



**State of Wisconsin
Department of Health Services**

SFY 2017 Agency IT Plan

March 2016

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I. Top 5 IT Goals

This list does not represent the top five goals for all DHS Divisions, but is representative of the types of goals that DHS, as an organization, is focusing on for FY 17. In addition, the goals below do not necessarily describe the business goal or business need associated with the system or business function referenced in the goal; the goals below represent the technology function's role in supporting those business goals.

Following are five key goals for DHS that have a significant technology component:

- Support **PeopleSoft** operationalization and optimization including, but not limited to, application rationalization and modernization, report development, system fix/enhancement identification and implementation, and business process improvement.
- Support **Medicaid Management Information System (MMIS)** request for proposal development including, but not limited to, requirements identification and definition, technology planning, and development of a strategy for enterprise data management and data governance for Medicaid Services.
- Support the development and implementation of the **Electronic Health Records (EHR)** system for the seven facilities and central office functions including, but not limited to, project strategy/approach definition, development and execution of a request for proposal for a product vendor and system implementer, product implementation, business process definition and optimization, technology improvements (network connectivity, switches, wireless network, mobile devices, etc.) and project governance.
- Support technology and business process changes resulting from the **establishment of the Division of Medicaid Services**, including organizational changes that affect business information systems, system and data access changes, system modifications and enhancements, and new system implementations. This also includes support of any technology changes or system implementations resulting from the Family Care/IRIS 2.0 implementation.
- Support **CARES Eligibility System re-procurement** including, but not limited to, collaborating with vendor(s) and divisions to define and implement approaches for changes to systems and technology resulting from organizational changes, ensure security requirements are adequately addressed, and ensure compliance with applicable state and federal laws and regulations.

II. DHS – Agency Projects

1. Facilities Electronic Health Records (EHR) System

1) Project Name: Facilities Electronic Health Records (EHR) System			
2) Project Type: <input checked="" type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
<p>3) Project Description: DHS' seven facilities currently rely on a combination of paper records created in Word and Excel, legacy software, and information stored largely in stand-alone MS Access databases to document and manage patient care. This antiquated approach to managing patient information creates significant inefficiencies, potential data security concerns, lost opportunities to enhance the quality of patient care, and could begin to create potential accreditation and compliance issues for the facilities that are licensed and/or receive federal funding. Facilities report that with the days of faxing records rapidly fading, the primary means of communicating with health care providers in regard to emergency admissions to an ER, admissions to DHS facilities, coordination of health care while the person is in a DHS facility and at time of discharge, is with the inter-connectivity of EHRs.</p> <p>None of the facilities has the capacity to create an exchangeable electronic health record, which is a foundational expectation of all health care facilities. The 2013-15 biennial budget appropriated annually \$3.5 million all funds, starting in FY 15, to fund the implementation of an EHR. Consequently, DHS and the seven facilities will engage in an intensive planning, procurement, and implementation project to significantly modernize the facilities' health information technology. The purpose of implementing an EHR is to collectively capture critical patient care data across all seven facilities, increase efficiencies among staff, standardize common processes and create an electronic health record for each patient. This will allow DHS to improve the quality of patient care, easily share patient data securely with internal and external providers, and offer better opportunities for measuring patient care outcomes.</p>			
4) Project Schedule	Start: Jul 2014	Expected Completion: Jan 2020 for last facility implementation, with first expected to go live in 2018	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) TBD	
<p>Technical Architecture Components: Sections 5 through 7 will be validated in FY 2016-17 when the EHR system vendor is selected, either through a Request for Proposal (RFP) process or potentially via a contract piggy-backing arrangement with the Department of Corrections (DOC).</p>			
7) Estimated Total Project Hours: 30,000 est. all state staff hours per year for the next three years for procurement, design/configuration, training, and implementation phases. (Does not include EHR system vendor hours).		8a.) Estimated Total Project Cost: \$24 million est. for system procurement and implementation over eight years.	
8) Related Projects and Dependencies: The principle related project and dependency is the major on-going effort by DHS to upgrade the networks and infrastructures of the seven facilities. A significant portion of most facilities' infrastructures are quite antiquated and will not be able to reliably support most modern EHR systems. DHS is working closely with DOA (both DET and DSF) on a closely linked companion project to upgrade and modernize the facilities' infrastructure capacity to support an EHR system. DHS was recently provided the authority to access facilities Program Revenue fund balances to fund virtually all remaining infrastructure upgrade work.			
9) Project Sponsorship and Funding			
Executive Sponsor: Tom Engels		Division: DHS Office of the Secretary	
Project Sponsor: Pat Cork		Division: DMHSAS	

