



HUMAN  
SERVICES  
DEPARTMENT



HHS 2020 / MMISR PROJECT UPDATE FOR THE  
LEGISLATIVE SCIENCE, TECHNOLOGY & TELECOMMUNICATIONS  
(STT) COMMITTEE

OCTOBER 27, 2022 – FARMINGTON, NM

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

## BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future. With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.  
By HSD Employee, Marisa Vigil



# MISSION

*To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*

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# GOALS



## We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



## We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



## We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



## We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

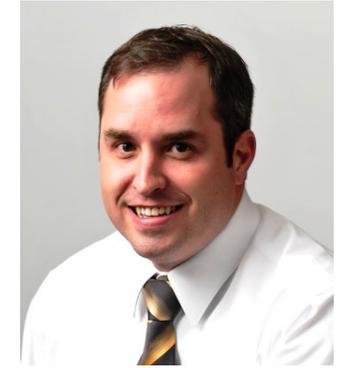
# AGENDA FOR TODAY

- Part One
  - HHS 2020 Vision, Governance, and IT Projects
  - MMISR Project Overview
  - Project Accomplishments
  - Project Challenges
  - Benefit to New Mexicans and Program Impact

## SPEAKERS



**Kari Armijo**  
Deputy Cabinet Secretary, HSD



**Sean Pearson**  
Chief Information Officer, HSD



**Joseph Tighe**  
MMISR Project Director



**Linda Gonzales**  
Medicaid Deputy Director, HSD

# AGENDA FOR TODAY

- Part Two
  - MMISR-Related Projects
    - ALTSD
    - DOH
    - ECECD
- HHS 2020 Participant Agency
  - CYFD

## SPEAKERS



**Tim Struck**  
Chief Information Officer, ALTSD



**Glidden Martinez**  
Chief Information Officer, DOH



**Sandeep Patel**  
Chief Information Officer, ECECD

## HHS 2020 AGENCY REPRESENTATIVES



**Hilari Lipton**  
Senior Advisor to the Secretary, CYFD



**Bill Hanks**  
Chief Information Officer, CYFD

# HHS 2020 EXECUTIVE STEERING COMMITTEE VOTING MEMBERS <sup>6</sup>



**David R. Scrase, M.D.**  
Secretary – Human Services Department  
Acting Secretary – Department of Health



**Katrina Hotrum-Lopez**  
Secretary - Aging and Long-Term Services Department



**Elizabeth Groginsky**  
Secretary - Early Childhood Education and Care Department



**Barbara Vigil**  
Secretary - Children, Youth, and Families Department



**Peter Mantos**  
Secretary-Designate - Department of Information Technology



**Gina DeBlasie**  
Governor's Executive Policy Advisor for Health and Human Services



*Investing for tomorrow, delivering today.*

# HHS 2020 GOVERNANCE

## Co-Executive Sponsors

- David R. Scrase, M.D., Secretary - Human Services Department  
Acting Secretary – Department of Health
- Katrina Hotrum-Lopez, Secretary - Aging and Long-Term Services Department
- Elizabeth Groginsky, Secretary - Early Childhood Education and Care Department
- Barbara Vigil, Secretary - Children, Youth, and Families Department

## Oversight

- Peter Mantos, Secretary-Designate - Department of Information Technology
- Gina DeBlassie, Governor's Executive Policy Advisor for Health and Human Services

## HHS 2020 Executive Steering Committee holds monthly meetings:

- Risks and issues; status of key deliverables and project milestones; IV&V observations
- Decisions requiring a vote (i.e., items impacting scope, schedule or budget)
- Feedback from secretaries regarding critical issues

# HHS 2020 VISION

The vision of the **HHS 2020** initiative is to *create a highly responsive and effective health and human services system to improve the health and well-being of all New Mexicans.*

- Share information across agencies
- Transform business processes
- Customer-centered systems
- Outcomes-focused
- Enable data-driven decision-making



# HHS 2020 IT PROJECTS

## Aging and Long-Term Services Department

- HHS 2020 ALTSD Integration

## Children, Youth, and Families Department

- Comprehensive Child Welfare Information System (CCWIS)
- Children's Behavioral Health Module (part of MMISR)

## Department of Health

- Children's Medical Services Integration
- Client Data Management System
- Facility Electronic Licensing and Information Exchange (FELIX) Replacement
- Incident Management System

## Early Childhood Education and Care Department

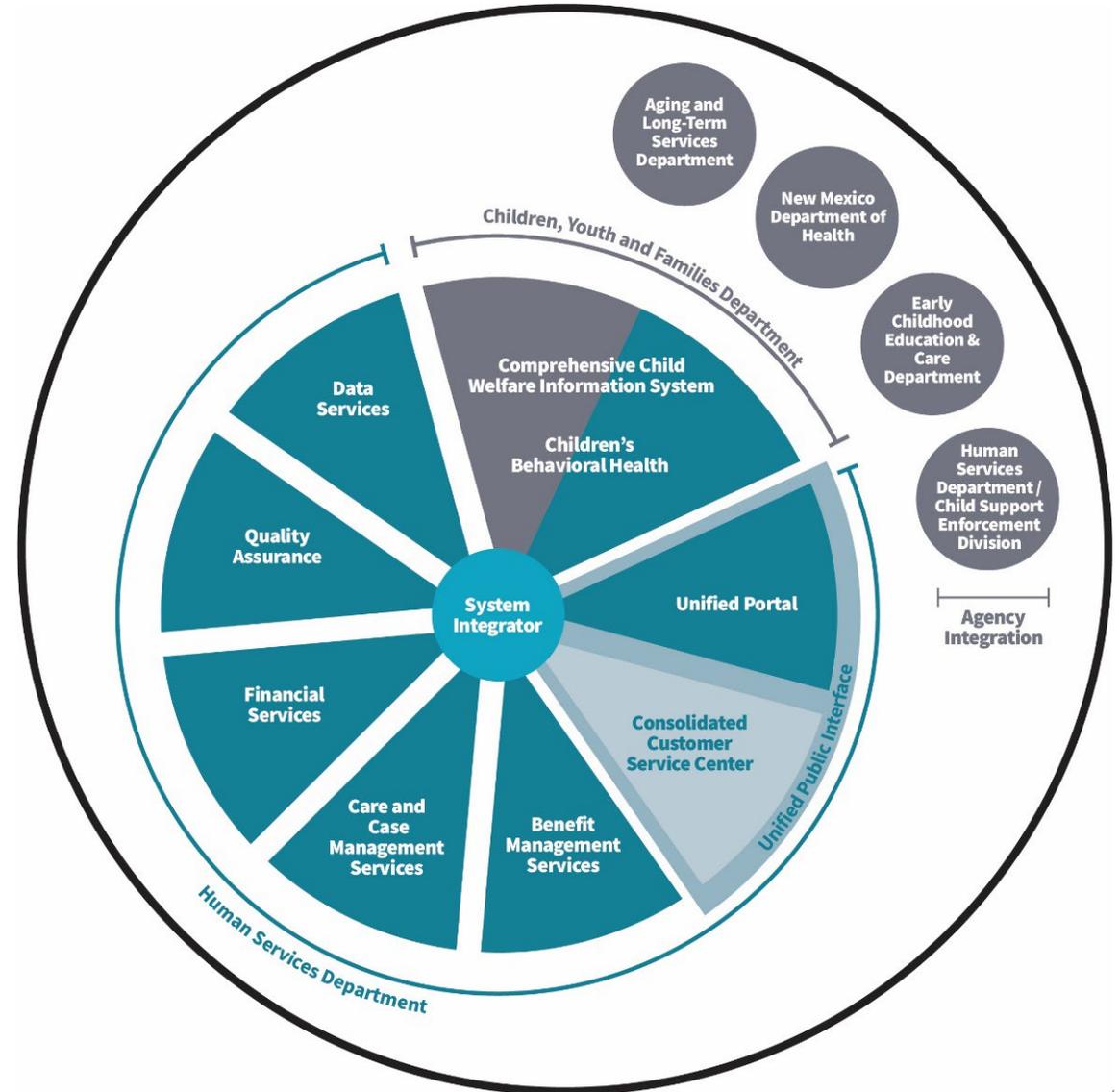
- HHS 2020 ECECD Integration
- Families First Case Management System

