| Department | Title | Description | Project Health | IT Activity | SOV FY15 | | | V FY16 | | SOV FY17 | | SOV FY18 | | | Total Non-SOV |
|----------------------------------|-----------------------|---|----------------|-------------|----------|-------------|--------|---------|----|------------|----|-------------|-------------|-------|---------------------|
| | DAH D) (D (DD) (I O | | Status | Phase | In | nplementing | Implen | nenting | lm | plementing | In | nplementing | Implementi | ng | Implementation Cost |
| Aging & Independent Living | Management System | Development and implementation of a comprehensive and integrated case management system that replaces multiple systems that are on limited functionality platforms and have no inter-connectivity capabilities. This new CMS will satisfy the needs of both managers and front-line staff and assure DVR and DBVI meet all Federal requirements for a modern platform case management system and reporting mandates. System will have expansion capabilities to incorporate data and reporting needs for future programs. | Green | Planning | \$ | 309,487 | \$ | - | \$ | - | \$ | - | \$ - | \$ | 5 1,164,260 |
| AHS Central Office | Services | Replace aging system current written in Microsoft Access and seek advice and assistance federal regulations on cost allocation plans. The current system is functional. A major reason for issuing an RFP at this time is that we have had a sole source contract since 2005 and we are putting it to bid to be compliant with Bulletin 3.5. Additionally a webhosted solution would allow the vendor to make updates easily. At present, an update to the Access program requires that a CD or USB drive be brought or mailed to/from the vendor in Boston. The funding is spread via Admin Fund across benefitting state and federal sources throughout AHS. | Green | Execution | \$ | 88,683 | \$ | - | \$ | - | \$ | - | \$ - | 9 | 5 117,557 |
| AHS Central Office | Committee (CRC) | Currently this group is made up of DMH/DCF/DVHA/DOE and external partners that review and recommend residential placements for children and youths. This group relies on binders to track the necessary information, each week these binders are carted to an off site meeting to review the cases. The goal is to create a system that will integrate or be replaced by the larger IFS solution. The system will track information necessary for the CRC group to determine residential placements as well as the referrals and placements that are the outcome of their meetings. | | On Hold | \$ | - | \$ | - | \$ | - | \$ | - | \$ - | \$ | - |
| Children & Family Services | | Children's Integrated Services is seeking an interim data management solution to retain current business processes of data capture and reporting while preparing for eventual conversion into the MMIS Care Management solution. | Green | Execution | \$ | 4,550 | \$ | 533 | \$ | - | \$ | - | \$ - | \$ | 96,568 |
| Children & Family Services | Contract | Current EBT Services vendor is not renewing EBT services contracts therefore requiring DCF/ESD to seek an alternative EBT vendor. | Green | Execution | \$ | - | \$ | - | \$ | - | \$ | - | \$ - | \$ | - |
| Children & Family Services | Upgrade to Casework's | Software upgrade of the Family Services software application - Youth Assessment Screening Instrument (YASI) to the newest version called Caseworks. | Green | Execution | \$ | 4,624 | \$ | - | \$ | - | \$ | - | \$ - | \$ | 41,615 |
| Children & Family Services | Decommissioning | Performt the neccary work to carefully migrate and decommission programs off legacy eligibility determination system (ACCESS mainframe application) into new IE solution, without impacting application and remaining programs left behind. Work to be done by DCF staff with assistance from contracted staff under 3 separate master contracts (Sofware AG, Maxumus, TSCTI) using SOW's in an iterative fashion. Very closely related and in lockstep with both IE project, and separate initiative to migrate programs off ACCESS into Office of Child Supports CRISys system. | Yellow | Exploration | \$ | - | \$ 1 | 40,393 | \$ | 332,830 | \$ | 1,133,261 | \$ 1,346,99 | 95 \$ | 2,533,356 |

| Department | Title | Description | Project Health | IT Activity | | SOV FY15 | 5 | SOV FY16 | | SOV FY17 | | SOV FY18 | 3 | SOV FY19 | | Total Non-SOV |
