents:* October 31, 2019
 - *Indexing of Vital Records Documents:* December 31, 2021
 - *Conversion of Vital Records into SVRIS:* July 31, 2022
 - *Project Closing:* December 31, 2022
20. *Current IT Project Stage Completion Dates:*
- *Project Charter Signed:* April 30, 2017
 - *Project Planning:* December 31, 2017
 - *Project Execution:* July 31, 2024
 - *Scanning of Original Vital Records Documents:* June 30, 2021
 - *Indexing of Vital Records Documents:* July 31, 2023
 - *Conversion of Vital Records into SVRIS:* July 31, 2025
 - *Project Closing:* December 31, 2025
21. *Explanation for Changes to IT Project Stage Completion Dates:* Scanning of Original Vital Records Documents was delayed because working with fragile, irregular, and hand-written paper documents that date back as far as 1814 that were filed and amended in many ways over the 200+ years was much more difficult than our contractor estimated. Additionally, some scans were of poor quality and needed to be rescanned by the contractor.

Indexing of Vital Records Documents could not be started until scanning of the documents was complete and images had been passed through quality assurance. Additionally, keying of data from the old records, once started, has taken longer than our contractor forecast.

Conversion of Vital Records into SVRIS has in turn been delayed as this process cannot be started by DHS staff until the previous work is complete. Additionally, competing priorities within the State Vital Records Office (SVRO) including numerous legislative changes affecting the SVRO and required modernization of SVRIS require key resources currently assigned to this project. These higher priority efforts require key staff resources to reallocate their time. Therefore, each stage has been extended accordingly.

IT Project Information Section:

22. *IT Project Scope:* The scope of this project is to preserve copies of all original Wisconsin vital records as archival quality images and to create electronic public and Wisconsin indexes of the data from these images. This will be used both for retrieval of those images and to load the newly created indexes into SVRIS for issuance of certificates from a centralized database. This includes birth, death, marriage, divorce, domestic partnership, and termination of domestic partnership.
23. *IT Project Deliverables:* One key deliverable is the creation of an electronic back-up of all Wisconsin vital records documents in the event of any natural disaster or unforeseen destruction of the non-electronic documents. Another key deliverable is the creation of electronic public and Wisconsin indexes. This project will also enable the ability for issuance of vital records' certificates from the statewide database. The creation of digital images for the 25 million records, including the re-scans of images which failed the initial quality check, have been completed. The overall project is split up into smaller delivery subsets based on event type (birth, marriage, death, divorce, etc.) and data years to facilitate both the creation of indexes and the conversion of the index data into SVRIS. Currently, approximately eight million records have been converted into the SVRIS database. In addition, approximately ten million images have been loaded into SVRIS to date. During this reporting period, there were four additional conversion delivery subsets brought to completion, all of which included the insertion of new records into SVRIS. The fourth data conversion did not involve images, only death index data.
24. *IT Project Assumptions:* DHS assumes that Ancestry will continue to provide the agreed upon services free of charge and will complete all portions of the project as outlined in the original Statement of Work.
25. *IT Project Risks and Constraints:*
- Risks: Competing priorities within the State Vital Records Office (SVRO) such as legislative changes affecting the SVRO and required system upgrades to SVRIS are a risk to the project timeline as they would likely require key resources currently assigned to this project. The project team accepts this risk. If higher priority efforts are required of key resources on the project team and other resources cannot be allocated, the timeline for the project may need to extend.
- Constraints: As listed above, the variability of vital records documents spanning back over 200+ years has limited the ability of our contractor to speed up the project.

Department of Health Services
Data Processing Projects – 2024

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: N/A

2. **SVRIS Modernization: VitalChek (DAVE) Implementation**

1. *Report Preparation Date (Status as of)*: 11/14/2024
2. *IT Project Title*: SVRIS Modernization: VitalChek (DAVE) Implementation
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*:
Cloud review, DET architecture assessment, and possibly networking services will be needed from DET.
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$4,500,000
8. *Additional Context for Original Cost Projection (*Optional*)*:
9. *Funding Source & Amount*:
 - GPR: \$000,000
 - PR: \$4,500,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$4,500,000
11. *Additional Context for Current Cost Projection (*Optional*)*: The current cost projections include baseline vendor costs only and may change if additional customizations are identified during

Department of Health Services
Data Processing Projects – 2024

business requirements and implementation. Estimated staff and BITS discovery costs have not yet been fully identified.

12. *Explanation for Changes to Cost Projection:* No Change

13. *Original Estimated IT Project Start Date:* April 1, 2024

14. *Actual or Current Estimated IT Project Start Date:* April 1, 2024

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* July 31, 2025

17. *Current IT Project Completion Date:* March 31, 2026

18. *Explanation for Changes to IT Project Completion Date:* The original project end date was a high-level estimate based on a 16-month implementation timeline and the best available data at the time of contract initiation. After business requirement gathering sessions, establishment of a more detailed project plan, and an in-depth understanding of the data conversion and migration workload, the timeline was updated to accommodate both vendor and DHS resource availability.

19. *Original IT Project Stage Completion Dates:*

- *Initiation:* February 15, 2024
- *Planning:* April 1, 2024
- *Execution:* September 6, 2024
- *Closure:* July 31, 2025

20. *Current IT Project Stage Completion Dates:*

- *Initiation:* February 15, 2024
- *Planning:* April 1, 2024
- *Execution:* September 6, 2024
- *Closure:* March 31, 2026

21. *Explanation for Changes to IT Project Stage Completion Dates:* The original project closure date was a high-level estimate based on a 16-month implementation timeline and the best available data at the time of contract initiation. After business requirement gathering sessions, establishment of a more detailed project plan, and an in-depth understanding of the data conversion and migration workload, the timeline was updated to accommodate both vendor and DHS resource availability.

22. *IT Project Scope:* The goal of this modernization project is to replace the current antiquated Statewide Vital Records Information System (SVRIS) software program licensed from our current vendor Netsmart with a customized off the shelf (COTS) vital records software solution developed and licensed by VitalChek/Lexis Nexis, Inc.

Department of Health Services Data Processing Projects – 2024

The marked benefits for completing this project include increased interoperability and data exchange capacities that are needed for current data modernization efforts at the state and national levels, modernization of vital records workflow processes increasing efficiencies, increased system functionality and speed for our 3,700 business users, and improved data capture elements of quality, timeliness, and completeness. This system will also result in significant long term cost savings for the department as it will not require a third-party integration with Acordex (estimated cost savings of \$12,000 annually) nor be reliant on Citrix licensing, which costs the department \$125,000 annually.

The core business functions of the Wisconsin Vital Records Office will not change but will be enhanced to utilize current technology to increase workflow efficiencies.

23. *IT Project Deliverables:* One key IT project deliverable is the successful implementation and go-live of the DAVE system. Another key deliverable is the transition to a fully cloud-hosted system which is not reliant on a self-hosted database.

Implementation of this system will allow for a streamlined business partner experience in order to better serve the evolving needs of the vital records community. Additionally, this implementation will correctly position our modernization efforts so that we can truly expand into Fast Healthcare Interoperability Resources (FHIR) messaging and other system interoperability in order to reduce the need for duplication of efforts in disparate systems.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* The company VitalChek is in the process of rebranding to VitalIQ. The project may be renamed once this goes into effect.

3. **AIDS Drug Assistance Program (ADAP) Online Portal**

1. *Report Preparation Date (Status as of):* 11/18/2024
2. *IT Project Title:* AIDS Drug Assistance Program (ADAP) Online Portal
3. *IT Project Status:* Active

Department of Health Services
Data Processing Projects – 2024

4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* This project will need to go through the DET Cloud Brokerage Review Process. The project team will also need to work with DET on the implementation of MyWisconsin ID. Further DET involvement is not yet known for this project.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,000,000
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount): \$559,879.33; The total cost of the project will come from ADAP Rebate funding.
10. *Current Cost Projection:* \$559,879.33
11. *Additional Context for Current Cost Projection (*Optional*):* The \$1,000,000 cost projection previously listed was a high-level early estimate for the purposes of statutory reporting only. Estimates from both vendors have now been received. The new amount is the combined estimated costs from the two vendors who have parts in the project, Mainstreet Computing (\$239,835.00) and Gainwell (\$320,044.33). The Gainwell estimate has been accepted by the business team but is currently going through the Large, High-Risk review through the procurement process.
12. *Explanation for Changes to Cost Projection:* The vendor estimates have been received. The previous \$1M amount was a projection only.
13. *Original Estimated IT Project Start Date:* September 1, 2021
14. *Actual or Current Estimated IT Project Start Date:* September 8, 2023
15. *Explanation for Changes to IT Project Start Date:* The RFP was published for 60 days and closed December 12, 2022. The evaluation committee selected Main Street Computing (MSC) as the vendor. The intent to award the contract was submitted on March 21, 2023, and the contract and statement of work (SOW) with MSC was executed September 8, 2023, which is now the actual project start date.

16. *Original Estimated IT Project Completion Date:* March 31, 2025

17. *Current IT Project Completion Date:* May 16, 2025

18. *Explanation for Changes to IT Project Completion Date:* The previous reports indicated a completion date of 01/01/2099 to represent TBD. Then, the date was updated in formal project planning to March 31, 2025. On October 14, 2024, DOA mandated a new requirement that all systems with external users must use MyWisconsin ID. This caused additional work and put the annual ADAP recertification process at risk. As a result, the system go-live date for external users was pushed out to April 14, 2025, and the project completion date was delayed to May 16, 2025.

19. *Original IT Project Stage Completion Dates:*

- *Initiation:* December 29, 2023
- *Planning:* January 31, 2024
- *Closure:* March 31, 2025

20. *Current IT Project Stage Completion Dates:*

- *Initiation:* December 29, 2023
- *Planning:* August 5, 2024
- *Closure:* May 16, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* The completion of the Planning stage occurred ahead of schedule once the Gainwell resource estimate was approved. The MyWisconsin ID requirement caused additional work and put the annual ADAP recertification process at risk. As a result, the system go-live date for external users was pushed out to April 14, 2025, and the project completion date was delayed to May 16, 2025.

IT Project Information Section:

22. *IT Project Scope:* This project will change the way the AIDS Drug Assistance Program (ADAP) operates. ADAP is operated by the Division of Public Health (DPH), Bureau of Communicable Diseases, Communicable Disease Harm Reduction Section, HIV Care Unit.

The goal of this project is to take a paper-based system and streamline the process by designing a more efficient way to take in application and eligibility materials while ensuring that clients are aware of where their application is at in the process. ADAP is envisioning a multifaceted web-based portal designed to accommodate the needs of ADAP clients, their case managers, and ADAP internal staff.

This initiative is important for many reasons. First, changing things from paper (mail) to an electronic format will eliminate barriers for people living with HIV who access our services. It will assist in keeping these individuals in care, which leads to better health outcomes and management of their HIV care and treatment. Secondly, it is a cost saving measure for DPH, specifically the ADAP team. The ADAP team spends countless hours dealing with an extreme volume of paper and proof documents that are incomplete, which causes delays for clients accessing medication and health insurance through ADAP. Additionally, an online system will

make the program more accessible and ensure that clients know where their application is in the process, so they aren't left waiting on a mailed approval or denial letter pertaining to their eligibility.

Creating an online portal will enhance the productivity of ADAP staff performing the daily operations within the program. The system will assist with determining eligibility and create an interface that puts clients in charge of the data that is reported to ADAP, which will eliminate a lot of tedious tasks within the program. The online portal will also ensure that staff will only receive an application that is complete and ready to process and will no longer need to take additional time following up on missing materials. It will change the way ADAP communicates with clients and case managers, which will free up time for the team to work on other essential tasks.

23. *IT Project Deliverables:* Key deliverables are currently being developed. The currently defined deliverables are as follows:

- This project will deliver a multifaceted web-based portal designed to accommodate the needs of ADAP clients, their case managers and ADAP internal staff.
- Requirements will be documented to the level of detail necessary to ensure consistent definitions. Acceptance criteria will also be developed to validate that the delivered system met the outlined requirements. MSC will develop a traceability matrix to trace individual requirements through the product.
- Business and technical requirements will be defined and documented by the business team and MSC through the MSC SOW and the MSC discovery process. Engagement with the Bureau of Information Technology Services (BITS) Information Security Section (ISS), the agency's information section function, will yield the security requirements for the project which will need to be completed and certified by ISS before the system can be put into production.
- Application architecture as required to support the business, technical and security requirements.
- Application unit testing, system testing, acceptance testing, smoke testing, and regression testing will be performed.
- Application and system documentation will be created by MSC.
- A training plan, communications plan, systems implementation plan, and a rollout plan will be developed and executed.
- A security review will be completed with anticipated certification as the deliverable.
- Maintenance and support documentation (to be made available upon request of the agency's information security and information technology functions).

24. *IT Project Assumptions:*

- The Office of the Inspector General (OIG) edits will be placed at the end of claims processing. Suspended claims must be in an exempt status to continue meeting claims processing service level agreements (SLAs).
- If the explanation of benefits (EOB) isn't associated with an adjustment to the claim billed amount, it will be reported on the Gainwell remittance advice but not the electronic remittance advance (835 transaction).
- Modification of Surveillance and Utilization Review Subsystem (SURS) to allow for the

creation for prepayment review cases will not include the creation of a new audit finding template. Letters will be triggered when the pre-payment review includes a billing or rendering provider in the criteria. All OIG prepay-outcome EOBs will be carried over to Decision Support System (DSS).

25. *IT Project Risks and Constraints:*

- MSC will be the vendor who will develop and host (on Amazon Cloud) the application/system.
- All business analysis and documentation will be performed by DPH.
- Application will hook to MyWisconsin ID for authentication (Okta).
- If the project is delayed for any reason, recertification and subsequent client benefits could be impacted. This risk has been realized due to the DOA mandate for all systems to use MyWisconsin ID. Clients and Caseworkers will not be able to use the system for recertification this year as planned. The ADAP team will have to enter and process all of the information.
- If the system proves to be challenging and clients cannot recertify during the usual timeframe of February and March (deadline being March 31st each year), we will allow flexibility with the deadline for application materials.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)

27. *Other Information (*Optional*):*

4. Virtual ADRC and Statewide Resource Database Discovery and Implementation Project

1. *Report Preparation Date (Status as of):* 11/19/2024
2. *IT Project Title:* Virtual ADRC and Statewide Resource Database Discovery and Implementation Project
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0

Department of Health Services
Data Processing Projects – 2024

7. *Original Cost Projection:* \$8,402,500
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$8,402,500
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$8,402,500
11. *Additional Context for Current Cost Projection (*Optional*):* The original cost projection of \$8,402,500 was the low end of the estimated project range of \$8,402,500 to \$9,652,500. For the purposes of this report, we have excluded \$1,250,000 in optional services for FY 25-26 for operations and continuous improvement. Since optional services will not be pursued, the costs are not included. Any costs for continual improvement will be incurred after project completion and are considered operational.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* August 19, 2022
14. *Actual or Current Estimated IT Project Start Date:* August 19, 2022
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* March 31, 2025
17. *Current IT Project Completion Date:* March 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:* Although the Statement of Work drafted July 6, 2022, indicated a March 31, 2024, development completion date, planning had not been completed to establish phase completion dates. We are listing the original stage completion dates which align with the work plan established in September 2022 which track to a March 31, 2025, projected completion date.
 - *Phase 1 Development and Launch of resource database (with faceted search) and ADRC website:* July 1, 2023
 - *Phase 2 Semantic taxonomy, and Artificial Intelligence (AI) recommendations, integration with the client-tracking system, and user-generated content with saved searches:* February 1, 2024
 - *Phase 3 Voice interface, provider recommendations, and closed-loop social care referrals:*

Department of Health Services
Data Processing Projects – 2024

June 30, 2024

- *Ongoing Improvements/Enhancements and Project Close:* March 31, 2025

20. *Current IT Project Stage Completion Dates:*

- *Phase 1 Semantic taxonomy, development, and launch of resource database (with faceted search) and ADRC website:* January 21, 2025
- *Phase 2 Integration with the client-tracking system, and user-generated content with saved searches:* December 13, 2024
- *Ongoing Improvements/Enhancements and Project Close:* March 31, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* The first release of the resource database was originally scheduled for July 2023. While working through the selection of a new client tracking system, we learned that the system selected has a resource database component. Due to efficiencies for staff to access, update, and search for resources in one system, the workgroup decided to pivot and utilize the resource database function within the client tracking system.

We continue to work with the vendor Palantir to build a searchable database. However, their work has pivoted to extracting data from the new client tracking system and creating an external portal for customers to search for resources on DHS' website. Development and customization of the Resource Database within the client tracking system is in progress under a separate project and is reported separately. The DHS team is facilitating joint meetings with the client tracking system vendor (Peer Place), and Palantir throughout development, testing, and implementation. The deliverables for Phase 1 and Phase 2 are in development simultaneously. Go-live for the ADRC website is dependent upon integration with the resource database in the client tracking system, currently planned to follow by approximately one month after. Therefore, Phase 1 completion date will be one month after Phase 2. Since the last report, Phase 1 and 2 completion dates have been adjusted to match the go-live of the client tracking system and to align with a marketing plan that is being developed to inform the public of the new website features. The deliverables previously planned for Phase 3 have been removed from scope. AI-generated content is not going to be considered at this time due to current DHS policy.

IT Project Information Section:

22. *IT Project Scope:* This project will include the development of a centralized website for the Aging and Disability Resource Center (ADRC) that provides access to educational information as well as ADRC resources. It will also include the development of a resource database ("database application", "database" or "application") that is accessible to the public via the newly created website.

23. *IT Project Deliverables:* Product deliverables will include a new centralized website for the ADRC that provides access to educational information and ADRC resources as well as a newly developed resource database to serve the public via the newly created website. Project documentation deliverables will include a project charter, risk register, issue log, decision log, change log, assumptions log, project management plan, work breakdown structure, baseline scope, budget, and schedule, a stakeholder register, and a communications plan.

Department of Health Services
Data Processing Projects – 2024

24. *IT Project Assumptions:* This product will support improved public access to information about aging and disability resources. This product will support increased efficiency for local aging and disability resource centers (ADRCs).

25. *IT Project Risks and Constraints:*

- Risk: There is no guarantee of increases to existing base funding to support any increased costs associated with maintenance of products developed during this limited term grant.
- Constraints: The funding for development is time limited. Products may need to be supported by existing base funding.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* N/A

5. ADRC Client Tracking System Implementation Project

1. *Report Preparation Date (Status as of):* 11/18/2024

2. *IT Project Title:* ADRC Client Tracking System Implementation Project

3. *IT Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* To access the client tracking system, users who work for County and Tribal Partners will sign in and be verified using MyWisconsin ID, which is managed by DOA/DET. DET support has been requested to implement the connection to MyWisconsin ID.

6. *Master Lease Funding Amount:* \$0

7. *Original Cost Projection:* \$6,000,000

8. *Additional Context for Original Cost Projection (*Optional*):* The original cost projection was estimated prior to the completion of detailed planning and design phases. The cost projection of \$6,000,000 was believed to be the high-end cost to complete the implementation of the client tracking system. For the purposes of this report, we excluded \$750,000 for FY 25-26 operations,

**Department of Health Services
Data Processing Projects – 2024**

maintenance, and continuous improvement. Those costs will be incurred after project completion and are considered operational.

9. *Funding Source & Amount:*

- GPR: \$000,000
- PR: \$000,000
- FED: \$5,715,000
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* \$5,715,000

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *Explanation for Changes to Cost Projection:* Upon completion of detailed planning and design, we have been able to provide a more informed estimate of project costs.

13. *Original Estimated IT Project Start Date:* August 1, 2023

14. *Actual or Current Estimated IT Project Start Date:* August 1, 2023

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* March 31, 2025

17. *Current IT Project Completion Date:* March 31, 2025

18. *Explanation for Changes to IT Project Completion Date:* No Change

19. *Original IT Project Stage Completion Dates:*

- *Initiation:* August 1, 2023
- *Planning:* February 2, 2024
- *Design:* March 1, 2024
- *Development:* August 30, 2024
- *Testing:* October 31, 2024
- *Implementation:* November 29, 2024
- *Post-implementation support:* February 28, 2025
- *Project Closure:* March 31, 2025

20. *Current IT Project Stage Completion Dates:*

- *Initiation:* August 1, 2023
- *Planning:* May 31, 2024
- *Design:* May 31, 2024
- *Development:* September 30, 2024
- *Testing:* November 29, 2024

Department of Health Services Data Processing Projects – 2024

- *Implementation:* December 13, 2024
- *Post-implementation support:* February 28, 2025
- *Project Closure:* March 31, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* A joint planning and detailed planning effort was completed on May 31, 2024. Upon completion, the team established November 6, 2024, as the production go-live date for the core application. In parallel with development and customization of core application functionality, a Resource Database is being developed by the vendor for use by the Virtual ADRC and Statewide Resource Database project. Work for the Resource Database functionality trails the core system functionality by approximately one month; currently planned to be implemented to production on December 13, 2024. This was updated from December 7, 2024, to coincide with the vendor's release schedule. The project stage dates above reflect completion dates for the Resource Database efforts. This project is funded through American Rescue Plan Act (ARPA). Our project funding deadline limits our timeline such that post-implementation support must be completed by February 28, 2025. Additional support or improvements after the post-implementation period will be operational.

IT Project Information Section:

22. *IT Project Scope:* The Wisconsin Department of Health Services (DHS) has engaged PeerPlace Networks, LLC to implement a modern, customizable data collection system to collect data from county and tribal provider agencies about customer services and other activities conducted by Aging and Disability Resource Centers (ADRC), benefit specialists, and Older Americans Act provider agencies. The system will accommodate the needs of approximately 1,200 system users employed by approximately 80 Wisconsin-based agencies at the Area Agency on Aging (AAA), county, and tribal level.
23. *IT Project Deliverables:* Product deliverables are the delivery of a system solution which will accommodate the requirements of multiple state and federal programs that serve older adults and people with disabilities and are operated within local agencies. Additionally, the system will house a resource database (“database application”, “database” or “application”) which allows for resource provider data to be maintained by county and tribal partners. An extract will be developed to make resource data from the client tracking system available to the external portal being developed by the Virtual ADRC and Statewide Resource Database Discovery and Implementation Project. Functionality to collect and export Older Americans Act Performance System (OAAPS) formatted data is also required.
24. *IT Project Assumptions:* This product will support improved access to information about clients of aging and disability resources by county and tribal partners throughout all the State of Wisconsin who partner with DHS to manage their services. This product will support increased efficiency for local aging and disability resource centers (ADRCs). The new system will also improve access to data and data quality for OAAPS reporting and other reporting needs.
25. *IT Project Risks and Constraints:*
- Risk: There is no guarantee of increases to existing base funding to support any increased costs associated with maintenance of products developed during this limited term grant.