## Human Services Department

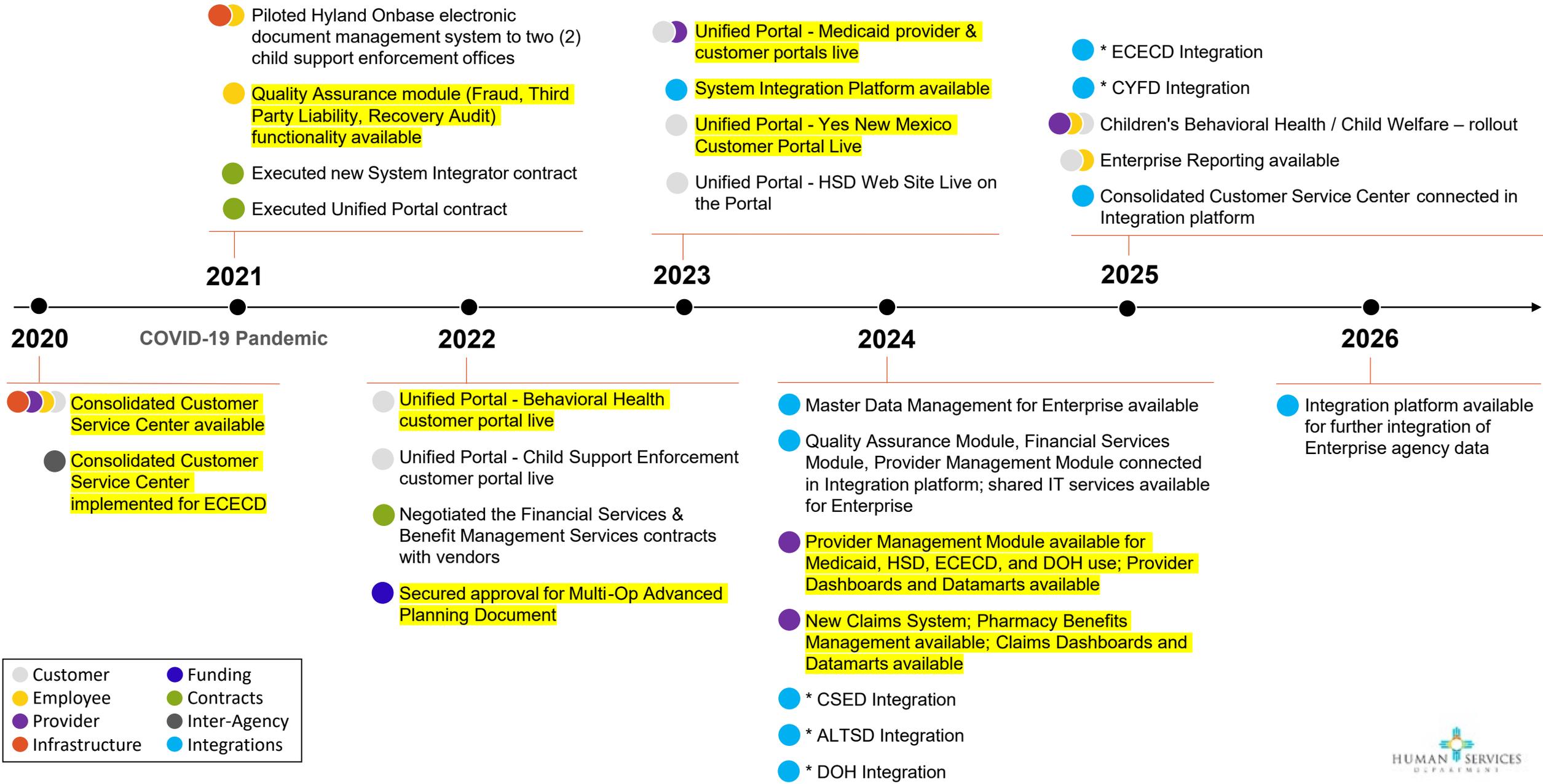
- Medicaid Management Information System Replacement (MMISR)
- Child Support Enforcement System Replacement (CSESR)

# MMISR PROJECT OVERVIEW

- Multi-year effort to replace HSD's Medicaid Management Information System (MMIS)
  - Federal requirement to have a "certified" MMIS
  - New federal requirements for modular (rather than monolithic) systems
    - **More nimble, easier to keep up with technology changes**
    - **Modules "go live" as soon as they are available instead of waiting for the entire project to complete**
    - **Each module vendor is responsible for ensuring that the underlying technology is updated on a regular basis**
    - **Breaks MMISR into multiple components, many of which do not exist today** →
    - **Flexibility to replace one without having to replace the entire system in the future**
- 8 functional modules plus integrations with other NM agencies
- \$389.7 million project budget with **89% overall federal match from four separate federal agencies**
  - **\$42.8M general fund**