|-------------|-----------------------|--|----------------|-------------|----------------|-------------|-----|-------------|----|--------------|----|-------------|-----------------|--------------|----|---------------------|
| · | | · | Status | Phase | | mplementing | ı | mplementing | | Implementing | ı | mplementing | ılı | Implementing | | Implementation Cost |
| Children & | DCF OCS Child | The Office of Child Support currently has many outstanding IT issues | Yellow | Initiating | | | | | | | | | | | | |
| Family | Support System | that have not been able to be addressed under the current system due | | | | | | | | | | | | | | |
| Services | Replacement (CRISys) | to system constraints and a lack of programming resources to perform | | | \$ | - | \$ | 3,641,744 | \$ | 5,984,925 | \$ | 3,728,231 | \$ | - | \$ | 25,924,220 |
| | | the tasks. Following the feasibility study completed in March of 2014 | | | | | | | | | | | | | | |
| | | OCS is looking to replace its current Access system. | | | | | | | | | | | | | | |
| Children & | AHS Video | An assessment will be done to assist AHS in defining a video | | On Hold | | | | | | | | | | | | |
| Family | Conferencing | conferencing platform that is sustainable, extendable and provides | | | | | | | | | | | | | | |
| Services | | superior user experience for B2B and B2C video collaboration. DCF | | | \$ | 200,000 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| | | would like to become part of this effort as it moves into an AHS | | | | | | | | | | | | | | |
| | | Enterprise level project. | | | | | | | | | | | | | | |
| Children & | DCF ESD Business | Business process change to automate a new way of managing the work | | On Hold | | | | | | | | | | | | |
| Family | Process Re- | in the district offices. The purpose is to work the case using first contact | | | l _s | 470 500 | _ | | Φ. | | Φ. | | _ | | Φ. | 77.500 |
| Services | Engineering (PATHOS) | resolution CIA (Changes and Innovation Agency) tracker will be part of | | | a | 172,500 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | 77,500 |
| | | this project. | | | | | | | | | | | | | | |
| Children & | DCF Fuel Payment Re- | The new system will require providers to enter the details of fuel | Yellow | On Hold | | | | | | | | | | | | |
| Family | Structuring | disbursements at the current time and allow the state to pay the bills at | | | | | | | | | | | | | | |
| Services | | the time of data entry. This is a State mandated project. It will provide | | | | | | | | | | | | | | |
| | | cost benefits in a variety of ways: it will reduce the amount of staff time | | | | | | | | | | | | | | |
| | | required to try and recoup the funds that the fuel providers have not | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | 237,955 |
| | | claimed. It will also give the state the opportunity to receive interest on | | | | | | | | | | | | | | |
| | | the Low Income Heating Assistance Program block grant, which has | | | | | | | | | | | | | | |
| | | traditionally been something that the fuel providers have had the ability | | | | | | | | | | | | | | |
| | | to do | | | | | | | | | | | | | | |
| Children & | DCF FSD Results | A Results Oriented Management (ROM) Reporting Tool is needed to | Yellow | Planning | | | | | | | | | | | | |
| Family | Oriented Management | allow end users to create and run reports easily in order to assist in | | | l _s | | \$ | | \$ | | \$ | | \$ | | \$ | 204,848 |
| Services | (ROM) Reporting Tool | making improvements in practice as part of the Vermont's Continuous | | | Ф | - | ٦ | - | Ф | - | Ф | - | φ | - | Ф | 204,040 |
| | | Quality Improvement efforts in FSD based on Federal requirements. | | | | | | | | | | | | | | |
| Corrections | DOC Offender | This will replace the existing obsolete offender system with newer | Green | Execution | | | | | | | | | | | | |
| | Management System | technology, using the core components of AHS enterprise architecture | | | \$ | 359,840 | \$ | 100,000 | \$ | - | \$ | - | \$ | - | \$ | - |
| | | as a foundation. | | | | | | | | | | | | | | |
| Corrections | DOC VOWP | Replacement of current Macola accounting system for DOC. | Green | On Hold | s | | \$ | | \$ | | \$ | | \$ | | \$ | |
| | Accounting System | | | | Φ | - | ٦ | - | Φ | - | Φ | - | Ψ | - | Φ | - |
