State of Vermont Joint Fiscal Office

Independent Review of State Information Technology Projects and Operations (H.492 Sec. 36)

Project: Integrated Eligibility Solution (Agency of Human Services)

April 4, 2016

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Executive Summary

- **Project Overview:** The purpose of the Integrated Eligibility solution (IE) is to better realize the Agency of Human Service's mission and vision of improving the health and wellbeing of Vermonters through timely and accurate access to all public assistance programs available. This is to be achieved by replacing the existing ACCESS system, which is obsolete, unsustainable, difficult (if not impossible) to configure to meet Federal requirements, and out of compliance with CMS' Seven Standards and Conditions (CMS' 7SC). Additional goals include developing enhanced analytics to respond to legislative questions, accessing and mining data accurately, and assessing the success rates of actions taken. Replacing ACCESS with a modern, more capable system, coupled with changes in organizational practices related to eligibility and benefits administration and analysis, is intended to contribute significantly to achieving the Agency's stated mission and vision.
- **Project Status:** At the time that this review began in December 2015, and through January of 2016, the IE project was in the process of selecting a vendor in response to the IE RFP. During this period multiple internal and external reviews (including the draft version of this review) indicated that there were substantial risks with this project and the related procurement. As a result, AHS leadership announced on February 3rd that the RFPs for IE and MMIS were cancelled, and both projects were being "reset". This reset involved a rethinking of the overall approach and timeline, and the development of a new strategy with a greater chance of success. The resulting high-level plan was presented to the Legislature (House Corrections & Institutions, House Government Operations, and Senate Institutions) on March 15th 2016, and additional documentation supporting and detailing the new plan was submitted to the Joint Fiscal Office (JFO) during late March and early April of 2016.
- **Project Analysis:** As documented by multiple internal and external reviews, the IE project as originally envisioned was not in a condition to justify proceeding with procurement. Specifically, the project scope was too large and poorly defined, project leadership was not adequate for a project of this size, and the technical approach was not appropriate given the state of the HSE Platform. Following the reset of February 3rd the critical next step was to redefine the strategy for IE, focusing on a program-based and incremental approach that would allow AHS to demonstrate success through a series of smaller projects. Although additional work is required to detail exactly how the program will be implemented, the current approach represents a significant improvement over that of the pre-reset project, and the funding to support it should be retained.

Project Recommendations: The following items were recommended to improve the chances of success:

- Assign one individual to take overall control of, and responsibility for, the IE Solution (Completed);
- Redefine the IE Solution as a program consisting of several projects, each of which has individual value and yet incrementally contributes to the overall goals (Completed). Suggested initial projects included:
 - A project to select and implement an Eligibility Determination component that will be the core element of the overall IE solution;
 - \circ A project to select and implement a Master Person Index which will represent a core shared service of the HSE Platform.
- Make actual funding for SFY2017 conditional on a satisfactory review of the project status by a Legislative committee (for example JFC plus the Institutions Committees), such review to be completed by August 1st, 2016 (Proposed).

The following page provides evaluations of the overall project status and the seven key areas that were investigated during the project review.

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guarantee of the accuracy of the estimates.

7. Technical Approach: (Is the proposed solution achievable, realistic, and appropriate?)

Poor	V eak	Neutral	Strong	Excellent	

The original technical approach was abandoned in early February, 2016, and while the new technical approaches have been envisioned they have not yet been fully defined and documented.

IT Project Review and Analysis Integrated Eligibility Solution

1 Background

The purpose of the Integrated Eligibility Solution (IE) is to better realize the missions and visions of the Agency of Human Service (AHS), including improving the health and wellbeing of Vermonters through timely and accurate access to all public assistance programs available. This purpose is to be achieved by replacing the existing ACCESS system, which is obsolete, unsustainable, difficult (if not impossible) to configure to meet Federal requirements, and out of compliance with CMS' Seven Standards and Conditions (CMS' 7SC). Beyond merely replacing ACCESS, additional goals include developing enhanced analytics to respond to legislative questions, address root cause issues including the social determinants of health tied to outcomes, access and mine data accurately, and assess the success rates of actions taken. The combination of replacing ACCESS with a modern, more capable system, coupled with changes in organizational practices related to eligibility and benefits administration and analysis, is intended to contribute significantly to achieving the Agency's stated mission and vision.

In December of 2015 the Joint Fiscal Office (JFO) requested that an IT Project Review be conducted for the Integrated Eligibility Solution. The purpose of this review was to examine the IE project, researching and analyzing its status and identifying any significant risks. Based on the IT Project Review process that was developed previously the project review focused on seven key subject areas:

- Project Justification
 - Does the project really need to be done?
- Clarity of Purpose
 - Is there a clear definition of success so that all participants will know when the project is properly completed?
- Organizational Support
 - Is the affected organizational entity ("the business") fully supportive of the project, and is the business willing and able to adapt where required?
- Project Leadership
 - Will there be strong and effective leadership to guide the project?
- Project Management
 - Will there be qualified and effective project management to assist project leadership?
- Financial Considerations
 - Are costs through the system lifecycle properly estimated, and is there funding?
- Technical Approach
 - Are the proposed technical solutions achievable, realistic, and appropriate for this project?

2 IE Project Analysis

The IE project was begun on August 01, 2012 (the first draft of the original Project Charter), and project activities had reached the point where a Request for Procurement for the IE Solution was issued in March of 2014. As recently as January of 2016 the project was in the process of finalizing the procurement and preparing for actual system development. However, due to problems that were identified in various internal and external reviews, including the draft version of this report, on February 3rd of 2016 the Secretary of AHS announced that the IE project was being "reset", and that the procurement efforts for both IE and MMIS (Medicaid system) were being cancelled. The new concept is for IE to be designated as a program comprised of several projects, each of which will incrementally build towards the original goal. As described in an AHS briefing on March 15, 2016 that was presented to the joint House Government Operations, House Corrections & Institutions, and Senate Institutions Committees, the program will now proceed in two phases. In Phase 1, the HSE Platform will be developed further, components from other states will be migrated to the HSE Platform, and six Health Care related programs will be transitioned to the new solution; in Phase 2 additional programs, both Health Care and Non-Health Care, will be transitioned. The target completion date for Phase 1 is December 31, 2017, with Phase 2 continuing through December 31, 2018. This date corresponds to the end of 90/10 Federal matching for eligibility system development (A-87 exception).