# HHS 2020 MMISR Schedule Roadmap



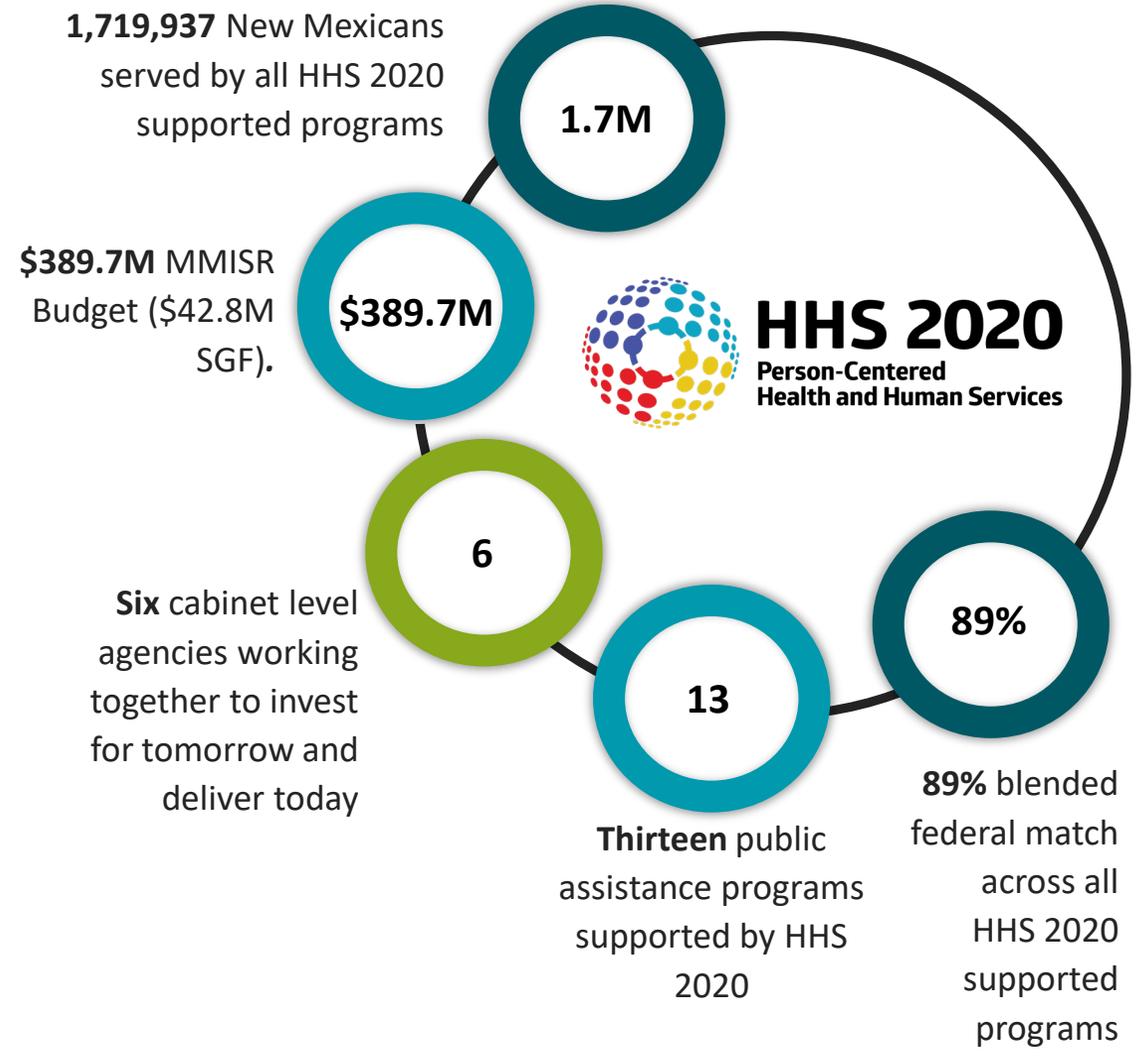
\* Partner agency integration is subject to confirmation of readiness to fully integrate



# HHS 2020 SCOPE BY THE NUMBERS

Original Scope – Medicaid	Expanded Scope – HHS Enterprise
891,346 customers	1,719,937 customers

**93% Increase in Project Scope to serve more New Mexicans**



# MMISR PROJECT BUDGET

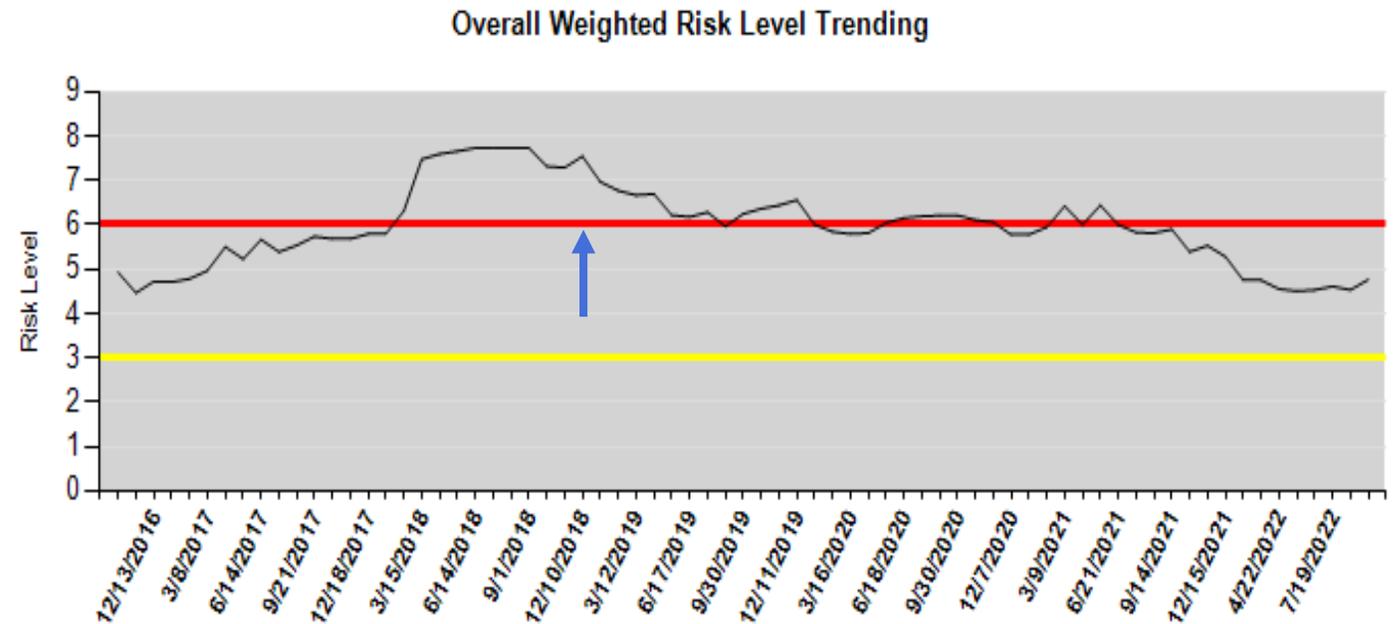
Function	Cost	% of Budget
System Integration	\$ 84,479,013	21%
Staff Augmentation (59 positions)	\$ 55,557,322	13%
Financial Services	\$ 56,477,811	13%
State Staff (36 FTE)	\$ 30,657,193	7%
Data Services	\$ 23,603,820	7%
Independent Verification & Validation (IV&V)	\$ 14,145,672	6%
Organizational Change Management	\$ 19,482,516	6%
Project Management Office (PMO)	\$ 25,427,077	6%
Unified Portal	\$ 16,435,799	5%
Care and Case Management	\$ 14,939,797	4%
ASPEN Enrollment & Real-Time Eligibility (RTE)	\$ 14,470,048	4%
Benefit Management	\$ 16,966,873	3%
Consolidated Customer Service Center	\$ 10,893,338	3%
Hardware/Software	\$ 3,585,085	1%
Quality Assurance	\$ 2,637,336	1%
<b>Total Budget*</b>	<b>\$ 389,758,700</b>	
<b>General Fund Share</b>	<b>\$ 42,873,457</b>	
<b>Federal Match (89% blended match rate)</b>	<b>\$ 346,885,243</b>	