Department of Health Services
Data Processing Projects – 2024

- Constraints: The funding for development is time limited. Products may need to be supported by existing base funding.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):*

6. Overdose Alert System

1. *Report Preparation Date (Status as of):* 11/18/2024

2. *IT Project Title:* Overdose Alert System

3. *IT Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):*

6. *Master Lease Funding Amount:* \$0

7. *Original Cost Projection:* \$1,000,000

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*

- GPR: \$000,000
- PR: \$000,000
- FED: \$1,000,000
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* \$1,000,000

11. *Additional Context for Current Cost Projection (*Optional*):* This is a high, ballpark estimate only. \$1,000,000 American Rescue Plan Act (ARPA) funding has been approved through 2025. An additional \$500,000 is available through Opioid Settlement fund Grants.

12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* November 6, 2022
14. *Actual or Current Estimated IT Project Start Date:* November 6, 2022
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* December 31, 2025
17. *Current IT Project Completion Date:* March 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* The business team was delayed in finalizing requirements from the Beta testing which caused delays in development. Those requirements have now been completed and development estimates are more than expected. Additional development resources are being spun up to help with the Beta development work and for longer term support.
19. *Original IT Project Stage Completion Dates:*
 - *Project Start:* November 6, 2022
 - *Iterative Sprints (Requirements/Design/Development/Test):* December 15, 2023
 - *Alpha release:* February 16, 2024
 - *Iterative Sprints (Requirements/Design/Development/Test):* April 19, 2024
 - *Beta release:* June 21, 2024
 - *Iterative Sprints (Requirements/Design/Development/Test):* September 13, 2024
 - *Production Go-Live Complete:* September 30, 2024
 - *Closure:* December 31, 2025
20. *Current IT Project Stage Completion Dates:*
 - *Project Start:* November 6, 2022
 - *Iterative Sprints (Requirements/Design/Development/Test):* December 15, 2023
 - *Alpha release:* February 8, 2024
 - *Iterative Sprints (Requirements/Design/Development/Test):* April 19, 2024
 - *Beta release:* March 20, 2024
 - *Iterative Sprints (Requirements/Design/Development/Test):* November 30, 2024
 - *Production Go-Live Complete:* October 31, 2024
 - *Closure:* March 31, 2025
21. *Explanation for Changes to IT Project Stage Completion Dates:*

The business team was delayed in finalizing requirements from the Beta testing which caused delays in development. Those requirements have now been completed and development estimates are more than expected. Additional development resources were spun up to help with the Beta development work and for longer term support. After the business requirements were completed and development resources were in place, the development work was completed. The project finished testing and the WiSOARR solution went live on October 31, 2024, which was a

month later than planned. The delay was due to changes in staff availability. The implementation is complete. The project team is monitoring the system, addressing minor issues as they arise, and defining requirements for future enhancements.

IT Project Information Section:

22. *IT Project Scope:* This project is a joint initiative between the Division of Public Health (DPH) and Division of Care and Treatment Services (DCTS) that will invest in a central alert system, creating a nearly real-time overdose surveillance and alert system for not just counties and tribes, but also for other provider types statewide. DHS is in the process of creating the first statewide overdose alert system for Wisconsin that will be known as the Wisconsin Suspected Overdose Alerts for Rapid Response (WiSOARR). The purpose of WiSOARR is to support communities in identifying increases in suspected overdose events as quickly as possible to allow for timely outreach to prevent excess harm from overdose spikes. WiSOARR will be statewide and replace current programs which provide weekly and daily spike alerts to a select number of county partners. The system is being designed to give agencies involved in overdose prevention and response, such as local health departments, harm reduction organizations, and first responders, near real-time data (with a daily refresh) of where suspected overdoses are occurring in their community. WiSOARR will replace the current manual method of emailing alerts in a non-dynamic PDF format. It will include a tool which maps incidents to the approximate area of the county where the event occurred while protecting against sharing Personally Identifiable Information (PII). Local users will have the ability to set a threshold of suspected overdoses that need to occur for them to be sent an alert in their specified geographic area of interest.

WiSOARR will incorporate data sources that have minimal lag time. Wisconsin Ambulance Runs Data (WARDS) will show where ambulance services have been called to a suspected overdose event, and where Naloxone has been administered in the community. Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data will be used to show suspected overdose events presenting to emergency departments around the state. The ambulance run and emergency room data provides a good picture of where non-fatal events are occurring in the state, but fatal data is needed for a more complete picture. The death data most frequently used by DHS (vital records death certificate data) has a long lag time that is not suitable for an alert system. Because of the importance of having fatality data in WiSOARR, an effort has begun to reach out to the local Coroner/Medical Examinators (C/ME) offices in hopes to collect data on suspected drug overdose deaths.

23. *IT Project Deliverables:*

- Data from multiple sources will be combined for the system to perform its desired capabilities.
 - Provide data access to syndromic surveillance data.
 - A data structure will be constructed for daily refresh access by real-time overdose surveillance system.
 - Develop a data strategy and security policies and procedures for sharing data externally and internally.
 - Data will be transformed and normalized and will be localized to general areas that can be represented on a map.
 - Data access agreements will be needed with many of the sources, which include WARDS, ESSENCE, County Coroners, and potentially others.

Department of Health Services

Data Processing Projects – 2024

- As required to support the business, application architecture, technical requirements, and security requirements will be documented and shared with all appropriate parties.
- Application will be developed in accordance with the requirements and will include (but not limited to) these high-level capabilities:
 - Dashboard of critical alerts and other information.
 - Location information (raw or jittered) with data masking with map visualization.
 - Static and dynamic spike alerts to partners via email.
 - Analytics reporting with daily refresh.
 - Defined reports and tools for creating customized, on demand reports.
 - Provide stakeholders the ability to create their own ad hoc reports.
 - Allow for manual entry of fatality data.
- Testing will be performed at multiple levels. This will include application unit testing, integration testing, system testing, acceptance testing, smoke testing, and User Acceptance Testing (UAT).
- System/application and maintenance and support documentation will be created.
- A training and implementation plan will be developed and executed that focuses on system use by end users and system/application administrators.
- A security review will be completed with anticipated certification as the deliverable.
- Memorandums of Understanding (MOU), and Data Use Agreements (DUA) with partners.
- Communications plans including communication with coroners and other providers of source data as needed.

24. IT Project Assumptions:

- The Division of Public Health, Office of Health Informatics (DPH/OHI) development team will provide an Architect who will lead development, define the system and application architecture, and support the Information Security Section (ISS) security requirements.
- An MVP will be defined for the initial implementation.
- DPH/OHI will be responsible for the development of an integrated data view, by performing back-end data manipulation that integrates data from multiple sources into a singular data source for consumption by the front-end system.
- DPH/OHI will be responsible for the development of the system, including mapping and alert creating functions.
- DPH/OHI will be responsible for the implementation of the system.
- DPH/OHI will be responsible for the ongoing system maintenance in cooperation with subject matter experts as needed by users.
- DPH/OHI will use agile development process.
- Application will be on a Windows platform.
- This project will focus on the MVP functionality only. Future enhancements will become part of a future project.
- The new system will improve on the existing system.

25. IT Project Risks and Constraints:

- While there is monthly data available regarding deaths, there is no standard for near real-time death data. Agreements with individual coroner offices will be needed and there will likely need to be different ways of collecting this data. This could lead to inconsistent data and delays in receiving data.
- Long-term ownership of the system is unknown. Transition from the project to an

Department of Health Services
Data Processing Projects – 2024

operational state could be delayed if ownership is not determined. The project team is defining the roles, activities and workflows needed for the operational state.

- If resources are not available, project timeline and costs could be negatively affected.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: This project was excluded from previous reports due to oversight.

7. Integration of Long-Term Care (LTC) Encounters into the MMIS

1. *Report Preparation Date (Status as of)*: 11/19/2024
2. *IT Project Title*: Integration of Long-Term Care (LTC) Encounters into the MMIS
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: N/A
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$4,140,205.68
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$986,429.10
 - PR: \$000,000
 - FED: \$8,850,169.62
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$9,836,598.72
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A

12. *Explanation for Changes to Cost Projection:* The original estimate was provided before requirements were fully defined and the scope was baselined. The previous estimate is reflective of a substantially increased scope based on the requirements definition which was completed June 30, 2022. The cost projection of \$9,124,335 provided in the September 2022 report included non-project, post implementation costs of ongoing operations, maintenance, and licensing fees. The updated cost projection of \$7,815,613 provided in the March 2023 report was a more accurate estimate which included only implementation costs for the project at the time. The March 2024 change was for the SAS Enterprise Data Warehouse (EDW) to receive Health Maintenance Organization (HMO) and LTC encounter data together. For EDW/ Data Analytics and Reporting (DAR), the changes account for additional scope identified due to the decision to intermingle LTC Information Exchange System (IES) Encounter Claims into the Medicaid Management Information System (MMIS). The additional scope includes impact analysis on MMIS and IES reports, regression testing for MMIS and IES production reports, report impacts for MMIS and IES reports, and changes and updates to tables in SAS. Further changes were made to take into account refinements made to the Part 3 scope of the project. Since the last report, additional scope was identified for EDW/DAR due to the decision to merge LTC Information Exchange System (IES) Encounter Claims into the MMIS. This caused an increase in cost.

13. *Original Estimated IT Project Start Date:* May 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* May 1, 2021

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* March 31, 2023

17. *Current IT Project Completion Date:* December 31, 2024

18. *Explanation for Changes to IT Project Completion Date:* The project completion date was updated to September 30, 2024, to incorporate the Part 1, Part 2, and Part 3 components of the overall project. Part 1 includes the project components which are necessary for external stakeholder testing through supporting the external testing environment; Part 2 includes the components which are necessary for the January 2024 go-live but do not need external stakeholder testing; and Part 3 includes the components which are valuable to DHS that are not critical for go-live. For EDW/DAR, the changes account for additional scope identified due to the decision to merge LTC Information Exchange System (IES) Encounter Claims into the MMIS. The decision to merge these claims has added additional time for deep dive impact analysis on MMIS and IES reports and additional regression testing.

19. *Original IT Project Stage Completion Dates:*

- *Define Requirements:* July 1, 2021
- *Design:* March 31, 2022
- *Construction:* November 30, 2022
- *Testing:* November 30, 2022
- *Go-Live/Implementation:* November 30, 2022
- *Close:* March 31, 2023

20. *Current IT Project Stage Completion Dates:*

- *Define Requirements:* January 1, 2024
- *Design:* April 14, 2024
- *Construction:* September 13, 2024
- *Testing:* September 13, 2024
- *Go-Live/Implementation:* September 13, 2024
- *Close:* September 30, 2024

EDW Phase (Concurrent with other phases)

- *Define Requirements:* August 31, 2023
- *Design:* August 31, 2023
- *Construction/Testing:* November 29, 2024
- *Prod Implementation:* December 31, 2024
- *Close:* December 31, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* As explained in a prior report, due to competing priorities, requirements and design, completion dates were delayed from initial estimates. The current IT project dates reflect the increased duration for the collaborative approach with Gainwell and DHS for the last phase of the project (Part 3). In addition, the effort required to ensure the Managed Care Organizations (MCOs) and Fiscal Employer Agents (FEAs) were operational took priority over completing design. As a risk mitigation step, a decision was approved to initiate construction and testing efforts as design components were completed to manage the overall project timeline. For EDW/DAR, the changes account for additional scope identified due to the decision to merge LTC Information Exchange System (IES) Encounter Claims into the MMIS. The decision to merge these claims has added additional time for deep dive impact analysis on MMIS and IES reports and additional regression testing.

IT Project Information Section:

22. *IT Project Scope:* This project will integrate LTC adult program encounters into the MMIS, and ensure all transactional processing occurs through the MMIS. The revised resource estimate increased scope for additions to the 'Enhanced Maxfee Extract' as well as to incorporate matching and decrementing logic for Service Authorizations. Additionally, the SAS EDW will receive Health Maintenance Organization (HMO) and LTC encounter data together. This will allow EDW reports such as rate setting extracts and will provide usable views that use LTC Encounter Data. SAS will incorporate new tables into the EDW and make updates as needed. Changes and updates will be made to the current security implementation of the LTC data to incorporate security on new tables and row-level security as needed. Additional scope for EDW/DAR was identified due to the decision to intermingle LTC Information Exchange System (IES) Encounter Claims into the MMIS. The additional scope includes impact analysis on MMIS and IES reports, regression testing for MMIS and IES production reports, report impacts for MMIS and IES reports, and changes and updates to tables in SAS.

23. *IT Project Deliverables:* Implementation of an integrated system to provide for the integration of Adult LTC program encounters into the MMIS and to ensure that all transactional processing occurs through the MMIS that will be accomplished by delivering the following solutions:

Department of Health Services
Data Processing Projects – 2024

- Development of an infrastructure to support a single claims-encounter submission platform that integrates business rules by program.
- Implementation and maintenance of a solution to ensure all transactional processing occurs through the MMIS.
- Implementation of the panels and functionality to adjudicate an encounter and group of encounters.
- Provision of a highly configurable solution to process, adjudicate and price encounters using benefit and service authorization information for all Adult LTC programs.
- HMO and LTC Encounter data will be available in the EDW.
- Reports that use LTC Encounter data are updated to reflect data received in the EDW.
- New tables and updates to current tables for LTC Encounter data are made in the EDW.
- Where needed, security on new tables and row-level security will be implemented on the LTC Encounter data.

24. IT Project Assumptions:

- IES will continue to be used/exist for purposes beyond accepting Adult LTC encounters.
- The LTC Encounters Project go-live for Part 2 was January 1, 2024. The Part 2 components are those components necessary for the January 2024 go-live but do not need external stakeholder testing. It includes expanding the existing service location claim recycle logic to account for adult LTC encounters, require Managed Care Organizations (MCOs) and Fiscal Employer Agents (FEAs) to submit a monthly webform to certify encounter data submissions, update the structure, format, and content of the coverage and re-pricing extracts, Transformed Medicaid Statistical Information System (T-MSIS) updates, and bringing in Wisconsin Include, Respect, I Self-Direct (IRIS) Service Authorization data from the Wisconsin Self-Directed IT System (WISITS).
- The LTC Encounters Project go-live for Part 3 was September 13, 2024. The Part 3 components are those components which are valuable to DHS that are not critical for go-live. It includes additional changes related to integrating data from WISITS and creating a more streamlined process to maintain and update category of service rules.

25. IT Project Risks and Constraints: Risk and constraint identification and assessment is ongoing. The project is monitoring a list of other projects that are dependencies/risks to this project.

26. Submitted in Other DET Statutory Reports?

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. Other Information (*Optional*): N/A

8. Tribal Shared Savings Project

1. Report Preparation Date (Status as of): 11/19/2024
2. *IT Project Title:* Tribal Shared Savings
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,196,719.22
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$109,260.60
 - PR: \$000,000
 - FED: \$983,345.38
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$1,092,605.98
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* A decision was made to reduce the work required for referrals to identify Tribal Shared Savings claims. This led to a reduction in costs for the MMIS work. Additionally, EDW/DAR scope was identified for this work to bring data from the MMIS into the EDW/DAR to create reports related to Tribal Shared Savings.
13. *Original Estimated IT Project Start Date:* March 1, 2023
14. *Actual or Current Estimated IT Project Start Date:* March 1, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* July 16, 2024
17. *Current IT Project Completion Date:* December 31, 2024

Explanation for Changes to IT Project Completion Date: The timeline was extended because DHS did not accept the original planned claims solution. DHS and Gainwell have since aligned on a

Department of Health Services Data Processing Projects – 2024

new claims solution. The planning and design phases are being overlapped to expedite the process. The schedule will be re-baselined, and the implementation date finalized at the end of design. The current implementation date is August 2024, but this date could shift depending on the system test plan that is aligned on. EDW/DAR scope was identified for this work to bring data from the MMIS into the EDW/DAR to create reports related to Tribal Shared Savings.

18. *Original IT Project Stage Completion Dates:*

- *Initiate:* May 24, 2023
- *Plan:* August 18, 2023
- *Design:* December 13, 2023
- *Construct:* March 26, 2024
- *Test:* May 23, 2024
- *Pre-Implementation & Go-Live:* May 29, 2024
- *Close:* July 16, 2024

19. *Current IT Project Stage Completion Dates:*

- *Initiate:* May 24, 2023
- *Plan:* November 22, 2023
- *Design:* January 23, 2024
- *Construct:* May 8, 2024
- *Test:* August 1, 2024
- *Pre-Implementation & Go-Live:* August 9, 2024
- *Close:* September 26, 2024

EDW Phase (Concurrent with other phases)

- *Define Requirements:* September 30, 2024
- *Design:* September 30, 2024
- *Construction/Testing:* November 29, 2024
- *Prod Implementation:* December 31, 2024
- *Close:* December 31, 2024

20. *Explanation for Changes to IT Project Stage Completion Dates:* The state completion dates were moved out because DHS did not accept the original planned claims solution. DHS and Gainwell have since aligned on a new claims solution. The planning and design phases are being overlapped to expedite the process. The schedule will be re-baselined, and the implementation date finalized at the end of design. The current implementation date is August 2024, but this date could shift depending on the system test plan that it is aligned on. EDW/DAR scope was identified for this work to bring data from the MMIS into the EDW/DAR to create reports related to Tribal Shared Savings.

IT Project Information Section:

21. *IT Project Scope:* In 2016, the Centers for Medicare & Medicaid Services (CMS) issued a State Health Officials (SHO) letter to state Medicaid agencies describing an update that creates an opportunity for tribal shared savings and a wider scope of services available to tribal members outside of the Tribal Federally Qualified Health Centers (FQHCs). Previously, when tribal members were referred to and received services from outside providers, those claims were only eligible for the standard Federal Medical Assistance Percentage (FMAP). Now, those claims would be eligible

Department of Health Services Data Processing Projects – 2024

for 100% FMAP as long as the outside provider had a signed care coordination agreement with the relevant Tribal FQHC. The 2021-2023 Wisconsin Biennial Budget included a measure to return the “savings” (i.e., the difference between the standard FMAP and 100% FMAP) back to the tribes. 90% of the savings from each claim will be returned to the tribe which has a signed care coordination agreement with the outside provider. 10% will be kept for administrative expenses. Additionally, the SAS EDW/DAR will receive tables related to Tribal Shared Savings from the MMIS to create reports related to Tribal Shared Savings.

22. *IT Project Deliverables:* A system that shall enable the Wisconsin Department of Health Services (DHS) to track the claims submitted for tribal members who were referred by a Federally Qualified Health Center (FQHC) to an outside provider with a care coordination agreement.

For the SAS EDW/DAR:

- Transform tables to the SAS proposed data model, including loading of four additional tables.
- The creation of two reports, including a quarterly exact tracking payments for each tribe and a visual analytics dashboard for ad-hoc reporting.

23. *IT Project Assumptions:*

- No precedent for paying multiple agencies for a single claim.
- Shared Savings payment amounts are not priced on the claim.
- Very limited new transaction types remain available; code expansion may be necessary.
- Each FQHC provider must be associated to a single tribe. DHS must provide that crosswalk to Gainwell initially and provide updates as required.

24. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing. There are none to share at this time.

25. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

26. *Other Information (*Optional*):* This project was not included on the FY 2024 Strategic IT Plan because it had not been fully initiated and did not have a signed project charter at the time projects were identified for the report.

9. **Adult Incident Report System (AIRS)**

1. *Report Preparation Date (Status as of):* 11/19/2024
2. *IT Project Title:* Adult Incident Report System (AIRS)

**Department of Health Services
Data Processing Projects – 2024**

3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$3,133,875.61
8. *Additional Context for Original Cost Projection (*Optional*):* The \$3,133,875.61 original estimate did not include costs for application programming interface (API) integrations with AIRS. At the time, there was insufficient information to provide that estimate.
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$000,000
 - SEG: \$5,053,997.21
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$5,053,997.21
11. *Additional Context for Current Cost Projection (*Optional*):* Deloitte’s implementation work on the AIRS project has been moved to be 100% funded through ARPA HCBS (SEG funding). SAS costs were also included.
12. *Explanation for Changes to Cost Projection:* As of July 2023, DHS approved an amendment to include an additional \$1,121,383.21 of costs, primarily for including six API integrations. As of January 2024, the current cost projection increased due to the additional scope from the Statement of Work Amendment that included 1) enhancements to the AIRS portal, and 2) integration of AIRS with the new MyWisconsin ID SSO and Azure AD systems. There was additional scope added for the Enterprise Data Warehouse / Data Analytics and Reporting (EDW/DAR) since the last report.
13. *Original Estimated IT Project Start Date:* September 1, 2022
14. *Actual or Current Estimated IT Project Start Date:* November 14, 2022
15. *Explanation for Changes to IT Project Start Date:* This project went through a new Department of Administration contract review process which pushed the project start date by two months.
16. *Original Estimated IT Project Completion Date:* April 21, 2023
17. *Current IT Project Completion Date:* December 31, 2024

Department of Health Services Data Processing Projects – 2024

18. *Explanation for Changes to IT Project Completion Date:* Given the delayed project start date from September 1, 2022, to November 14, 2022, the end date was pushed similarly. An amendment approved by DHS to include another system release which previously pushed the completion date to January 19, 2024. The project completion date is now being updated to April 30, 2024, due to the new scope added for EDW/DAR. In September 2024, a revision was signed adding a visual analytics dashboard for reporting. The resource estimate revision submitted in June 2024 to extend the completion date out to December 31, 2024, was approved.
19. *Original IT Project Stage Completion Dates:*
- *Project Initiation and Kick Off:* November 16, 2022
 - *Requirements, Design and Development:* January 13, 2023
 - *Systems Testing:* February 17, 2023
 - *User Acceptance Testing:* March 10, 2023
 - *Go-Live:* March 24, 2023
 - *Post-Production Support:* April 21, 2023
20. *Current IT Project Stage Completion Dates:*
- *Project Initiation and Kick Off:* December 2, 2022
 - *Requirements, Design and Development:* March 31, 2023
 - *Systems Testing:* May 5, 2023
 - *User Acceptance Testing:* May 26, 2023
 - *Go-Live:* September 1, 2023
 - *Post-Production Support:* February 2, 2024
- EDW/DAR Phase
- *Requirements:* April 30, 2024
 - *Design and Development:* April 30, 2024
 - *Construction and Testing:* October 31, 2024
 - *Production Implementation:* November 29, 2024
 - *Closing:* December 31, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* The DOA contract review process caused the project start date to defer by two months. As previously reported, this caused all stage completion dates to shift. The prior change in the project stage completion dates was due to a Scope of Work (SOW) under review that delayed go-live to September 1 that includes enhancements and to integrate with MyWisconsin ID single-sign on. Additionally, an amended SOW was approved to allow Managed Care Organizations (MCOs) to connect their case management system with AIRS. The stage dates have been updated due to the new scope added for EDW/DAR. In September 2024, a revision was signed adding a visual analytics dashboard for reporting. The resource estimate revision submitted in June 2024 to extend the completion date out to December 31, 2024, was approved.