The original purpose of the JFO IT Project Review was to examine the state of the IE project, identifying strengths, weaknesses, and potential risks. However, as a result of the IE reset much of the original documentation (RFPs, project management artifacts, external reviews, etc.) has been superseded, and much of the original review is no longer relevant. While there were many weaknesses and risks with the original project, it must be acknowledged that the IE program is now moving in a different direction, and many of those issues no longer apply. At the same time there is value in documenting those issues so that they are not repeated going forward. For this reason the following report sections will include findings that were apparent from documentation available before the project reset ("Pre-Reset Findings"), as well as findings that resulted from the review of the Health and Human Services Enterprise Presentation to the Legislature on 03/15/2016, the review of the IE Program documentation package provided on 04/02/2016, and through discussions with AHS, DII, and others ("Post-Reset Findings").

The primary sources of information for the IE project review were the documents provided by AHS and the Department of Information and Innovation (DII). The documents included standard AHS/DII forms, project management artifacts, Requests for Proposals (RFPs), and external documents such as independent reviews and technical assessments. Not all of these documents are available online, however most documents are public with the exception of certain confidential documents identified below. In addition, meetings were held via phone and in person with JFO, AHS, and DII staff to discuss the background and status of the IE project.

The documentation examined during the review is listed below. Those that are publicly available on the Internet are hyperlinked; the remainder that are not marked as Confidential can be accessed by request through AHS.

- a) H.450 Report of the Technology Assessment Team for the Reorganization of the Agency of Human Services (2/19/2004 / Draft)
- b) Sealed Bid Information Technology Request for Proposal IE (3/20/2014 / RFP)
- c) State of Vermont Health Services Enterprise Release 1 Lessons Learned Report (03/27/2014 / BerryDunn McNeil & Parker)
- d) IE Independent Review SOW Agreement with Coeur Business Group (09/15/2015)
- e) Integrated Eligibility Solution (IE) Project Charter (10/16/2014)
- f) AHS IT Project Scoring Form IE (8/12/2015)
- g) IT Activity Business Case and Cost Analysis (ABC Form) (8/17/2015 / Confidential)
- h) <u>VT Legislative Briefing on Information Technology</u> (11/16/2015 / Video Recording)
- i) IE Project Plan / Master Schedule (12/22/2015)
- j) IE Organization Chart (12/22/2015)
- k) IE Business Roles and Responsibilities (12/25/2015)
- 1) IE Project Management Plan (12/28/2015)
- m) IE Project Status Reports (12/7/2015 12/28/2015)
- n) IE Project Management Roles and Responsibilities (12/25/2015)
- o) <u>State of Hawaii Auditor's Report KOLEA Integrated Eligibility System</u> (12/2015)
- p) HSE Platform Technical Readiness Assessment Report by CSG Government Solutions, Inc. (1/11/2016 / Final / Confidential)
- q) State of Vermont Million Dollar Technology Project Report (01/20/2016)
- r) Independent Review of the Integrated Eligibility Solution by Coeur Business Group (2/3/2016 / Final Draft)
- s) Independent Review Lessons to be Learned Integrated Eligibility Solution (IE) Project by Coeur Business Group (3/1/2016)
- t) <u>Health and Human Services Enterprise Presentation Senate Institutions/Capital Bill</u> <u>Adjustment FY 2016-2017 (03/15/2016)</u>
- u) Post-Reset IE Program Documentation Package AHS (04/02/2016 / Confidential)

After reviewing the available documentation, including the IE Independent Review (draft), the IE Independent Review Lessons Learned (final), the HSE Platform Technical Readiness Assessment (final), and after discussing the project with JFO, DII, and AHS personnel, the initial project analysis was that IE project as originally conceived was not ready to move into actual procurement. The primary reason for this assessment was that the overall goals of the project were not feasible given the large scope, the technical challenges involved, the limited resources available, and the short timeframe. Further supporting this conclusion, the 2014 BerryDunn "Lessons Learned" report from Vermont Health Connect contained a number of findings and recommendations, including:

- Define what success looks like for the project, communicate this across teams, and manage to it;
- Improve requirements and scope management processes to ensure project phases are reasonable and achievable;
- Document roles and responsibilities for project positions, make them transparent, and articulate them to project stakeholders.

These findings and recommendations also applied to the IE Solution, and since they were not adequately addressed represented significant risks to project success.

Since the IE project reset of 2/3/2016, however, significant progress has been made in addressing those issues. Specifically, the original IE project has been redefined as a program comprised of discrete projects of more limited scope and with specific success criteria, and program governance has been documented and executed by the project sponsor. Given the progress made in the past two months, the capital funds previously appropriated (see section 2.6) should be left intact. The failure to do so would have a serious, negative impact on the ability to continue the IE program.

Summary: The project reset was an appropriate decision given the original state of the IE Solution, and the new plan appears to be viable. Going forward the individual IE projects that have been identified need to be fully defined and scoped, project leadership responsibilities performed as documented, and project management activities properly executed in order to achieve success.

2.1 Project Justification

The reasons provided in the various documents available (primarily the IE ABC Form) represent sufficient justification for initiating the IE project. As with other legacy systems the core justification is that the existing system (ACCESS) is old, difficult to maintain, and unable to meet expectations. Specifically,

- "ACCESS is obsolete software that is not sustainable, difficult, if not impossible to configure to meet Federal requirements, and out of compliance with CMS' Seven Standards and Conditions (CMS' 7SC)" (IE ABC Form);
- The current system is "lack[ing] analytics to respond to legislative questions, addressing root cause issues including the social determinants of health tied to outcomes, access and mine data accurately, and assessing the success rates of actions taken." (IE ABC Form)

Pre-Reset Findings:

• The project justification was adequate to begin the original IE project.

Post-Reset Findings:

- The justification for the overall IE program is still valid.
- As individual projects are fully defined project management artifacts must include individual justification, as well as how each project contributes to the overall IE program goals.

Summary: The legacy system (ACCESS) is over 30 years old; it is difficult to maintain, does not meet Federal requirements, and does not provide the functionality required to support AHS' vision and mission. As IE is redefined to include new component projects, specific justification will have to be documented for each individual project.

Keys to success: Ensure that the justification for individual projects of the overall IE program are contained in project documentation.

2.2 Clarity of Purpose

Clarity of purpose, defined as having a clear, detailed description of success, was one of the weaker points of the original IE project. The overall goals were understandable but the specifics were lacking in terms of what exactly needed to be accomplished, when, how, and by whom. For example, the original Project Charter listed eighteen components of IE that were to provide the desired system functionality. However, there was no documentation that established which components exist and which must be developed, what their relative priority was, when or how they would have been implemented in an incremental fashion, etc. This lack of a specific high level plan risked repeating one of the lessons of Vermont Health Connect: failure to define and document what success looks like. In addition, the IE Independent Review reported that Vermont has recently transitioned from a Functional/Non-Functional Requirements approach to IE to a National Human Services Interoperability Architecture (NHSIA) Enterprise Business Capabilities (EBC) approach. Going forward, it is critical that AHS reaches agreement on the Enterprise Business Cases and specific requirements from the original RFP that will be included in IE Phase 1 before proceeding with the program.