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Project Sponsor:	Curtis Cunningham	Division:	DLTC
Business Sponsor:	Rose Kleman	Division:	DMHSAS
Business Sponsor:	Facility Directors	Division:	DMHSAS and DLTC
Project Manager:	Karen Kressin	IT Authority:	Matt Detrick (DHS CIO)
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$1.7M annually <input checked="" type="checkbox"/> PR \$1.7M annually <input type="checkbox"/> SEG \$_____			
<input type="checkbox"/> FED \$_____			
<p>10) Issues that may influence successful execution of the project: Issues that could affect the outcomes are: (a) adequate staff resources to lead and support the project; (b) access to EHR industry and systems expertise; (c) timely completion and implementation of infrastructure upgrade / modernization of plans and projects; and (d) sufficient time of essential business staff, especially clinical and other facility staff, to be able to dedicate to the project, and still allow the DHS facilities to have adequate staffing available to provide the high-quality care they remain dedicated to providing. DHS is currently working with a consulting firm to integrate EHR industry and systems expertise during the planning and strategy phase. DHS is considering contracting with an experienced EHR implementer to assist with system implementation.</p>			

2. IRIS Self-Directed Information Technology System (ISITS)

1) Project Name: IRIS Self-Directed Information Technology System (ISITS) and Third-Party Administration (TPA) Implementation			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The "Include, Respect, I-Self Direct" (IRIS) Medicaid Home and Community-Based Waiver Program provides long-term care services to adults who have physical disabilities, developmental disabilities, or who are frail elders.			
<p><u>Care Management (CM) System</u> - Currently there are over 15 different non-interfaced systems used to collect and process information for the IRIS program. Other states with similar programs have implemented a comprehensive system or interfaced systems that include all functions needed to deliver the program. Wisconsin has issued an RFP for a comprehensive participant and case management system to support the program. The RFP was successful and a winning vendor, Iron Data, was selected. Implementing the selected system will include data cleansing, system development, system configuration, and extensive training. The implementation will be done with a phased approach, with each phase leveraging development done in the previous phase. This will begin with the July 2015 implementation of the vendor's core system with DHS-specific modifications, which will then be incrementally built upon. The project will also include the evaluation and modification of existing processes, policies, guidelines, and documents.</p> <p>The Core ISITS System was successfully launched on June 29, 2015. DHS continues to research, develop, and implement enhancements and internal controls in the ISITS platform. In the fourth quarter of calendar year 2015, Iron Data merged with MicroPact and the companies assumed the MicroPact name. As part of this conversion, MicroPact has proposed to move the ISITS system from the current Iron Data platform, Intelligent Case Management (ICM), to a more technologically advanced platform called Intellectrac. DHS is exploring the benefits of this platform change including the very limited costs associated with the increased functionality and capacity of the more advanced platform. DHS is also pursuing continued enhanced funding through the Centers for Medicaid and Medicare Services; this is done via Advanced Planning Documents (APDs) and APD updates. DHS submitted the APDU in January of 2016 and anticipates approval in March of 2016. This would continue 90% federal funding and 10% GPR funding for this project.</p>			
4) Project Schedule	Start: Apr 2014	Expected Completion: Mar 2016	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input checked="" type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify) *Highly developed and customized COTS product.	
7) Technical Architecture Components:			
<ul style="list-style-type: none"> • Interfaces with the ISITS system will be made with interChange, FSIA, MMIS (WPM, Program Enrollment, Member Medicaid Eligibility, and Cost Share amount), and the data mart. • System will be built upon an already existing vendor platform. 			
8) Estimated Total Project Hours: TBD		8a.) Estimated Total Project Cost: \$6.4 M	
9) Related Projects and Dependencies: Potentially related systems and projects include Wisconsin Provider Management, and Eligibility and Enrollment Streamlining.			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor:	Brian Shoup	Division:	DLTC
Business Sponsor:	Jody Brassfield	Division:	DLTC
Project Manager:	Julia Westphal	IT Authority:	Matt Dedrick (DHS CIO)
Is Full Funding for Project Approved/Secured?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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Funding Source for the Project: GPR \$640,000 PR \$ _____ SEG \$ _____
FED \$5,760,000

11) Issues that may influence successful execution of the project: Concurrent projects and day-to-day work activities greatly limits resource availability for the project.