IT Project Information Section:

22. *IT Project Scope:* The Adult Incident Reporting System will build an incident reporting system that can be used by Managed Care Organizations (MCOs) to report incidents for Family Care, Family Care Partnership, and Program of All-inclusive Care for the Elderly (PACE) participants. The system will allow incidents to be reported in a more timely manner, provide secure

Department of Health Services
Data Processing Projects – 2024

communication for Personally Identifiable Information (PII)/Protected Health Information (PHI) prone data, and allow better reporting and trend analysis of incidents.

EDW/DAR will implement a Salesforce Connector module that will be added to the existing EDW/DAR SAS software platform currently available to DHS. This will enable a direct connection to Salesforce, eliminating the need for file transfers via other methods, and allowing AIRS data to be loaded into the SAS EDW. Additionally, a visual analytics dashboard will be developed for reporting purposes.

23. IT Project Deliverables:

- Design and develop a Salesforce Incident Reporting System for use by MCOs to report incidents to DHS.
- Design and develop a Salesforce portal for DHS to review incidents reported by DHS.
- Achieve operational efficiency by creating one process for collecting, tracking, storing, and responding to incidents.
- Provide training materials and sessions for MCO and Member Care Quality Specialist (MCQS) users to assist in their processes for reporting and reviewing incidents.
- Centralize incident management functionality and data for better tracking and trend analysis to inform quality assurance efforts and strategies.
- A Salesforce Connector module will be added to the existing SAS software platform currently available to DHS. This will enable a direct connection to Salesforce, eliminating the need for file transfers via other methods.
- Visual analytics dashboard.

24. IT Project Assumptions: There are none to share at this time.

25. IT Project Risks and Constraints: There are none to share at this time.

26. Submitted in Other DET Statutory Reports?

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

*27. Other Information (*Optional*):* This project was not included in the FY 2025 Strategic IT Plan because at the time of report drafting, this project was expected to close by April 30, 2024.

10. ACT 178-CIE-MIS

1. *Report Preparation Date (Status as of):* 11/19/2024
2. *IT Project Title:* ACT 178-Competitive Integrated Employment Management Information System (CIE-MIS)

**Department of Health Services
Data Processing Projects – 2024**

3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$400,605.66
8. *Additional Context for Original Cost Projection (*Optional*):* The original cost projection was a high, ballpark estimate provided prior to completion of detailed estimates prepared in the project’s formal planning phase prior to execution.
9. *Funding Source & Amount:*
 - GPR: \$66,345.85
 - PR: \$000,000
 - FED: \$1,640,858.57
 - SEG: \$1,282,059.03
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$2,989,263.45
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* Additional scope for the Enterprise Data Warehouse/Data Analytics Reporting (EDW/DAR) was added to this project that increased the current cost projection. The expanded scope adds the incorporation of unemployment insurance, new hire, and wage data files into the EDW, which has increased costs.
13. *Original Estimated IT Project Start Date:* March 1, 2020
14. *Actual or Current Estimated IT Project Start Date:* March 1, 2020
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* June 30, 2021
17. *Current IT Project Completion Date:* December 31, 2024
18. *Explanation for Changes to IT Project Completion Date:* The original estimated completion date was a high-level placeholder date based on the original estimate of work. Due to the identification of new requirements, the design completion date was adjusted which pushed out the remaining stages and completion date. The project completion date was changed at the

Department of Health Services Data Processing Projects – 2024

request of Department of Health Services (DHS) for the Gainwell portion of the project. That part of the project is now completed. In the previous report, additional scope for the EDW/DAR was added to the project which updated the current IT project completion date.

19. *Original IT Project Stage Completion Dates:*

- *Requirements:* July 1, 2020
- *Design:* September 30, 2020
- *Construction:* November 15, 2020
- *Testing:* November 15, 2020
- *Prod Implementation:* November 15, 2020
- *Closing:* June 30, 2021

20. *Current IT Project Stage Completion Dates:*

- *Requirements:* July 1, 2020
- *Design:* December 1, 2024
- *Construction:* December 1, 2024
- *Testing:* December 1, 2024
- *Prod Implementation:* December 15, 2024
- *Closing:* December 31, 2024

EDW/DAR phase (Concurrent with other phases)

- *Requirements:* September 30, 2023
- *Design:* November 29, 2024
- *Construction/Testing:* December 31, 2024
- *Prod Implementation:* December 31, 2024
- *Closing:* December 31, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* Due to the identification of new requirements, the design completion date was adjusted which pushed out remaining stages and the completion date. The project completion date was last updated at the request of Department of Health Services (DHS). The previous current project phases were for a scope of work that was performed by Gainwell, which has been completed. An additional scope of work for this project was added for the EDW/DAR and the additional project stages were added to reflect the new scope. The most recent scope revision adds the incorporation of unemployment insurance, new hire, and wage data files into the EDW. This has extended the stages of the EDW/DAR phase of the projects.

IT Project Information Section:

22. *IT Project Scope:* The 2017 Act 178 requires the Department of Workforce Development – Division of Vocational Rehabilitation (DWD-DVR), the Department of Health Services (DHS), and the Department of Public Instruction (DPI) to collaborate to increase Competitive Integrated Employment (CIE) outcomes.

23. *IT Project Deliverables:* Build the CIE-MIS as a comprehensive solution around a richer set of data to provide a more complete picture of an individual's competitive integrated employment situation. The DHS-LTCare and DWD-DVR workgroup envisions the model as a richer set of data

Department of Health Services Data Processing Projects – 2024

elements across a broader spectrum of data from cross agency data systems. This option is similar to the Promise management information system model that DHS hosts in partnership with DWD, DPI, and Department of Children and Families (DCF). DMS has made the decision where the SAS Enterprise Data Warehouse (EDW) and Data Analytics Reporting (DAR) module will house all analytics and related components. Due to this strategy, all of the Act 178-CIE-MIS project's data will reside in the SAS EDW and DAR module for storage and reporting. The recent scope revision adds the incorporation of unemployment insurance, new hire, and wage data files into the EDW.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* Effective November 2022, this project was identified to be reported due to the schedule extension of more than 12 months duration on a project over \$250,000.00. This project was not included in the FY 2025 Strategic IT Plan because at the time of report drafting, this project was expected to close by April 30, 2024.

11. LTC Provider Management

1. *Report Preparation Date (Status as of):* 11/19/2024
2. *IT Project Title:* LTC Provider Management
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$6,272,781.74
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*

**Department of Health Services
Data Processing Projects – 2024**

- GPR \$1,108,005.17
- PR: \$000,000
- FED: \$9,972,046.53
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$11,080,051.70

11. *Additional Context for Current Cost Projection (*Optional*)*: N/A

12. *Explanation for Changes to Cost Projection*: Changes to the previous cost projections were due to adding scope for the Enterprise Data Warehouse (EDW) and Data Analytics Reporting (DAR) to be used for reporting items associated with the LTC Provider Management project. Changes to the current cost projections were due to adding scope for the Family Care Waiver renewal updates, three Waivers for Intensive Outpatient Program (IOP) Specialty and modifying Gabby to permit long-term care providers without Medicaid ID to reach a representative. Additionally, the EDW and DAR scope was updated to include work for Phase 3 and Phase 4 of the project.

13. *Original Estimated IT Project Start Date*: July 1, 2022

14. *Actual or Current Estimated IT Project Start Date*: July 1, 2022

15. *Explanation for Changes to IT Project Start Date*: No Change

16. *Original Estimated IT Project Completion Date*: November 30, 2024

17. *Current IT Project Completion Date*: January 31, 2026

18. *Explanation for Changes to IT Project Completion Date*: The change to the original IT project completion date was to align with the appropriate Gainwell monthly production release schedule. The current completion date has been updated due to additional scope. The additional scope includes the Family Care Waiver renewal updates, three Waivers for IOP Specialty, and modifying Gabby to permit long-term care providers without Medicaid ID to reach a representative.

19. *Original IT Project Stage Completion Dates*: Please note that the solution implementation is to be delivered via three phases. The first phase provides the basic functionality to allow Adult Long-Term Care (ALTC) providers to enroll. The subsequent two phases provide incremental additional functionality, that is required long term.

Phase 1

- *Requirements/Design Phase*: November 1, 2022
- *Construction Phase*: September 1, 2023
- *Testing/Implementation Phase*: May 1, 2024

Phase 2

- *Requirements/Design Phase*: October 1, 2023

Department of Health Services Data Processing Projects – 2024

- *Construction Phase*: November 1, 2023
- *Testing/Implementation Phase*: May 1, 2024

Phase 3

- *Requirements/Design Phase*: March 1, 2024
- *Construction Phase*: May 1, 2024
- *Testing/Implementation Phase*: November 30, 2024

20. *Current IT Project Stage Completion Dates:*

Phase 1

- *Requirements/Design Phase*: October 13, 2023
- *Construction Phase*: December 31, 2023
- *Testing/Implementation Phase*: September 13, 2024

Phase 2

- *Requirements/Design Phase*: January 31, 2024
- *Construction Phase*: May 31, 2024
- *Testing/Implementation Phase*: September 13, 2024

Phase 3

- *Requirements/Design Phase*: June 28, 2024
- *Construction Phase*: July 31, 2024
- *Testing/Implementation Phase*: December 13, 2024

Phase 4

- *Requirements/Design Phase*: September 30, 2024
- *Construction Phase*: October 31, 2024
- *Testing/Implementation Phase*: February 14, 2025

Phase 5

- *Requirements/Design Phase*: February 28, 2025
- *Construction Phase*: April 30, 2025
- *Testing/Implementation Phase*: August 8, 2025

EDW/DAR Phase (Concurrent with other phases)

Phase 1

- *Requirements/Design Phase*: December 31, 2023
- *Construction Phase*: September 30, 2024
- *Testing/Implementation Phase*: September 30, 2024

Phase 3

- *Requirements/Design Phase*: September 30, 2024
- *Construction Phase*: October 31, 2024
- *Testing/Implementation Phase*: October 31, 2024

Phase 4

- *Requirements/Design Phase*: February 28, 2025
- *Construction Phase*: April 30, 2025
- *Testing/Implementation Phase*: April 30, 2025
- *Prod Implementation*: April 30, 2025
- *Closing*: April 30, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* Phase 1 design was extended to October 13, 2023, due to the length of time of the DHS approval process regarding letter/form changes and the detailed design document. These changes did not have a significant impact on the overall project timeline. The additional stages added were to accommodate the work being completed for the utilization of the Enterprise Data Warehouse (EDW) and Data Analytics Reporting (DAR) for reporting items associated with the LTC Provider Management project. Phase 2 Construction was extended to May 31, 2024, due to the added complexity of the project. This change did not have a significant impact on the overall project timeline. Phase 3 Requirements/Design was extended to June 28, 2024, due to the delayed approval process of deliverables. Phase 4 was created to address the additional scope such as family care updates and the three additional waivers for IOP Specialty. In order to meet the critical implementation date of Phase 4, revalidation and Managed Care Organizations (MCO) provider network scope was moved from Phase 3 to Phase 5. Additionally, the EDW and DAR scope was updated to include work for Phase 3 and Phase 4 of the project.

IT Project Information Section:

22. *IT Project Scope:* This project will implement an integrated system within the Medicaid Management Information System (MMIS), through which DHS will conduct its business processes and functions for Adult Long-Term Care (ALTC) provider enrollment, specifically waiver providers. This is to be done by centralizing the provider enrollment and management functions for the Adult Long-Term Care Programs.

The project goals for centralizing the provider enrollment and management functions for LTC are:

- Ensure that all providers rendering services to members meet a uniform minimum standard.
- Provide access to uniform comprehensive data for every enrolled provider that can be used for ongoing analysis and program monitoring.
- Provide access to uniform MCO provider network information for ongoing analysis and network monitoring.
- Provide the status of the home and community-based settings rule for each provider site.

22. *IT Project Deliverables:* The purpose of the LTC Provider Management Project is for Gainwell to implement an integrated system within the MMIS, through which Wisconsin Department of Health Services (DHS) will conduct its business processes and functions for ALTC provider enrollment, specifically waiver providers. The solution implementation is to be delivered via five phases. The first phase provides the basic functionality to allow Adult Long-Term Care (ALTC) providers to enroll. The subsequent four phases provide incremental additional functionalities and updates that are required long term.

For the data warehousing components of this project, the following items will be completed:

- Integration of new providers into the EDW, including implementing a mechanism for newly enrolled LTC providers to the EDW, ensure the ability of data for ad hoc reporting and future reporting requirements.
- Data ingestion and joining, including the EDW accepting the newly added data for LTC providers and integrating the new data with the existing dataset to facilitate ad hoc reporting capabilities.

Department of Health Services
Data Processing Projects – 2024

- For Phase 3, update the Advanced Query Builder (AQB) for Adult LTC and provide additional Extract, Transform, and Load (ETL) support for the AQB data analytics and reporting work.
- For Phase 4, add five new tables into the SAS EDW and update the AQB for Adult Long Term Care.

23. *IT Project Assumptions:* There are none to share at this time.

24. *IT Project Risks and Constraints:* There are none to share at this time.

25. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

26. *Other Information (*Optional*):* N/A

12. Electronic Visit Verification (EVV) – Home Health

1. *Report Preparation Date (Status as of):* 11/19/2024

2. *IT Project Title:* Electronic Visit Verification (EVV) – Home Health

3. *IT Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* N/A

6. *Master Lease Funding Amount:* \$0

7. *Original Cost Projection:* \$3,500,000

8. *Additional Context for Original Cost Projection (*Optional*):* The initial cost projection listed of \$3,500,000 was a very high-level estimate based off of 25% of the Personal Care EVV project implementation budget at that time. That figure was provided only for the purposes of this report and as explained in the initial report, was a placeholder that was likely to change.

9. *Funding Source & Amount:*

- GPR: \$846,735.94
- PR: \$000,000
- FED \$7,620,623.46

**Department of Health Services
Data Processing Projects – 2024**

- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection: \$8,467,359.40*

11. *Additional Context for Current Cost Projection (*Optional*):* The current cost projection was reduced from the February 2024 report to account for a reduction in Gainwell operational staff and a reduction in the number of active Sandata Fixed Visit Verification (FVV) devices being used. The previous cost projection only covered costs to the end of the vendor contract at the time (October 2023). This project is 90/10 funded by the federal government. The CMS funding request was drafted, approved by DMS, and sent to CMS in July 2023.

12. *Explanation for Changes to Cost Projection:* The current cost projection covers the entire cost of the project to completion and has been adjusted to account for a reduction in Gainwell operational staff and a reduction in the number of active Sandata Fixed Visit Verification (FVV) devices being used. The previous cost projection only covered costs to the end of the vendor contract at the time (October 2023). The CMS funding request was drafted, approved by DMS, and sent to CMS in July 2023.

13. *Original Estimated IT Project Start Date:* October 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* November 1, 2022

15. *Explanation for Changes to IT Project Start Date:* The original estimated start date of October 1, 2021, listed in this report is an old estimate provided to DET. In July 2022, the start date estimate deferred to October 1, 2022. The project started a month late, on November 1, 2022, due to the DOA contract approval process now required for all new large, high-risk IT project work. This approval was not built into the initial timeline as it was not known.

16. *Original Estimated IT Project Completion Date:* January 1, 2024

17. *Current IT Project Completion Date:* January 31, 2025

18. *Explanation for Changes to IT Project Completion Date:* The Original Estimated IT Project Completion Date was modified to match the approved project charter. In previous versions of this report, the Original Estimated IT Project Completion Date reflected the very first estimated completion date which existed prior to the completion of the project charter.

DMS determined that the hard launch phase of this project will not start until October 1, 2024. DHS determined that the change in the hard launch date was needed to allow time for communications and training to providers and for analysis of compliance in the managed care program area. This phase requires a four-month stabilization phase following the launch. The completion date was moved back to allow sufficient time to complete the stabilization phase that is required after hard launch. This change allows us to maximize the 90/10 federal funding available during the implementation of the system.

Department of Health Services Data Processing Projects – 2024

19. *Original IT Project Stage Completion Dates:*

- *Project Kickoff:* October 1, 2022
- *Requirements & Design:* January 31, 2023
- *Testing:* June 30, 2023
- *Soft Launch & Stabilization:* September 30, 2023
- *Hard Launch & Stabilization:* January 1, 2024

20. *Current IT Project Stage Completion Dates:*

- *Project Kickoff:* November 1, 2022
- *Requirements & Design:* July 26, 2023
- *Testing:* November 29, 2023
- *Soft Launch & Stabilization:* April 1, 2024
- *Hard Launch & Stabilization:* January 31, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* The Original Estimated IT Project Completion Date was modified to match the approved project charter. In previous versions of this report, the Original Estimated IT Project Completion Date reflected the very first estimated completion date which existed prior to the completion of the project charter.

DMS determined that the hard launch phase of this project will not start until October 1, 2024. DHS determined that the change in the hard launch date was needed to allow time for communications and training to providers and for analysis of compliance in the managed care program area. This phase requires a four-month stabilization phase following the launch. The completion date was moved back to allow sufficient time to complete the stabilization phase that is required after hard launch. This change allows us to maximize the 90/10 federal funding available during the implementation of the system.

IT Project Information Section:

22. *IT Project Scope:*

The Wisconsin DHS EVV system will meet the requirements of the 21st Century Cures Act. DHS contracted with EVV vendor Sandata, using the existing Gainwell Technologies Medicaid Management Information System (MMIS) contract and scope of work. The EVV solution provided by Sandata has several components including:

- **Electronic Visit Collection**—systems collect visit information as required by the Cures Act.
- **Visit Information Management, Monitoring, and Reporting**—visit information is reviewed, edited, and validated. Monitoring and reporting ensures compliance with business, system, and solution requirements.
- **Claims Verification**—valid visit information is matched to rendered/payable services by payers.

The scope of this project is specifically for the EVV for home health services. A separate, active project covers the scope of the EVV implementation for Medicaid-covered personal care services.

23. *IT Project Deliverables:*

- Verification of all requirements and functions of the Electronic Visit Collection systems.

**Department of Health Services
Data Processing Projects – 2024**

- Verification of all requirements and functions to integrate the Electronic Visit Collection systems from and to the MMIS.
- Verification of all requirements and functions to pay and process claims and encounter records from applicable entities including provider agencies, Health Maintenance Organizations (HMOs), Managed Care Organizations (MCOs), and Fiscal Employer Agents (FEAs).

24. *IT Project Assumptions:* None to share at this time.

25. *IT Project Risks and Constraints:* None to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* N/A

13. Children’s Long-Term Support (CLTS) Claims Processing

1. *Report Preparation Date (Status as of):* 11/19/2024

2. *IT Project Title:* Children's Long-Term Support (CLTS) Claims Processing

3. *IT Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* N/A

6. *Master Lease Funding Amount:* \$0

7. *Original Cost Projection:* \$3,990,030.39

8. *Additional Context for Original Cost Projection (*Optional*):* The CLTS project was divided up into two resource estimates:

- WR-00053103, CLTS Claims Processing and Technical Assistance, to reflect the work for initial and requirements phase, with a projected cost of \$380,599.88 (50/50 funding split).
- WR-00053837, Claims Processing and Technical Assistance, to reflect the work for design and implementation phase, with a projected cost of \$3,609,430.51 (90/10 funding split).

**Department of Health Services
Data Processing Projects – 2024**

9. *Funding Source & Amount:*

- GPR: \$949,255.00
- PR: \$000,000
- FED: \$7,441,898.11
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* \$8,391,153.11

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *Explanation for Changes to Cost Projection:* The previous cost projection included the actual cost of \$275,349.23 that was billed to WR-00053103 Resource Estimate, which was lower than the original cost projection. The cost projection has now increased to include additional scope for prior authorization entry, claims entry, and automated payment assignment functionality.

13. *Original Estimated IT Project Start Date:* May 1, 2023

14. *Actual or Current Estimated IT Project Start Date:* May 1, 2023

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* April 30, 2025

17. *Current IT Project Completion Date:* August 31, 2025

18. *Explanation for Changes to IT Project Completion Date:* The project completion date was extended due to the increase in scope.

19. *Original IT Project Stage Completion Dates:*

- *Initiate:* June 22, 2023
- *Plan:* September 29, 2023
- *Design:* February 22, 2024
- *Construct:* May 9, 2024
- *Testing:* September 6, 2024
- *Pre-Implementation & Go-Live:* September 13, 2024
- *Close:* April 30, 2025

20. *Current IT Project Stage Completion Dates:*

- *Initiate:* June 22, 2023
- *Plan:* August 31, 2024
- *Design:* October 31, 2024
- *Construct:* March 14, 2025
- *Testing:* March 14, 2025
- *Pre-Implementation & Go-Live:* May 1, 2025
- *Close:* August 31, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* Additional requirements gathering and design was performed for the prior authorization entry, claims entry, and automated payment assignment functionality scope that was added. This required a cascading change in delivery dates for subsequent phases.

IT Project Information Section:

22. *IT Project Scope:* CLTS claims processing is currently performed under a separate contract with Wisconsin Physicians Service (WPS) Health Insurance with an end date of April 2024. The claims processing and technical assistance provided to CLTS stakeholders will be transitioned to Gainwell. Additional scope has been added to cover prior authorization (PA) and claims entry functionality and automatic payment assignment methods using the PA's unit field. The added scope will also include one year of PA history conversion and staff to manually process historical claims adjustments for claims processed by Wisconsin Physicians Service (WPS) Health Insurance using IES encounter data, operations phone platform costs, and additional communications and training.

23. *IT Project Deliverables:*

- Implement a system that can process CLTS claims.
- Implement a process to load CLTS service providers into the system.
- Prior Authorization (PA) and claims entry functionality.
- Automatically assign payment methods using the PA's unit field.
- Convert one year of Prior Authorizations for any adjustments needed within the timely filing period and provide staffing to handle any manual adjustments against those Prior Authorizations.
- Build an operational team that consists of field representatives that can provide technical assistance to CLTS stakeholders.