| Corrections | DOC Cameras and | Replace outdated security cameras and related infrastructure at State | Green | Planning | \$ | 229,044 | \$ | 335,262 | ¢ | _ | \$ | _ | \$ | _ | \$ | |
| | | prisons with technology that offers better performance and reliability. | | | | 229,044 | Φ | 335,∠6Z | Э | - | Þ | | Ψ | - | Ф | |
| Corrections | DOC Inmate Healthcare | Current health services contract is ending 1/31/2015 and DOC will need | Green | Planning | | | | | | | | | | | | <u>-</u> |
| | Services Project | to contract with another vendor to provide health services to inmates in | | | s | | \$ | | \$ | | \$ | | l _{\$} | | œ | |
| | | the State of Vermont. The new vendor will be required to possess or | | | ٦ | - | ا ا | - | Φ | - | Φ | - | lΨ | - | Φ | - |
| | | purchase/contract an electronic health record system for our use. | | | 1 | | | | | | | | | | | |

| Department | Title | Description | Project Health | IT Activity | | SOV FY15 | | SOV FY16 | | SOV FY17 | | SOV FY18 | | | Total Non-SOV |
|---------------|-----------------------|--|----------------|---|----------------|-------------|------|-------------|----|-------------|----------|-------------|--------------|----|---------------------|
| 0 | OMOD Multipasses | This is the Otatala welling and database which was in a development and | Status | Phase | <u>lı</u> | mplementing | l Ir | mplementing | | mplementing | lr | mplementing | Implementing | 1 | Implementation Cost |
| Green | | This is the State's multipayer database which was in a development and | Yellow | On Hold | | | | | | | | | | | |
| Mountain Care | | implementation state. At the beginning of this calendar year Medicaid | | | | | | | | | | | | | |
| Board | | data was incorporated into it which in essence was the "go live". The | | | | | | | | | | | | | |
| | | current costs are ongoing operations, maintenance, and studies | | | | | | | | | | | | | |
| | | conducted. Medicare data was planned to be incorporated this year. | | | | | | | | | | | | | |
| | | Contract ends in 8/14 and new contract targeted in Summer 2015 for | | | \$ | 200,266 | \$ | 1,163,658 | \$ | - | \$ | - | \$ - | \$ | 224,036 |
| | | continued maintenance. Current contract was extended through April, | | | | | | | | | | | | | |
| | | 2015 and we are budgeting to extend the contract through September | | | | | | | | | | | | | |
| | | 2015. New Vendor has been selected. Contract expected to be executed | | | | | | | | | | | | | |
| | | in January of 2015 and target September of 2015 for continued | | | | | | | | | | | | | |
| | | maintenance. There will be some overlap in operations of data intake | | | | | | | | | | | | | |
| | | and processing and implementation of the analytic platform. | | | | | | | | | | | | | |
| Health | VDH Starlims Lab Info | Modernize critical State health Laboratory technologies and increase lab | Green | Execution | | | | | | | | | | | |
| | System (Deployment | productivity and turnaround time. VDH selected Starlims (Laboratory | | | | | | | _ | | | | | 1 | |
| | | Information Management System) in 2006 via an RFP process and have | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ - | \$ | - |
| | | been continually implementing enhancements. | | | | | | | | | | | | | |
| Health | VDH Women Infant | In 2010, a Congressional Mandate was enacted that every State have a | Green | Execution | | | | | | | | | | 1 | |
| | | WIC information management system (MIS) capable of operating in an | 5.55 | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | ١. | |
| | | EBT environment. This project will replace the current VDH WIC (MIS) | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ - | \$ | 2,949,662 |
| | | system and implement EBT solution to provide WIC benefits. | | | | | | | | | | | | | |
| Health | | This is to replace the current GL Suite EMS licensing product with | Green | Initiating | + | | | | | | | | | | |
| ricaitii | | something new. The current application does not allow online renewal of | | initiating | \$ | 20,336 | \$ | _ | \$ | _ | \$ | _ | \$ - | \$ | 183,027 |
| | System | licenses nor does it integrate with the EMS incident reporting system. | | | lΨ | 20,000 | Ι Ψ | | Ψ | | lΨ | | - | ļΨ | 100,021 |
| Health | VDH Document | ON HOLD | | On Hold | | | 1 | | | | | | | | |
| ricaitii | | Decrease storage of documents by scanning and storing electronically. | | Cirriola | \$ | 50,000 | \$ | - | \$ | - | \$ | - | \$ - | \$ | - |