3. MITA Assessment and MMIS Procurement

1) Project Name: Medicaid Information Technology Architecture (MITA) Assessment/Medicaid Management Information System (MMIS) Request for Proposal (RFP)			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: This project initiative will include multiple phases of activities to be performed. During SFY 16 the Department and its contracted vendor completed the MITA 3.0 Self-Assessment (SSA) and submitted the MITA 3.0 5-Year Roadmap to the Centers for Medicare and Medicaid Services (CMS). Also in SFY 16, the Department completed the following work related to the MMIS RFP: <ul style="list-style-type: none"> • Established the MMIS vision and strategy to support the Medicaid program for the State of Wisconsin and DHS enterprise. • Prepared and presented the MMIS Fiscal Agent recommendation and developed the subsequent procurement strategy for the takeover and module support of the existing solution. • Initiated the development of the MMIS RFPs and related evaluation and budgeting efforts. • Completed an Enterprise Data Architecture Management Strategy Assessment (EDAMSA). During FY 17 the Department is targeting to complete the following work related to the MMIS RFP. <ul style="list-style-type: none"> • Complete the development and issuance of the MMIS RFPs. • Obtain CMS approval for the MMIS RFP, evaluation, and implementation budget. • Complete vendor evaluations for the takeover system and related modules. • Issue an "intent to award" and initiate vendor negotiations. DHS' contracted vendor, Cognosante, is responsible for managing all efforts for this initiative, including development of the MMIS RFP, evaluation proposal, and implementation budget. The vendor's responsibilities include performing project management, business analysis, technical analysis and all quality assurance activities as required by the state. The vendor will be required to perform these duties following current industry best practices and utilizing the highest quality performance measures available. The Department will be responsible for the oversight and monitoring of the vendor contract and will apply the quality and performance measures to the work performed by the vendor. In addition to the MMIS RFP, the Department is also responsible for developing additional related proposals to support the procurements for Systems Integration (SI), Project Management Office (PMO), and Independent Verification and Validation (IV&V) as required by CMS. The efforts to develop these RFPs and related evaluation and budget efforts will be initiated late in SFY 16 and completed in SFY 17.			
4) Project Schedule	Start: Apr 2013	Expected Completion: Nov 2018	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)	
7) Technical Architecture Components: TBD			
8) Estimated Total Project Hours: 55,000		8a.) Estimated Total Project Cost: \$7,000,000	
9) Related Projects and Dependencies: Resource commitments across many divisions in the department will be necessary to support the defined project scope			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Kevin Moore		Division: DHCAA	

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Business Sponsor:	Marlia Mattke	Division:	DHCAA
Project Manager:	Tricia LaPlant	IT Authority:	N/A
Is Full Funding for Project Approved/Secured?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Funding Source for the Project:		<input checked="" type="checkbox"/> GPR \$700,000	<input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____
		<input checked="" type="checkbox"/> FED \$6,300,000	
11) Issues that may influence successful execution of the project:			
a. State and contractor resources needed to implement this project are extensive.			
b. CMS approval of the Department's procurement strategy, RFP, evaluation proposal, and implementation budget			