24. *IT Project Assumptions:*

- Gainwell will not convert historical claims as part of the project.
- Historical claims in the SAS data warehouse will remain available for reporting only. Reports are out of scope and will be handled by SAS.
- Gainwell will not build partial payment as indicated in R-091 as this is not part of Gainwell's claims processing.
- Providers will follow standard existing claims processing transactions.
- Gainwell will not process Pharmacy transactions (NCPDP).
- CLTS will follow standard Cost Avoidance and Post Pay process.
- CLTS will be paid on the ForwardHealth TXIX fund payer.
- Gainwell will need an initial load file for the CLTS service providers from Deloitte's Salesforce system.
- CLTS will be considered a Medicaid provider.
- CLTS will utilize Gainwell's existing claim panels with modifications to submit claims through portal.
- WIPortal will need to limit other wizards or functionality within the secure portal.
- CLTS will be utilizing existing functionality to submit electronic files.

Department of Health Services Data Processing Projects – 2024

- Parallel processing will be for six months: three months before go-live and three months after go-live.
- Based on the current anticipated impacts to TPL and Financial Operations, it is assumed that additional staff will not be required. If it is determined during the course of the project or post-implementation that impacts are greater than expected and staffing is impacted, this estimate will be revised.
- If the number of Providers significantly increases, it may impact this Resources Estimate costs and/or ongoing staffing.
- WPS will be available for ninety days after May 1, 2025, to provide support and answer questions.
- WPS shall stop receiving CLTS PAs from Counties on April 30, 2025, and provide all PA data to Gainwell by May 1, 2025, in order for Gainwell to be prepared for processing on May 5, 2025.
- There will be no retro adjustment policy changes for CLTS claims, between Go Live and one year timely filing period.
 - DHS will work on a proactive plan to obtain the 2025 rates for the services below by the end of 2024: Social Security rates, Foster Care Rates, Transportation Rates, Respite Rates.
 - If retro adjustment changes occur through a corrective action plan, the adjustments will be handled through a separate Prism Request.

25. *IT Project Risks and Constraints:*

- If the number of Providers significantly increases, it may impact this Resources Estimate costs and/or ongoing staffing.
- There is a limited number of available provider types and provider specialty. If there is an increased need, a separate project will be implemented prior to make those fields alphanumeric.
- Deloitte/Salesforce will need to make changes to the provider file used in the load process.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* This project was excluded from the September 2023 Large, High-Risk IT report because the project did not complete the DOA High-Risk review and sign off for approval for the vendor until late September, after the Large High-Risk IT Report was completed and submitted.

14. Hospital Access Payment System Enhancements and Corrections

1. *Report Preparation Date (Status as of):* 11/19/2024
2. *IT Project Title:* Hospital Access Payment System Enhancements and Corrections

Department of Health Services
Data Processing Projects – 2024

3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$689,280.75
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$92,458.05
 - PR: \$000,000
 - FED: \$832,122.50
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$924,580.55
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* The updated cost projection incorporates staff costs based on updated contract rates. Additionally, Enterprise Data Warehouse (EDW) and Data Analytics and Reporting (DAR) scope was added to this project, which increased the cost.
13. *Original Estimated IT Project Start Date:* October 5, 2023
14. *Actual or Current Estimated IT Project Start Date:* October 5, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* October 31, 2024
17. *Current IT Project Completion Date:* December 31, 2024
18. *Explanation for Changes to IT Project Completion Date:* The project close date has been extended due to delays in finalizing Design.
19. *Original IT Project Stage Completion Dates:*
 - *Initiate:* December 27, 2023
 - *Plan:* February 28, 2024
 - *Design:* May 15, 2024
 - *Construct:* August 07, 2024

Department of Health Services Data Processing Projects – 2024

- *Testing*: September 09, 2024
- *Pre-Implementation and Go-Live*: September 13, 2024
- *Close*: October 31, 2024

20. *Current IT Project Stage Completion Dates:*

- *Initiate*: December 27, 2023
- *Plan*: February 28, 2024
- *Design*: June 13, 2024
- *Construct*: August 07, 2024
- *Testing*: September 09, 2024
- *Pre-Implementation and Go-Live*: November 8, 2024
- *Close*: December 31, 2024

EDW Phase (Concurrent with other phases)

- *Define Requirements*: August 30, 2024
- *Design*: September 30, 2024
- *Construction/Testing*: October 31, 2024
- *Prod Implementation*: November 29, 2024
- *Close*: November 29, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* Additional scope identified around Publication and Portal related changes resulted in a small shift in Go-Live dates resulting in a corresponding change to the close date. Due to delays in receiving requirements documents, the timeline for Design phase was extended by 4 weeks, resulting in an additional update to the project close date. Due to the impacts of Hurricane Milton, implementation was delayed and split into two releases with the final implementation date being November 8, 2024. Changes to the timeline are also due to adding EDW/DAR scope to the project.

IT Project Information Section:

22. *IT Project Scope:* Wisconsin Medicaid pays hospital providers an additional Access Payment per Fee for Service (FFS) eligible claim which is funded by the hospital assessment and federal matching dollars. Currently, for the claims that are eligible for Access Payments, these payments are added to the final paid amount on the provider's outpatient or inpatient claim. The project goal is to develop a new method of paying eligible hospital providers their Access Payments without applying the Access Payment to an inpatient and/or outpatient claim.

The solution will create a new payment method for Access Payments. This will prevent the improper recoupment of Access Payments because they won't be tied directly to the claim processing.

In this solution, adjusting/voiding a claim will not automatically result in the recoupment of the Access Payment. The criteria for what scenarios would be recouped (if any) will be spelled out during the analysis phase of the project. When a claim that is deemed Access Payment eligible is processed, the claims engine will write it out to a cross-reference table. The new cross reference table will store all Access Payment eligible claims, and on a periodic basis (weekly, monthly, quarterly, annually) the financial system will read the new table and produce the Access

Department of Health Services Data Processing Projects – 2024

Payments. This process will also be configured in such a way to reduce/remove the need for claim adjustments when Access Payment rates are retroactively applied. A unique category or subcategory of service will be configured and utilized to assign to claims that are eligible for Access Payment for proper tracking and reporting.

23. *IT Project Deliverables:*

- New Data Model table for tracking Access Payment eligible claims and their payments.
- A process for writing Access Payment eligible claims to the new table.
- Logic around limiting duplicate payments will be created. Determinations will be needed around the handling of adjustments (system generated, history only, provider submitted, etc.).
- Criteria around what scenarios an Access Payment can be recouped will be determined.
- Additional Category of Service (COS) and fund code calls for the Access Payment assignment (this solution would not require the additional sequence on the COS, which should prevent Managed Care (MC), Eligibility and Third-Party Liability (TPL) from being impacted).
- New User Interface (UI) Panel to view this Access Payment transaction table.
- New report to display Access Payment information.
- New provider report showing the Access Payment eligible claims.
- A job will be configured to allow for the table to retroactively apply Access Payments when the Access Payment rates are put on file retroactively.
- The financial system will pick up claims eligible for Access Payments from the new table for payment processing.
- New transaction type specifically for Access Payments to function in the same manner as expenditures and accounts receivables.
- New job process to pick up Access Payments from the new claims database location.
- Criteria update to existing COS/SubCOS, Fund Code, and Reason Code values to account for Access Payments.
- Review the Remittance Advice Summary Page to confirm that Access Payments received include Month-to-Date and Year-to-Date.
- Adjust the Extract, Transform, and Load (ETL) process for any tables already being loaded to exclude standardization for cited columns, correction of historical values to the required case, and adjust any EDW-created extracts that depend on project data.
- For DAR, conduct an impact analysis on impacted programs, update filter logic where applicable, update columns to allow for case sensitive values, update report documentation, and conduct Quality Assurance (QA) and User Acceptance Testing (UAT) activities.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. Submitted in Other DET Statutory Reports?

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)

**Department of Health Services
Data Processing Projects – 2024**

- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: N/A

15. GainwellConnect System Integration Platform

1. *Report Preparation Date (Status as of)*: 11/19/2024
2. *Final Report Contact*: Nick Havens, Division of Medicaid Services
3. *IT Project Title*: GainwellConnect System Integration Platform
4. *IT Project Status*: Active
5. *DET Services/Impact*: Yes No TBD
6. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: N/A
7. *Master Lease Funding Amount*: \$0
8. *Original Cost Projection*: \$7,567,082.42
9. *Additional Context for Original Cost Projection (*Optional*)*: N/A

Funding Source & Amount:

- GPR: \$711,035.34
- PR: \$000,000
- FED: \$6,399,318.08
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$7,110,353.42
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: The cost projection was reduced. Gainwell reassessed the staffing needed to complete the project and moved some tasks which were originally planned to be completed by Gainwell staff to fixed-cost, non-people work.
13. *Original Estimated IT Project Start Date*: May 1, 2024
14. *Actual or Current Estimated IT Project Start Date*: May 1, 2024

Department of Health Services
Data Processing Projects – 2024

- 15. *Explanation for Changes to IT Project Start Date:* No Change
- 16. *Original Estimated IT Project Completion Date:* April 30, 2025
- 17. *Current IT Project Completion Date:* April 30, 2025
- 18. *Explanation for Changes to IT Project Completion Date:* No Change
- 19. *Original IT Project Stage Completion Dates:*
 - *Initiate:* May 31, 2024
 - *Plan and Design:* November 30, 2024
 - *Construct:* April 30, 2025
 - *Testing:* March 30, 2025
 - *Pre-Implementation and Go-Live:* April 30, 2025
 - *Close:* April 30, 2025
- 20. *Current IT Project Stage Completion Dates:*
 - *Initiate:* May 31, 2024
 - *Plan and Design:* November 30, 2024
 - *Construct:* April 30, 2025
 - *Testing:* March 30, 2025
 - *Pre-Implementation and Go-Live:* April 30, 2025
 - *Close:* April 30, 2025
- 21. *Explanation for Changes to IT Project Stage Completion Dates:* No Change

IT Project Information Section:

- 22. *IT Project Scope:* Wisconsin has recently taken the initial steps to enable its legacy Medicaid Enterprise System (MES) with a full-service system integration (SI) platform and align with current Centers for Medicare and Medicaid Services (CMS) guidance to streamline business processes and modularity.

The cloud-agnostic SI platform, GainwellConnect, will allow DHS to seamlessly connect standalone modules. GainwellConnect forms the centerpiece for the facilitation of rapid data exchange within the MES ecosystem. The GainwellConnect SI platform enables rapid deployment and provides an effective standard backbone to connect, integrate, and manage independent systems connectivity and integrated workflows.

- 23. *IT Project Deliverables:*
 - Standing up the SI platform
 - Integrating two modules:
 - Single Sign On (SSO)
 - Electronic Visit Verification (EVV)
 - Roadmap of other Wisconsin Module Integration options
 - Project plan to document the installation and initial integrations

24. *IT Project Assumptions:* There are none to share at this time.
25. *IT Project Risks and Constraints:* The Gainwell team has identified defects in the dashboards that show file transfer success and failure metrics. These defects are being resolved with the third-party vendor, Dynatrace, who provides the dashboard software. Gainwell is working with Dynatrace to establish a timeline to resolve the defects.
26. Submitted in Other DET Statutory Reports?
- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
 - FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
 - FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
 - Large, High-Risk IT Project Report (Submitted to DOA March 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA September 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA March 2024)
 - Large, High-Risk IT Project Report (Submitted to DOA September 2024)
27. *Other Information (*Optional*):* N/A

16. CARES: FoodShare Unclear (FSUC) Project

1. Report Preparation Date (Status as of): 11/19/2024
2. *IT Project Title:* CARES: FoodShare Unclear (FSUC) Project
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* DET is responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$3,381,340.58
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$1,984,946.78
 - PR: \$000,000
 - FED: \$1,984,946.78
 - SEG: \$000,000
 - PR-SEG: \$000,000

Department of Health Services
Data Processing Projects – 2024

Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$3,969,893.56

11. *Additional Context for Current Cost Projection (*Optional*)*: N/A

12. *Explanation for Changes to Cost Projection*: Since the last report, DHS has determined additional communications to members is needed to go-live with the new functionality that allows income maintenance (IM) workers to identify new information/changes as either clear or unclear and to follow up as appropriate. DHS has requested additional functionality to allow for a courtesy letter to be sent to members in navigating the new FoodShare Unclear Policy. The new scope and timeline shift to June 21, 2025, for go-live has impacted the cost projections.

13. *Original Estimated IT Project Start Date*: February 23, 2023

14. *Actual or Current Estimated IT Project Start Date*: February 23, 2023

15. *Explanation for Changes to IT Project Start Date*: No Change

16. *Original Estimated IT Project Completion Date*: July 31, 2024

17. *Current IT Project Completion Date*: July 26, 2025

18. *Explanation for Changes to IT Project Completion Date*: Project migrated to production with switched off functionality in June 2024 based on DHS request. DHS has determined additional communications to members is needed to go-live with the new functionality that allows IM workers to identify new information/changes as either clear or unclear and to follow up as appropriate. DHS has requested additional functionality to allow for a courtesy letter to be sent to members in navigating the new FoodShare Unclear Policy. The new scope and timeline shift to June 21, 2025 for go-live has impacted the cost projections.

19. *Original IT Project Stage Completion Dates*:

- *Project Initiation and Kickoff*: May 26, 2023
- *Planning*: June 23, 2023
- *Requirements and Design*: November 24, 2023
- *Development and Unit Testing*: April 12, 2024
- *System Testing*: May 24, 2024
- *User Acceptance Testing*: June 28, 2024
- *Implementation/Go-Live*: July 8, 2024
- *Post Production*: July 31, 2024

20. *Current IT Project Stage Completion Dates*:

- *Project Initiation and Kickoff*: May 26, 2023
- *Planning*: June 23, 2023
- *Requirements and Design*: November 24, 2023
- *Development and Unit Testing*: April 12, 2024
- *System Testing*: May 24, 2024

Department of Health Services Data Processing Projects – 2024

- *User Acceptance Testing*: June 28, 2024
- *Implementation/Go-Live*: July 8, 2024
- *Post Production*: July 26, 2025

FS Unclear Information Courtesy Letter:

- *Project Initiation and Kickoff*: January 13, 2025
- *Planning*: January 31, 2025
- *Requirements and Design*: March 7, 2025
- *Development and Unit Testing*: May 16, 2025
- *System Testing*: May 30, 2025
- *User Acceptance Testing*: June 13, 2025
- *Implementation/Go-Live*: June 21, 2025
- *Post Production*: July 26, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates*: Project migrated to production with switched off functionality in June 2024 based on DHS request. Functionality will be turned on June 21, 2025, with additional scope.

IT Project Information Section:

22. *IT Project Scope*: As part of the FoodShare (FS) Unclear Information project, enhancements will be made to several applications within the CARES suite allowing workers to process FS renewals, Six Month Reporting Forms (SMRF), and Change reports. They will also be able to indicate if verification information received after the application process and before SMRF/Renewal is clear or unclear. The unclear information for FS should be provided to the member as needed and may result in termination of SNAP benefit if the response is not received timely. This project will bring Wisconsin in compliance with the Food and Nutrition Services (FNS) for Supplemental Nutrition Assistance Program (SNAP) policy requirements. This policy will not be applicable for any other programs in CARES. This project also includes development of a courtesy letter to use when unclear information has been reported on a case that, if verified, is likely to have a positive impact on the case. Reporting will also be updated to allow DHS to track the number of courtesy letters being sent out by reason.

23. IT Project Deliverables:

- Enhance CARES Worker Web pages such as Employment, Unearned Income, Pregnancy, Disability, etc., to allow workers to indicate any new verification information received between FS Application and Renewal/SMRF is either clear or unclear. Establish new intuitive driver flow for the worker to navigate to pages with unclear information.
- Eligibility processes should be enhanced to include new unclear information related business rules for FS without impacting other programs both Real-time and Batch.
- Develop appropriate correspondence to communicate to members about the new unclear information and one-time heads-up letter should be sent to FS Households (HH).
- Update ACCESS modules to allow members to submit verification documents as applicable based on this new policy. In addition, this communication will include the change reporting.

Department of Health Services Data Processing Projects – 2024

- Update the configuration of Income Maintenance Management Reporting (IMMR) reports to reflect these changes.
- Enhance the FoodShare SMRF Robotic Process Automation (FS SMRF RPA) Bot process to support the new policy changes for “No-change” SMRF.
- Enhance the FoodShare Held Information Summary page within CARES Worker Web (CWW) to allow workers to identify for which held items the courtesy letter needs to be generated on the case.
- Develop a new page within CWW to allow workers to select the reason(s)/criteria based on which the courtesy letter needs to be sent.
- Update CWW to allow letter preview options before generation.
- Configuration changes in Correspondence History, Suppression and Preview Page to enable workers to preview, suppress, or view history of the courtesy letter within CWW.
- CWW Navigation Menu/Driver changes.
- Configuration changes in ACCESS Legacy and Salesforce ‘View My Letters’ section to list the courtesy letter for the members.
- Enhance notice processes to generate the letter.
- Integrate new table and data elements into the data warehouse.
- Integrate new data elements into the Ad-Hoc Universe.
- Create new summary and detail scheduled report to track the number of courtesy letters sent by month broken out by reason category and the percent of FoodShare Unclear cases that have a courtesy letter generated.

24. *IT Project Assumptions:*

Assumptions on Department of Health Services (DHS) responsibilities:

- DHS will provide language and obtain legal approval for all text to be included in CARES.
- DHS will review the help text for all new and modified pages that Deloitte supplies prior to the UAT phase.

Assumptions related to scope, timeline, and cost:

- System testing will be based on mocked-up data in the systems environment and interface testing will occur in the acceptance environment due to interface provider restrictions.
- Competing state or federal projects and priorities may impact availability of necessary staff resources. They may also impact schedule and cost.

Assumptions related to other stakeholders:

- Impact to other programs (specifically Department of Children and Families programs such as W-2 and Child Care) and regression testing will need to be coordinated and accounted for in the timeline.
- Communication and training needs for FS and Income Maintenance (IM) agencies will be planned and accounted for in the timelines.
- The communications efforts will be separately managed by the State but aligned with the implementation date of this project.

25. *IT Project Risks and Constraints:*

- Failure to obtain timely approval from FNS could delay project milestones. Mitigate: Deloitte will work closely with DHS to re-establish project timelines as appropriate.
- Failure to obtain timely guidance from FNS regarding FoodShare Employment and Training (FSET) program referral could delay project milestones. Mitigate: Deloitte will work closely with DHS to re-establish project timelines as appropriate.

Department of Health Services
Data Processing Projects – 2024

- COVID-19 unwinding priorities could shift resources from this project. Mitigate: Additional time has been built into the schedule to allow for shifting priorities although minimal risks are anticipated at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: This project was not included on the FY 2024 Strategic IT Plan because it had not been fully initiated and did not have a signed scope of work at the time the report was submitted. This project was previously reported in the September 2023 report under the name FoodShare Unclear (FSUC) Project.

17. CARES: ACCESS Modernization

1. *Report Preparation Date (Status as of)*: 11/16/2024
2. *IT Project Title*: CARES: ACCESS Modernization
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: DET manages legacy ACCESS servers and access.wisconsin.gov domain that will have updates as we transition to Salesforce SaaS servers. The full analysis is to be determined.
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$29,503,332.20
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$7,858,304.40
 - PR: \$000,000
 - FED: \$21,645,027.80
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):

Department of Health Services
Data Processing Projects – 2024

10. *Current Cost Projection*: \$29,503,332.20
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: December 13, 2023
14. *Actual or Current Estimated IT Project Start Date*: December 13, 2023
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: November 25, 2025
17. *Current IT Project Completion Date*: November 25, 2025
18. *Explanation for Changes to IT Project Completion Date*: No Change
19. *Original IT Project Stage Completion Dates*:
 - *Initiation / Requirements*: June 21, 2024
 - *Construction / Unit Testing*: February 28, 2025
 - *System / UAT Validation*: October 3, 2025
 - *Implementation*: October 25, 2025
 - *Post-production*: November 25, 2025
20. *Current IT Project Stage Completion Dates*:
 - *Initiation / Requirements*: June 21, 2024
 - *Construction / Unit Testing*: February 28, 2025
 - *System / UAT Validation*: October 3, 2025
 - *Implementation*: October 18, 2025
 - *Post-production*: November 25, 2025
21. *Explanation for Changes to IT Project Stage Completion Dates*: Aligned the implementation stage to the appropriate October 2025 estimated release date.

IT Project Information Section:

22. *IT Project Scope*: Modernize ACCESS website modules onto the Salesforce platform including the following modules: Renew-My-Benefits (RMB), Report-My-Changes (RMC), Add-a-Program (AAP), Six-Month Renewal Form (SMRF), Check my Benefits (CMB), ACCESS for Partners & Providers, and updates to support in CARES Worker Web (CWW) to support any modernization changes to ACCESS.
Add-a-Program Scope:
 - The Add-a-Program module will allow members to view programs they can apply for in addition to their existing benefits. Members will be able to view the status of benefits.RMB Scope:

Department of Health Services Data Processing Projects – 2024

- The RMB module will display the benefits a member can perform a renewal for (along with benefits that cannot be renewed yet) and pre-check the programs depending on the policy.
- New programs added to RMB are Wisconsin Works (W-2) and Katie Beckett.

RMC Scope:

- The RMC module will display an overview of changes the member must and may report depending on the program (ex., The income threshold will display based on their benefits. If the household goes above the threshold, they must report the change.).
- New programs added for RMC are W-2, JAL, and Katie Beckett.

Six-Month Renewal Form Scope:

- The FoodShare Six-Month Renewal Form (SMRF) module will display the list of questions required for a member to complete their interim renewal.

Check My Benefits Scope:

- Deloitte will modernize legacy ACCESS screens to Salesforce for 'Account Home', which will provide benefits summary for a user. Deloitte will develop a section that will provide the user a view of their benefits and provide them with actions needed to continue receiving their benefits.
- Deloitte will add Katie Beckett Medicaid to the CMB Dashboard to display the benefit details directly from CARES.

ACCESS for Partners and Providers Scope:

- Deloitte will modernize the Legacy ACCESS Partners & Providers (APP) modules utilizing the Salesforce software tool using the Salesforce out-of-the-box (OOTB) functionality to:
 - Allow Partners and Providers to submit and search for Presumptive Eligibility applications.
 - Allow Users to save and view applications later whether they are submitted or not, edit applications that are 'in progress' status, set up Accounts in the APP modules, search for an ACCESS application(s) that have associated CAP number, and view the submitted information.
- Allow Admin users to update other users access details.
- Deloitte will integrate the modernized Salesforce solution with interChange (iC) system by building a real-time web service and connect APP with iC to send and retrieve required information for members who are determined to be eligible for Badger Care Plus or Family Planning Only Services.