| Health | VDH Conference | Deployment of audio visual (AV) technology to support the Health | Green | Planning | | | | | | | | | | + | |
| i icaitii | | Operations Center (HOC) for continued exercises and emergency | Green | Flaming | | | | | | | | | | | |
| | | events. When activation occurs information sharing is vital with | | | | | | | | | | | | | |
| | Upgrade | | | | | | | | | | | | | | |
| | | neighboring states, Canada and other departments of state government. | | | | | | | | | | | | | |
| | | The AV equipment, specific cabling, data and phones are integral to the | | | l _s | | _ | | Φ. | | _ | | _ | | 340,331 |
| | | response plan for the department. We need to display concurrently on | | |) a | - | \$ | - | \$ | - | \$ | - | \$ - | \$ | 340,331 |
| | | multiple and strategically placed SMART boards, GIS maps, Disaster- | | | | | | | | | | | | | |
| | | Lan software, Situation Reports and streaming news coverage for | | | | | | | | | | | | | |
| | | viewing by numerous HOC ICS positions. This equipment is also vital to | | | | | | | | | | | | | |
| | | the department's needs of monthly Grand Rounds, conferencing, | | | | | | | | | | | | | |
| | | training's and press conferences. | | | ļ | | | | | | | | | | |
| Health | | | Green | Planning | | | | | | | | | | | |
| | - | current food and Lodging system resides on the VDH legacy 1032 | | | \$ | _ | \$ | _ | \$ | _ | \$ | _ | - | \$ | 274,880 |
| | Permitting System | system. VDH needs to retire system 1032 due to its age and lack of IT | | | 1 | | 1 | | * | | T | | * | * | _: ,,,,,,,, |
| | | Support. | | | 1 | | | | | | | | | 1 | |
| Health | | This activity is to go out to bid on replacing the current prescription | Green | Planning | 1. | | | | | | | | | ١. | |
| | System | Monitoring System. This system monitors schedule II,III,IV controlled | | | \$ | 25,000 | \$ | - | \$ | - | \$ | - | \$ - | \$ | - |
| | | substances. | | | 1 | | | | | | | | | | |
| Health | | Upgrade to the Health Department's website which has become difficult | Green | Planning | \$ | 24,720 | \$ | _ | \$ | _ | \$ | _ | \$ - | \$ | 98,880 |
| | | for visitors to navigate and for the Health Dept. to maintain. | | | Ψ | 24,120 | Ψ | | Ψ | | | _ | · · | Ψ | 30,000 |

| Department | Title | Description | Project Health | IT Activity | | SOV FY15 | | SOV FY16 | | SOV FY17 | | SOV FY18 | SOV F | Y19 | Total Non-SOV |
|---------------|---|--|----------------|-------------|-----|-------------|------|------------|----|------------|----|-------------|----------|------|---------------------|
| | | | Status | Phase | l l | mplementing | lm | plementing | Im | plementing | In | nplementing | Implemen | ting | Implementation Cost |
| Health Access | AHS Health Services Enterprise Platform (HSEP) | This project is to create a comprehensive directory of reusable application services that can be used in health care reform efforts, Medicaid systems, Health Insurance Exchange and related systems. The State of Vermont will be establishing a State operated authoritative source of record regarding Vermont providers index, member index, identify services and other application services. It will reside on AHS Service Oriented Architecture (SOA) and will be utilized across the State for identity and rights management services among others within the health domain. | Yellow | Execution | \$ | 300,000 | \$ | 300,000 | \$ | 300,000 | \$ | 300,000 | \$ | - | \$ 10,800,000 |
| | | NOTE: Includes cloud hosting services, software licensing and O&M. | | | | | | | | | | | | | |
| Health Access | AHS Vermont Health Connect (VHC) | Some IR related review done with VHC/IE IR. The ACA requires all states to establish a Health Insurance Exchange (Exchange), an organized marketplace to help individuals, families, and employees obtain health insurance by facilitating a comparison of available options. Exchanges will offer quality health plans to individuals and employees. Under the ACA, states are required to prove operational readiness for certification by January 1, 2013, and begin enrolling individuals and employees of small employers (with 50 or fewer employees) in coverage through the Exchange on October 1, 2013, with coverage beginning January 1, 2014. | Red | Execution | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ 198,700,000 |