# MMISR MODULE OVERVIEW

Module	Module Description	Status
<b>IN PRODUCTION</b>		
<b>Consolidated Customer Service Center (CCSC)</b>	Enterprise contact center supporting various programs and divisions and utilizing new technology for customer contacts (i.e., live chat)	Services went into production in 2020. First module to be fully certified by the federal Centers for Medicare & Medicaid Services (CMS).
<b>Quality Assurance (QA)</b>	Recoveries, Audits, Quality Reporting, and Fraud & Abuse Detection Services	Contract executed; FraudCapture and recovery services implemented. Quality reporting dependent on integration with SI.
<b>Eligibility &amp; Enrollment (ASPEN)*</b>	Eligibility and enrollment system ( <i>*not a separate MMISR module</i> )	Medicaid enrollment functionality migrated to ASPEN system; implemented real-time eligibility (RTE)
<b>WORK IN PROGRESS</b>		
<b>System Integrator (SI)</b>	Responsible for Technical Infrastructure, Module Integration and Master Data Management	Contract executed and work is in progress. HSD and SI vendor continue to meet contracted milestones and deliverables.
<b>Unified Portal (UP)</b>	One-stop user friendly online portal for customers, providers, and employees across NM’s HHS programs	Contract executed. Behavioral Health customer facing web portal in production. Additional portals in progress with delivery expected in 2023.
<b>Financial Services (FS)</b>	Claims Processing, Financial Transactions, Pharmacy Benefit Management, Drug Rebate, and Self-Directed Home and Community Based Services	Contract negotiated and final execution in process. Vendor prepared to onboard.
<b>Benefit Management Services (BMS)</b>	Provider management including enrollment and credentialing of Medicaid and other providers	Contract negotiated and final execution in process. Vendor prepared to onboard.
<b>ANTICIPATED</b>		
<b>Children’s Behavioral Health Module (CBH)</b>	CBH will focus on assessing Medicaid eligible children behavioral health needs and monitoring service delivery	In active procurement (CYFD)
<b>Data Services (DS)</b>	Implementing the Enterprise Data Warehouse with Business Intelligence and Flexible Analytics	Previous contract with vendor dissolved. RFQ in review by Federal Partners. New vendor to be onboarded in 2023.
<b>Care and Case Management Services (CCMS)</b>	Care and Case Management solution supporting multiple HHS agencies	In active procurement

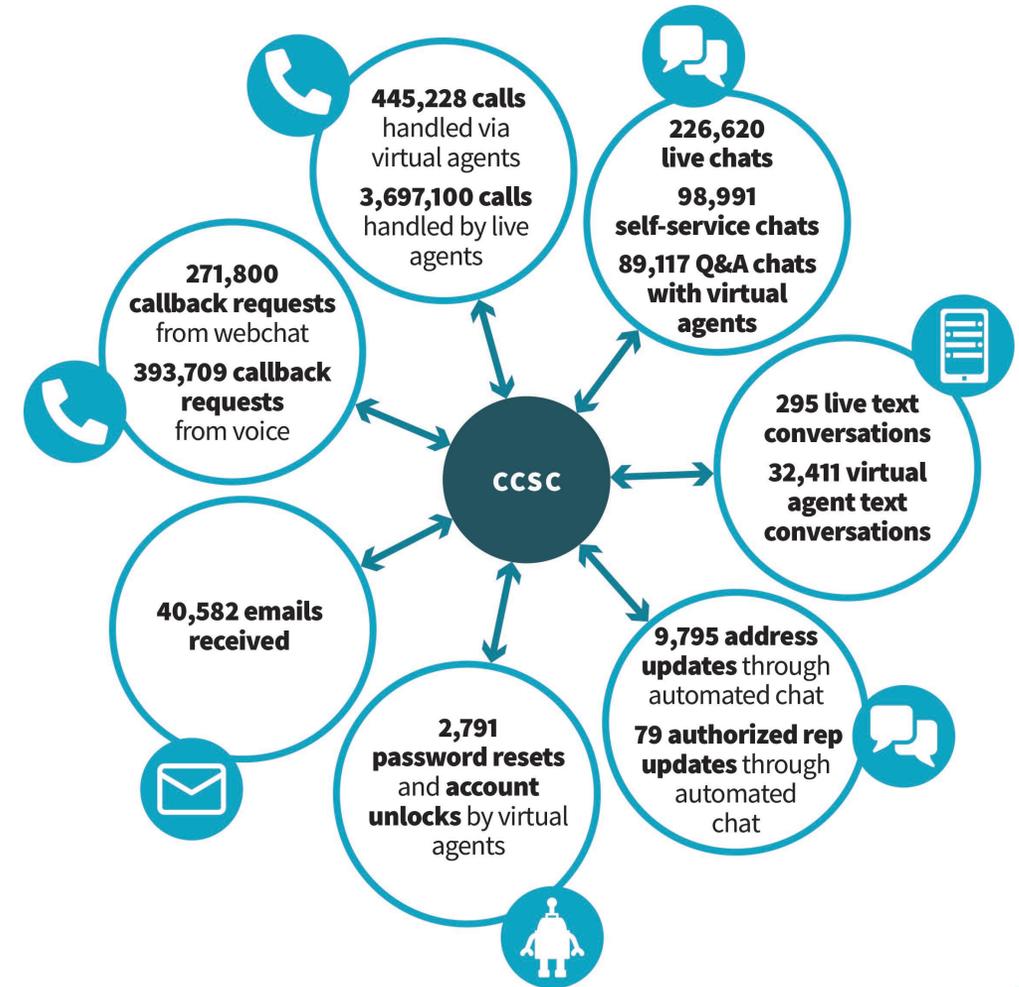
# REDUCING PROJECT RISK WITH INDEPENDENT VERIFICATION AND VALIDATION (IV&V)

- MMISR project risk rating on a downward trend.
- Lowest risk since inception of project.
- Project remains in “yellow” status.
- Appropriate risk ranking for a project of this size and complexity.