23. *IT Project Deliverables:* Modernization of ACCESS module to support the following programs per module: BadgerCare Plus, Elderly Blind Disabled (EBD) Medicaid, Family Planning Waiver Services, Child Care, FoodShare, W-2, Job Access Loans (JAL), Emergency Assistance, and Katie Beckett Medicaid. The following programs are also included within the CMB dashboard: Caretaker Supplement (CTS), Summer EBT (SEBT), SeniorCare, and interChange (iC) Display Benefits. These modules/programs will be modernized into the Salesforce platform.

24. *IT Project Assumptions:*

Add-a-Program:

- Deloitte will transfer business process workflows with dictated policy logic in Legacy ACCESS to the modernized AAP module. Deloitte will transfer W-2 and EA appointment scheduling functionality to the modernized AAP module.

Department of Health Services Data Processing Projects – 2024

- Emergency Assistance applications submitted through AAP will continue to send to DCF's Wisconsin Work Portal (WWP) and the CWW Inbox rather than the comprehensive CWW Simplified Inbox.
- CTS, SEBT, SeniorCare, iC Only Benefits are not in scope.

Renew-My-Benefits:

- Deloitte will transfer business process workflows with dictated policy logic in Legacy ACCESS to the modernized RMB module.
- In-progress renewals during Go-Live cutover will not be transferred to the modernized module when implemented. Any in-progress renewals in the legacy platform will have to be restarted.
- W-2 RMB summary will not be sent to the member but will be available to review after submission.
- CTS, SEBT, SeniorCare, iC Only Benefits are not in scope.

Report-My-Changes:

- Members will continue to report their changes for the programs listed above, but certain changes will have to be handled directly by IM workers, not the system.
- Deloitte will transfer business process workflows with dictated policy logic in Legacy ACCESS to the modernized RMC module.
- CTS, SEBT, SeniorCare, iC Only Benefits are not in scope.

Six-Month Renewal Form:

- The SMRF module will be built on the modernized Salesforce ACCESS platform.
- The SMRF module will share a subset of ACCESS RMB data collection screens. Sharing data collection screens across modules will promote consistency and lower long-term maintenance and number of screens.

Check My Benefits:

- Deloitte will leverage more select CMB module designs from other states with Salesforce self-service portals.
- The ACCESS Landing Page will provide instructions to apply for benefits in the following languages: English, Albanian, Arabic, Burmese, Chinese Mandarin, Chinese Cantonese, French, German, Hindi, Hmong, Korean, Laotian, Pennsylvania Dutch, Polish, Russian, Somali, Spanish, Tagalog-Filipino, Vietnamese.

ACCESS for Partners and Providers:

- Deloitte will leverage existing Legacy application documents such as Process Modal Narratives (PMNs), Details User Views (DUVs), Interface Control Documents (ICDs) to design the Salesforce solution with minimal work group meetings
- APP will be developed using Salesforce out-of-the-box (OOTB) components to meet existing functionalities.

Users will not be able to Save and Exit, everything must be completed in one session.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing; none have been identified yet due to the early phase of the project.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)

Department of Health Services
Data Processing Projects – 2024

- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: N/A

18. CARES: Katie Beckett Phase 2

1. *Report Preparation Date (Status as of)*: 11/16/2024
2. *IT Project Title*: CARES: Katie Beckett Phase 2
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: N/A
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$9,678,755.82
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$967,875.59
 - PR: \$000,000
 - FED: \$8,710,880.23
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$9,678,755.82
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: October 30, 2023
14. *Actual or Current Estimated IT Project Start Date*: October 30, 2023
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: November 29, 2024

Department of Health Services
Data Processing Projects – 2024

17. *Current IT Project Completion Date:* November 22, 2024
18. *Explanation for Changes to IT Project Completion Date:* Go-Live has been revised from 10/26/2024 to 10/19/2024. Per Deloitte Applications Team, DET will not support deploying any legacy related code after 10/27/2024. Since Katie Beckett Modernization requires legacy code to be deployed in tandem with Salesforce code, 10/26/2024 is not feasible. Additionally, there is a code freeze week starting 10/28/2024 - 11/05/2024 in preparation for 11/05/2024 elections. Any Production (PRD) level issues and deployments that come up during that time will not be supported. Since the Go-Live has been moved up by one-week, post production will conclude one week earlier which adjusts the completion date from 11/29/24 to 11/22/24.
19. *Original IT Project Stage Completion Dates:*
- *Project Initiation and Kickoff:* October 30, 2023
 - *Requirements, Design, and Development:* May 10, 2024
 - *Systems Testing:* August 30, 2024
 - *User Acceptance Testing:* October 25, 2024
 - *Implementation/Go-Live:* October 26, 2024
 - *Post Production Support:* November 29, 2024
20. *Current IT Project Stage Completion Dates:*
- *Project Initiation and Kickoff:* October 30, 2023
 - *Requirements, Design, and Development:* July 12, 2024
 - *Systems Testing:* August 30, 2024
 - *User Acceptance Testing:* October 25, 2024
 - *Implementation/Go-Live:* October 19, 2024
 - *Post Production Support:* November 22, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* Coordination with the June release resulted in delays in completing the development of key areas including the Check My Benefits (CMB) module. Upon completion of development and unit testing, following the June release, the remaining items will be aligned to the existing Systems Testing timeline with a targeted complete date of 08/30/2024. Go-Live has been revised from 10/26/2024 to 10/19/2024. Per Deloitte Applications Team, DET will not support deploying any legacy related code after 10/27/2024. Since Katie Beckett Modernization requires legacy code to be deployed in tandem with Salesforce code, 10/26/2024 is not feasible. Additionally, there is a code freeze week starting 10/28/2024 - 11/05/2024 in preparation for 11/05/2024 elections. Any PRD level issues and deployments that come up during that time will not be supported. Since the Go-Live has been moved up by one-week, post production will conclude one week earlier which adjusts the completion date from 11/29/24 to 11/22/24.

IT Project Information Section:

22. *IT Project Scope:* The Division of Medicaid Services (DMS) seeks to deliver a modern human-centered experience for Katie Beckett families by not only adding the Katie Beckett Program to ACCESS (both Modernized and Legacy systems) but also adding the Katie Beckett Program to CARES Worker Web (CWW). Please note, this work for the Katie Beckett project is in continuation

Department of Health Services
Data Processing Projects – 2024

from Phase 1 to complete Development, Systems Testing, UAT, Training, Deployment and Post Production work.

23. *IT Project Deliverables:*

- Add Katie Beckett functionality in Am-I-Eligible (AIE) module, Apply for Benefits (AFB) module, Account Creation and Dashboard for AFB, Check My Benefits (CMB), Document Submission Management (DSM).
- Salesforce Marketing Cloud (SFMC) campaign(s) to invite Katie Beckett families to create an ACCESS account and to provide notifications to Katie Beckett families.
- Katie Beckett functionality in CWW including but not limited to Worker Tools, Eligibility and Data Collection.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* N/A

19. CARES: Elderly Simplified Application Project (ESAP)

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* CARES: Elderly Simplified Application Project (ESAP)
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* DET will be responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$2,070,347.76
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$1,000,148.55
 - PR: \$000,000
 - FED: \$1,079,948.55
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$2,080,097.10
11. *Additional Context for Current Cost Projection (*Optional*):* Approximately \$19K out of the total \$2,080K was fully ARPA funded at 0% GPR. The remaining \$2,061K was 50/50 split with GPR and FED.
12. *Explanation for Changes to Cost Projection:* State Fiscal Year (SFY) 2024 total hours were adjusted after submission to the HealthTech Solutions (HTS) team before review sessions with the Administrator's Office (AO), which caused the cost to increase. The updated cost reflects the total approved amount for the project cost as of October 2024. The previous report reflected costs based on actuals and projections, which did not provide a full accounting of the approved cost for the project.
13. *Original Estimated IT Project Start Date:* August 7, 2023
14. *Actual or Current Estimated IT Project Start Date:* August 7, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change

Department of Health Services Data Processing Projects – 2024

16. *Original Estimated IT Project Completion Date:* November 29, 2024
17. *Current IT Project Completion Date:* November 21, 2024
18. *Explanation for Changes to IT Project Completion Date:* The post production date changed to accommodate DET patching schedule and holidays.
19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* August 28, 2023
 - *Vendor Analysis and Project Planning:* September 18, 2023
 - *Requirements and Design:* January 29, 2024
 - *Development and Unit Testing:* July 15, 2024
 - *Systems Testing:* August 26, 2024
 - *User Acceptance Testing:* October 7, 2024
 - *Implementation/Go-Live:* October 19, 2024
 - *Post Production:* November 29, 2024
20. *Current IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* August 28, 2023
 - *Vendor Analysis and Project Planning:* September 18, 2023
 - *Requirements and Design:* January 29, 2024
 - *Development and Unit Testing:* July 15, 2024
 - *Systems Testing:* August 26, 2024
 - *User Acceptance Testing:* October 7, 2024
 - *Implementation/Go-Live:* October 19, 2024
 - *Post Production:* November 21, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* The post production date changed to accommodate DET patching schedule and holidays.

IT Project Information Section:

22. *IT Project Scope:* As part of the Elderly Simplified Application Project (ESAP), enhancements will be made to several applications within the CARES suite to extend the certification period from 12 months to 36 months for eligible participants in the Elderly, Blind, and Disabled (EBD) category. This will eliminate the periodic reporting requirement, reducing the administrative burden for Income Maintenance (IM) workers and members, and will minimize barriers for vulnerable members while providing cost savings. This project will bring Wisconsin in compliance with the Food and Nutrition Services (FNS) for Supplemental Nutrition Assistance Program (SNAP) policy requirements. This policy will not be applicable for any other programs in CARES.
23. *IT Project Deliverables:*

CARES Worker Web (CWW)

 - Enhance CWW pages such as summary, gateposts, Six-Month Report Form (SMRF) pages, etc., to allow workers to collect appropriate details on an annual basis to maintain members FoodShare eligibility in CARES.

**Department of Health Services
Data Processing Projects – 2024**

Eligibility

- Adjust eligibility for both real time and batch processes to establish a 12-month to 36-month certification period.

Member Communication

- Develop appropriate correspondence to communicate to members about the new certification period.

ACCESS

- Update ACCESS modules to allow members to submit verification documents as applicable based on this new policy. In addition, this communication will include the change reporting.

Income Maintenance Management Reporting (IMMR)

- Update the configuration of IMMR reports to reflect these changes.

24. *IT Project Assumptions:*

- There is an assumption that no data conversion will be needed as part of this enhancement.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* N/A

20. CARES: SeniorCare Front End Processing Implementation

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* CARES: SeniorCare Front End Processing Implementation
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$3,741,908.17
8. *Additional Context for Original Cost Projection (*Optional*):* N/A

Department of Health Services
Data Processing Projects – 2024

9. *Funding Source & Amount:*

- GPR: \$2,107,090.31
- PR: \$000,000
- FED: \$1,134,955.74
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* \$3,242,046.05

11. *Additional Context for Current Cost Projection (*Optional*):* The funding split is at 66/35 because the participants in the SeniorCare non-Medicaid are charged at 100% GPR as where the SeniorCare Medicaid participants are at a rate of 50/50 GPR/FED. When you mix them together you roughly get the 65/35 split. On a monthly basis the participant count changes and one month it might be 62/38 and the next it might be 64/36. To give it a steady split we went with 65/35.

12. *Explanation for Changes to Cost Projection:* State Fiscal Year (SFY) 2024 Forecasted Hours were adjusted after submission to the HealthTech Solutions (HTS) team before review sessions with the Administrator's Office (AO), resulting in a decrease in cost. Then, DHS applied a \$500K All Funds CY24 Contract Credit to SeniorCare Front End Processing Fixed Price invoices for the Period 8 milestone (\$370K) and the Period 9 milestone (\$130K), reducing the cost of the project.

13. *Original Estimated IT Project Start Date:* September 18, 2023

14. *Actual or Current Estimated IT Project Start Date:* October 13, 2023

15. *Explanation for Changes to IT Project Start Date:* The vendor transition meeting was delayed allowing more time to finalize the business requirements.

16. *Original Estimated IT Project Completion Date:* November 29, 2024

17. *Current IT Project Completion Date:* November 22, 2024

18. *Explanation for Changes to IT Project Completion Date:* The post production date changed to accommodate DET patching schedule and holidays.

19. *Original IT Project Stage Completion Dates:*

- *Project Initiation and Kickoff:* September 18, 2023
- *Requirements, Design, and Development:* May 31, 2024
- *Systems Testing:* August 9, 2024
- *User Acceptance Testing:* October 18, 2024
- *Implementation/Go-Live:* October 27, 2024
- *Post Production Support:* November 29, 2024

20. *Current IT Project Stage Completion Dates:*

- *Project Initiation and Kickoff:* October 27, 2023

Department of Health Services Data Processing Projects – 2024

- *Requirements, Design, and Development:* June 27, 2024
- *Systems Testing:* September 9, 2024
- *User Acceptance Testing:* October 13, 2024
- *Implementation/Go-Live:* October 19, 2024
- *Post Production Support:* November 22, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* The phases were adjusted due to the delay in the project start date in order to keep the original implementation date. Go-Live has been revised from 10/26/2024 to 10/19/2024 to align with the DET patching dates. The post production date changed to accommodate DET patching schedule and holidays.

IT Project Information Section:

22. *IT Project Scope:* As part of the SeniorCare Front End Processing project, the Mainframe screens used by the Enrollment Management Central Application Processing Operation (EM CAPO) workers and staff will be moved from the Mainframe and will be developed in CARES Worker Web (CWW). The system enhancements will be implemented to several applications/processes within the CARES ecosystem allowing EM CAPO workers to efficiently process SeniorCare applications and renewals from the CWW. This project will bring efficiency for the EM CAPO workers and will reduce the cost of maintaining legacy mainframe screens/transactions aligned with the DHS long term vision of moving to the modern technologies/platform.

23. *IT Project Deliverables:*

- System enhancements to develop new web pages to replace current Mainframe screens used to process SeniorCare application/renewal/change report.
- System enhancements to use real-time verification from different interchanges such as Social Security Administration (SSA).
- System enhancements to streamline SeniorCare application/renewal processing by implementing real-time eligibility determination based on the defined business and policy rules.

24. *IT Project Assumptions:*

- System Requirements Document (SRD) Submissions
 - Deloitte will provide an SRD walk-through meeting prior to submission to DHS.
 - DHS will review SRD submissions within 3 business days of submission with either 1) Approval, 2) Approval with updates, and/or 3) Non-approval with updates/ comments.
 - Subsequent SRD submissions and reviews will be on a 2 full-business day response timeline.
- Deloitte will provide DHS and a designated Steering Committee with weekly project status updates.
- For fixed price projects, completion of milestones will be communicated to the Bureau of Financial Management by the CARES Portfolio Manager.
- DHS approvals of the project scope document, phase timelines, and SRDs will be tracked in the appropriate project tool.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* N/A

21. CARES: Correspondence Improvement Roadmap (CIR): Notice of Decision Modernization

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* CARES: Correspondence Improvement Roadmap (CIR): Notice of Decision Modernization
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* DET is responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,671,612.50
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$412,185.30
 - PR: \$000,000
 - FED: \$1,220,470.62
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount): \$42,894.08. A portion of this project is allocated to the Department of Children and Families. Their portion is 2.56% for a total of \$42,894.08.
10. *Current Cost Projection:* \$1,675,550.00

Department of Health Services
Data Processing Projects – 2024

11. *Additional Context for Current Cost Projection (*Optional*)*: DHS determined this project is eligible for a 75/25 federal match rate based on the programs impacted and the nature of the work.
12. *Explanation for Changes to Cost Projection*: The increase in cost was due to a DHS approved shift in all milestones to SFY25 with a revised purchase order.
13. *Original Estimated IT Project Start Date*: January 9, 2024
14. *Actual or Current Estimated IT Project Start Date*: January 8, 2024
15. *Explanation for Changes to IT Project Start Date*: The vendor transition date was changed to January 8 to accommodate schedule changes.
16. *Original Estimated IT Project Completion Date*: November 26, 2024
17. *Current IT Project Completion Date*: November 21, 2024
18. *Explanation for Changes to IT Project Completion Date*: The post production date has been changed to accommodate DET patching schedule and holidays.
19. *Original IT Project Stage Completion Dates*:
 - *Project Initiation and Kickoff*: January 9, 2024
 - *Requirements and Design*: March 9, 2024
 - *Development and Unit Testing*: July 9, 2024
 - *Systems Testing*: September 18, 2024
 - *User Acceptance Testing*: October 19, 2024
 - *Implementation/Go-Live*: October 26, 2024
 - *Post Production*: November 26, 2024
20. *Current IT Project Stage Completion Dates*:
 - *Project Initiation and Kickoff*: March 3, 2024
 - *Requirements and Design*: May 31, 2024
 - *Development and Unit Testing*: July 27, 2024
 - *Systems Testing*: September 23, 2024
 - *User Acceptance Testing*: October 12, 2024
 - *Implementation/Go-Live*: October 19, 2024
 - *Post Production*: November 21, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates*: For the requirement phase, requirements discussion continued beyond the proposed dates to accommodate feedback gathered from Partners. For the system testing phase, additional time was requested to complete the Spanish translation, as there were copy changes that came in later than expected. The post production date changed to accommodate DET patching schedule.

IT Project Information Section:

22. IT Project Scope:

As part of the CIR Notice of Decision (NOD) Modernization project, enhancements will be made to member correspondence and communication, specifically the NOD, to adopt a new, modernized format that is visually appealing and easy to follow, member-friendly, and easier to digest. The updates to the NOD will include more detailed and in-depth sections and explanations. The language in this notice will be modified to be understood at a fourth-grade reading level for quicker information processing and takeaways. The enhancements to the NOD will be implemented based on the design guidelines defined by the CIR Roadmap project.

In addition to the modernization of the NOD, further enhancements will be made to communicate the newly required information mandated by FNS corrective action: communicating review dates for expedited approvals, advising the recipient to contact the local IM agency if they become eligible for SSI or W-2, and notifying the denied household that if they complete their required action within 60 days then they will not need a new application.

23. IT Project Deliverables:

Enhanced 'Notice of Decision' communications adopting a modernized format that is more member-friendly and easier to digest including more detail sections and general explanations. These communications will include review dates for expedited approvals, advisory notifications going out to recipients on SSI and/or W-2 eligibility and application action requirements.

24. IT Project Assumptions:

- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, NOD texts, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which they are responsible.
- The timeline and estimates generated at this point are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- End-to-end testing should be coordinated by Deloitte with external agencies such as the DOA Print Center.
- All changes made to the NOD will be provided by DHS within the mockup prior to the start of the System Requirements and Design Phase.
- The finalized mockup should be available prior to the start of the Construction Phase.
- All required changes need to be supported by the Document Generation Tool.
- Any new requirements identified outside of the CIR Roadmap will require revisions to the efforts and timelines.

25. IT Project Risks and Constraints: There are none to share at this time.

26. Submitted in Other DET Statutory Reports?

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: N/A

22. CARES: SSA Data Exchange Modernization BENDEX and SOLQ-I

1. *Report Preparation Date (Status as of)*: 11/16/2024
2. *IT Project Title*: CARES: SSA Data Exchange Modernization BENDEX and SOLQ-I
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: DET provides support for CARES projects during the latter stages of the Software Development Life cycle by deploying Enterprise Archive (EAR) files from User Acceptance Testing (UAT) to Training (TRN) and Production (PRD). Additionally, DET assists in recycling servers as needed following duration (DUR) or reference table changes.
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$3,333,850.00
8. *Additional Context for Original Cost Projection (*Optional*)*: The \$2,838,920 cost projection provided on the FY 2025 Strategic IT Plan had omitted one of the payment milestone amounts from the total of the contract value. The original cost projection reflected on the executed Statement of Work (SOW) is \$3,333,850.
9. *Funding Source & Amount*:
 - GPR: \$827,794.95
 - PR: \$000,000
 - FED: \$2,506,055.05
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$3,333,850.00
11. *Additional Context for Current Cost Projection (*Optional*)*: DHS determined this project is eligible for a 75/25 federal match rate based on the programs impacted and the nature of the work.
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: February 17, 2024

Department of Health Services
Data Processing Projects – 2024

14. *Actual or Current Estimated IT Project Start Date:* February 17, 2024
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* November 23, 2024
17. *Current IT Project Completion Date:* March 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* The project release timeline has moved from November 2024 to February 2025 by the DMS management team, which has caused the project completion date to be pushed back.

Original IT Project Stage Completion Dates:

- *Project Initiation and Kickoff:* March 8, 2024
- *Requirements and Design:* June 1, 2024
- *Development and Unit Testing:* July 27, 2024
- *Systems Testing:* September 30, 2024
- *User Acceptance Testing:* October 26, 2024
- *Implementation/Go-Live:* November 4, 2024
- *Post Production:* November 23, 2024

Current IT Project Stage Completion Dates:

- *Project Initiation and Kickoff:* March 8, 2024
- *Requirements and Design:* August 23, 2024
- *Development and Unit Testing:* November 15, 2024
- *Systems Testing:* December 27, 2024
- *User Acceptance Testing:* February 14, 2025
- *Implementation/Go-Live:* February 21, 2025
- *Post Production:* March 31, 2025

19. *Explanation for Changes to IT Project Stage Completion Dates:* The project release timeline has moved from November 2024 to February 2025 by the DMS management team, due to competing priorities within the portfolio and the need for more time for the workgroup to prepare for this complex project involving data exchanges and case processing updates. The shift in timeline, led to downstream shifts to project stage gates.

IT Project Information Section:

20. *IT Project Scope:*

Enhancements will be made within the Client Assistance for Re-Employment and Economic Support (CARES) suite to modernize the processing of Beneficiary Earnings and Data Exchange (BENDEX) information in CARES. As part of the streamlining efforts, additional data elements will be absorbed into the CARES data model so that workers can capitalize on the information and prevent discrepancies for FoodShare and Medicare. The processing of BENDEX information will also be simplified and updates received from SSA will be updated in CARES daily with the implementation of the project.

**Department of Health Services
Data Processing Projects – 2024**

21. *IT Project Deliverables:*

Providing an enhanced CARES suite experience adding additional data elements allowing workers to prevent discrepancies for FoodShare and Medicare information, while simplifying forthcoming SSA updates set to updated in CARES.

22. *IT Project Assumptions:*

- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which DHS is responsible.

23. *IT Project Risks and Constraints:* There are none to share at this time.

24. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

25. *Other Information (*Optional*):* N/A

23. CARES: Administrative Renewals for Individuals

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* CARES: Administrative Renewals for Individuals
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* DET provides support for CARES projects during the latter stages of the Software Development Life cycle by deploying Enterprise Archive (EAR) files from User Acceptance Testing (UAT) to Training (TRN) and Production (PRD). Additionally, DET assists in recycling servers as needed following duration (DUR) or reference table changes.
6. *Master Lease Funding Amount:* \$ 0
7. *Original Cost Projection:* \$3,751,298.02
8. *Additional Context for Original Cost Projection (*Optional*):*

Department of Health Services
Data Processing Projects – 2024

9. *Funding Source & Amount:*

- GPR: \$414,143.30
- PR: \$000,000
- FED: \$3,337,154.72
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* \$3,751,298.02

11. *Additional Context for Current Cost Projection (*Optional*):*

12. *Explanation for Changes to Cost Projection:* No Change

13. *Original Estimated IT Project Start Date:* July 15, 2024

14. *Actual or Current Estimated IT Project Start Date:* July 15, 2024

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* April 4, 2025

17. *Current IT Project Completion Date:* April 4, 2025

18. *Explanation for Changes to IT Project Completion Date:* No Change

19. *Original IT Project Stage Completion Dates:*

- *Project Initiation and Kickoff:* August 2, 2024
- *Requirements and Design:* October 25, 2024
- *Construction and Unit or Integration Testing:* December 27, 2024
- *System Testing:* January 24, 2025
- *User Acceptance Testing:* February 14, 2025
- *Implementation/Go-Live:* February 22, 2025
- *Post Production Support:* April 4, 2025

20. *Current IT Project Stage Completion Dates:*

- *Project Initiation and Kickoff:* August 2, 2024
- *Requirements and Design:* November 8, 2024
- *Construction and Unit or Integration Testing:* December 27, 2024
- *System Testing:* January 24, 2025
- *User Acceptance Testing:* February 14, 2025
- *Implementation/Go-Live:* February 22, 2025
- *Post Production Support:* April 4, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* Scope changes were introduced by DHS, requiring additional time for the requirements and design stage.

IT Project Information Section:

22. *IT Project Scope:* The purpose of this project is to enhance the health care benefits renewal process to conduct renewals at the individual level rather than the household level. Enhancements will enable eligibility determination and confirmation of benefits using administrative renewal data if households do not respond to renewal packets, and transition members to lower or different benefits categories under these circumstances. This project ensures that health care benefits are not terminated on the adverse action day if renewals are not submitted. Additionally, it enhances member correspondence processes to include individual-level details in the admin renewal letter and renewal packet (45 Day Renewal Letter) and improves Income Maintenance Management Reports to reflect individual-level admin renewal data and eligibility determinations for members who did not respond to the renewal packet.

23. *IT Project Deliverables:*

- New pages in CARES Worker Web (CWW) to reflect income information received during administrative renewal runs.
- Enhanced online, batch eligibility and confirmation processes to process benefits at an individual level instead of household level applying new program policies.
- Enhanced member correspondence processes to include member level details into the admin renewal letter and renewal packet (45 Day Renewal Letter).
- New reports in Analytics for CARES to monitor benefits at an individual level.
- Security – identify and address any security vulnerability introduced with the new changes.
- Publications and Training – preparing appropriate documents and demonstrations that would help with worker training, operations memos, and Help text.
- New system help text, operation memos, handbooks, Spanish translation, and additional support for worker training.
- Security and privacy reviews, static code security testing, and dynamic application security testing to meet agreed upon standards. Coordinate with DHS DES ISS for application security and provide guidance for secure software development.

24. *IT Project Assumptions:*

- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which they are responsible.
- The timeline and estimates generated at this point are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- End-to-end testing with external agencies such as Gainwell should be coordinated.

25. *IT Project Risks and Constraints:* Competing priorities impacting resource capacity and availability.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.

Department of Health Services
Data Processing Projects – 2024

- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):*

24. CARES: Benefits Status Tracker

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* CARES: Benefits Status Tracker
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* DET provides support for CARES projects during the latter stages of the Software Development Life cycle by deploying Enterprise Archive (EAR) files from User Acceptance Testing (UAT) to Training (TRN) and Production (PRD). Additionally, DET assists in recycling servers as needed following duration (DUR) or reference table changes.
6. *Master Lease Funding Amount:* \$ 0
7. *Original Cost Projection:* \$545,073.82
8. *Additional Context for Original Cost Projection (*Optional*):*
9. *Funding Source & Amount:*
 - GPR: \$133,815.62
 - PR: \$000,000
 - FED: \$402,264.48
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount): \$8,993.72. A portion of this project is allocated to the Department of Children and Families. Their portion is 1.65% for a total of \$8,993.72.
10. *Current Cost Projection:* \$545,073.82
11. *Additional Context for Current Cost Projection (*Optional*):*

Department of Health Services
Data Processing Projects – 2024

12. *Explanation for Changes to Cost Projection:* No Change
 13. *Original Estimated IT Project Start Date:* August 22, 2024
 14. *Actual or Current Estimated IT Project Start Date:* August 22, 2024
 15. *Explanation for Changes to IT Project Start Date:* No Change
 16. *Original Estimated IT Project Completion Date:* November 22, 2025
 17. *Current IT Project Completion Date:* November 22, 2025
 18. *Explanation for Changes to IT Project Completion Date:* No Change
 19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* August 22, 2024
 - *Planning (and Research Planning):* September 4, 2024
 - *Research:* November 22, 2024
 - *Requirements and Design:* December 20, 2024
 - *Development and Unit Testing:* February 28, 2025
 - *Systems Testing:* July 25, 2025
 - *User Acceptance Testing:* October 3, 2025
 - *Implementation/Go-Live:* October 18, 2025
 - *Post-Production:* November 22, 2025
 20. *Current IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* August 22, 2024
 - *Planning (and Research Planning):* September 4, 2024
 - *Research:* November 22, 2024
 - *Requirements and Design:* December 20, 2024
 - *Development and Unit Testing:* April 18, 2025
 - *Systems Testing:* July 25, 2025
 - *User Acceptance Testing:* October 3, 2025
 - *Implementation/Go-Live:* October 25, 2025
 - *Post-Production:* November 22, 2025
 21. *Explanation for Changes to IT Project Stage Completion Dates:* The Development and Unit Testing phase was extended to align to the ACCESS Modernization Project (AMP) development timeline.
- IT Project Information Section:**
22. *IT Project Scope:* This project will create a visual tracker that allows members to follow and be informed of the benefit application journey. Members will obtain a realistic view of the timeline needed to process the application, can request and receive verifications, and view the Notice of

Decision (NOD). Each milestone in the tracker will provide short and easy to understand explanations of the actions the agency is taking to process the application, what notices the member may receive, and what actions they may have to take. The tracker will be dynamic and show the actual submission date, notice dates, and any due dates along the 30-day application cycle. The tracker will be interactive, allowing the member to click on a milestone to see a milestone description and will prepare the member for action they may need to take or information they will receive based upon the programs they have applied for. The application tracker will be available in both ACCESS and MyACCESS.

23. IT Project Deliverables:

ACCESS

- The ACCESS Member Home scope includes a visual tracker that allows members to monitor the status of their application, renewal, and/or change (including SMRF).
- Member Home is a consolidated Apply for Benefits (AFB) Dashboard and Check My Benefits (CMB) Dashboard view that will be available as part of the October 2025 ACCESS Modernization Project.

MyACCESS

- The MyACCESS scope includes a visual tracker that allows members to monitor the status of their application, renewal, and/or change (including the Six-Month Report Form (SMRF)).

Reporting & Analytics

- The Reporting & Analytics scope includes providing automated reporting for usage metrics for the benefit tracker (e.g., number of views) in either Analytics for CARES dashboards or Salesforce Analytics Studio and identifying existing canned reports/dashboards that will inform the number of users in each step of the workflow.

Non-Functional Scope

- Generative and evaluative research to test overall functionality and usability of the tracker and gain insights into user behaviors and needs.
- One-time Salesforce Marketing Cloud (SFMC) message alerting members about the new functionality in ACCESS.
- Spanish translation of application, renewal and/or change (including SMRF) represented on the tracker.

24. IT Project Assumptions:

- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which they are responsible.
- The timeline and estimates are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- DHS will provide access to end-users for stakeholder interviews and observations to conduct generative and evaluative research.

Department of Health Services Data Processing Projects – 2024

- Deloitte will utilize Lyssna platform for additional evaluative research as agreed upon by the workgroup.
- Pertinent member statuses/alerts for areas outside of application, renewal, change (including SMRF) submission, request and receive verifications, and issue the NOD (e.g., Premiums, Pending Documents, SMRF...etc.) that are included in the existing data transformation from Cares Worker Web (CWW) to Legacy Check My Benefits (CMB) will be discussed and identified as part of Requirements and Design.
- Data that is not included in the existing data transformation from CWW to Legacy CMB identified during Requirements and Design will require research to determine level of effort and an amendment may be required.
- Changes in the ACCESS Modernization Project timeline will impact the Benefits Status Tracker timeline. Please note, the Benefits Status Tracker will be integrated into the existing ACCESS Modernization Project timelines for Development and Unit Testing, Systems Testing (SYS), User Acceptance Testing (UAT), Training, Implementation/Go-Live and Post-Production.

25. *IT Project Risks and Constraints:* Changes in the ACCESS Modernization Project timeline will impact the Benefits Status Tracker timeline.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):*

25. CARES: Medicaid Redetermination Compliance

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* CARES: Medicaid Redetermination Compliance
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* DET provides support for CARES projects during the latter stages of the Software Development Life cycle by deploying Enterprise Archive (EAR) files from User Acceptance Testing (UAT) to Training (TRN) and Production (PRD). Additionally, DET assists in recycling servers as needed following duration (DUR) or reference table changes.

**Department of Health Services
Data Processing Projects – 2024**

5. *Master Lease Funding Amount:* \$0
6. *Original Cost Projection:* \$1,842,933.20
7. *Additional Context for Original Cost Projection (*Optional*):*
8. *Funding Source & Amount:*
 - GPR: \$205,855.64
 - PR: \$000,000
 - FED: \$1,637,077.56
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
9. *Current Cost Projection:* \$1,842,933.20
10. *Additional Context for Current Cost Projection (*Optional*):*
11. *Explanation for Changes to Cost Projection:* No Change
12. *Original Estimated IT Project Start Date:* June 24, 2024
13. *Actual or Current Estimated IT Project Start Date:* June 24, 2024
14. *Explanation for Changes to IT Project Start Date:* No Change
15. *Original Estimated IT Project Completion Date:* March 31, 2025
16. *Current IT Project Completion Date:* March 31, 2025
17. *Explanation for Changes to IT Project Completion Date:* No Change
18. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* June 24, 2024
 - *Planning:* August 2, 2024
 - *Requirements and Design:* October 25, 2024
 - *Development and Unit Testing:* December 20, 2024
 - *Systems Testing:* January 10, 2025
 - *User Acceptance Testing:* February 14, 2025
 - *Implementation/Go Live:* February 22, 2025
 - *Post Production:* March 31, 2025
19. *Current IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* June 24, 2024
 - *Planning:* August 2, 2024

Department of Health Services
Data Processing Projects – 2024

- *Requirements and Design*: October 25, 2024
- *Development and Unit Testing*: December 20, 2024
- *Systems Testing*: January 10, 2025
- *User Acceptance Testing*: February 14, 2025
- *Implementation/Go Live*: February 22, 2025
- *Post Production*: March 31, 2025

20. *Explanation for Changes to IT Project Stage Completion Dates*: No Change

IT Project Information Section:

21. *IT Project Scope*: States are required under federal law to determine eligibility on all bases of Medicaid prior to termination of a member's benefits. During COVID unwinding, as CMS has provided more targeted guidance to states about how these redeterminations must occur, DHS identified some significant gaps in their ability to meet these requirements. DHS has implemented manual workarounds to address some of the gaps but need to implement long-term solutions to ensure good customer service to members and compliance with federal requirements. These gaps include when someone submits a renewal after adverse action of the renewal month; when someone has submitted a disability application, and it is still pending; when a child ages out and their adult disability application is pending; and when someone in long term care is changing categories of Medicaid. CARES must maintain coverage for these members until a final eligibility decision is made.

22. *IT Project Deliverables*:

- Enhanced CARES Worker Web (CWW) pages to display new reason code for eligibility extensions.
- Enhanced online and batch eligibility determination and confirmation processes to maintain eligibility for members who meet the Medicaid Redetermination Compliance criteria and share eligibility information with interChange (iC).
- Letters to inform members when their eligibility is extended based on the Medicaid Redetermination Compliance criteria.
- New Salesforce Marketing Cloud (SFMC) campaign to provide SMS and email notifications to the head of the household about the status of their pending applications/tasks.
- Security – Identify and address any security vulnerability introduces with the new changes.
- Publications and Training – Preparing appropriate documents/demo that would help with worker training, operations memo and Help text.
- Develop approved system help text, operation memos, handbooks, Spanish translation, and additional support for worker training.
- Perform security and privacy review, static code security testing, and dynamic application security testing to meet agreed upon standards. Coordinate with DHS DES ISS for application security and provide guidance for secure software development.

23. *IT Project Assumptions*:

- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which they are responsible.

Department of Health Services
Data Processing Projects – 2024

- The timeline and estimates generated at this point are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- End-to-end testing should be coordinated with external agencies such as Gainwell.

24. *IT Project Risks and Constraints:* This project has an aggressive timeline and system complexities.

25. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

26. *Other Information (*Optional*):*

26. CARES: Alert Modernization

1. Report Preparation Date (Status as of): 11/16/2024
2. *IT Project Title:* CARES: Alert Modernization
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.): DET provides support for CARES projects during the latter stages of the Software Development Life cycle by deploying Enterprise Archive (EAR) files from User Acceptance Testing (UAT) to Training (TRN) and Production (PRD). Additionally, DET assists in recycling servers as needed following duration (DUR) or reference table changes.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,864,125.10
8. *Additional Context for Original Cost Projection (*Optional*):*
9. *Funding Source & Amount:*
 - GPR: \$467,708.99
 - PR: \$000,000
 - FED: \$1,348,321.68
 - SEG: \$000,000
 - PR-SEG: \$000,000

**Department of Health Services
Data Processing Projects – 2024**

Other (Please explain funding source and provide amount): \$48,094.43. A portion of this project is allocated to the Department of Children and Families. Their portion is 2.58% for a total of \$48,094.43.

10. *Current Cost Projection*: \$1,864,125.10

11. *Additional Context for Current Cost Projection (*Optional*)*:

12. *Explanation for Changes to Cost Projection*: No Change

13. *Original Estimated IT Project Start Date*: September 30, 2024

14. *Actual or Current Estimated IT Project Start Date*: October 30, 2024

15. *Explanation for Changes to IT Project Start Date*: The vendor transition meeting was delayed allowing more time to finalize the business requirements.

16. *Original Estimated IT Project Completion Date*: July 28, 2025

17. *Current IT Project Completion Date*: July 28, 2025

18. *Explanation for Changes to IT Project Completion Date*: No Change

19. *Original IT Project Stage Completion Dates*:

- *Project Initiation and Kickoff*: September 30, 2024
- *Requirements, Design, and Development*: March 31, 2025
- *Systems Testing*: May 5, 2025
- *User Acceptance Testing*: June 13, 2025
- *Implementation/Go-Live*: June 21, 2025
- *Post Production Support*: July 28, 2025

20. *Current IT Project Stage Completion Dates*:

- *Project Initiation and Kickoff*: October 30, 2024
- *Requirements, Design, and Development*: April 11, 2025
- *Systems Testing*: May 16, 2025
- *User Acceptance Testing*: June 13, 2025
- *Implementation/Go-Live*: June 21, 2025
- *Post Production Support*: July 28, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates*: The vendor transition meeting was delayed allowing more time to finalize the business requirements.

IT Project Information Section:

22. *IT Project Scope*: This project will modernize the Alert functionality in CARES Worker Web (CWW) by creating a new framework for alerts generation. All Department of Health Services (DHS) and Department of Children and Families (DCF) Wisconsin Works (W-2) alerts will use a new

modernized online process for the generation of alerts instead of existing mainframe subroutines. New alert administration web pages will be added to allow designated state staff to edit alert information. All existing alerts will be reviewed and will be updated or deleted as needed.

23. IT Project Deliverables:

The following enhancements will be made to CWW to re-design the Alert Administration and enhance worker Alert management functionality:

- Develop new alert administration with web pages and backend tables that will allow designated state staff to define new alerts and edit alert information.
- Maintain existing alerts in Systems Alert Table (TSAT) reference table.
- Include functionality to systematically generate alert codes.
- Dynamic Alerts. The alert generation process will include the values/parameters for the new dynamic alert codes. This will work similar to validation messages in CWW.
- Backend tables will be created to store the new alerts that will be sent to workers/cases.
- Alert generation mainframe subroutines invoked from online will be replaced with a modernized online process that uses new alert configuration functionality.
- Develop an alert deletion process for online.
- Develop a process to cache the alert framework information in Analytics and Reporting.
- Enhance Worker Productivity dashboards and Daily Operations dashboard in Analytics for CARES (Tableau) to reflect new alert generation framework.
- Implement data sync and/or reference table changes.
- Conduct regression testing for up to three reports and dashboards with alert work items.

This section describes additional project scope not related to implementing this solution:

- Identify and address any security vulnerability introduced with the new changes.
- Preparing appropriate documents/demo that would help with worker training, operations memo and Help text.
- Develop approved system help text, operation memos, handbooks, Spanish translation, and additional support for worker training.
- Perform security and privacy review, static code security testing, and dynamic application security testing to meet agreed upon standards. Coordinate with DHS DES ISS for application security and provide guidance for secure software development.

24. IT Project Assumptions:

- Deloitte will provide System Requirements Document (SRD) walk-through meetings prior to submission to DHS.
- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which they are responsible.
- The timeline and estimates are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- End-to-end testing should be coordinated with external agencies if needed.
- DHS will provide Deloitte access to legacy test systems if available.
- DHS/DCF will provide list of unwanted alerts, new retention period and help text for relevant alerts.

Department of Health Services
Data Processing Projects – 2024

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.

FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)

FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)

Large, High-Risk IT Project Report (Submitted to DOA March 2023)

Large, High-Risk IT Project Report (Submitted to DOA September 2023)

Large, High-Risk IT Project Report (Submitted to DOA March 2024)

Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):*

27. CARES: Summer Electronic Benefit Transfer (EBT) 2025

1. *Report Preparation Date (Status as of):* 11/16/2024

2. *IT Project Title:* CARES: Summer Electronic Benefit Transfer (EBT) 2025

3. *IT Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* DET provides support for CARES projects during the latter stages of the Software Development Life cycle by deploying Enterprise Archive (EAR) files from User Acceptance Testing (UAT) to Training (TRN) and Production (PRD). Additionally, DET assists in recycling servers as needed following duration (DUR) or reference table changes.

6. *Master Lease Funding Amount:* \$0

7. *Original Cost Projection:* \$1,763,568.37

8. *Additional Context for Original Cost Projection (*Optional*):*

9. *Funding Source & Amount:*

GPR: \$281,490

PR: \$000,000

FED: \$281,490

SEG: \$000,000

PR-SEG: \$000,000

Other (Please explain funding source and provide amount): \$1,200,588.37 Grant funded.

10. *Current Cost Projection:* \$1,763,568.37

**Department of Health Services
Data Processing Projects – 2024**

11. *Additional Context for Current Cost Projection (*Optional*)*: \$409,650 is from the Summer EBT Technology Grant, \$100,050 from the Share Our Strength (SOS) Grant, and \$690,888.37 from other grants.
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: September 9, 2024
14. *Actual or Current Estimated IT Project Start Date*: September 9, 2024
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: October 3, 2025
17. *Current IT Project Completion Date*: October 3, 2025
18. *Explanation for Changes to IT Project Completion Date*: No Change
19. *Original IT Project Stage Completion Dates*:
 - *Project Initiation and Kickoff*: September 13, 2024
 - *Requirements, Design, and Development*: December 27, 2024
 - *Systems Testing*: January 24, 2025
 - *User Acceptance Testing*: February 14, 2025
 - *Implementation/Go-Live*: February 22, 2025
 - *Post Production Support*: October 3, 2025
20. *Current IT Project Stage Completion Dates*:
 - *Project Initiation and Kickoff*: September 13, 2024
 - *Requirements, Design, and Development*: December 27, 2024
 - *Systems Testing*: January 24, 2025
 - *User Acceptance Testing*: February 14, 2025
 - *Implementation/Go-Live*: February 22, 2025
 - *Post Production Support*: October 3, 2025
21. *Explanation for Changes to IT Project Stage Completion Dates*: No Change

IT Project Information Section:

22. *IT Project Scope*: This project facilitates issuing Summer EBT benefits for school children who are free or reduced-price lunch (FRPL) eligible or are directly certified for Summer 2025. Key components include securing real-time data exchanges with the Wisconsin Department of Public Instruction (DPI) and the Department of Children and Families (DCF) to identify eligible individuals. The project aims to reconcile data sources, assign benefits, and issue fixed dollar amounts to eligible students. It also involves improving the CARES Worker Web (CWW) tools for

Department of Health Services Data Processing Projects – 2024

better program management, integrating Summer EBT with regular Supplemental Nutrition Assistance Program (SNAP) benefits, and enhancing user experience on ACCESS and MyACCESS platforms. Additionally, the project will generate ad hoc reports, manage correspondence related to benefit issuance and expungement, and conduct post-production maintenance activities.

23. *IT Project Deliverables:*

Web Services

- Develop two web services to securely collect and transmit student and parent/caretaker data from DPI Wisconsin Information System for Education (WISE), DCF Wisconsin's Statewide Automated Child Welfare Information System (WiSACWIS), and DCF Direct Certification to CARES and vice versa.

Summer EBT Portals

- Implement minor enhancements to the Benefit Management Submission and Student Information Portal to allow parents/caretakers to submit the demographic information for their children and school district Points of Contact (POCs) to upload/download student data.

Reconciliation & Data Matching

- Develop a new process to automatically deduplicate students received through web services from DPI WISE and DCF DirectCert and cross reference the data with CARES Integrated Eligibility data. Flag any duplicates as discrepancy and push it to CWW Worker Queue for further review and resolution.
- Enhance the data matching process to match the reconciled data with CARES Eligibility, DCF Out of Home and Voluntary Kinship Care (OHC) data, and Benefit Management Submissions and assign cases as appropriate.