Pre-Reset Findings:

- There was no existent document (Charter, RFP, etc.) detailing project goals that meet the SMART criteria: Specific, Measureable, Achievable, Realistic, and Time-based;
- A stated goal for the IE solution at the 11/16/2015 Legislative Briefing was to "move towards an Integrated Eligibility system that is intuitive [for users]". However, this was not a requirement in either the Charter or the RFP;
- A stated goal for the IE solution at the 11/16/2015 Legislative Briefing was to reduce the amount of time it takes to enter data and determine eligibility. However, this was not a requirement in either the Charter or the RFP;
- A stated goal for the IE solution at both the 11/16/2015 Legislative Briefing and the 03/15/2016 Joint Legislative Committee meeting was to assist in budgeting, specifically that the new system will allow AHS to play "what if" to eligibility rules and the system will report what the financial impact will be. However, this capability was not a requirement in either the Charter or the RFP;
- The RFP included numerous requirements for how the IE system should operate, as seen from a user's perspective (Functional Requirements, describing what the system does), and as general characteristics (Non-Functional Requirements, such as security, performance, etc.). However, given that AHS is moving to an NHSIA EBC approach, it was unclear whether those requirements would be applicable to the final IE system.

Post-Reset Findings:

• The IE project was "reset" on 2/3/2016 and an overview of the resulting IE Program was presented to the Legislature on 3/15/2016;

- The initial set of projects that will comprise the IE Program has been defined, and general project goals and potential benefits for each have been described;
- Going forward each project in the IE Program must include a clearly defined scope which provides a specific, measurable benefit, and which contributes incrementally to the overall solution goals.

Summary: Component projects of the IE Solution have been defined, however specific, measurable, achievable, and realistic goals for each component project of the IE Solution still need to be defined and documented.

Keys to success: Determine the minimum acceptable scope that can be used to demonstrate individual project success. Plan and execute each based on that scope, and repeat the process to incrementally develop the system with minimal risk.

2.3 Organizational Support

Based on the documentation reviewed and the interviews conducted, organizational support appears strong. The primary organization affected is AHS' Department of Children and Families (DCF), and they are taking an active role in the project. Staff participation in the project, including upper management (AHS/DCF) and Subject Matter Experts (SMEs) is strong.

Pre-Reset Findings:

- Based on interviews with IE project participants, Organizational support is strong. However, since there was no detailed solution plan, and the "To Be" business planning identified in the project Work Breakdown Structure (WBS) is not complete, it was unknown what changes will be required in the organization to support the new IE;
- From the IE Independent Review: "The AHS DCF ESD staff is mentally prepared for the implementation of a new IE system and the associated ACCESS Transformation and Decommissioning process. However, since the IE solution is still in the process of being selected and the transition methodology and implications have not been defined, the staff does not have a full grasp of the impacts of this transition".

Post-Reset Findings:

- Organizational support continues to be strong after the project reset. AHS leadership is committed to the overall goal, and staffing by the department primarily affected (DCF) is adequate. This must be tempered by the fact that specific goals of the project(s) have not been fully described and documented, with the result that the organizations' ability to support those goals is currently unknown.
- Potential changes in organizational leadership at all levels (Federal/State), as well as potential changes in organizational structure, represent a risk to success. Project planning will need to consider the impact of these changes, and identify ways to mitigate these risks.

Summary: AHS/DCF support of the IE Solution is strong, and the organization is actively involved in identifying business process changes, understanding how they will be implemented, and how they will function in a post-ACCESS environment.

Keys to success: Continue to document new business practices, and take an active role steering the technological portions of the project to support those practices. In addition, ensure that potential changes in leadership at the Federal, State, and Agency level are considered in project plans.

2.4 Project Leadership

(Note: for an explanation of the difference between Project Leadership and Project Management see Appendix B, "Questions and Definitions")

The original analysis of the state of IE Project Leadership was accomplished by reviewing various documents (Project Charter, Project organization charts, etc.) and by interviewing project staff. Based on the original documentation Project Leadership was weak: while there were many people involved in the project there was no one person clearly in charge, and no clear explanation of the various roles and responsibilities. Different documents use different terms for project roles, and in some cases people identified as key participants are no longer with the State. Since that time the project roles and responsibilities (both individuals and groups) have been defined and documented, and Project Leadership is now considered strong. Going forward, the Project Leader, with the support of key stakeholders, should take an active role in clearly defining project outcomes, directing project efforts, communicating status, and managing risk.

Pre-Reset Findings:

- Project leadership was not clear from the documents provided. The Charter was out of date, the roles and responsibilities listed in the RFP did not match the charter, and the various organization charts did not include descriptions of roles and responsibilities;
- The RFP, in section 2.4.1, table 12, refers to the "Integrated Eligibility Solution Project Director" as having responsibility "for the overall success of the project through planning, directing, and overseeing the activities of the Integrated Eligibility Solution Project resources". That title does not appear in other project documents, and no one appears to be assigned to that role;
- From the IE Independent Review / Lessons Learned Report: "The IE and ACCESS Transformation project(s) have been managed and run by a project management process that relies heavily on consensus of committees and agency leadership. While this type of collaborative style can potentially produce more comprehensive identification of system operation and requirements, it has introduced higher levels of complexity to the process which inevitably results in extended timelines and slower decision making".

Post-Reset Findings:

- IE Program governance has been documented, approved, and executed by the Program Sponsor;
- The Secretary of AHS, Hal Cohen, has assumed the Project Sponsor role for the IE Program;
- Leadership responsibility for the IE Solution has been assigned to the AHS Deputy CIO, John Stern;
- The specific roles and responsibilities of this leader, and the relationships between the Project Leader and other stakeholders (individuals and groups) have been defined and documented;
- In order to be successful, the Project Leader must be continually empowered by the Project Sponsor and other key stakeholders, and must take an active role in ensuring that all participants in the IE Solution (affected organizations, project managers, project management oversight, key stakeholders, etc.) are continually and effectively contributing to project success.

Summary: Project leadership has been assigned to one individual, and roles, responsibilities, and relationships for this and other governance entities have been documented and executed. These roles and responsibilities must also be documented in the project artifacts as they are developed, and the leader must be continually empowered by the key stakeholders to drive the projects to a successful conclusion.

Keys to success: Assign project leadership to one individual, document project leadership in the Project Charters and other project documentation, and ensure that this leadership is empowered to drive the project to a successful conclusion. In addition, ensure that potential changes in leadership at the Federal, State, and Agency level are considered in project plans.