# MMISR PROJECT ACCOMPLISHMENTS: CONSOLIDATED CUSTOMER SERVICE CENTER

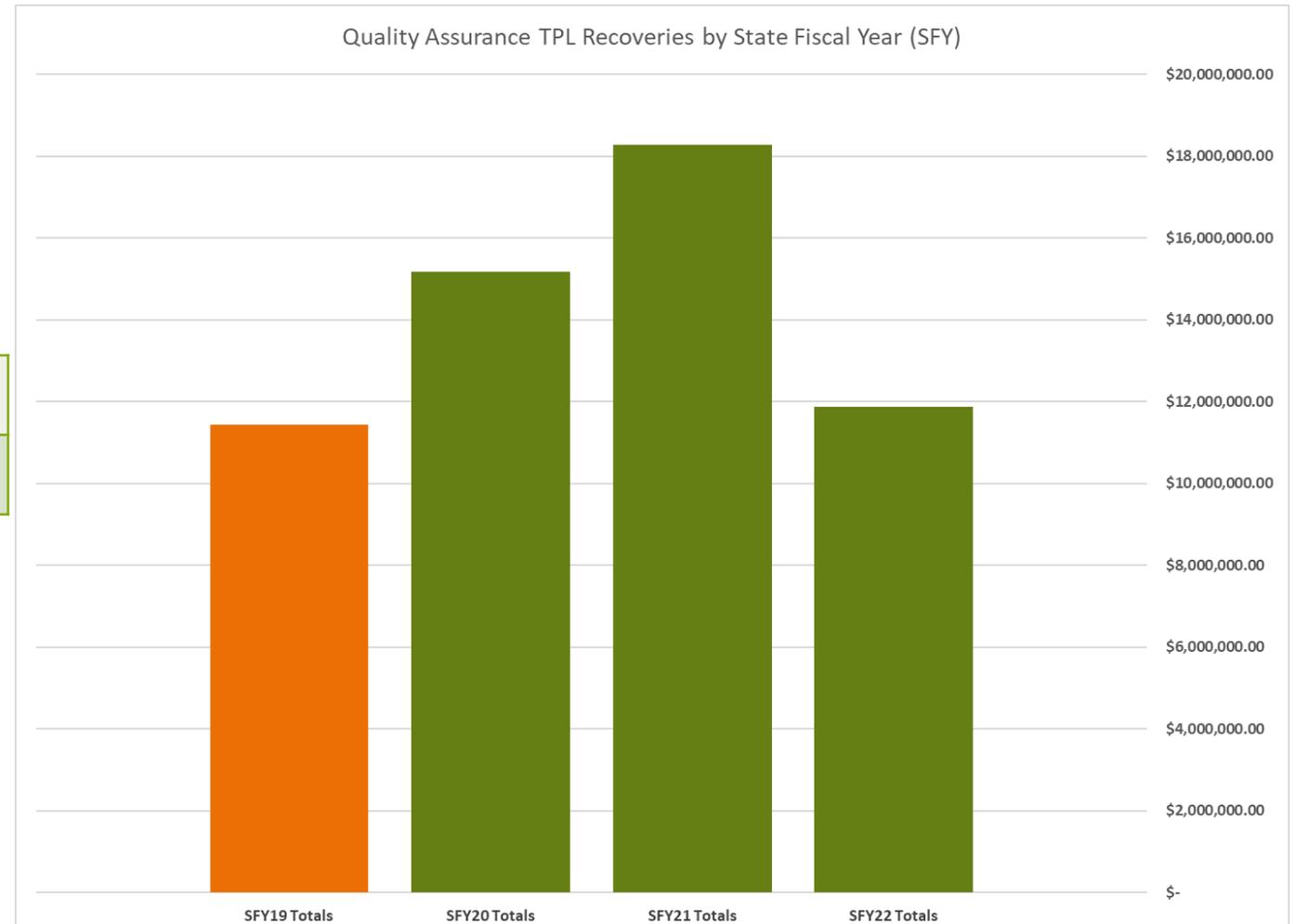
- **Successfully implemented and received federal certification for the Consolidated Customer Service Center (CCSC) technology and services on August 31, 2020**
- Consolidated 150 published phone numbers into **2 toll-free phone numbers** handling **over 4 million contacts** through a single customer service center
- **New technology** deployed for customers:
  - Live chat and self-service chat
  - Callback requests
  - Email question and response availability
  - Automated application and case information with virtual agents and text messaging



Source: Accenture data, 6/2020–9/2022

# MMISR PROJECT ACCOMPLISHMENTS: QUALITY ASSURANCE MODULE

- Third-Party Liability (TPL) services under new Quality Assurance contract resulting in **increased recoveries for the Medicaid program** in SFY20 and SFY21; SFY22 at the point of enrollment was implemented resulting **more cost avoidance**
- Additional cost avoidance services implemented in May 2020 resulting in \$15M savings to the Medicaid program in SFY21
- FraudCapture (fraud case tracking) services implemented in July 2021



# ADDITIONAL MMISR PROJECT ACCOMPLISHMENTS

- Migrated Medicaid enrollment functionality from prior MMIS to ASPEN system – **results in faster enrollment for customers**
- Implemented real-time eligibility (RTE) for Medicaid applications – **results in faster eligibility determinations for customers**
- Secured project funding approval from federal partners – **first in nation multi-agency approval**
- Launched the first Unified Portal component through a new site for behavioral health at [yes.nm.gov](https://yes.nm.gov)
- Executed a multi-agency data sharing agreement and Data Governance Council
- Leveraged technology to implement electronic document management for the HSD Child Support Enforcement Division
- Leveraged the Consolidated Customer Service Center (CCSC) for the Early Childhood Education & Care Department (ECECD)
- Launched a Vendor Management Academy and Playbook specific to MMISR contract performance and negotiations
- Completed a detailed Enterprise Project Schedule (EPS) with interagency timelines and interdependencies, and 30/60/90-day lookaheads for project leadership

# MMISR PROJECT CHALLENGES AND LESSONS LEARNED

Challenge	Description	Actions Taken to Address
<b>Scope expansion</b>	Scope of the project expanded beyond just Medicaid to implement improvements for other health and human services programs and agencies, improve customer service and optimize federal funding	<ul style="list-style-type: none"> <li>• Federal funding approved with four separate federal regulatory agencies</li> <li>• High level governance engagement across NM HHS departments</li> </ul>
<b>COVID-19 pandemic</b>	COVID-19 pandemic required reassignment of program and IT staff for emergency response IT activities	<ul style="list-style-type: none"> <li>• Identified key risk areas to the project and implemented mitigations resulting in lower project risk</li> <li>• Extended the schedule for certain modules to ensure that the project would be adequately resourced</li> </ul>
<b>Delays resulting from termination of System Integrator</b>	Original vendor termination resulted in schedule delays that impacted other modules while HSD procured and onboarded a new vendor	<ul style="list-style-type: none"> <li>• Earlier escalation of vendor performance issues to Executive Steering Committee</li> <li>• Earlier implementation of corrective actions when needed</li> </ul>
<b>Data Services vendor contract dissolution</b>	Dissolution of Data Services vendor contract required new schedule for delivery of data services and analytics	<ul style="list-style-type: none"> <li>• Request for Quotes (RFQ) under review by Federal Partner agencies for approval</li> </ul>

# HOW WILL MMISR HELP NEW MEXICANS?

- Customer-centered, responsive system will make it easy for New Mexicans to apply, enroll, renew benefits and access services across the HHS enterprise
- Single point-of-entry for provider and customer services
- Robust data analytic capabilities to measure outcomes and guide policy and program investments in New Mexico
- Optimize interdepartmental collaborations resulting in a more streamlined experience for the HHS customer
- Standardization of technology platforms means fewer siloes and better data-sharing across agencies
- High level of federal investment (\$346.8M) relative to New Mexico's general fund (\$42.8M)

I recently applied for Medicaid and, late one evening, I'm wondering about the status of my application. I go to the **Unified Portal** on my smartphone, confirm my identity, and find out I'll be getting the confirmation sent in two days. While there, the system identifies another program I am eligible for, auto-populates my information, and leads me through that application process.