Benefit Issuance

- Leverage the Summer EBT benefit issuance framework for the new benefit program.
- Communicate benefit and card details to Fidelity Information Services (FIS) and facilitate a secure and automated data exchange between CARES and FIS.
- Integrate the Summer EBT issuance history with SNAP issuance history for households known to CARES.
- Maintain the continuity of the aging process as per the aging clock of 122 days for the Summer EBT benefits.

Correspondence

- Create/modify and send new/existing correspondence including Notice of Issuance and Notice of Expungement (60 and/or 120-day warning as required by DHS) to members that are or are not known to CARES.

CARES Worker Web (CWW)

- Enhance the CWW Worker Queue and create new pages to display the summary of discrepancy counts by designations and detail information of students found in reconciliation and data matching discrepancies, allowing designated DHS staff to resolve discrepancies and issue benefits/cards online on a daily basis.
- Enhance the existing Special FoodShare tool so that designated DHS staff can look up students and their information for the new Summer year, issue auxiliary/supplemental benefits, and view all correspondence.

ACCESS CMB and MyACCESS Mobile App

Department of Health Services Data Processing Projects – 2024

- Make configuration changes to ACCESS Check my Benefits (CMB) and the MyACCESS Mobile App pages to display Summer EBT benefit information.
- Enhance ACCESS and MyACCESS tools to improve member experience by providing more information related to Summer EBT benefits.

Reporting

- Develop a new report to generate the Monthly FNS reports for Summer EBT benefits.
- Develop a new ad-hoc reporting process to provide statistics of the students received through different sources and their corresponding issuance details.
- Regression testing the existing FoodShare reports to ensure there is no impact with the Summer EBT transactions and expungement information.

Online Food Replacement for Summer EBT Benefits

- Enhance the ACCESS CMB Dashboard and Food Replacement related pages to allow members to request replacements for Summer EBT benefits.
- Enhance CWW pages related to Online Food Replacement.
- Request and FS Supplement Issuance page, etc. to submit and process the replacement request for Summer EBT benefits for CARES cases.
- Create a new backend process to systematically issue food replacement benefits onto QUEST cards.
- Create new correspondence to notify members of Summer EBT Online Food Replacement information.
- Create a summary PDF for Telephonic Online Replacement.

24. *IT Project Assumptions:*

- DHS is responsible for providing resources for requirements clarification, decision-making, deliverable review, regression testing, and User Acceptance Testing (UAT) for the items that affect the areas of the system for which they are responsible.
- The timeline and estimates are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- End-to-end testing should be coordinated with external agencies such as FIS, DCF, and DPI.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):*

28. BFAM Business Operations Support System (BOSS) Tool – Release 1

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* BFAM Business Operations Support System Tool (BOSS) - Release 1
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):* DET is anticipated to be engaged related to single-sign-on setup for authentication (MyWisconsin ID and Azure Active Directory).
6. *Master Lease Funding Amount:* \$ 0
7. *Original Cost Projection:* \$2,022,064.52
8. *Additional Context for Original Cost Projection (*Optional*):*
9. *Funding Source & Amount:*
 - GPR: \$2,879.350.65
 - PR: \$000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$2,879.350.65
11. *Additional Context for Current Cost Projection (*Optional*):*
12. *Explanation for Changes to Cost Projection:* The project was amended to expand the Business Operations Support System (BOSS) to support operations and management of the Independent Living Supports Pilot (ILSP) program, which offers short-term, flexible, and limited services and supports for people at risk of entering Medicaid long-term care. The expansion in scope resulted in an increase in cost.
13. *Original Estimated IT Project Start Date:* July 8, 2024
14. *Actual or Current Estimated IT Project Start Date:* July 29, 2024
15. *Explanation for Changes to IT Project Start Date:* The start date was delayed due to Statement of Work (SOW) approval and contract execution.

16. *Original Estimated IT Project Completion Date:* March 7, 2025

17. *Current IT Project Completion Date:* April 11, 2025

18. *Explanation for Changes to IT Project Completion Date:* There was a delay in the contract approvals and execution. Once the SOW was approved, the project timeline was adjusted accordingly.

19. *Original IT Project Stage Completion Dates:*

- *Project Initiation and Kick Off:* July 8, 2024
- *Requirements and Design:* September 27, 2024
- *Development:* November 15, 2024
- *System Test:* December 13, 2024
- *User Acceptance Testing:* January 24, 2025
- *Training:* February 7, 2025
- *Implementation and Go-Live:* February 7, 2025
- *Postproduction Support:* March 7, 2025

20. *Current IT Project Stage Completion Dates:*

- *Project Initiation and Kick Off:* July 29, 2024
- *Requirements and Design:* November 8, 2024
- *Development:* January 3, 2025
- *System Test:* February 7, 2025
- *User Acceptance Testing:* February 28, 2025
- *Training:* March 7, 2025
- *Implementation and Go-Live:* March 12, 2025
- *Postproduction Support:* April 11, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* There was a delay in the contract approvals and execution, due to lengthy reviews by DHS and DOA. Once the SOW was approved, the project timeline was adjusted accordingly.

IT Project Information Section:

22. *IT Project Scope:* The BOSS solution will consolidate Bureau of Fiscal Accountability and Management (BFAM) business operations into modern and centralized tools that will streamline their processes, increase accuracy, and provide more transparency into the management of the defined business functions. The BOSS tool will support functionality across Contract and Grant Management, Vendor Management, and Administrative Processes modules.

23. *IT Project Deliverables:*

- Implement a secure online system for BFAM users supporting:
 - Contract Management processes from contract drafting through execution and monitoring. The module will identify contracts and grants by name and contract number and will store contract attributes, files, associated vendors, and communication for easy

retrieval. The module will store all contract amendments so that all contract history is linked and visible from the original contract record.

- Vendor Management, including approval/rejection of invoices submitted by vendors through the BOSS vendor portal. Invoices submitted or entered manually will be related to contract and/or purchase order information in the Contract Management module. The Vendor Management module will use Optical Character Recognition through Amazon text track to electronically lift data from invoices submitted through the vendor portal.
- Administrative Processes, including review and approval of DMS Bureau user requests related to in-state travel or, supplies.
- Implement a secure, online system for Vendor users to submit and track invoices.
- Extend reporting capabilities, providing value through reporting and trend analysis.
- Improve operational efficiency through consolidated processes and systems.

24. IT Project Assumptions:

- BFAM will limit the personally identifiable information (PII), protected health information (PHI), trade secrets, and other sensitive or highly confidential information it provides or otherwise makes available to the subcontractor to only that which is reasonably necessary to allow the subcontractor to provide the services. The subcontractor will provide Prime with a list of subcontractor personnel who are authorized to receive or have access to such sensitive information. Such lists may be updated as needed.
- Client will identify a certified Salesforce Administrator resource to provide joint support for ongoing maintenance and operations per the agreed upon timeframe.
- Client's identified Salesforce Administrator will be available for UAT and Training to support ongoing application operations, per the agreed upon project schedule.

25. IT Project Risks and Constraints:

- F-Secure Procurement: Need to identify the number of additional licenses needed prior to go-live.
- OwnBackup Procurement: Need to identify the number of additional licenses needed prior to go-live.

26. Submitted in Other DET Statutory Reports?

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. Other Information (*Optional*):

29. Assisted Living Reporting, Member Assessment and Certification Tools: 1-2 Bed Adult Family Home Certification and Home & Community Based Services Settings Review Project

1. *Report Preparation Date (Status as of):* 11/16/2024
2. *IT Project Title:* Assisted Living Reporting, Member Assessment and Certification Tools: 1-2 Bed Adult Family Home Certification and Home & Community Based Services Settings Review Project
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* DET is anticipated to be engaged related to single-sign-on setup for authentication (MyWisconsin ID and Azure Active Directory).
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$4,208,957.05
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$4,208,957.05
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$4,208,957.05
11. *Additional Context for Current Cost Projection (*Optional*):* Project is fully American Rescue Plan Act (ARPA) funded.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* August 28, 2023
14. *Actual or Current Estimated IT Project Start Date:* December 1, 2023
15. *Explanation for Changes to IT Project Start Date:* The project start change was due to a delay in Scope of Work (SOW) approval and contract execution.
16. *Original Estimated IT Project Completion Date:* September 13, 2024

Department of Health Services
Data Processing Projects – 2024

17. *Current IT Project Completion Date:* March 30, 2025

18. *Explanation for Changes to IT Project Completion Date:* The project completion date change was due to a delay in Scope of Work (SOW) approval and contract execution. This project has separate streams of work for Adult Family Homes (AFH) and Home & Community Based Services (HCBS). The HCBS portion is expected to Go-Live by January 15, 2025, and the AFH portion is expected to Go-Live by February 25, 2025.

19. *Original IT Project Stage Completion Dates:*

Applicable to both AFH and HCBS:

- *Project Initiation and Kickoff:* December 1, 2023
- *Requirements and Design:* December 1, 2023
- *Development:* March 8, 2024
- *System Testing:* April 12, 2024
- *User Acceptance Testing:* May 10, 2024
- *Pilot Training:* May 24, 2024
- *Pilot Implementation Prep and Go-Live:* May 24, 2024
- *Pilot:* August 9, 2024
- *Full Roll Out Training and Go-Live:* August 19, 2024
- *Post Production:* September 13, 2024

20. *Current IT Project Stage Completion Dates.*

Applicable to HCBS only:

- *Project Initiation and Kickoff:* December 1, 2023
- *Requirements and Design:* August 21, 2024
- *Development:* October 30, 2024
- *System Testing:* October 30, 2024
- *User Acceptance Testing:* November 5th, 2024
- *Pilot:* December 30, 2024
- *Go-Live:* January 15, 2025
- *Post Production:* February 11, 2025

Applicable to AFH only:

- *Project Initiation and Kickoff:* December 1, 2023
- *Requirements and Design:* September 16, 2024
- *Development:* December 23, 2024
- *System Testing:* December 23, 2024
- *User Acceptance Testing:* January 30, 2025
- *Pilot:* February 24, 2025
- *Go-Live:* February 25, 2025
- *Post Production:* March 30 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* The project stage date changes were due to multiple factors including, initial delay in Scope of Work (SOW) approval and contract execution, scope amendments requiring additional approvals, and delay in information being available for project discovery. These factors delayed the subsequent stages such as system testing, UA testing, and Pilot stages. ARPA funding goes through March 30, 2025.

IT Project Information Section:

22. *IT Project Scope:* This project aspires to create consolidated tools within the Salesforce platform that allow for equal access to 1-2 Bed Adult Family Homes (AFH) and home and community-based services (HCBS) providers and a fair and equitable certification or review process for potential providers.

23. *IT Project Deliverables:*

- Implement a secure, online system for the Client’s Bureau of Quality and Oversight (BQO) to:
 - Administer 1-2 bed AFH certification for Include, Respect, I Self-Direct (IRIS) participants including data collection, review tracking, remediation monitoring, and certification confirmation.
 - Administer non-residential (HCBS) reviews including data collection, review tracking, creation of remediation plans, and compliance notification.
- Implement a secure, online system for the Bureau of Program and Policy (BPP) to administer heightened scrutiny reviews including data collection, review tracking, remediation plans, and decision notification.
- Implement a secure online provider portal supporting:
 - AFH provides access to review and complete Evidentiary Document checklists and corrective action plans.
 - Non-residential HCBS provider access to review and complete Evidentiary Document Checklists, upload supportive documents and submit remediation plans.
 - Selected residential and non-residential HCBS provider access to review and complete heightened scrutiny reviews.
- Implement a secure, online portal for Managed Care Organizations (MCOs) that certify AFH homes for Family Care, Family Care Partnership, and Program of All-inclusive Care for the Elderly (PACE) members to upload certification information.

24. *IT Project Assumptions:*

Assumptions on Department of Health Services (DHS) responsibilities:

- DHS is responsible for performing User Acceptance Testing (UAT) and approval for implementation. DHS is also responsible for procuring Salesforce licenses.
- Scope was developed through discussions with BQO and BPP. The project is estimated to be completed in an approximately 17-month timeframe based on our current understanding of scope and incorporates a 3-month pilot as part of the rollout strategy prior to full implementation/Go-Live. Services will be provided on a time and materials basis per the National Association of State Procurement Officials (NASPO) contract and is a not-to-exceed estimate to complete the solution’s functional and non-functional scope as detailed in the contract.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing; none have been identified yet due to the early phase of the project.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)

Department of Health Services
Data Processing Projects – 2024

- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*)*: N/A

30. CARES: Source Code Vulnerabilities Remediation Phase 3

1. *Report Preparation Date (Status as of)*: 11/16/2024
2. *IT Project Title*: Source Code Vulnerabilities Remediation Phase 3
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: N/A
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$1,368,561.50
8. *Additional Context for Original Cost Projection (*Optional*)*:
9. *Funding Source & Amount*:
 - GPR: \$343,372.08
 - PR: \$000,000
 - FED: \$1,025,189.42
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$1,368,561.50
11. *Additional Context for Current Cost Projection (*Optional*)*:
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: June 18, 2024
14. *Actual or Current Estimated IT Project Start Date*: June 18, 2024

Department of Health Services
Data Processing Projects – 2024

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* July 25, 2025

17. *Current IT Project Completion Date:* July 25, 2025

18. *Explanation for Changes to IT Project Completion Date:* No Change

19. *Original IT Project Stage Completion Dates:*

- *Construction:* November 25, 2024
- *System Testing:* March 17, 2025
- *UAT:* April 21, 2025
- *Production:* June 21, 2025
- *Post Production:* July 25, 2025

20. *Current IT Project Stage Completion Dates:*

- *Construction:* November 25, 2024
- *System Testing:* March 17, 2025
- *UAT:* April 21, 2025
- *Production:* June 21, 2025
- *Post Production:* July 25, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* No Change

IT Project Information Section:

22. *IT Project Scope:* The high-level project scope includes code changes to remediate outstanding medium and low severity-level security vulnerabilities, as well as the two outstanding high severity-level vulnerabilities in CARES Worker Web (CWW) Services and CWW Batch. The outstanding high severity vulnerabilities in CWW Services and CWW Batch are combined with the low and medium vulnerabilities due to the impacted components and required testing process. It also involves performing security validation, regression testing of impacted components, and migrating changes to the production environment. Additionally, during post implementation, there will be validation & source code rescanning of the applicable systems software. This is to ensure that the concerned known vulnerabilities have been resolved successfully. A report with a list of vulnerabilities remediated within the scope of this statement of work will be submitted to DHS. The applications in scope for this project are listed below:

- a. ACCESS Legacy
- b. ACCESS Mobile (Java)
- c. CWW
- d. CWW Services
- e. CWW Online
- f. IMB Integration Bus (IIB)
- g. Employer Verification Health Insurance Information (EVHI)
- h. Functional Screen Information Access (FSIA)
- i. Master Customer Index (MCI)
- j. Wisconsin Integrated Security Application (WISA)

k. ACCESS Salesforce

23. *IT Project Deliverables:*

- System updates to the above listed applications to remediate outstanding security vulnerabilities in CWW Services and CWW Batch.
- Strategy for security validation and migration of changes to a higher environment.
- Application regression testing strategy and postproduction support.

24. *IT Project Assumptions:*

- Remediation of High-severity vulnerabilities discovered during this project phase is not a part of this estimate.
- Remediation of vulnerabilities found from regression testing is included in this project estimate.
- Remediation of High-severity vulnerabilities discovered during this project are out of scope.
- Remediation of vulnerabilities found from regression testing is in scope.
- Security validation of the source code will be done in the development (DEV) environment before the updated codebase is migrated to systems (SYS) and User Acceptance (UA) environments.
- Regression testing of impacted components will be conducted in SYS and UA environments.
- Deloitte will provide a weekly status update to DHS Information Security Section (ISS) and communicate project risks and issues that require DHS ISS attention.
- The timeline and estimates generated now are based on the preliminary understanding of requirements gathered thus far and the proposed interim solution.
- This project will use standard CARES project tools.
- This project will follow standard CARES software development lifecycle processes.
- Newly identified vulnerabilities within CARES systems which are connecting to CMS hub shall be reported to DHS for immediate prioritization to meet the CMS required compliance timelines.

25. *IT Project Risks and Constraints:*

- Changes made to remediate existing vulnerabilities might inadvertently introduce new security flaws.
- Remediation efforts might be complicated by dependencies on third-party libraries or components that also require updates.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* At the time of the August report, it was unclear that this work needed to be included because previous phases were managed as ongoing maintenance rather than as a formal project, and thus did not meet the requirements to be included in the High-Risk IT report. Since then, it has been determined that more robust project management and transparency are necessary, and therefore it is now being reported.

31. Program Participation System (PPS) Mental Health/Substance Use Replacement Project

1. *Report Preparation Date (Status as of):* 11/19/2024
2. *IT Project Title:* Program Participation System (PPS) Mental Health/Substance Use Replacement Project
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):* The project is subject to the DET cloud brokerage review process. It will be submitted when the project is ready for that step. Additional DET service use and impact is to be determined.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,100,000
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$1,100,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$1,100,000
11. *Additional Context for Current Cost Projection (*Optional*):* This current cost projection is an estimate. DCTS received a final estimate from the vendor that was over available budget. DCTS is currently exploring options to complete the project within budget.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* July 1, 2020
14. *Actual or Current Estimated IT Project Start Date:* January 1, 2022
15. *Explanation for Changes to IT Project Start Date:* Due to the pandemic and internal staff turnover, the original project start and end dates have been moved back. Currently, the project is on hold

Department of Health Services
Data Processing Projects – 2024

as DCTS explores options to complete the project within budget.

16. *Original Estimated IT Project Completion Date:* December 31, 2021

17. *Current IT Project Completion Date:* December 31, 2027

18. *Explanation for Changes to IT Project Completion Date:* The original estimated completion date was a high-level placeholder date set only for the purpose of statutory reporting. It was not an informed baseline established in the formal project planning phase. Currently, the project is on hold as DCTS explores options to complete the project within budget.

19. *Original IT Project Stage Completion Dates:*

- *Initiation:* July 1, 2020
- *Planning, estimated completion:* January 1, 2021
- *Execution:* TBD
- *Closure, estimated completion:* December 31, 2021

20. *Current IT Project Stage Completion Dates:*

- *Initiation, actual:* January 1, 2022
- *Planning, estimated completion:* July 1, 2025
- *Execution:* TBD
- *Closure, estimated completion:* December 31, 2027

21. *Explanation for Changes to IT Project Stage Completion Dates:* Due to the pandemic and internal staff turnover, the original project start and end dates have been moved back. The current completion dates are estimated based on current project progress. More accurate estimates were provided by a vendor scope of work in the summer of 2023. The current cost estimate of work is over available budget and as a result, DCTS is exploring options to complete the project within budget. This has extended the planning period.

IT Project Information Section:

22. *IT Project Scope:* The proposed project is to develop a new state data system for all 72 county Mental Health and Substance Use (MH/SU) agencies to submit client service utilization data paid by Medicaid as well as other funding sources. The data system will be designed to meet state statutory requirements and federal Block Grant requirements for MH/SU data.

The data will provide the state DHS agency with the ability to monitor the performance of the public behavioral health service system and use its resources to target areas for improvement. The new system will increase access for local service agencies to view their data and use it to improve their programs' performance as well. Consumers of these services across Wisconsin will benefit from this improved service system.

The new system will have direct links to a data visualization application, which will help DHS understand the data, disseminate the data, and use it for improvements. Long-term costs will be reduced as well because maintenance and modifications in the new system will be much cheaper and easier to implement.

23. *IT Project Deliverables:*

- i) Implementation of a Salesforce solution with the following application modules:
 - Mental Health & Substance Use
 - Core
 - Expense & Revenue Financial Reports
 - Substance Abuse Prevention Services Information System (SAPSIS)
- ii) End-user training
- iii) Integration with the new data warehouse

The project will also deliver project artifacts such as a Charter, Business and System Requirements, Technical Design Documents, and an End-User Training Guide.

24. *IT Project Assumptions:* All required cloud software passes the Department of Administration, Division of Enterprise Technology Cloud Review Process.

25. *IT Project Risks and Constraints:*

- Implementing the mandated MyWisconsin ID could delay the project and increase the project cost.
- The details for integrating with the data warehouse is unknown at this time and could increase the project schedule and cost.
- Implementing additional software potentially required to support software development may increase the cost and timeline.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):* N/A

32. **DHS Connect Laboratory Enhancement Through Pathnet (Oracle Cerner Software System)**

1. Report Preparation Date (Status as of): 10/23/2024
2. *IT Project Title:* DHS Connect Laboratory Enhancement Through Pathnet (Oracle Cerner Software System)
3. *IT Project Status:* Active

**Department of Health Services
Data Processing Projects – 2024**

4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".):*
Network services establishing VPN tunnels for vendor interfaces with associated firewall rules (configuration).
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$250,000
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$160,750
 - PR: \$89,250
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$250,000
11. *Additional Context for Current Cost Projection (*Optional*):* Cost includes estimate for employee time for order build and device/interface integration and testing. It also includes an interface adjustment testing process for reference labs (unquoted) and a \$25,000 training cost.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* May 2, 2023
14. *Actual or Current Estimated IT Project Start Date:* April 14, 2023
15. *Explanation for Changes to IT Project Start Date:* The project team finished another project and was able to start the review of specifications earlier than originally expected.
16. *Original Estimated IT Project Completion Date:* June 30, 2024
17. *Current IT Project Completion Date:* August 17, 2026
18. *Explanation for Changes to IT Project Completion Date:* The project team implemented staged go-lives. Also, the project introduced a microbiology system build that is unfamiliar to division staff, which added additional time to learn and implement. Training timing and development also extended the completion date. The contractual agreement to instantiate Oracle servers for the laboratory analyzers was delayed due to budgetary constraints. Combining this with other system build and annual code upgrades, along with the separation of the Central Wisconsin Center from the original plan to have them included with Mendota Mental Health Institution, Go-Live has

extended the completion date for staged Go-Lives at different facilities.

19. *Original IT Project Stage Completion Dates:*

- *Initiation:* June 9, 2023
- *Planning:* July 21, 2023
- *Execution:* June 21, 2024
- *Closure:* June 30, 2024

20. *Current IT Project Stage Completion Dates:*

- *Initiation:* June 9, 2023
- *Planning:* September 21, 2023
- *Execution:* August 10, 2026
- *Closure:* August 17, 2026

21. *Explanation for Changes to IT Project Stage Completion Dates:* Originally, there was a plan to use the existing interface that included a third-party vendor. That vendor parted ways, and the project required a new VPN tunnel and interface, which directly affected the execution stage. Additionally, there were microbiology build issues that increased the build time and testing and resulted in changed training plans. Delays in contractual implementation for laboratory analyzers due to budget constraints and modification of Go-Live implementation with various facilities due to change in workflows at facilities.