| Health Access | DVHA MMIS - PBM | Vendor that will be responsible for all facets of the day-to-day operational administration of the Vermont's pharmacy benefit including managing the State's pharmacy benefit programs, adjudication of pharmacy claims, call center operations, utilization management and drug utilization review programs, benefit design and clinical support, rebate management, and reporting and analysis. | Green | Execution | \$ | 600,000 | \$ | 500,000 | \$ | - | \$ | - | \$ | - | \$ 9,900,000 |
| Health Access | DVHA Ops MMIS changes ICD10 | Modifications to the existing Medicaid processes and systems to meet regulatory requirements existing and or forthcoming associated with the implementation of ICD10 due by 10/01/14. | Green | Execution | \$ | 160,000 | \$ | 60,000 | \$ | - | \$ | - | \$ | - | \$ 1,980,000 |
| Health Access | AHS Integrated Eligibility (IE) | Expansion of the scope of the VIEWS project to include all other eligibility and enrollment applications - those for TANF, SNAP, LIHEAP etc. to allow for replacement of the ACCESS system. This will improve timeliness of beneficiary enrollment into VT programs as well as result in administrative cost savings (see VIEWS above). - Upgrade Mainframe Software to comply with SLA. - Migrate HHS programs from ACCESS to new SOA-based IE Solution - Procure a new COTS IE Solution that uses a hosting model and outsources M&O. | Red | Initiating | \$ | 4,029,272 | \$: | 21,052,341 | \$ | 15,631,040 | \$ | 1,162,208 | \$ | - | \$ 79,448,351 |
| Health Access | DVHA - HSE Project Portfolio Mgmt Tool (PPMT) | Implement a SaaS model project portfolio tool to integrate the various HSE Project information, to track and forecast the competing resource needs and task dependencies between the projects within the portfolio. | Green | Initiating | \$ | 5,790 | \$ | - | \$ | - | \$ | 1 | \$ | - | \$ 90,710 |
| Health Access | DVHA HIT State Medicaid Health Plan (SMHP) implementation | The project is to create and implement a State Medicaid Health Information Technology Plan. This plan is currently in initial evaluation stages and complete estimates and summary is not available at this time but it is readily apparent that the cost will exceed \$100,000. A PAPD is in place with CMS for the planning portion of the project. Federally mandated under the ARRA High Tech regulations. | Green | Initiating | \$ | 592,996 | \$ | 592,996 | \$ | 592,996 | \$ | - | \$ 592, | 996 | \$ 21,347,852 |

| Department | Title | Description | Project Health | IT Activity | | SOV FY15 | SOV FY16 | SOV F | Y17 | SOV FY18 | SOV FY19 | Total Non-SOV |
|---------------|--|--|----------------|-------------|----|-------------|--------------|----------|-------|--------------|--------------|---------------------|
| | | | Status | Phase | In | nplementing | Implementing | Implemen | ting | Implementing | Implementing | Implementation Cost |
| Health Access | DVHA Health Reform Medicare/Medicaid's Duals program | Modifications to the existing Medicaid processes and systems to meet regulatory requirements if we are granted this waiver. | Green | On Hold | | | | | | | | |
| | | Support system (people, processes, reports, etc.) in support of VT duals managed care (FMAP Funded) 90% CMS, shared equally by the MMIS | | | \$ | 5,000 | \$ 5,000 | \$ 5,0 | 000 | \$ 5,000 | \$ 5,000 | \$ 225,000 |
| | | replacement project; the Integrated Eligibility Project; and the SMHP HIT | | | | | | | | | | |
| | | funding stream. 10% match can come from the State HIT Fund; or from the General Fund. Global Commitment money cannot be used to match | | | | | | | | | | |
| | | for this project. projected operations = 1.150M/4 yrs. x 10% (28,750) | | | | | | | | | | |
| Health Access | DVHA Ops Optum | Operation and maintenance of VT existing data analytics | | On Hold | | | | | | | | |
| | Program Integrity data | system/services for Program Integrity operations. Contract extended | | | | | | | | | | |
| | analysis operations | with Optum for 2 years or is to be replaced to provide for ongoing | | | | | | | | | | |
| | | operations while new MMIS analytics applications are brought on board | | | | | | | | | | |
| | | and replace this systems functions. | | | | | | | | | | _ |
| | | | | | \$ | - | \$ - | \$ | - ; | \$ - | \$ - | \$ - |