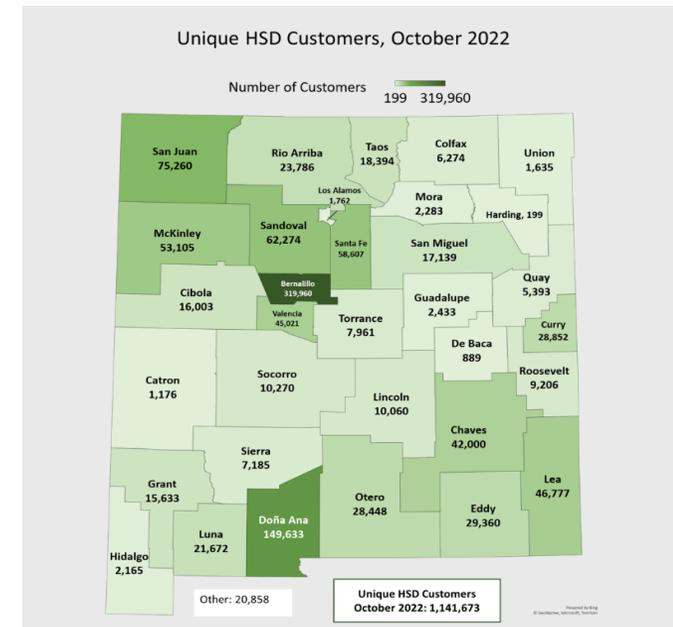
I'm an office manager at a large clinic in Rio Rancho preparing for provider re-enrollment for Medicaid. I used to dread the complex time-consuming process of faxing and mailing hard copy — but now the **Benefit Management Services** online system has stored all the clinic's required information. I can review and update medical licenses, verify DEA license numbers, and validate provider's updated credentials, as well as submit backup documentation, all from my office computer.

I live in rural New Mexico where I used to have only one Medicaid provider and had to drive an hour to see them. Because **Financial Services** has made it easier for providers to submit claims and receive payments, more are enrolling and staying with Medicaid, so I have more choices and have found a provider closer to home.

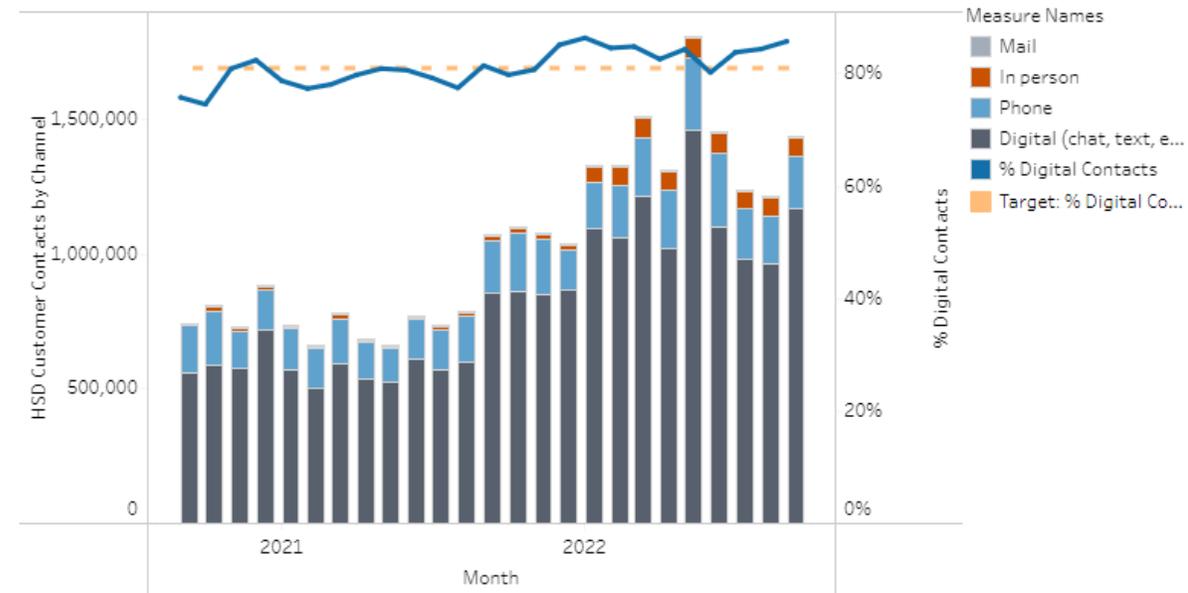


# MMISR IMPACT

- Supporting **1,141,673** New Mexicans through the Human Services Department’s programs -- **over 50% of State population**
- Supporting **1,719,937 New Mexicans** served through all HHS 2020 agency supported programs
- Streamlines administrative functions for **68,128** active health care providers
- Processes over **471,598** managed care organization (MCO) encounters each week
- Processes over **106,252** Medicaid fee-for-service claims each week
- Handled over **3.6 million** calls by live agents, over **445,000** calls by virtual agents and over **226,000** live chats at the Consolidated customer service center



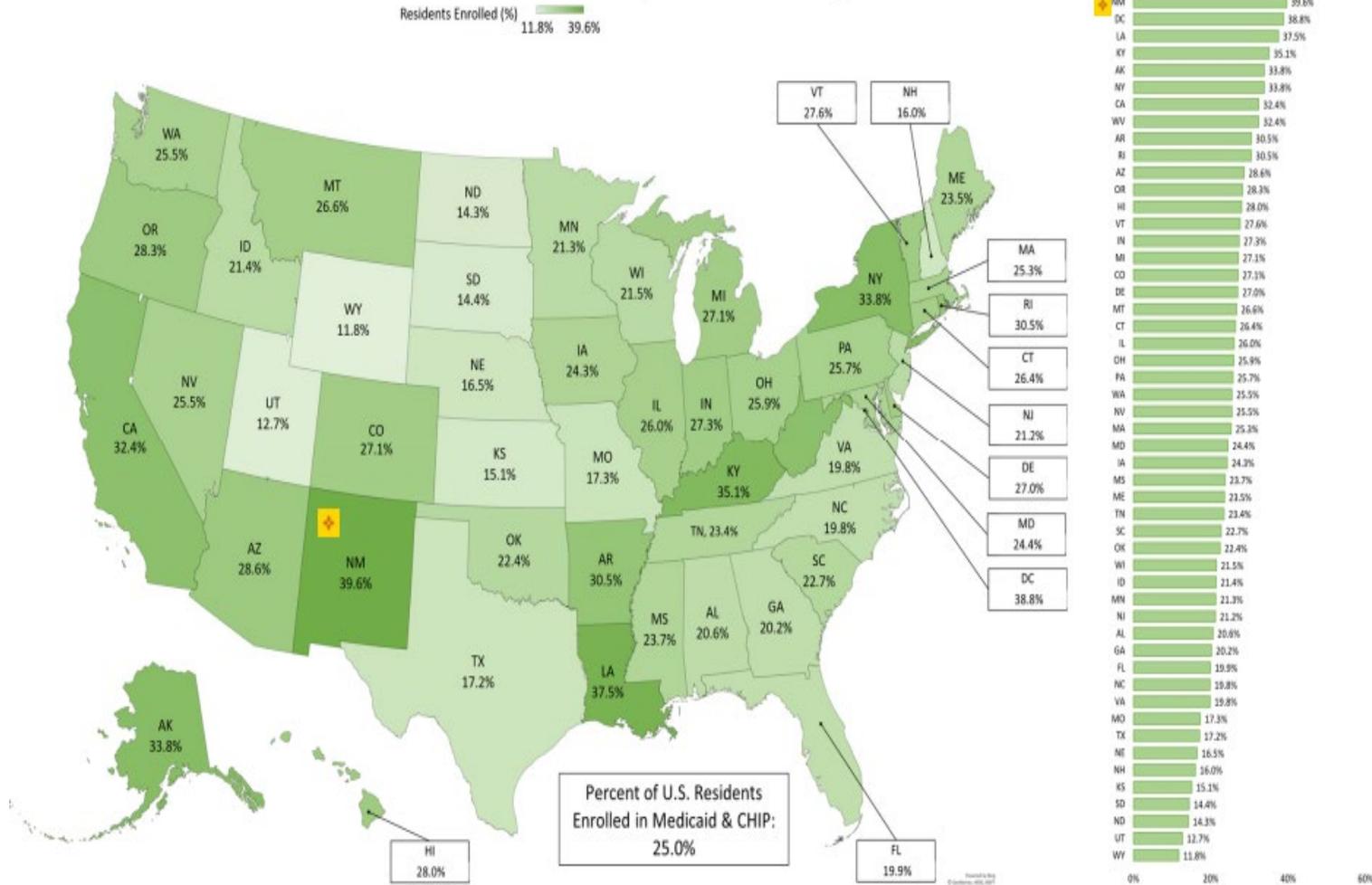
How often are people like me contacting HSD online, via the phone, and in person or by mail? (↑good)