4. Total Cost of Care (TCoC)

1) Project Name: Total Cost of Care (TCoC)			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: Development of a total cost of care financial/data system that will provide a standardized method for calculating and reporting total cost information by members/member characteristics/Medicaid eligibility groups under the ForwardHealth umbrella.			
4) Project Schedule	Start: Aug 2013	Expected Completion: Dec 2017	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input checked="" type="checkbox"/> Client Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)	
7) Technical Architecture Components: Forward Health interchange, DHS Financial Management System, DHS Data Warehouse, and external member data sources including CARES, CHSRA, and PWC.			
8) Estimated Total Project Hours: 38,000 hours (vendor hours)		8a.) Estimated Total Project Cost: \$4,838,000 (vendor cost)	
9) Related Projects and Dependencies: <ul style="list-style-type: none"> Total Cost of Care will be built upon current financial and data systems established and balanced through the Financial Subdivide Project. BBM(QI)/BFM/AO/BOC/BFS will have fundamental roles in planning and implementation. Improvements in the cost information of the encounter data are necessary to be able to apply the full potential of analysis capabilities for members in Managed Care. 			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Marlia Mattke		Division: DHCAA	
Business Sponsor: Krista Willing		Division: DHCAA	
Project Manager: Chad Lillethun		IT Authority: Vendor Contract with HPE	
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$2,419,000 <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____			
<input checked="" type="checkbox"/> FED \$2,419,000			
11) Issues that may influence successful execution of the project: The staffing of sufficient HP resources experienced in complex projects, and balancing competing project priorities will place pressures on the project.			

5. Wisconsin Provider Management (WPM) Implementation

1) Project Name: Wisconsin Provider Management (WPM) Implementation (Current Phase) (formerly Wisconsin Provider Index (WPI))			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: DHS intends to establish a single source of Medicaid (MA) and non-MA provider information from multiple divisions within DHS. A system is needed to meet the DHS business need of centralizing the collection of provider enrollment, certification, licensing and training information for both Medicaid and atypical providers. Medicaid Management Information System (MMIS) collects certified Medicaid provider information so DHS will leverage the MMIS to capture the necessary information for atypical providers as well. This project will enhance and create efficiencies for provider management and analysis across DHS, for many Medicaid long-term care programs and mental health programs in addition to the Medicaid programs.			
4) Project Schedule:	Start: Jan 2014 (Implementation Phase)	Completion: Dec 2016 (Implementation Phase)	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify)	
7) Technical Architecture Components: Leverage the MMIS/interChange provider module, define web services, and identify the interfaces between systems.			
8) Estimated Total Project Hours Implementation: State & HP – 25,961 Hours		8a.) Estimated Total Project Cost Implementation: \$1,824,786	
9) Related Projects and Dependencies: interChange/Medicaid, Children’s Waivers, IRIS (Self-Directed Support) Care Management System, DLTC Enrollment Streamlining.			
10) Project Sponsorship and Funding			
Executive Sponsor:	Brian Shoup	Division:	DLTC
Business Sponsor:	Heidi Herziger	Division:	DLTC
Project Manager:	Sampson Zikmund	IT Authority:	Vendor Contract with HPE
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$182,478 (10%) <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____			
<input checked="" type="checkbox"/> FED \$1,642,308 (90%)			
10/90 matched funds. Funding would be distributed over three (3) years. IAPDU submitted September 11, 2015, for revised funding levels and project scope.			
11) Issues that may influence successful execution of the project:			
1. Program area subject matter expert (SME) participation to gather requirements.			
2. Getting skilled resources in a timely manner.			
3. Technical resources at HP to do development.			
4. State SME’s participation in UAT testing.			
5. Training waiver agency users and providers.			
6. Conversion of unduplicated provider information.			