2.5 Project Management

Project Management for the IE project prior to the reset was acceptable in form, but not in substance. The personnel assigned were qualified and experienced, and the required artifacts were being produced, but the actual content was not acceptable for a project of this size and scope. Much of the IE project management documentation was obsolete, incomplete, or inaccurate, and project management oversight had not been documented in over eighteen months. Following the project reset, new Project Charters must be produced that conform to DII standards and expectations, and these charters must be approved and used as the foundation for IE program planning and execution.

Pre-Reset Findings:

- The original Project Charter was last updated on 10/16/2014; the stakeholders, schedule, roles and responsibilities, named PM, etc. are obsolete;
- The Project Charter does not conform to the DII template: it is missing the section on Objectives/Success Criteria, and without this scope cannot be adequately determined;

- The milestones in the Charter are unrealistic, even if adjusted for the current time frame. Specifically, it required the migration of programs from ACCESS to IE two years before the completion of the system itself;
- The Charter did not describe any incremental development of the IE solution, either program-based (i.e. which programs are migrated when) or system-based (system capabilities); everything happened at once;
- The Project Plan was not accurate: Start/Finish dates were incorrect, % complete columns were incorrect, etc.;
- No project oversight had been documented by the DII Oversight Project Manager since August of 2014;

Post-Reset Findings:

- Program/Project Management staff (including oversight staff) are appropriate and qualified for the IE Solution;
- Project Management activities and documentation for the program as a whole, and each individual project, must be complete, accurate, and up to date;
- Program/Project Management staff, as well as project leadership, must work closely with DII project oversight staff to ensure that project management artifacts are not just complete, but are of acceptable quality.

Summary: Personnel have been assigned that are capable of providing good Project Management. As the various projects that comprise the IE Solution are more fully defined, AHS PM staff (in cooperation with DII oversight staff) must ensure that related project management artifacts are complete, accurate, and effective in supporting individual projects.

Keys to success: All participants in Project Management (both project level and oversight) must review their activities and outputs with the Project Leader, and ensure that they are actively contributing to project success.

2.6 Financial Considerations

The project plan that existed prior to the "reset" of 2/3/2016 has been discarded, and the corresponding RFP has been cancelled. Although new plans are not complete, financial projections provided to the joint Senate Institutions / House Corrections and Institutions / House Government Operations committee meeting on 3/15/2016 included information on past and future appropriations and expenditures for the IE project. The following tables describe actual and anticipated appropriations and expenditures from the beginning of the project through the projected end of Phase 1 (December 31, 2017). Note that due to rounding of source values totals may not exactly match to a tenth of a million dollars.

Table 1: IE Project Total Expenditures through 6/30/2016:

Description	Expenditures	Federal Share	State Share
Pre-HSE IAPD costs to 6/30/2012	\$0.1M		
HSE 7/1/2012 - 12/31/2015	\$52.2M		
Estimates 1/1/2016 - 6/30/2016	\$32.7M		
Total:	\$85.0M	\$76.4M	\$8.6M

Table 2: State Appropriations and Expenditures through 6/30/2016:

Source of State Funds	Supporting Appropriation	Amount Spent (Actual/Projected)	Amount Remaining
Capital - Act # 43 2009-2010	\$1.7M	\$1.7M	\$0M
Capital - Act # 161 2009-2010	\$1.4M	\$1.4M	\$0M
General Fund - Act # 3 2011-2012	\$3.6M	\$3.6M	\$0M
AHS GF Act # 63 2011-2012	\$3.6M	\$1.7M	\$1.9M
Capital - Act #26 Sec. 3(c) 2015-2016	\$5.5M	\$0.1M	\$5.4M
Total:	\$15.9M	\$8.6M	\$7.2M

Table 3: Anticipated Expenditures 7/1/2016 through 12/31/2017 (IE Phase 1):

Description	Expenditures	Federal Share	State Share
System Integrator Implementation Fees	\$37M	\$33.3M	\$3.7M
Additional Associated Costs	\$14.1M	\$12.7M	\$1.4M
Total:	\$51.1M	\$46.0M	\$5.1M

To summarize the State portions of the previous two tables, if current appropriations are not reduced, and actual IE Phase I costs are as estimated, then the project will be overfunded by approximately \$2.1M: the appropriated amount remaining by 6/30/2016 of \$7.2M minus anticipated expenditures through 12/31/2017 of \$5.1M.

While it is encouraging that the actual need may be less than originally estimated, the numbers above have to be treated with some caution. The estimated costs for IE for the six months from 1/1/2016 to 6/30/2016 are \$32.7M (Table 1), while the estimated costs for IE for the eighteen months from 7/1/2016 to 12/31/2017 are \$51.1M (Table 3). In other words, the monthly costs of Phase I development/integration (\$2.8M/month) are anticipated to be far less than the monthly costs of planning/operation (\$5.5M/month). While acknowledging that the six month costs may have been inflated by late invoicing for recent Optum work, as well as the high cost of that work, the estimates beyond 6/30/2016 will have to be watched closely and verified. These estimates should be revisited once initial planning has been completed for the component projects to ensure that they are accurate.

Operating costs for the IE solution are currently estimated at approximately \$10,000,000 per year (IE briefing of 3/15/2016), which based on the Federal matching rate of 60% results in an annual State cost of approximately \$4,000,000. Those projected operating costs are essentially unchanged from the current system (ACCESS), which according to the IE ABC Form is

approximately \$11,000,000 per year. Again, some caution is needed: given that the proposed solution has not yet been fully defined, it is not realistic to assume that the projected operating costs are accurate.

Pre-Reset Findings:

- Overall estimates of development costs may be realistic (see Independent Review), but without a specific and realistic scope, and supporting contracts, further refinement is not possible;
- Maintenance and operations costs cannot be adequately predicted without a detailed, documented project scope, and a documented and verified technical approach;
- No additional funds beyond those already appropriated are required in order to continue the project through the next fiscal year (2017).

Post-Reset Findings:

- While the IE Solution may not require the full amount originally funded for SFY2017, the lack of clarity on the overall plan and the specific projects that will contribute to the solution mean that cost estimates are very speculative at this time;
- Capital funding already appropriated (Act #26) should be retained for the IE Solution;
- Actual funding for SFY2017 should be conditional on a satisfactory updated project review to be completed by some Legislative committee by August 1st, 2016.

Summary: Initial estimates of development and maintenance costs have been developed, and may be realistic. However, the lack of clarity on specific project outcomes, and the actual technical approach to be used, means that at this point in the program there is no guarantee of the accuracy of the estimates.