| | | Contract/activity originally for data services for Program Integrity from | | | | | | | | | | |
| | | Ingenix which was later acquired by Optum. Ingenix is now a Division of | | | | | | | | | | |
| | | Optum. That contract lapsed. these services are now part of the MMIS RFP and therefore part of that project, but DVHA wants to maintain this | | | | | | | | | | |
| | | record for now until MMIS is place (per M.Hall 7/23/14) | | | | | | | | | | |
| Health Access | AHS Health Information | To ensure the exchange of accurate clinical data through 2021 in at | Yellow | Planning | | | | | - | | | |
| | Exchange (HIE) | least the following project areas: | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Electronic Health Record (EHR) adoption by healthcare providers and | | | | | | | | | | |
| | | the associated incentive payment program | | | | | | | | | | |
| | | EHR and other interface connectivity to the VHIE (Vermont HIE) | | | | | | | | | | |
| | | operated by Vermont Information Technology Leaders (VITL) | | | | | | | | | | |
| | | Expansion of provider types and groups into the State-wide clinical | | | | | | | | | | |
| | | registry (DocSite) operated by Covisint | | | | 004 400 | 4 007 400 | | | | | |
| | | Data analytics in partnership with Onpoint and the University of Vermont (UVM) | | | \$ | 904,400 | \$ 1,607,400 | \$ 980,4 | 400 | \$ 980,400 | \$ 600,400 | \$ 8,277,000 |
| | | Public health initiatives for Meaningful Use, including immunization | | | | | | | | | | |
| | | registries and electronic lab reporting | | | | | | | | | | |
| | | Clinical master patient index and provider directory | | | | | | | | | | |
| | | Telehealth, e-Prescribing, and other future initiatives | | | | | | | | | | |
| | | The State HIT Fund collects 0.199 of 1% of all health insurance claims | | | | | | | | | | |
| | | paid by the health insurer (\$3 million per year, and, if it is not spent in its | | | | | | | | | | |
| | | lentirety, the money can be rolled over from year to year for future | | | | | | | | | | |
| Health Access | AHS HSE Platform | Project is to transition from existing CGI Hosting services to Optum | Yellow | Planning | | | | | | | | |
| | Hosting | (physical infrastructure and applications) for AHS Health Services | | | | | | | | | | |
| | | Enterprise. CGI support to do this is not to exceed contract of \$125,000. | | | | | | | | | | |
| | | Optum contract includes both transitions services (approx \$1.6M) and | | | s | 1,725,000 | \$ - | \$ | _ ; | s - | \$ - | \$ - |
| | | ongoing hosting (approx 1.9M from July 1, 2015 to Dec 31, 2015). This | | | * | 1,7 20,000 | * | * | | ₹ | * | * |
| | | project is \$125K + \$1.6M = \$1,725,000. The ongoing hosting cost of | | | | | | | | | | |
| | | \$1.9M will be tracked in a separate associated Application Record linked | | | | | | | | | | |
| | | to the AHS - HSEP Project record. | | | | | | | | | | |

| Department | Title | Description | Project Health | IT Activity | | SOV FY15 | i | SOV FY16 | | SOV FY17 | SOV FY18 | | SOV FY1 | | | Total Non-SOV |
|---------------|-------------------------|--|----------------|-------------|----|--------------|----------|-------------|-----|-------------|--|--------------|---------|-------------|----|---------------------|
| Dopartment | | | Status | Phase | | Implementing | | nplementing | | plementing | l Ir | nplementing | | olementing | | Implementation Cost |
| Health Access | DVHA MMIS - Care | The project objectives are to acquire, design and implement a Care | Yellow | Planning | | mpromonting | · | | | piomontarig | | inpromonting | | olo montang | | mpiomontation cost |
| | Management | Management Solution for the entire Agency of Human Services | | J | | | | | | | | | | | | |
| | Ĭ | enterprise to support individual and population based approaches to | | | | | | | | | | | | | | |
| | | health management, beginning with the care management activities of | | | \$ | 2,000,000 | \$ | 2,000,000 | \$ | 10,000 | \$ | 10,000 | \$ | 10,000 | \$ | 36,270,000 |
| | | the VCCI as a "proof of concept." | | | ' | , , | l ' | ,, | ľ | ., | ľ | -, | l | -, | ľ | , , , |
| | | and the second process of the second process | | | | | | | | | | | | | | |
| | | Current contract with APS. | | | | | | | | | | | | | | |
| Health Access | DVHA MMIS - Core | Core replaces the work performed by HP for nearly 30 years. The | Yellow | Planning | | | | | | | | | | | | |