6. DHS Multisite Radio System Upgrade

1) Project Name: DHS Multisite Radio System Upgrade (13G1D)			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The current radio system and devices are obsolete, cannot be supported, and need to be replaced. The scope of this project includes the design, procurement and implementation of infrastructure to support a new radio system and devices including, but not limited to, switches, routers, and radio devices; implementation of a dedicated network for the radio system including fiber optic and copper cabling where necessary; procurement of required licensing for FCC frequencies; establishment of MOUs between DHS and DOT for infrastructure use; training; and transition to DHS operational owners for support and maintenance of the system.			
4) Project Schedule	Start: Jul 2013	Expected Completion: Jul 2016	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	<input checked="" type="checkbox"/> Segregated Network
6) Application Type:	<input type="checkbox"/> In-house Developed	<input checked="" type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)	
7) Technical Architecture Components: The radio system will operate on a segregated network. The technology components (switches, routers, radios, etc.) will be procured from and supported by the radio system vendor. There are possible synergies with the considered Distributed Antenna System (DAS) supporting improved radio coverage within the tunnels between buildings. Cellular system could share cabling and antennas.			
8) Estimated Total Project Hours: 4,000		8a.) Estimated Total Project Cost: \$3.4 M	
9) Related Projects and Dependencies: <ul style="list-style-type: none"> Improve Cellular Coverage at MMHI/CWC – How radio connectivity is achieved within the tunnels between buildings will need to be coordinated. Facility Network Infrastructure Assessment/Upgrades – Steps and priorities for upgrading the cabling, configuring the network, and optimizing network bandwidth will need to be coordinated. 			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor:	Patrick Cork	Division:	DMHSAS
	Curtis Cunningham	Division:	DLTC
Business Sponsor:	Doug Bellile	Division:	DMHSAS – SRSTC
Business Sponsor:	Catherine Murray	Division:	DLTC – CWC
Business Sponsor:	Gregory Van Rybroek	Division:	DMHSAS – MMHI
Business Sponsor:	James Henkes	Division:	DLTC – SWC
Project Manager:	Darren Chappuies	IT Authority:	Matt Dedrick (DHS CIO)
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input type="checkbox"/> GPR \$_____ <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____			
<input type="checkbox"/> FED \$_____ <input checked="" type="checkbox"/> GFSB \$ 3.4 M			
11) Issues that may influence successful execution of the project: Procuring radio system equipment off existing contracts that are currently widely used within the state enterprise will enable fulfillment of the “interoperability” requirement of this project as approved by the Building Commission and significantly increase the probability of success of the project; also, this will facilitate improved operating efficiencies and collaboration since the impacted agencies will be on the same systems and will enable more competitive pricing of hardware and services from the vendor due to increases in the volume of hardware and services purchased by the enterprise.			

7. Advanced Data Analytics Services Procurement

1) Project Name: Advanced Data Analytics Services Procurement			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: State-of-the-art analytical tools/services to assist the OIG in detecting patterns or activity that may potentially result in fraud, waste, or abuse to the Wisconsin Medicaid Program and other DHS and state programs.			
4) Project Schedule	Start: Jan 2016	Expected Completion: Jul 2020	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)	
7) Technical Architecture Components: TBD			
8) Estimated Total Project Hours: TBD		8a.) Estimated Total Project Cost: \$5.0M AF	
9) Related Projects and Dependencies: interChange, DSS			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Lori Thornton		Division: OIG	
Business Sponsor:		Division:	
Project Manager: Dawn Schroeder		IT Authority: Matt Dedrick (DHS CIO)	
Is Full Funding for Project Approved/Secured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Funding Source for the Project: <input type="checkbox"/> GPR \$ <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____ <input type="checkbox"/> FED \$			
11) Issues that may influence successful execution of the project:			
<ol style="list-style-type: none"> 1. Ability to obtain 90/10 enhanced funding 2. IT resources 3. Access to DHS data sources 4. OIG resources 5. MMIS procurement 			

8. State Vital Record Information System Part 2

1) Project Name: State Vital Record Information System Part 2			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The State Vital Record Information System (SVRIS) project will implement an integrated database of vital records with web-based access to various levels of stakeholders. Part 1 of the project will provide online processing and certification for birth records in phase 1; death records in phase 2; and marriage and divorce records in phase 3. Part 2 of the project will provide imaging and partial data capture for the historical records that currently reside on paper or microfilm. Vital Records has historical data that dates back as far as 1814, and a more complete set of records from 1907 forward, at which point it became state law to submit the records to the state for central registration. The current online SVRIS only contains recent records. SVRIS Part 2 will create a backup image of all paper and microfilm records (many of which currently only the original exists), digital images of records that can be accessed by the online system by query for issuance of certificates from the database data rather than from images, and data capture for an additional number of years that will extend statistical analysis.			
4) Project Schedule	Start: Jun 2016	Expected Completion: Jan 2021	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify)	
7) Technical Architecture Components: SQL Server database, document management software, vendor dependent data capture, display, and record management software.			
8) Estimated Total Project Hours: Dependent upon vendor level of automation versus manual scanning, keying.		8a.) Estimated Total Project Cost: \$20 M	
9) Related Projects and Dependencies: SVRIS Part 1 will display and utilize the images created by Part 2 and will issue older certificate either from the images or data captured.			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Oskar Anderson		Division: DPH	
Business Sponsor: Lisa Walker		Division: DPH	
Project Manager: TBD		IT Authority: Oskar Anderson	
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input type="checkbox"/> GPR \$ <input checked="" type="checkbox"/> PR \$20 M <input type="checkbox"/> SEG \$ _____ <input type="checkbox"/> FED \$			
11) Issues that may influence successful execution of the project: Procurement of vendors for this type of project can be complex, which could result in a delayed start. Losing the secure space that we have reserved for the project would create an issue.			