# NEW MEXICO HUMAN SERVICES DEPARTMENT SERVES NEARLY 54% OF ALL NEW MEXICANS

- Highest percentage enrolled in Medicaid of any state →
- Our **customers** are New Mexicans who directly receive benefits, programs and/or services (i.e. Medicaid, behavioral health, child support, SNAP)
- Our **partners** include providers, media, legislators, state agencies, tribal communities who aid in serving our customers

U.S. Percent of Residents Enrolled in Medicaid & CHIP, by Jurisdiction, May 2021



# PART TWO

# HHS 2020 PARTNER AGENCIES

*Investing for tomorrow, delivering today.*

# AGENDA FOR TODAY

- Part Two
  - MMISR-Related Projects
    - ALTSD
    - DOH
    - ECECD
- HHS 2020 Participant Agency
  - CYFD

## SPEAKERS



**Tim Struck**  
Chief Information Officer, ALTSD



**Glidden Martinez**  
Chief Information Officer, DOH

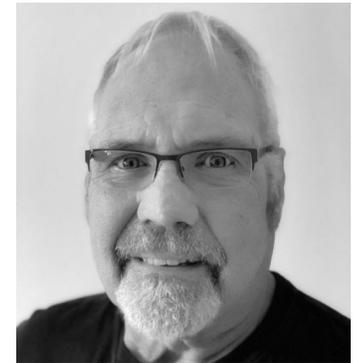


**Sandeep Patel**  
Chief Information Officer, ECECD

## HHS 2020 AGENCY REPRESENTATIVES



**Hilari Lipton**  
Senior Advisor to the Secretary, CYFD



**Bill Hanks**  
Chief Information Officer, CYFD

# DEPARTMENT OF HEALTH (DOH)

## RELATED PROJECTS

- **Developmental Disabilities Support Division (DDSD) Client Data Management System (CDMS)** - The purpose of this project is to Develop a comprehensive, integrated Client Data Management System to Improve tracking and management of client services (i.e. improve policy and program management, reporting - including Federal court requirements for Jackson Disengagement and Waldrop Settlement Agreement, etc.)
- **Division of Health Improvement (DHI) Incident Management System (IMB)** - The purpose of this project is to develop a comprehensive, integrated Incident Management Database to improve tracking and management of DHI IMB services to improve policy and program management
- **DHI Facilities Licensing System (FELIX)** - The purpose of this project is to develop a comprehensive, integrated Facilities Licensing Application Database
- **Public Health Division (PHD) Children's Medical Services** - The purpose of the project is to enhance the DOH portion of CACTUS to interface with MMISR standards and protocols to improve and automate current exchanges of data and to enable the program to transmit HIPAA compliant claims transactions or files to MCO's or through a clearinghouse

# DEPARTMENT OF HEALTH (DOH)

## RELATIONSHIP TO MMISR

- Developmental Disabilities Support Division (DDSD) Client Data Management System (CDMS) – Bi-directional data exchange with MMISR modules. It will leverage the Benefits Management Solution for Providers Management
- Division of Health Improvement (DHI) Incident Management System (IMB) – Data exchange with MMISR module. Reports the abuse, neglect, and exploitation incidents for benefits management
- DHI Facilities Licensing System (FELIX) – Further analysis is required to determine the appropriate modules for data exchange and integration
- Public Health Division (PHD) Children's Medical Services – Integrates with the Benefits Management and Reporting Services Modules

# DEPARTMENT OF HEALTH (DOH)

## FUNDING/BUDGET

Project	Budget (in thousands)	Encumbered
Developmental Disabilities Support Division (DDSD) Client Data Management System (CDMS)	\$ 9,760	\$0
Division of Health Improvement (DHI) Incident Management System (IMB)	\$ 200	\$0
DHI Facilities Licensing System (FELIX)	\$ 350	\$0
Public Health Division (PHD) Children's Medical Services	\$ 200	\$0

# DEPARTMENT OF HEALTH (DOH)

## SCHEDULE

Project	Planned Start	Planned End
Developmental Disabilities Support Division (DDSD) Client Data Management System (CDMS)	2024	2026
Division of Health Improvement (DHI) Incident Management System (IMB)	2024	2026
DHI Facilities Licensing System (FELIX)	2024	2026
Public Health Division (PHD) Children's Medical Services	2024	2026

# DEPARTMENT OF HEALTH (DOH)

## CHALLENGES

- Many of the DOH systems are dependent of MMISR reaching a specific stage
- DOH ITSD has a 30% vacancy rate which we are working to reduce
- CIO and Deputy CIO are new at their post which are addressing multiple pressing issues
- Operational Support and Interoperability

# DEPARTMENT OF HEALTH (DOH)

## EXPECTED OUTCOMES

- Effectively and efficiently manage HCBS programs for individuals with intellectual and development disabilities
- Improve the timeliness and efficiency of facilities investigations
- Improve public access to facilities' reports on compliance and performance
- Improved data quality, availability, and reporting
- Provide data exchange and access to MMISR project

# EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT (ECECD)

## RELATED PROJECTS TO MMISR

- **Enterprise Provider Information and Constituent Services (EPICS)/Am I Eligible (AIE)**  
 In collaboration with CYFD's Office of Child Development and Family Nutrition Bureau, the Child Care Services Bureau plans and coordinates quality child care services (including training, technical assistance, health and safety and monitoring) and works to build child care capacity statewide
- **Consolidated Customer Support Center (CCSC)**  
 Connect families with child care services via call center, email and other technology platforms
- **Connecting Adults and Children to Unique Services (CACTUS)**  
 CACTUS is the case management system for Families FIRST is a statewide Program that would like to provide services within the community to Prenatal and pediatric clients that need case management services
- **Enterprise Content Management (ECM) (proposed)**  
 Enterprise content management is a strategy for overseeing an organization's paper and electronic documents so the can be easily stored and retrieved email, images, internal-facing documents -- such as company memos -- and external documents -- such as marketing or sales content.