Keys to success: After clarifying the scope and the technical approach, revisit the cost estimates and provide more accurate updates.

2.7 Technical Approach

The Integrated Eligibility project as original envisioned was extremely ambitious in terms of the technical approach envisioned. Not only was it not a Commercial off the Shelf (COTS) solution, but the technical approach described in project documentation had not been successfully demonstrated elsewhere. The core idea of using the HSE Platform as a common environment for AHS systems relying on shared services may be sound, and is theoretically capable of reducing system lifetime costs. However, the ability to do so has not yet been proven, and using a project the size and complexity of the original IE project to do so was very risky. In summary, AHS was preparing to embark on an extremely complicated, extremely risky development project without adequate assurances that it was technically feasible. The decision to halt contracting activities and reset the program was appropriate based on the awareness of those risks.

The following findings represent general conclusions on the project's technical approach. Detailed findings from the pre-reset project review are contained in Appendix C.

Pre-Reset Findings:

- The IE project was not ready to proceed with detailed planning or development given that the stated project prerequisites (HSE Platform functionality) have not been met;
- The IE project goals were far too ambitious given the known constraints on existing technology, available time, and available personnel resources;
- Despite numerous references to Agile or incremental development in project documents, there was no evidence of this philosophy in the project plans. This lack increased project risks, and did not allow for an early exit if the project was not proceeding as desired.

Post-Reset Findings:

- The original technical approach is no longer valid due to the IE project reset of 2/3/2016;
- While the post-reset IE Program plan describes the individual projects that make up the program, details on the technical approach for each project are not yet complete;
- The projects that will make up the future IE Solution, and the adequacy of the related technical approaches, should be included in an updated project review to be completed by August 1st, 2016.

Summary: The original technical approach was abandoned in early February, 2016, and while the new technical approaches have been envisioned they have not yet been fully defined and documented.

Keys to success: Once the individual projects that will make up the overall IE Solution are more fully defined, the related technical approaches should be chosen that maximize the use of successfully demonstrated technology. Whether by reusing components from other states, or by selecting actual Commercial off the Shelf (COTS) solutions, project technical approaches should be chosen that minimize risk and maximize the incremental nature of the overall solution.

3 Risk Summary

Three common types of failure for an IT project are:

- The system was never completed (i.e. nothing was built);
- The system was completed, but did not meet the requirements (i.e. it was built, but doesn't work as desired);
- The system was completed and meets the requirements, but is unsupportable (i.e. it works, but is too difficult or expensive to maintain and operate).

Prior to the IE project reset all three risks were in play. Since there were no specifics as to what would have been built and when (broad and aggressive scope, unrealistic or non-existent schedule, pre-requisites not met, etc.), it is quite likely that nothing would have been built if the original plans were followed (risk 1). If the decision was made to execute a contract with a System Integrator prior to documenting the specific desired outcomes (both in business practices

and technical capabilities) it is quite likely that even if something had been built it would not have met expectations (risk 2). Given the aggressive (and optimistic) nature of the technical approach that was envisioned, the third risk was also a possibility. A system could have been completed, but even if it worked reasonably well it might have been too technically complex and expensive to justify long term support.

In order to minimize these risks going forward from the reset, IE leadership and staff has determined that the IE Solution will be broken into projects that are smaller and which involve lower risk, and yet incrementally contribute to the overall project goals. While this is a much better approach than the original one, it is still critically important that each project includes measurable goals that provide stand-alone benefit.

4 Recommendations

In order to move forward from the project reset with the best chance of success, the IE Solution should be redefined in a more incremental manner. The original project attempted to do too much all at once, with unproven technologies, and the new vision should not repeat this. The following items are recommended for the near term:

- Assign one individual to take overall control of, and responsibility for, the IE Solution. While this has been accomplished informally, the actual roles and responsibilities still need to be documented, and this assignment reflected in Project Charters and other artifacts (**Completed**);
- Redefine the IE Solution as a program consisting of several projects, each of which has individual value and yet incrementally contributes to the overall goals. Each project must have specific, measurable, achievable, and realistic goals that are adequately documented and managed (**Completed**). Suggested initial projects (described more fully below) are:
 - A project to select and implement an Eligibility Determination component that will be the core element of the overall IE solution;
 - A project to select and implement a Master Person Index which will represent a core shared service of the HSE Platform.
- Make actual funding for SFY2017 conditional on a satisfactory review of the project status by a Legislative committee (for example JFC plus the Institutions Committees), such review to be completed by August 1st, 2016 (**Proposed**).

Eligibility Determination. As described in the project charter the original IE solution consisted of 18 distinct components: Eligibility Determination, Re-Determination, Screening and Application, Enrollment, etc. The first item (Eligibility Determination) represents the ability to determine whether a Vermont citizen may be eligible for one or more benefit programs (Medicaid, SNAP, TANF, etc.). Given that this determination is the basis for all that follows (such as application, enrollment, case management, etc.) this function is key to the successful operation of any Integrated Eligibility system. As such, the initial focus of the project should be on developing and implementing only the Eligibility Determination component of the system. Doing so would allow AHS to "test the waters" in many of the known risk areas without committing large amounts of resources from the beginning. If this initial project fails, then the larger project (as it is currently envisioned) would almost certainly have failed as well, and the smaller project costs would be low in comparison to the large project costs. If the initial project succeeds, it will have laid the groundwork for subsequent development and future successes. The initial project should include at a minimum an administrative portal to adjust eligibility rules and query eligibility, and the activation of services on the Enterprise Service Bus so that ACCESS could query eligibility as well. Completing just this component would:

- Allow AHS to gain experience with adding additional solutions (beyond VHC) on the HSE Platform;
- Allow AHS validate Vendor capabilities;
- Allow AHS to validate development cost estimates;
- Allow AHS to gain experience in decommissioning ACCESS functionality;
- Allow AHS to demonstrate the capability to successfully complete smaller IE projects.

Master Person Index. Almost every complex system that deals with people faces the problem of matching and duplication. For example, a single person may have records in many different systems: DMV registries, education systems, benefit programs, health programs, etc. In order to link information from these multiple systems the ability to correctly identify matches is required. This is done through the use of a Master Person Index, or MPI (the term "Master Patient Index" is often used in Healthcare settings, but it is the same thing). What an MPI allows you to do is to determine that the "John Smith" in one system is the same as the "John A. Smith" in another system, and then link the data from those systems, or to determine that the "Jane B. Doe" in one system is not the same as the "Jane Doe" in another. This capability was previously listed as a prerequisite to the full IE solution, but is also a requirement for many other AHS (and State) systems. The MPI is such an important component in the "person-centric" view of providing support to Vermonters that it should be completed regardless of how it contributes to the overall IE solution. Whether this functionality is best purchased off the shelf (such as the Oracle Healthcare Master Person Index), or whether a contractor builds it from components that the State already owns (such as Oracle Customer Hub) would need to be investigated and determined before planning or execution begins.