| | Operations | modern system will support improved functionality, efficiencies, etc., be | | | | | | | | | | | | | | |
| | | MITA compliant and support the objectives of Vermont's Universal Care | | | \$ | 4 275 700 | \$ | E 000 000 | e e | E 000 000 | \$ | 2 000 000 | \$ | 1 000 000 | œ. | 156 201 200 |
| | | and Coverage plan. Core work stream includes contact center | | | Þ | 4,375,700 | ¬ | 5,000,000 | \$ | 5,000,000 | Ф | 2,000,000 | Ф | 1,000,000 | \$ | 156,381,300 |
| | | functionality that includes both member outreach and provider | | | | | | | | | | | | | | |
| | | enrollment processes. It also includes the 2014 MITA 3.0 State Self- | | | | | | | | | | | | | | |
| Mental Health | DMH Vermont State | The state of Vermont has been charged to "have an EHR in place" as a | Green | Initiating | | | | | | | | | | | | |
| | Hospital Electronic | key requirement for the Certificate of Need established under 18 V.S.A. | | | | | | | | | | | | | | |
| | Health Record (EHR) | § 9351 for rebuilding of a new State hospital and integrate physical, | | | | | | | | | | | | | | |
| | ` ′ | behavioral, pharmacy, dietary, billing and lab functions in a single | | | | | | | | | | | | | | |
| | | system; functions not currently in place at VPCH. The current | | | | | | 000 700 | | | | | | | | 4 454 005 |
| | | perspective of the Legislature is that VPCH's EHR must include features | | | \$ | - | \$ | 969,736 | \$ | - | \$ | - | \$ | - | \$ | 1,454,605 |
| | | and functions to help facilitate the attainment of "Meaningful Use" | | | | | | | | | | | | | | |
| | | attestation (Stages 1-3) as charted in the Federal HITECH ACT of 2009. | | | | | | | | | | | | | | |
| | | and must have interoperability with Vermont Health Information | | | | | | | | | | | | | | |
| | | Exchange (VHIE) through Vermont Information Technology Leader | | | | | | | | | | | | | | |
| AHS Central | AHS SQL Consolidation | This activity will reduce the number of SQL servers and make our SQL | | Completed | 1. | | | | | | _ | | _ | | | |
| Office | | environment more manageable. | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| AHS Central | AHS/DII ITOP | The SOV's goal is to begin to leverage Infrastructure\Virtualization | Green | Completed | | | | | | | | | | | | |
| Office | | technology so we can gain the most efficiency out of this technology. By | | | | | | | | | | | | | | |
| | | establishing core infrastructure and virtualization environments with in | | | | | | | | | | | | | | |
| | | designated SOV data centers, we can fully utilize central storage, | | | | | | | | | | | | | | |
| | | failover and disaster recovery practices. Virtualization is the practice of | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| | | running multiple independent operating systems and applications on a | | | | | | | | | | | | | | |
| | | single physical computer. Instead of buying one server for every | | | | | | | | | | | | | | |
| | | application, multiple applications can be run on a single server. | | | | | | | | | | | | | | |
| Aging & | DAIL Video | An assessment will be done to assist AHS in defining a video | | Completed | | | | | | | | | | | | |
| Independent | Conferencing - DVR | conferencing platform that is sustainable, extendable and provides | | Completed | | | | | | | | | | | | |
| Living | Pilot Project | superior user experience for B2B and B2C video collaboration. DAIL will | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| Living | 1 1101 1 103001 | be the pilot for this initiative | | | | | | | | | | | | | | |
| Children & | DCF BFIS System | Enhance the way BFIS works for the CDD staff. Improve BFIS in ways | | Completed | | | | | | | | | | | | |
| Family | Modifications | which will provide more efficient processes for the administration of | | Completed | \$ | _ | \$ | _ | \$ | _ | \$ | _ | \$ | _ | \$ | _ |
| Services | Modifications | childcare in Vermont. | | | * | | * | | Ι Ψ | | ľ | | ľ | | Ψ | |
| Children & | DCF Juvenile Sealing of | (In House project) FSD needs an automated way to know which records | | Completed | 1 | | 1 | | | | | | | | | |
| Family | Records | have been sealed and when, and that information needs to create flags | | Jonipiotod | | | | | | | | | | | | |