9. CARES Maintenance and Operations

1) Project Name: CARES Maintenance and Operations (Procurement – Transition begins July 2016)			
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: This procurement is to contract with an experienced vendor for system maintenance, operation, and enhancement/modification of programming services for the state's public assistance eligibility determination system known as CARES (Client Assistance for Re-employment and Economic Support).			
<p>CARES is a family of systems in full operation for use at the state level, the county and tribal level, at various community partner facilities and, through internet capability on a 24/7 basis, the public. The system ensures that applicants for new services, as well as current members, receive prompt and accurate review of their applications and, when approved, the initiation of the flow of state benefits to which they're eligible. CARES acts as the sole operational system through which information needed to assist a current member or process a new applicant's request for benefits can be handled. Without it, the interoperability of the entire chain of benefit programs administered through it is at high risk.</p> <p>CARES is operated on the state's hardware and computer facilities, but the highly complex software and programming to support its operation and modifications are provided through a contract with a vendor.</p> <p>Major programs of the Department of Health Services (DHS) and Department of Children and Families (DCF), managed under the CARES umbrella, include, but are not limited to: Medicaid, BadgerCare Plus, SeniorCare, Wisconsin FoodShare, and Child Care. A host of smaller programs also derive their eligibility determination and maintenance through direct access to, and maintenance within, the CARES environment. These programs serve over 1,000,000 Wisconsin citizens, providing access to needed medical services and food and nutritional services or both.</p> <p>CARES is one of the most critical systems under the state's management. It enables DHS and DCF to fulfill the most basic of the state's core human service obligations</p>			
4) Project Schedule	Start: Jul 2015	Expected Completion: Jan 2018	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)	
7) Technical Architecture Components: Pending contract award			
8) Estimated Total Project Hours: Pending contract award		8a.) Estimated Total Project Cost: \$56,065,203	
9) Related Projects and Dependencies: N/A			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor:	Kevin Moore	Division:	DHCAA
Business Sponsor:	Jen Mueller	Division:	DHCAA
Project Manager:	Rob Thomas	IT Authority:	TBD

11. Third Party Liability (TPL)

1) Project Name: Insurance-Based Billing Project (Third Party Liability)		
2) Project Type: <input type="checkbox"/> New FY 17 <input checked="" type="checkbox"/> Ongoing		
3) Project Description: The Department will build a system to electronically bill insurers for claims payment initially made by Medicaid, but which private insurance appears to be responsible. This system will contribute to efforts to ensure Medicaid is payer of last resort.		
4) Project Schedule	Start: Aug 2015	Expected Completion: Jul 2017
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Web <input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> In-house Developed	<input type="checkbox"/> COTS <input type="checkbox"/> SaaS
	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)
7) Technical Architecture Components: MMIS/interchange		
8) Estimated Total Project Hours: 93,000	8a.) Estimated Total Project Cost: \$ 7.0M	
9) Related Projects and Dependencies: N/A		
10) Project Sponsorship and Funding <i>(please complete the information below)</i>		
Executive Sponsor:	Kevin Moore	Division: DHCAA
Business Sponsor:	Tricia LaPlant	Division: DHCAA
Project Manager:	Rose Klaben	IT Authority: DHCAA
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$ 700,000 <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____ <input checked="" type="checkbox"/> FED \$6.3M		
11) Issues that may influence successful execution of the project: state/vendor resources with extensive TPL expertise will be needed to successfully implement this project.		

12. Projects Completed in FY 16

FY 2016 Ref Num	Project Name	Completion Date [1]
2.	Foster Care Medical Home / Care4Kids	Dec 2015
3.	ICD-10 Project for Medicaid Program	Apr 2016
6.	State Vital Record Information System Part 1, Phase 3	May 2016
8.	Wisconsin Women Infants and Children (WIC) Program EBT System	Dec 2015
12.	Secure Public Health Electronic Record Environment (SPHERE) Modernization	May 2016
Potential	Real-Time Eligibility	Oct 2015
Potential	Streamlined Program Add	Oct 2015
Potential	Real Time Data Exchange	Oct 2015

[1] Completion Dates after March 1, 2016, are estimated due to the timing of this report.