5 IE Project Questions

The following table represents items that were investigated during the Project Review process, along with additional include notes. Any colors used represent the analyst's opinion about the state of various items; green = good, yellow = caution, red = danger.

Section	Question	Answer	Notes
Project Justification			Overall: Good
	Has sufficient justification been provided for initiating the project?	Yes	
	Is there a Federal or State mandate for this system?	Not for the system itself, but there are Federal requirements for it if implemented	
	Will there be a significant improvement to current operations?	Potentially yes	
	Is this driven by current system obsolescence	Yes	
	Was a DII ABC Form completed and approved?	Yes	
Clarity of Purpose			Overall: Neutral
	Does a document exist that clearly defines the success criteria for this project?	No	
	Are target schedule milestones clearly identified, and are they realistic?	Yes, and No	Top level milestones (system completion) are identified, but are insufficient to begin Execution
	Are major system capabilities clearly defined, and are they realistic?	No	
	Is the success definition specific enough that it can identify points in the project where failure is a possibility, enabling early termination?	No	
Organizational Surrant			Overall: Good
Organizational Support	Is the business entity that will be the beneficiary fully supportive of the project?	Yes	
	Will successful completion of the project require major changes to	Potentially yes	

			1
	current business		
	processes?		
	If project completion	Potentially yes	
	requires business changes,		
	will the business be able		
	to make those changes?		
	Is a need for a	Yes	
	comprehensive change		
	management program		
	indicated, and if so, has		
	the business recognized		
	and planned for such a		
	program?		
	program		
Project Leadership			Overall: Good
Troject Leadership	Has a single person, that	Yes	
		Tes	
	is part of the affected		
	business entity, been		
	designated to lead this		
	project?		
	Is the project leadership	No	
	experienced in directing		
	this type and size of		
	project?		
	Has the project leader	In theory	
	been given sufficient	5	
	authority to effectively		
	execute the project?		
	Have relationships and	Yes	
	authority between the	105	
	project leader and key		
	stakeholders been clearly		
	defined and agreed to?		
Project Management			Overall: Neutral
	Has a qualified project	Yes	
	manager been assigned to		
	this project?		
	Does the project manager	Yes	
	have the appropriate		
	support from the affected		
	business entity?		
	Will the project manager	Yes	
	be following an accepted		
	PM process (PMBOK,		
	DII EPMO, AHS PMO,		
	etc.)?		
	Are all project	The project has returned	
	management artifacts	to the Initiating phase,	
	appropriate for the current	project management	
	project phase acceptable,	artifacts (charter, etc.) are	
	accurate, and up to date	under development	
	Is the projected schedule	N/A, project schedule is	
	realistic for the		
		high level only at this	
L	development tasks,	point	

	resources available, and		
	funding? Does the schedule include	N/A project schedule is	
	adequate time for testing,	N/A, project schedule is high level only at this	
	rework, and retest prior to	point	
	system acceptance and		
	implementation?		
Financial			Overall: Neutral
Considerations			
	Has a realistic estimate of	No; costs have been	
	the system's development	prepared, but given the	
	costs been prepared?	fact that the scope has not	
		been fully specified they	
		cannot be described as	
		realistic	
	Has a realistic estimate of	No; costs have been	
	the system's ongoing	prepared, but given the	
	costs been developed?	fact that the scope has not	
	-	been fully specified they	
		cannot be described as	
		realistic	
	Have the sources of the	No; costs have been	
	development and ongoing	prepared, but given the	
	system costs been	fact that the scope has not	
	identified?	been fully specified they	
	Identified :	cannot be described as	
		realistic	
	If a contract is used, are	No new contract has been	
	adequate protections in	awarded	
	place to handle partial or		
	complete failures during		
	the development,		
	implementation, or		
	support phases?		
Technical Approach			Overall: Neutral
	Is the technical approach	Unknown	Updated 4/4: the technical
	appropriate for this		approach is now TBD
	project?		
	Is this system type unique	System type is not unique	
	to Vermont, or do other		
	states have similar needs?		
	If other states require	Yes	
	similar systems, do those		
	systems already exist in		
	those states?		
	If other states possess or	Potentially yes	Updated 4/4: the technical
	are acquiring similar		approach is now TBD
	systems, can Vermont		-FF-Cuttin in Holl FB-D
	leverage other states'		
	systems or procurements?		
	Do commercial off the	Vas for some nortions	
		Yes, for some portions. However, the technical	
	shelf (COTS) systems that	nowever, the technical	l

	meet the system needs	approach has not been	
	exist?	fully defined as yet	
	If the system is to be developed, will it be developed internally, externally, or a combination?	Externally	Updated 4/4: the technical approach is now TBD
	For developed systems, do the developers have significant experience in this type of system?	Unknown	Updated 4/4: the technical approach is now TBD
	Will this system involve multiple, sequential releases with increasing functional capabilities?	As currently planned, yes	
	Do the requirements for the initial release represent the minimum acceptable functionality?	Initial release requirements are unknown	
	Are the requirements clearly understood by, and validated by, the target users of the system?	at this time	
	Are the requirements and specifications sufficient for development/purchase, or will additional clarification be needed?	Unknown at this time	
	Whether developed or purchased, has a viable release plan/schedule been developed?	No	
	Have plans been developed to migrate data and functionality from the existing system to the new system, and are they realistic?	No	
D'al-Managarat			Orregelli Marstral
Risk Management	Are there significant risks that were defined during either the project planning or the project review, and are they satisfactorily addressed?	Yes, and No	Overall: Neutral Awareness of significant risks resulted in cancellation of the RFP. Some risks have been addressed, but more need to be addressed in individual project documentation
	Has an Independent	Yes	(Draft)
	Review been conducted? Does the project permit early termination if	Unknown	Individual projects have not been fully defined as yet

progress is not satisfactory?		
Are there acceptable alternatives available if the project does not proceed according to plan?	Not at this time, however by redefining the original project as a succession of projects there is a lower risk of individual failure	
Are plans in place for changes in key personnel (business leader, project manager, executive sponsor, subject matter experts, technical experts, contractor personnel, etc.)?	No	

Appendix A Project Management Phases and Processes

The activities of Project Management are generally broken into distinct phases, each of which contains a number of processes. The phases are described below, and an abbreviated list of process is shown in the table.