NEW MEXICO

**Early Childhood**

Education & Care Department



HUMAN SERVICES  
DEPARTMENT

# EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT (ECECD)

## RELATIONSHIP TO MMISR

### EPICS/AIE

- Design and develop Child Care Eligibility criteria in Unified Portal

### CCSC

- Provide Inbound/Outbound communication (calls and email) with family seeking child care services

### CACTUS

- Replace current case management functionality with integration to MMISR Case and Care Management Services (CCMS)

### ECM

- Leverage MMISR vendor selection and contract

# EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT (ECECD)

## PROJECT BUDGETS – REALIZED SAVINGS (GF)

Project	Budget (in thousands)	Savings/Benefit
Epics Integration – Data Sharing and Child Care Eligibility	\$ 495	<ul style="list-style-type: none"> <li>• Reduce application/documentation burden on parents</li> <li>• “No wrong doorway” for parents looking for services/eligibility</li> </ul>
Consolidated Customer Support Center	\$ 5,710	<ul style="list-style-type: none"> <li>• Increase capability and capacity to serve families</li> <li>• Support high volume of calls/emails</li> </ul>
Families First Case Management	TBD	<ul style="list-style-type: none"> <li>• 100% of recipients are Medicaid eligible – integration will facilitate process improvement</li> </ul>
Enterprise Content Management (proposed)	\$ 1,480	<ul style="list-style-type: none"> <li>• Save on storage of paper documents and help desk assistance</li> <li>• Reduce errors</li> <li>• Improve organization efficiency and collaboration</li> </ul>

# EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT (ECECD)

## PROJECT SCHEDULES

Project	Planned Start	Planned End
EPICS/AIE Integration – Data Sharing and Child Care Eligibility	12/12/2023	3/11/2024
Consolidated Customer Support Center	07/01/2021	12/31/2023
Families First Care Management (CACTUS)	TBD	
Enterprise Content Management (proposed)	7/1/2023	6/30/2024

# EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT (ECECD)

## CHALLENGES

- Scope and requirements cannot be fully defined until MMISR scope is implemented
  - Child Care Eligibility Use case depends on Unified Portal
  - CACTUS Replacement Case Management System depends on Care and Case Management Services
- Schedule for MMISR Integration tasks depends on MMISR completion
- Enterprise Content Management (ECM)
  - Must be funded in 2023 Legislative Session
  - Organizational Change Management (OCM)

# EXPECTED OUTCOMES OF ECECD PROJECTS

## STRATEGIC PLAN IMPACT 2022-2027

- 5,000 additional children enrolled in high-quality NM PreK, bringing the total to 20,000 children
- 20,000 more families receive affordable high-quality early care and education, bringing the total number of children served to 47,000
- 2,000 additional infants and toddlers will have access to high-quality, inclusive child care – totaling over 5,500 infant and toddlers served
- 500 indigenous early childhood educators are supported in achieving higher credentials
- 5,000 additional families engage in evidence-based home visiting, bringing the total to more than 12,000 families served

# AGING & LONG-TERM SERVICES DEPARTMENT (ALTSD)

## RELATED PROJECTS

- **Enterprise Systems Modernization (ESM) Project** – The purpose of this project is to analyze existing business processes and systems in order to upgrade the existing suite of applications to adapt to changing agency and consistent needs

# AGING & LONG-TERM SERVICES DEPARTMENT (ALSTD)

## CURRENT RELATIONSHIP TO MMISR

As of 2022, the HHS 2020 Shared Service Technologies that ALSTD is leveraging are:

- ICAM – ICAM enables Single Sign On (SSO), which controls access to enterprise-wide solutions and services.
- MDM – MDM serves as Master Client Index (MCI), providing a single, accurate current record for an individual customer to organization across all public facing departments.
- Integration of enabling the flow of data through the enterprise.
- In addition, the Enterprise Systems Modernization (ESM) Project will allow ALSTD a bi-directional data exchange with MMISR modules. Anticipated modules that ALSTD will leverage are:
  - System Integrator (SI)
  - Unified Portal (UP)
  - Data Services (DS)
  - Financial Services (FS)

# AGING & LONG-TERM SERVICES DEPARTMENT (ALTSD)

## FUNDING BUDGET

Project	Budget (in thousands)	Encumbered
Enterprise Systems Modernization (ESM)	\$ 2,572.0	\$0

# AGING & LONG-TERM SERVICES DEPARTMENT (ALTSD)

## SCHEDULE

Project	Planned Start	Planned End
Enterprise Systems Modernization (ESM)	TBD	

# AGING & LONG-TERM SERVICES DEPARTMENT (ALTSD)

## CHALLENGES

- ALTSD systems are dependent on approved changes to the initial scope of work (SOW) submitted for the Enterprise System Modernization (ESM) Project. ALTSD is continually working with HSD to align these updates with the changes to the SOW and ensure approval at the state and federal level
- Business process analysis are ongoing across the divisions within ALTSD; however, these have been delayed due to staffing challenges. Though ALTSD ITD has a 12% vacancy rate, which is relatively low, there are only eight (8) IT staff supporting 230 agency staff and all agency IT functions. Of those eight (8), four (4) are also supporting HHS 2020 functions and tasks
- Dependency on certain MMISR modules reaching a specific stage will also drive when integration of ALTSD systems may occur

# AGING & LONG-TERM SERVICES DEPARTMENT (ALTSD)

## EXPECTED OUTCOMES

- Improve benefits counseling and enrollment for adults with disabilities and older adults
- Improve the accuracy and reporting of adult abuse, neglect and exploitation
- Increased accuracy in identifying unique consumers served, across the ALTSD divisions
- Leverage the MMISR modules to improve benefits enrollment process with partner HHS 2020 agencies



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QUESTIONS AND COMMENTS?

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# APPENDIX

*Investing for tomorrow, delivering today.*

# MODULAR APPROACH

The HHS 2020 approach is built around **modules**:

- Each module is defined by a set of business and technical processes and managed by a single contractor.
- This offers the flexibility to make modules available to departments and offices on a rolling schedule as they are completed.
- And the flexibility to replace modules without having to replace the entire system

**Each module vendor is responsible for ensuring the underlying technology is updated on a regular basis.**



# MODULAR APPROACH REDUCES RISK OF OUTDATED TECHNOLOGY

Solutions being implemented for MMISR are Software as a Service (SaaS), cloud-based, service-enabled solutions.

Designed with a service-oriented architecture (SOA) supporting the "plug and play" nature of multiple modular components into a common platform.

Vendors are responsible for maintaining and updating the software solutions implemented.

This approach will ensure products implemented are always up to date and cutting edge.



# MMISR PROJECT LEADERSHIP OPERATING MODEL

- Is responsible for overall delivery of project outcomes and business value
- Is fully dedicated to the execution of the project
- Has **authority to determine scope prioritization** and make key decisions (in line with escalation process)



Module Owners
  Current positions
  Pending/TBD

Role	DS	QA	FS	BMS	UP	SI	C/CMS	CCSC*
Module Owner	Linda Gonzales	Julie Lovato	Erica Archuleta	Donna Lopez	Kathy Slater-Huff /Shanita Harrison	Paula Morgan	TBD	Jocelyn Vigil
Contract Manager	Mario Gonzalez	TBD	TBD/ John Padilla (EVV)	Steven Lovato	Shanita Harrison	Mario Gonzalez	TBD	Shanita Harrison
Project Manager	Grace Aroha	Dave Martell	Lynn Smith/ Kristina O'Neil (EVV)	Michelle Matalino	Gary Rees	Stacey D'Andrea	TBD	Russ Illich

**Module-specific needs** Module owner is responsible for convening other stakeholders and ensuring additional responsibilities are covered (e.g., UP may include a Product Owner and coordinate closely with ISD/BHSD/CS)