



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

February 2, 2024

The Honorable Howard Marklein
State Senator
Joint Committee on Finance
316 East Capitol
Madison, WI 53703

The Honorable Mark Born
State Representative
Joint Committee on Finance
308 East Capitol
Madison, WI 53703

Dear Senator Marklein and Representative Born:

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

We have the following projects under development:

- 1) State Vital Records Information System (SVRIS) Part 2
- 2) AIDS Drug Assistance Program (ADAP) Online Portal
- 3) Virtual ADRC and Statewide Resource Database and Implementation Project
- 4) ADRC Replace Wellsky
- 5) Electronic Visit Verification (EVV) – Home Health
- 6) Tribal Shared Savings
- 7) Adult Incident Report System (AIRS)
- 8) Publications Modernization Project & Robohelp Migration
- 9) Integration of Long-Term Care (LTC) Encounters into the MMIS
- 10) CARES: 12 Month Continuous Coverage for Children
- 11) CARES: Able-bodied Adults Without Dependents (ABAWD) Changes Phase II
- 12) CARES: FoodShare Unclear (FSUC) Project
- 13) CARES: Elderly Simplified Application Project (ESAP)
- 14) CARES: Overpayment Claims Compromise
- 15) LTC Provider Management
- 16) Prepayment Review Function
- 17) ACT 178-CIE-MIS
- 18) Children’s Long-Term Support (CLTS) Claims Processing
- 19) Hospital Access Payment System Enhancements and Corrections
- 20) WR-00054145 W/DAR Advanced Query Builder and Medicaid Reports Development
- 21) Katie Beckett Phase II
- 22) SeniorCare Front End Processing Implementation
- 23) Program Participation system (PPS) Mental Health/Substance Use Replacement
- 24) Insight CS to the Cloud
- 25) DHS Connect Lab Enhancement Through Pathnet;
- 26) Overdose Alert System
- 27) iQIES Integration
- 28) Assisted living Facility and Resident Assessment

Information regarding these initiatives is included in the enclosed report.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirsten L. Johnson".

Kirsten L. Johnson
Secretary-designee

Enclosure



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Report to the Legislature on Data Processing Projects — 2023

P-00988 (02/2024)

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Report Approach Overview

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

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

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

Report Inclusion Criteria and Components — Reference

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

Components:

1. Report Preparation Date: Lists the date the status report was prepared for this project.
2. IT Project Title: States the formal name of the project.
3. IT Project Status: Lists the status of the project at the time the report was prepared. All are “Active”.
4. DET Services/Impact: Indicates if DET services are needed or impacted to support the project.
5. DET Impact Explanation: Indicates what DET services are needed or impacted, if known.
6. Master Lease Funding Amount: Lists the total amount funded through the master lease program.
7. Original Cost Projection: Lists the overall estimated cost of the IT project at the time the project started.
8. Additional Context for Original Cost Projection: Optional field to provide context for the field above.
9. Funding Source: Details applicable project funding sources to equal the total current cost projection.
10. Current Cost Projection: Lists the current overall cost of the Information Technology (IT) Project.
11. Additional Context for Current Cost Projection: Optional field to use, if needed.
12. Explanation for Changes to Cost Projection: Provides explanation if the actual, current cost projection varies from the original cost projection. If there is no variance, the field states “No Change.”
13. Original Estimated IT Project Start Date: Lists the original projected project start date.
14. Actual or Current Estimated IT Project Start Date: Lists the current estimated or actual project start date.
15. Explanation for Changes to IT Project Start Date: Provides a brief explanation if there is a difference between the original project start date estimate and the actual or current project start date estimate.
16. Original Estimated IT Project Completion Date: Lists the original, estimated project completion date at the time the project started. Note that this is not a baseline project completion date set in the project planning stage; it is a high-level estimate at the point of project definition or initiation.
17. Current IT Project Completion Date: Lists the estimated project completion date. Depending on the project’s stage, it may be a high-level estimate prior to a planning schedule baseline.
18. Explanation for Changes to IT Project Completion Date: Provides explanation for updates from the original project completion date estimate to the current project completion date projection.
19. Original IT Project Stage Completion Dates: Lists the stage names and original high-level estimated completion dates for all project stages at the time the project starts. This information is

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high-level best estimates of stages and dates prior to the formal project planning stage.

- 20. Current IT Project Stage Completion Dates: Lists the current project stage names and estimated project stage completion dates. Depending on the project’s stage, it may be a high-level best estimate prior to a planning schedule baseline.
- 21. Explanation for Changes to IT Project Stage Completion Dates: Explains variances from original stage completion dates to current stage completion dates.
- 22. IT Project Scope: Includes a brief description of the project scope.
- 23. IT Project Deliverables: Includes a brief list of deliverables expected to be produced by the project.
- 24. IT Project Assumptions: Lists assumption(s) for the project, if any.
- 25. IT Project Risks and Constraints: Lists key project risks or constraints to highlight for the project.
- 26. Submitted in Other DET Statutory Reports: Lists statutory reports submitted to the Department of Administration, DET, in which the project was included. It is limited to the agency’s Strategic IT Plan and submissions via the Large, High-Risk IT Project Report (formerly known as the Million-Dollar IT Project Report).
- 27. Other Information (Optional): Optional field to use, if needed.