Initiating Phase: During this phase the project is proposed, initially defined, and approved. The Initiating Phase is considered complete when a Project Charter has been accepted that defines what is going to be accomplished, why it is necessary, when it is going to be completed, and who is responsible and accountable for the project's success.

Planning Phase: In the Planning phase the groundwork is laid for the Executing phase. This includes developing project plans and defining the specifics of scope, requirements, schedule, and cost. The procurement process is started (RFPs), and risk management is planned. Communications between stakeholders (status reports, etc.) are established.

Executing Phase: During this phase the actual work required to meet project goals is performed in accordance with the project plans. This includes the execution of contracts, the performance of project work, and the management of communications between project participants and stakeholders.

Closing Phase: In the closing phase the project is determined to be complete, and for most projects the transition is made from a project mode to an operations mode. Procurements are closed, project teams are released to other tasks, and lessons learned are documented.

Throughout the project, but especially during the Executing Phase, the **Monitoring & Controlling Phase** monitors project status, performs Integrated Change Control, and controls Scope, Schedule, Work, Costs, Quality, Communications, Risks, Procurements, and Stakeholder Engagement.

		Project Phase					
Process Group / Knowledge Area	Initiating	Planning	Executing	Closing			
Integration Management	Develop Project Charter	Develop Project Management Plan	Direct & Manage Project Work	Close Project			
Scope Management		Collect Requirements Define Scope					
Time Management		Define Activities Develop Schedule					
Cost Management		Estimate Costs Determine Budget					
Quality Management		Plan Quality Management	Perform Quality				
Human Resource Management	Define Initial Project Team	Plan Personnel Management	Acquire, Develop, and Manage Project Team				
Communications Management		Plan Communications Management	Manage Communications				
Risk Management		Identify Risks and Plan Responses					
Procurement Management		Plan Procurement Management	Conduct Procurements	Close Procurements			
Stakeholder Management	Identify Stakeholders	Plan Stakeholder Management	Manage Stakeholder Engagement				

Appendix B Questions and Definitions

"What is the difference between Project Leadership and Project Management?"

The answer depends on the nature of the organization that is undertaking the project. Every project requires a Project Manager (PM), however, a separate Project Leader (PL) may also be required. In those organizations where high priority is given to a project, and the Project Manager is given full authority over both the planning and the project personnel, the Project Manager can also assume a leadership role. In those organizations where major decisions are made by someone other than the Project Manager, or a separate person controls or influences personnel or financial resources, there is a need for a separate Project Leader. The organizational structure generally determines the role of the Project Manager, and ranges from Projectized (Strong PM, possibly no PL), through Matrix (PM/PL share authority), to Functional (Strong PL, Weak PM). Since Vermont government activities are generally organized around ongoing operations, the State organization is usually described as Functional, or at best Weak Matrix. For more information, see <u>https://www.projectsmart.co.uk/forums/viewtopic.php?t=730</u>.

The weaker the authority of the Project Manager, the greater the need for a strong and empowered Project Leader. Without a person in that role the project can lose focus, difficult decisions aren't made in a timely manner, and the risk of failure grows. An analogy that can be used to compare the two roles is that of a ship that is travelling from place to place: the Captain (Project Leader) is responsible for determining the destination, issuing the orders to get underway, making decisions enroute, and for the safe arrival at the destination. The Navigator (Project Manager) is responsible for figuring how to get to the destination (Project Planning) and keeping track of the ships' current position (Project Status).

For small State IT projects, the leadership and management responsibilities generally reside in a single individual, usually the IT Manager or a designated member of the IT team. For larger projects that require DII oversight (i.e. over \$500K) a qualified and designated Project Manager is required, and will almost certainly require that a separate individual assumes the responsibilities of Project Leader, especially if the Project Manager is a contracted position.

"What is Incremental development?"

Incremental development means that an IT project is developed and delivered in stages, rather than as a single complete system. This allows for risks and costs to be broken up and managed more easily, allows for earlier demonstrations of success, and allows for earlier termination in case the project isn't going well.

"What does 'Agile' mean?"

At its simplest, 'Agile' means that an incremental IT project is characterized by early and frequent delivery, continuous improvement, and a flexible and rapid response to changing requirements. It may also describe a specific way of managing development activities, such as Scrum.

Appendix C IE Solution Technical Approach Findings

The findings listed below are the result of the review of the IE project documentation and the content of external reviews (Technical Readiness Assessment, Independent Review, Hawaii KOLEA audit, etc.) This does not represent an exhaustive list, however it provides sufficient justification for the general findings reported in section 2.7. It should be noted that almost all of these findings have since been superseded by the project reset of 2/3/2016.

Findings:

- The Charter includes an out-of-scope prerequisite of the Enterprise Architecture Platform, with reusable services "including ... Master Data Management, Master Person Index, Master Provider Index [etc.]". However, according to the HSE Platform Technical Readiness Assessment those items do not currently exist as functional components of the platform. The lack of these services is also mentioned as a risk item in the most recent IE Project Status Reports, the ABC form, the Technical Readiness Assessment, and the Million Dollar Report;
- From the IE ABC Form and the Million Dollar Report: "The State will assume a huge financial risk if it enters into a contract without the multi-vendor sharing platform and the multiple applications in place. There are assumed and unclear assumptions around reusability by vendors and unclear responsibility for shared services within the project". The Technical Readiness Assessment reports that the HSE Platform is not fully ready to become a shared environment;
- The RFP (section 1.5.3.2), presents a view of the HSE Platform as envisioned for VHC. However, according to the Technical Readiness Assessment there is insufficient documentation to determine what actually exists: "From the HSE Platform implementation perspective, adequate documentation is not available for review in the areas of business foundation, business architecture and information architectures". Without this documentation it will be quite difficult for the IE System Integrator to build on, or in, the HSE Platform;
- It is unclear at this stage of the project how IE will leverage or enhance the HSE Platform: which elements will be reused, which will be new, who will develop, maintain, and operate them, etc. Without that clarity it will be very difficult to estimate development costs, schedules, etc.
- There is no completed, accepted, and tested documentation that governs how the IE System Integrator will interact with other entities already involved with the HSE Platform (Service Provider Expectations). Without this governance framework it will be very difficult to predict whether IE development and integration will go smoothly;
- Per the Charter, one stated requirement of the IE solution is a robust Case Management System (CMS). However, according to the Technical Readiness Assessment it is unknown whether the CMS currently in use on the HSE Platform CMS (Siebel / VHC version) can be reused;
- There are 27 Healthcare-related programs that are to be moved from ACCESS to IE over a 30 month period (see Charter, IE RFP, IE IR). The number of programs implemented

by the State of Ohio in their new Integrated Eligibility system, over the same time frame, numbered approximately 6: MAGI eligibility, non-MAGI Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Women, Infants, and Children (WIC). In comparison to Ohio, the plan to transfer full functionality for this many programs, in the same time frame, with fewer State personnel resources, seems extremely optimistic. This is especially true when the state of the both the business processes and the relevant technology components (both "as is" and "to be") is so much in doubt;