III. DHS – Potential Agency Projects

Potential Project Name: Special Needs Kids Grant
Description: Wisconsin's Health Care Innovation Challenge award, received in August 2014, focuses on intensive and ambulatory care management interventions for children with special healthcare needs. This project falls under Innovation Category Three: models that test approaches for specific types of providers to transform their financial and clinical models. Specifically, our award is testing new pediatric provider and reimbursement models for the care of children with medical complexity and high resource utilization.
The overall goals of the proposal are to: 1) Enhance and expand the Children's Hospital of Wisconsin (CHW) Special Needs Program (SNP) Care Coordination and Medical Co-Management Model for children with medical complexity (CMC) with high-tertiary center resource use. 2) Implement the Model at a second tertiary pediatric center (American Family Children's Hospital AFCH). 3) Develop payment models to ensure financial sustainability of the models at both institutions.
Anticipated Total Cost: The federal award provides 100% federal funding for the hospitals to provide care to special needs kids from September 1, 2014, through September 1, 2017. The award does not require DHS IT investment until the final year of the award. This cost has not yet been estimated.
Resourcing: N/A for SFY 17.

IV. IT Infrastructure Projects or Expenditures

Describe projects or anticipated expenditures over \$100,000 related to augmenting IT infrastructure (e.g., hardware, servers, storage, networking components, security, backup, and disaster recovery), if these projects have not already been described in sections III or IV above.

No projects planned for augmenting IT infrastructure with anticipated expenditures over \$100,000.

V. Office 365 Migration Plans

Describe Agency's plans to migrate to Office 365, including an approximate timeline for migration.

DHS is currently developing strategic options for migrating to Office 365. This effort is dependent on the following:

- DET executing a contract with Microsoft for Enterprise licensing of Office, Windows and CALs.
- DET successfully testing and implementing an enterprise domain and single tenant for Microsoft Enterprise Cloud Services.
- DHS determining the strategic value of the additional cost of enterprise CALs and whether user-based licensing is worth the additional expense.

Assuming DET successfully addresses the first two bullet points by Q3 CY 16, DHS will move forward with a limited rollout of Office 365 to pilot users in Q4 CY 16. Assuming DHS successfully addresses the third bullet point, the target timeframe for starting Agency-wide implementation is Q3 CY 17.

VI. VoIP Rollout Plans

Describe Agency's plans to participate in the Voice over Internet Protocol (VoIP) rollout, including an approximate timeline for rollout.

DHS is currently defining a VoIP strategy and approach for agency-wide implementation. The target timeframe for completion of the approach for agency-wide implementation is Q4 CY 2016. VoIP has been implemented at two locations: the new Disability Determination Bureau office in Madison and the ROSS office in Milwaukee. BITS is planning for a pilot implementation at the 1 West Wilson Street location in Q3 CY 16. The pilot will include BITS staff for the first phase. The expectation is to expand the pilot to select remote office locations in Q1 CY 17.

VII. *Response removed for Web publishing purposes.*

VIII. Agency Application Portfolio Assessment

Include a copy of Agency's portfolio assessment with this plan. If the assessment is not yet completed, indicate the status of progress toward completion.

DHS' application portfolio assessment is in process. Information for the application inventory is being gathered by the BITS Team and compiled on a SharePoint site. The priorities for the objectives of the analysis are as follows:

1. Application rationalization as a result of the PeopleSoft ERP system implementation.
2. Application and data impacts expected as a result of the MMIS procurement and implementation projects.
3. Disaster recovery/business continuity expectations for the applications identified during the inventory process.
4. Application portfolio assessment, measuring application business value and technical condition.

The application portfolio assessment (#4) is not expected to be completed until priorities 1 through 3 are addressed, which is currently targeted for end of CY 17.

IX. Additional Issues/Activities

[OPTIONAL] Identify and explain issues or other activities not described already that are influencing, or could influence, successful execution of Agency's IT plan and about which DOA/DET should be aware.