| Services | 1.330140 | in other parts of the system ? master index, supervisory track form, case | | | \$ | _ | l s | _ | \$ | _ | \$ | _ | \$ | _ | \$ | _ |
| 00/1000 | | notes ? to reduce the likelihood that staff will inappropriate share | | | * | | * | | * | | * | | * | | * | |
| | | linformation from a record that has been sealed. | | | | | | | | | | | | | | |
| Children & | DCF Mainframe | This project will result in the successful installation of Natural Engineer, | | Completed | + | | 1 | | | | | | | | | |
| Family | Upgrades | a tool that will aid Information Services Division to re-organize the | | Completed | | | | | | | | | | | | |
| Services | opgrades | ACCESS database more efficiently. Also, there are upgrades of Adabas, | | | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| OCI VICES | | CICS, APAS and databases. | | | | | | | | | | | | | | |
| | I . | IOIOO, AI AO AIIU UALADASES. | I | 1 | 1 | | 1 | | 1 | | | | I | | 1 | |

| Department | Title | Description | Project Health | IT Activity | | SOV FY15 | SOV FY16 | | SOV FY17 | sov | FY18 | SOV FY19 | Total Non-SOV |
|----------------------------------|--|--|----------------|-------------|-----|-----------------|--------------|----|-------------|---------|-------|--------------|---------------------|
| • | | · | | Phase | Imp | lementing | Implementing | Ir | mplementing | Impleme | nting | Implementing | Implementation Cost |
| Children & Family Services | DCF OCS VRU | New IVR. The Voice Response Unit (VRU) that the Office of Child Support (OCS) currently uses is outdated and unmanageable. In order to handle the telephone volume it is necessary to automate the current call center environment. | Green | Completed | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ - |
| Children & Family | · | Add NOMI, 202C & 202CRU to Spec-C-Forms functionality in ACCESS. | | Completed | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ - |
| Children & Family Services | DCF Weatherization System | Utilize an automated system to track energy audits, home inspections, materials, etc. for the State's Weatherization Program. This will provide a system capable of capturing data and generating required federal reports. | | Completed | \$ | - | \$ - | \$ | 1 | \$ | , | | \$ - |
| Corrections | DOC Alcohol Monitoring | Contract for alcohol monitoring of offenders that are released back into the community. | Green | Completed | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ - |
| Corrections | DOC Electronic Legal Research Retrieval System | Provide incarcerated inmates with a secure web-based, custom- designed legal research interface developed specifically for use by inmates at correctional facilities. The modernized upgrade allows for the most up to date and accurate legal information required fulfilling the federal mandate for inmate access to courts. | Green | Completed | \$ | - | \$ 8,399 | \$ | - | \$ | , | \$ - | \$ - |
| Health | VDH Electronic Laboratory Reporting | Project is to modify the National Electronic Disease Surveillance System (NEDSS) to accept HL7 electronic lab reports (ELR) that will allow hospitals and medical providers to meet their Meaningful Use requirements in order to receive Incentive payments. | Green | Completed | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ 189,118 |
| Health | VDH Performance Management Dashboard | Facilitate centralized collection of performance measures across the VDH and reporting through an online dashboard. | Green | Completed | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ - |
| Aging & Independent Living | DAIL DDSD Portfolio Information System | Project is to implement a comprehensive and integrated information management system that will satisfy the needs of the Commissioner's office, DS managers, DS program front-line and Dept. business office staff. At a minimum; analysis of all current systems to assure all necessary ones are included within replacement scope, a BNA, and RFP for one new system to replace the currently utilized systems that are cumbersome, have no inter-connectivity, are pushing the functional capacity of the software, and do not enable comprehensive fiscal and service tracking and reporting. System will have expansion capabilities to incorporate data and reporting needs for future programs. | | Canceled | \$ | - | \$ - | \$ | , | \$ | 1 | \$ | \$ - |