- Per the Charter and the RFP, the envisioned IE solution includes Eligibility Determination and Eligibility Enrollment. However, there are limited requirements in the RFP for the automation of Eligibility Verification, nor any indication that it is a manual process. It is mentioned as a vendor requirement in section 2.2.1 of the RFP, but only for ACA-related verification, and while there are some verification components mentioned in the Functional Requirements (income, child support), verification is not included as a use case in either the Functional or Non-Functional Requirements of the RFP;
- According to the RFP, "The IE solution will consume eligibility screening, application and determination functionality and results from the Eligibility Automation Foundation (EAF) which will be shared functionality on the HSEP". However, according to the Technical Readiness Assessment this functionality is not currently shareable on the HSE Platform;
- According to the RFP, section 2.2.2 (Summary of Functional Requirements), Table 9, the following functionality is required by the IE solution: Master Client Index, Master Provider Index, and Provider and Resource Directories. However, the Charter describes this functionality as Out of Scope for the project, and it does not exist elsewhere;
- The IE RFP specifies 52 different deliverables for the project, almost all of which are plans or documents. There are only two actual system deliverables (deployments): 04/27/2018 for Healthcare programs, and 06/23/2018 for non-Healthcare programs. There are no specified interim releases, and insufficient time between the first and second deployments to ensure that the system is operating properly before adding more programs;
- Neither the Charter nor the RFP require the ability for end users to enter data via mobile devices. While desktop device usage has remained stagnant over the past four years, mobile device usage has skyrocketed (Pew Research Center, http://www.pewinternet.org/2015/10/29/technology-device-ownership-2015). Smartphones represent the only device for many in lower income brackets (Pew Research Center, http://www.pewinternet.org/2015/10/29/technology-device-ownership-2015). Smartphones represent the only device for many in lower income brackets (Pew Research Center, http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015): "Some 13% of Americans with an annual household income of less than \$30,000 per year are smartphone-dependent");
- The IE ABC Form contains two references to Agile development, but it doesn't say anything other than the project will be done in an iterative manner. However, none of the other project documents reflect an iterative approach. For example, the Charter indicates that the whole system appears at once (12/31/2017). And the RFP only has one reference to Agile in 2.3.2.2; where it only says that IE will be an agile system; it doesn't require Agile or even incremental development.
- [Note: this is a partial list]

AHS Comments on the IE Project Review

The following comments were provided by AHS on 3/21/2016. It should be noted that the comments refer to the key area scoring contained in the draft report of 1/31/2016, which have subsequently been revised due to the IE project reset of 2/3/2016 and subsequent actions by AHS. Although the final version of the report was reviewed by AHS on 4/4/2016, no additional comments were provided.

1. Project Justification – Excellent

Dan's Summary:

The legacy system (ACCESS) is over 30 years old; it is difficult to maintain, does not meet Federal requirements, and does not provide the functionality required to support AHS' vision and mission.

<u>Response:</u>

No response since this is not an issue

2. Clarity of Purpose - Poor

Dan's Summary:

Specific, measurable, achievable, and realistic goals for this project have not been documented. Without this clarity the project is at risk since detailed planning cannot occur. In the worst case scenario contracts are issued and work begun before a realistic scope and schedule have been defined.

Response:

The Agency of Human Services is embarking upon the IE project in a manner that is specific, measureable, achievable, and has realistic goals as evidenced by the plan to approach the project in 2 phases. Within the next 18 months, Phase 1 includes readying the Oracle system for IE, transferring Hawaii components because research and analysis has shown that Hawaii is most closely aligned with Vermont with its use of the same Oracle foundation and to generate a proof of concept, and implementation of 6 programs. Progress and success will be measured by incremental milestones/deliverables that are based upon constrained and specific scope, and well-defined expectations/requirements; and by implementation of the 6 programs. Independent Verification and Validation (IV&V) reports will provide supporting evidence that the product meets the Agency's scope and requirements. With a milestone/deliverable based contract, payment will only be made upon state acceptance of the milestone/deliverable. Phase 2 involves the integration of the 5 remaining major health and human service benefit programs along with their numerous sub-programs.

3. Organizational Support - Strong

Dan's Summary:

AHS/DCF support of the project is strong, and the department is actively involved in identifying business process changes, understanding how they will be implemented, and how they will function in a post-ACCESS environment

<u>Response:</u>

No response since this is not an issue

4. Project Leadership - Weak

Dan's Summary:

Project leadership has not been officially assigned to one individual. This must be accomplished and documented in the Project Charter and related project artifacts. This leader must be continually empowered by the key stakeholders to drive the project to a successful conclusion.

Response:

The Secretary of the Vermont Agency of Human Services is the Project Sponsor and has designated the Deputy Chief Information Officer (CIO) within AHS, as the Project Lead. The Deputy CIO is in charge of the IE project responsible for taking an active role in clearly defining project outcomes, directing project efforts, communicating status, and managing risk; and will drive the project to a successful conclusion.

5. Project Management - Weak

Dan's Summary:

While the core elements are in place to achieve good Project Management, the actual implementation is lacking. Documents are obsolete, incomplete, or inaccurate, and are not supporting project success to the extent necessary.

<u>Response:</u>

The reset of IE procurement demands all project management documents will be created anew. Furthermore, IE will be recognized as a program of projects. Subsequently, each distinct project will have its own scoping/scheduling/resourcing and financial tracking, initiated through its own charter and managed through its own project plan

Prospective projects addressing the scope of IE will be vetted following the AHS PMO project intake process and prioritized based on guidance from the business architecture team.

6. Financial Considerations - Neutral

Dan's Summary:

Initial estimates of development and maintenance costs have been developed, and may be realistic. However, given the lack of clarity on specific project outcomes, and the actual technical approach to be used, there is no solid foundation for either the development estimates or the maintenance and operation estimates.

<u>Response:</u>

The response is being handled directly with the agency CFO

7. Technical Approach - Poor

Dan's Summary:

Given the technological uncertainties (Platform capability, Platform governance, Platform reuse, etc.), and the challenges in adding ANY new functionality to the HSE Platform, the scope of the IE solution is far too broad to be feasible. Existing personnel (both State of Vermont and Contractor) have no experience in implementing this technology in this environment, and the risk of failure is high.

<u>Response:</u>

As confirmed with Dan during Paul/Bechir's phone conversation (3/18), this is no longer an issue given the new approach.