IT Project Information Section:

22. *IT Project Scope:* This project will adapt the existing order practices within the DHS Connect platform to simplify and improve the process for facilities to submit and result physician lab orders for patient care. The end result will save time and money and improve the data resulting into the DHS Connect platform for better analysis.

The work effort includes order build/adjustment, change for system settings, testing of orders and interfaces in the system, laboratory device interfaces, training domain build for ongoing training, training employees, and lab vendor contracting to test in external systems.

Changes made will alter existing workflows to reduce steps in the process for Nursing and collection.

23. *IT Project Deliverables:* The project will automate and allow child orders to enter the DHS Connect system without substantial extra effort. It will also provide discrete data fields for analysis and reduce lab follow up steps for Nursing.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:*

- Risk: Submitting a numeric field update causes a duplication of entry in the record that needs to be obscured from posting.
- Constraint: The learning curve for discovering and building a new microbiology process into the laboratory process is something that analysts are unfamiliar with building.

Department of Health Services
Data Processing Projects – 2024

- Constraint: Free-text fields instead of numerical fields prevents trending.
- Constraint: Laboratory interfaces must be managed in house.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)

27. *Other Information (*Optional*)*: N/A

33. iQIES Integration – Implementation Phase

1. *Report Preparation Date (Status as of)*: 11/18/2024

2. *IT Project Title*: iQIES Integration - Implementation Phase

3. *IT Project Status*: Active

4. *DET Services/Impact*: Yes No TBD

5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: N/A

6. *Master Lease Funding Amount*: \$0

7. *Original Cost Projection*: \$107,350

8. *Additional Context for Original Cost Projection (*Optional*)*: N/A

9. *Funding Source & Amount*:

- GPR: \$20,786
- PR: \$30,632
- FED: \$57,982
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$109,400

11. *Additional Context for Current Cost Projection (*Optional*)*: N/A

Department of Health Services
Data Processing Projects – 2024

12. *Explanation for Changes to Cost Projection:* Due to discrepancies in metadata between ASPEN and iQIES, significant issues have arisen and have impacted the development of both Plan Review and ALIS applications. These discrepancies have led to complications that were not anticipated, requiring additional resources to resolve.
 13. *Original Estimated IT Project Start Date:* July 1, 2021
 14. *Actual or Current Estimated IT Project Start Date:* October 1, 2021
 15. *Explanation for Changes to IT Project Start Date:* There was a significant delay in the initial migration of Home Health Agency data from ASPEN to iQIES by the Centers for Medicare and Medicaid Services (CMS). This migration had to occur in order for the Division of Quality Assurance (DQA) business area to begin analysis of the new iQIES database structure.
 16. *Original Estimated IT Project Completion Date:* December 31, 2023
 17. *Current IT Project Completion Date:* December 31, 2024
 18. *Explanation for Changes to IT Project Completion Date:* The project completion date is entirely dependent on the schedule on which CMS and its contractors complete the migration of specific provider types from ASPEN to iQIES. December 31, 2024, is CMS's current stated goal date for completing this migration; to date other stated goals have not been met.
 19. *Original IT Project Stage Completion Dates:*
 - *Initial iQIES schema analysis:* March 31, 2022
 - *DHS API design:* April 30, 2022
 - *DHS API implementation:* June 30, 2022
 - *Final DHS API implementation:* December 31, 2023
 - *Closure:* December 31, 2023
 20. *Current IT Project Stage Completion Dates:*
 - *Initial iQIES schema analysis:* March 31, 2022
 - *DHS API design:* September 14, 2023
 - *Finalize Project Charter:* May 31, 2024
 - *Initial DHS API implementation:* October 1, 2024
 - *Final DHS API implementation:* October 31, 2024
 - *Closure:* December 31, 2024
- Projected implementation and decommissioning dates are subject to change and dependent on the schedule with which the Centers for Medicare and Medicaid Services and/or its contractors migrate different health care provider types from the legacy ASPEN system to iQIES. Each time a new provider type is migrated, DHS will need to review the iQIES schema and API structure to determine if changes to the former necessitate updates to the latter.
21. *Explanation for Changes to IT Project Stage Completion Dates:* The original estimated execution and closure stage completion dates were based on assumptions made during initial discussions

between DQA and BITS/Application Development Services. The project was designated for formal project management which initiated discussions around the development of a new project charter and associated timelines. These discussions concluded as of May 31, 2024. Development of the database crosswalk and other technical work occurred concurrently as overall project stage completion dates were determined.

IT Project Information Section:

22. *IT Project Scope:* The project will consist of construction and deployment of a solution to permit the DQA to retrieve survey and certification data from the Centers for Medicare and Medicaid Services (CMS) iQIES (Internet Quality Improvement and Evaluation System) cloud and integrate it into existing DQA databases and reporting systems. CMS is migrating data from the existing ASPEN (Automated Survey Processing Environment) database to iQIES in stages during calendar years 2021–2024 and will eventually retire the ASPEN system.

This project will ensure DQA has ongoing, uninterrupted access to this data to support five dependent applications (the ASPEN Licensure Information System (ALIS), the Misconduct Incident Reporting System (MIR), the Electronic Background Information Disclosure System (EBID), Provider Search, and Plan Review) and an existing management information reporting infrastructure. DQA will be required to reprogram ASPEN-dependent management information reports on an ongoing basis as the project progresses to account for differences between the current database structure and the new iQIES database. Periodic testing of dependent applications to ensure data are being retrieved correctly will also be necessary.

23. *IT Project Deliverables:*

- iQIES schema/ASPEN database crosswalk to guide development of Application Programming Interface (API).
- iQIES/ASPEN hybrid database.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:*

- Risk: Changes to or uncertainty regarding the schedule with which CMS will complete the planned migration of provider data from ASPEN to iQIES. Changes to the CMS schedule may impact the DHS project completion date.
- Risk: Changes to the current iQIES database schemas which would necessitate restructuring of the DHS hybrid database, or the APIs employed to capture iQIES data. If such changes occur, this will likely impact the project cost and schedule.
- Risk: Any delays with project management or technical analysis and development could also affect the project completion date.
- Constraints: The project completion date is dependent on CMS as described earlier in this report.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)

Department of Health Services
Data Processing Projects – 2024

- Large, High-Risk IT Project Report (Submitted to DOA March 2023)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)

27. *Other Information (*Optional*)*: N/A

34. Assisted Living Facility and Resident Assessment Tool

1. *Report Preparation Date (Status as of)*: 11/18/2024
2. *IT Project Title*: Assisted Living Facility and Resident Assessment Tool
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #3 is "Yes". Optional if #3 is "TBD". Skip if #3 is "No".)*: DET support will be needed to implement MyWisconsin ID (Okta) as the authentication mechanism for the Assessment Tool.
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$3,473,157
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$3,473,157
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$3,473,157
11. *Additional Context for Current Cost Projection (*Optional*)*: \$3,473,157 from American Recovery Plan Act (ARPA) grant funding.
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: August 14, 2023
14. *Actual or Current Estimated IT Project Start Date*: November 24, 2023

Department of Health Services
Data Processing Projects – 2024

15. *Explanation for Changes to IT Project Start Date:* Delays with several preliminary steps were encountered, including security review and approval, correspondence regarding the vendor contract, review of software (Salesforce) licensing costs, and review and approval of the revised Statement of Work (SOW). These delays have necessitated extending the overall timeline for the project.
16. *Original Estimated IT Project Completion Date:* November 8, 2024
17. *Current IT Project Completion Date:* February 10, 2025
18. *Explanation for Changes to IT Project Completion Date:* Delays with several preliminary steps were encountered, including security review and approval, correspondence regarding the vendor contract, review of software (Salesforce) licensing costs, review and approval of the revised SOW, and the need to identify a preferred method of integration with the existing licensure system (Adult Programs Information System, i.e., APIS). These delays have necessitated extending the overall timeline for the project.
19. *Original IT Project Stage Completion Dates:*
- *Pilot Kickoff:* September 8, 2023
 - *Pilot Requirements & Design:* January 19, 2024
 - *Pilot Development:* March 8, 2024
 - *Pilot System Testing:* April 19, 2024
 - *Pilot UAT Testing:* May 17, 2024
 - *Pilot Code-freeze & Go-Live:* June 3, 2024
 - *Requirements & Design:* July 5, 2024
 - *Development:* August 9, 2024
 - *System Testing:* September 6, 2024
 - *UAT Testing:* September 27, 2024
 - *Code-freeze & Go-Live:* October 14, 2024
 - *Postproduction support:* November 8, 2024
20. *Current IT Project Stage Completion Dates:*
- *Pilot Kickoff:* November 24, 2023
 - *Pilot Requirements & Design:* April 5, 2024
 - *Pilot Development:* May 24, 2024
 - *Pilot System Testing:* August 12, 2024
 - *Pilot UAT Testing:* September 23, 2024
 - *Pilot Code-freeze & Go-Live:* November 14, 2024
 - *Requirements & Design:* October 14, 2024
 - *Development:* November 11, 2024
 - *System Testing:* December 9, 2024
 - *UAT Testing:* January 13, 2024
 - *Code-freeze & Go-Live:* February 8, 2025
 - *Postproduction support:* February 10, 2025
21. *Explanation for Changes to IT Project Stage Completion Dates:* Delays with several preliminary

steps were encountered, including security review and approval, correspondence regarding the vendor contract, review of software (Salesforce) licensing costs, review and approval of the revised SOW, and the need to identify a preferred method of integration with the existing licensure system (APIS). These delays have necessitated extending the overall timeline for the project. The Pilot go-live occurred Thursday November 14, 2024 instead of Saturday November 16, 2024 to accommodate staff work schedules.

IT Project Information Section:

22. *IT Project Scope:* The project will consist of construction and deployment of a solution to permit the Division of Quality Assurance (DQA) to receive facility and resident assessment data from licensed assisted living facilities, including Community Based Residential Facilities (CBRFs), 3-4 bed Adult Family Homes (AFHs), and Residential Care Apartment Complexes (RCACs), in order to better ensure health and safety standards are being met, improve operational efficiency, and support enhanced data and trend analysis for improved understanding of the assisted living resident population.

Designated Provider facility staff (“Assessors”) and designated Provider Staff Managers (“Staff Manager”) will have access to an external facing Facility and Resident Assessment Portal to submit assessments per DQA policy requirements. DQA E-License Reporting Administrators will have access to the Facility and Resident Assessment Portal for reporting purposes. DQA Administrators and DQA/Department of Health Services (DHS) Administrator Reports users will also have access to a backend Assessment Management Portal to review facility and resident assessments and perform user management, including providing and revoking access privileges for facility and organization staff. The scope also includes the development of up to 20 in-system email templates, notifications, or alerts triggered by various actions within the solution and will have logic to inform specified users or groups. Additionally, pre-configured reports or dashboards for use by DQA staff and/or providers will be created.

Finally, the scope includes a configuration of security features that align with applicable state enterprise compliance standards as detailed during standard DHS project planning, any identified integrations between the solution and other DQA systems, migration and conversion of extant assisted living facility and facility license data to the assessment tool needed for implementation, and necessary training materials such as videos and job aids.

23. *IT Project Deliverables:*

- Project Initiation and Kickoff: Kickoff slide deck with project objectives, Project Schedule with phase-related activities, and a Deliverable Expectation Document
- Requirements and Design: Policy Review and Traceability Matrix, System Requirement and Design documents, and a Data Dictionary
- System Test: Security assessment status report
- Training efforts including: the development of training videos, live learning sessions, and ongoing support
- Implementation: Postproduction Status Report, Incident Response Plan, and System Certification and Security Assessment documents

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:*

- Risk: Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are no risks to share at this time.
- Constraint: There is a timeline constraint that requires funding to be expended by March 2025.
- Constraint: The availability of the Bureau of Assisted Living (BAL) staff resources to dedicate the appropriate amount of time to the project.

26. *Submitted in Other DET Statutory Reports?*

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2023)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. *Other Information (*Optional*):*

35. DQA Licensing Project

1. Report Preparation Date (Status as of): 11/18/2024
2. *IT Project Title:* DQA Licensing Project
3. *IT Project Status:* **Active**
4. *DET Services/Impact:* Yes No TBD
5. DET Impact Explanation (Required, if #3 is “Yes”. Optional if #3 is “TBD”. Skip if #3 is “No”.):
 - Cloud Brokerage Review
 - ISS Security Certification of the Solution
 - The implementation of My Wisconsin ID for system authentication
 - System architecture diagram
 - Monthly Status Reports and other supporting project management documentation as needed
6. *Master Lease Funding Amount:* \$ 0
7. *Original Cost Projection:* \$3,952,327.36
8. *Additional Context for Original Cost Projection (*Optional*):*
\$3,921,627.36 - Cost for the GL Solutions Contract
\$30,700.00 - Cost for DES/BITS Statement of Work (SOW)
9. *Funding Source & Amount:*

**Department of Health Services
Data Processing Projects – 2024**

- GPR: \$30,700.00
- PR: \$000,000
- FED: \$3,921,627.36
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* \$3,952,327.36

11. *Additional Context for Current Cost Projection (*Optional*):*

12. *Explanation for Changes to Cost Projection:* No Change

13. *Original Estimated IT Project Start Date:* August 1, 2024

14. *Actual or Current Estimated IT Project Start Date:* August 1, 2024

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* June 30, 2025

17. *Current IT Project Completion Date:* June 30, 2025

18. *Explanation for Changes to IT Project Completion Date:* No Change

19. *Original IT Project Stage Completion Dates:*

- *Project Initiation:* August 1, 2024
- *Project Planning:* September 20, 2024
- *Project Execution (Go-Live):* June 3, 2025
- *Project Closure:* June 30, 2025

20. *Current IT Project Stage Completion Dates:*

- *Project Initiation:* August 1, 2024
- *Project Planning:* September 20, 2024
- *Project Execution (Go-Live):* June 3, 2025
- *Project Closure:* June 30, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* No Change

IT Project Information Section:

22. *IT Project Scope:* The purpose of this project is to develop an automated licensing/certification workflow system that permits applicants for Wisconsin State licensure/certification to submit applications, required background checks, and building/life safety code plan reviews (including electronic payment). The system would be fully automated to allow the Department to process all applications within the system (e.g., acknowledge application receipt, provide status to

Department of Health Services
Data Processing Projects – 2024

applicants, provide a response to submissions, and process licensing/certification decisions). The system would supply a repository for submitted State licensure/certification information that includes an automated storage of records and a dashboard for tracking of workflows. In addition, the system would allow renewal of State licenses/certifications and the submission and processing of annual/biennial reports.

23. IT Project Deliverables:

- a. Develop an automated licensing/certification workflow system
- b. Project Management plan
- c. Gap Analysis
- d. System Configuration –
 - i. Licensing design, configuration, and business testing
 - ii. Other processes design, configuration, and business testing
 - iii. Continuous improvement design, configuration, and testing
- e. Test management plan
- f. User Acceptance Testing
- g. Training
- h. Execution of the implementation and transition plan
- i. Data conversion plan, design, and validation
- j. Interface design, development, and release
- k. APIS and ALIS Interface design, development, and release
- l. System Acceptance
- m. GL Simple Standard hosting, support, and warranty

24. IT Project Assumptions: This project assumes all relevant providers will have the technical capability of processing applications, renewals, background checks, and plan reviews by using the system and that an 100% compliance with the requirement to use the system is realistic.

25. IT Project Risks and Constraints:

- a. If key resources (including BITS, DOA, DQA, GL Solutions, or other partners) become unavailable, some of the scope may not be completed by the June 30, 2025 end date.

26. Submitted in Other DET Statutory Reports?

- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
- FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
- FY 2025 Strategic IT Plan (Submitted to DOA March 1, 2024)
- Large, High-Risk IT Project Report (Submitted to DOA March 2024)
- Large, High-Risk IT Project Report (Submitted to DOA September 2024)

27. Other Information (*Optional*):

Appendix A



STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor
Joel Brennan, Secretary
Trina Zanow, Division Administrator

Large, High-Risk IT Project Definition

(Revised May 2022)

SCOPE: This definition is applicable to all agencies subject to DET oversight, which includes all executive branch agencies other than the UW System and statutory authorities. This definition is applicable to all IT projects, as defined below, run, implemented, coordinated, or that otherwise involve any agency subject to DET oversight, regardless of the source of funding for the IT project or DET's involvement in the IT project.

DEFINITION OF AN IT PROJECT: Efforts that result in a material change to the provision of IT services, which may include the purchase and implementation of IT hardware or software (regardless of whether it is formally procured); the planning, development, launch, changes to, or retirement of an IT service; or outsourcing of IT services to a vendor.

DEFINITION OF IT PROJECT COSTS: "IT Project costs" means all internal and external costs across all fiscal years of the project and could include employee, contractor, and vendor staffing; application development and implementation; hardware purchases; and software licensing. This definition does not include ongoing maintenance or licensing costs once project work is completed.

DEFINITION: A large, high-risk IT project is:

1. Any IT project with a projected cost over \$1,000,000; or
2. Any IT project where the agency failed to successfully complete a prior IT project with substantially similar business outcomes (excluding maintenance activities); or
3. Any IT project that is necessary to meet one or more critical cybersecurity requirements; or
 - a. "Critical cybersecurity requirement" means any action categorized as "critical," "high-priority," or any category with a similar meaning which is required by a federal, State, or private-sector entity to comply with statutory, regulatory, or other widely-accepted cybersecurity requirements.
4. Any IT project with a projected cost over \$250,000 which meets at least one of the following criteria:
 - a. The IT project involves architecture that has not been previously implemented.
 - b. The agency has estimated that the project will require more than twelve total months (not including periods when the project is on hold) from the start of project work to the completion of project work.
 - c. The baselined timeline or estimated cost for the IT project increased by more than 25 percent from the baselines established at the start of IT project work.
 - d. The IT project includes the outsourcing of any critical agency business function currently performed by the agency to an external vendor.
 - i. "Critical agency business function" means any business function performed by a tier 1 system as defined in the agency's IT disaster recovery plan.

**Department of Health Services
Data Processing Projects – 2024**

Appendix B

The following individuals provided key report contributions and serve as contact points.

Project	Division/Office	Report Contact Point(s)
State Vital Records Information System (SVRIS) Part 2	State Vital Records Office, Division of Public Health	Lynette Childs; Huong Nguyen-Hilfiger
SVRIS Modernization: VitalChek (DAVE) Implementation	State Vital Records Office, Division of Public Health	Lynette Childs; Huong Nguyen-Hilfiger
AIDS Drug Assistance Program (ADAP) Online Portal	Division of Public Health	Lew Snyder; Amy Wick; Huong Nguyen-Hilfiger
Virtual ADRC and Statewide Resource Database Discovery and Implementation Project	Division of Public Health	Henry Hanson; Alison Molitor; Carrie Molke; Huong Nguyen-Hilfiger
ADRC Client Tracking System Implementation Project	Division of Public Health	Henry Hanson; Alison Molitor; Carrie Molke; Huong Nguyen-Hilfiger
Overdose Alert System	Division of Public Health	Lew Snyder, Tom Bentley; John Doris and Angela Whirry-Achten; Huong Nguyen-Hilfiger
Integration of Long-Term Care (LTC) Encounters into the MMIS	Division of Medicaid Services	Grant Cummings; Shanna Mills; Nick Havens
Tribal Shared Savings Project	Division of Medicaid Services	Brandon Watson; Shanna Mills; Nick Havens
Adult Incident Report System (AIRS)	Division of Medicaid Services	Ann Lamberg; Shanna Mills; Nick Havens
ACT 178-CIE-MIS	Division of Medicaid Services	Shanna Mills; Nick Havens
LTC Provider Management	Division of Medicaid Services	Shanna Mills; Nick Havens
Electronic Visit Verification (EVV) – Home Health	Division of Medicaid Services	Scott Hawley; Shanna Mills; Nick Havens
Children’s Long-Term Support (CLTS) Claims Processing	Division of Medicaid Services	Brandon Watson; Shanna Mills; Nick Havens
Hospital Access Payment System Enhancements and Corrections	Division of Medicaid Services	Grant Cummings; Shanna Mills; Nick Havens
GainwellConnect System Integration Platform	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: FoodShare Unclear (FSUC) Project	Division of Medicaid Services	Autumn Arnold; Shanna Mills; Nick Havens
CARES: ACCESS Modernization	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Katie Beckett Phase 2	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Elderly Simplified Application Project (ESAP)	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: SeniorCare Front End Processing Implementation	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Correspondence Improvement Roadmap (CIR): Notice of Decision Modernization	Division of Medicaid Services	Stephanie Dorfman; Shanna Mills; Nick Havens

**Department of Health Services
Data Processing Projects – 2024**

CARES: SSA Data Exchange Modernization BENDEX and SOLQ-I	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Administrative Renewals for Individuals	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Benefits Status Tracker	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Medicaid Redetermination Compliance	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Alert Modernization	Division of Medicaid Services	Shanna Mills; Nick Havens
CARES: Summer Electronic Benefit Transfer (EBT) 2025	Division of Medicaid Services	Shanna Mills; Nick Havens
BFAM Business Operations Support System (BOSS) Tool – Release 1	Division of Medicaid Services	Shanna Mills; Dave Varana
Assisted Living Reporting, Member Assessment and Certification Tools: 1-2 Bed Adult Family Home Certification and Home & Community Based Services Settings Review Project	Bureau of Quality Oversight Community Inclusion and Innovation; Division of Medicaid Services	Lindsey Kreitzman; Shanna Mills; Nick Havens
CARES: Source Code Vulnerabilities Remediation Phase 3	Division of Medicaid Services	Shanna Mills; Nick Havens
Program Participation System (PPS) Mental Health/Substance Use Replacement Project	Division of Care and Treatment Services	Joanette Robinson; Laura Gebhardt; Holly Audley; Gynger Steele
DHS Connect Laboratory Enhancement Through Pathnet (Oracle Cerner Software System)	Office of Electronic Health Records System Management, Division of Care and Treatment Services	Leon Lipp
iQIES Integration – Implementation Phase	Division of Quality Assurance	Richard Betz; Nikki Andrews
Assisted Living Facility and Resident Assessment Tool	Division of Quality Assurance	Richard Betz, Kenneth Brotheridge; Nikki Andrews
DQA Licensing Project	Division of Quality Assurance	Richard Betz; Alissa Iwanski; Nikki Andrews
Coordination, consolidation, and report editing was performed by Corina Nohr, Reporting Analyst, Project Management Office, Bureau of Information Technology Services, Division of Enterprise Services.		
Dean Butler, DHS Chief Information Officer, completed the overall review and approval of the report.		