Projects Completed/Closed Since Active in 2022 Report

2022 Report Reference #	Project Name from 2022 Report	Completed/Closed Date
3	Program Integrity Module	September 2023
4	Electronic Visit Verification (EVV)	July 2023
6	Enterprise Data Warehouse & Data Analytics Reporting (EDW&DAR) Medicaid Enterprise Systems (MES) Modules	September 2023
10	Monthly Rate of Service (MROS) Payment Automation	June 2023
11	Genesys Customer Callback	May 2023
12	CARES: Gap Filling	February 2023
16	ANSI X12 EDI Migration from Sybase to IaaS	September 2023
21	Substance Use Treatment Enhancement — ARPA	June 2023
22	Building the DHS Websites in Drupal 9	June 2023

2023 Active IS Projects under Development

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

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

16. *Original Estimated IT Project Completion Date:* December 31, 2022

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

18. *Explanation for Changes to IT Project Completion Date:* SVRIS Part 2 will be completed later than initially projected. Working with fragile, irregular, and many hand-written paper documents that date back as far as 1814 that were filed and amended in many ways over the 200+ years was much more difficult than our contractor estimated. Keying of data from the old records is also proceeding more slowly than our contractor forecast, which has in turn delayed the conversion of data into SVRIS. Each stage has been extended accordingly. The forecasted completion date is late 2024, although the contractor and DHS project team routinely explores options for increasing pace.

19. *Original IT Project Stage Completion Dates:*

- *Project Charter Signed:* April 30, 2017
- *Project Planning:* December 31, 2017
- *Project Execution:* July 31, 2022
 - *Scanning of Original Vital Records Documents:* October 31, 2019
 - *Indexing of Vital Records Documents:* December 31, 2021
 - *Conversion of Vital Records into SVRIS:* July 31, 2022
- *Project Closing:* December 31, 2022

20. *Current IT Project Stage Completion Dates:*

- *Project Charter Signed:* April 30, 2017
- *Project Planning:* December 31, 2017
- *Project Execution:* July 31, 2024
 - *Scanning of Original Vital Records Documents:* June 30, 2021
 - *Indexing of Vital Records Documents:* July 31, 2023
 - *Conversion of Vital Records into SVRIS:* July 31, 2024
- *Project Closing:* December 31, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* Scanning of Original Vital Records Documents was delayed because working with fragile, irregular, and hand-written paper documents that date back as far as 1814 that were filed and amended in many ways over the 200+ years was much more difficult than our contractor estimated. Additionally, some scans were of poor quality and needed to be rescanned by the contractor.

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

Conversion of Vital Records into SVRIS has in turn been delayed as this process cannot be started by DHS staff until the previous work is complete. Therefore, each stage has been extended accordingly.

IT Project Information Section:

22. *IT Project Scope:* The scope of this project is to preserve copies of all original Wisconsin vital records as archival quality images and to create electronic public and Wisconsin indexes of the data from these images. This will be used both for retrieval of those images and to load the newly created indexes into SVRIS for issuance of certificates from a centralized database. This includes birth, death marriage, divorce, domestic partnership, and termination of domestic partnership.

23. *IT Project Deliverables:* One key deliverable is the creation of an electronic back-up of all Wisconsin vital records documents in the event of any natural disaster or unforeseen destruction of the non-electronic documents. Another key deliverable is the creation of electronic public and Wisconsin indexes. This project will also enable the ability for issuance of vital records' certificates from the statewide database. The creation of digital images for the 25 million records, including the re-scans of images which failed the initial quality check, have been completed. The overall project is split up into smaller delivery subsets based on event type (birth, marriage, death, divorce, etc.) and data years to facilitate both the creation of indexes and the conversion of the index data into SVRIS. Currently, over five and a half million records have been converted into the SVRIS database. In addition, over 8 and a half million images have been loaded into SVRIS to date. During this reporting period, there were three additional conversion delivery subsets brought to completion, all of which included the insertion of new records into SVRIS.
24. *IT Project Assumptions:* DHS assumes that Ancestry will continue to provide the agreed upon services free of charge and will complete all portions of the project as outlined in the original Statement of Work.
25. *IT Project Risks and Constraints:*
Risks: Competing priorities within the State Vital Records Office (SVRO) such as legislative changes affecting the SVRO and required system upgrades to SVRIS are a risk to the project timeline as they would likely require key resources currently assigned to this project. The project team accepts this risk. If higher priority efforts are required of key resources on the project team and other resources cannot be allocated, the timeline for the project may need to extend.

Constraints: As listed above, the variability of vital records documents spanning back over 200+ years has limited the ability of our contractor to speed up the project.
26. *Submitted in Other DET Statutory Reports?*
 No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
 FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
 FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
 Large, High-Risk IT Project Report (Submitted to DOA March 2023)
 Large, High-Risk IT Project Report (Submitted to DOA August 2023)
27. *Other Information (*Optional*):* N/A

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

1. *Report Preparation Date (Status as of):* 11/14/2023
2. *IT Project Title:* AIDS Drug Assistance Program (ADAP) Online Portal
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* This project will need to go through the DET Cloud Brokerage Review Process. This project team will also need to work with DET on the implementation of MyWisconsin ID. Further DET involvement is not yet known for this project.

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6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,000,000
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount): \$1,000,000; The total cost of the project will come from ADAP Rebate funding.
10. *Current Cost Projection:* \$1,000,000
11. *Additional Context for Current Cost Projection (*Optional*):* The \$1,000,000 cost projection listed is a high-level early estimate for the purposes of statutory reporting only. This project is currently in the discovery and planning phase and a more informed cost projection estimate will be available upon completion of this phase.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* September 1, 2021
14. *Actual or Current Estimated IT Project Start Date:* September 8, 2023
15. *Explanation for Changes to IT Project Start Date:* The RFP was published for 60 days and closed December 12, 2022. The evaluation committee selected Main Street Computing (MSC) as the vendor. The intent to award the contract was submitted on March 21, 2023, and the contract and statement of work (SOW) with MSC was executed September 8, 2023, which is now the actual project start date.
16. *Original Estimated IT Project Completion Date:* March 31, 2025
17. *Current IT Project Completion Date:* March 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
 - *Initiation:* September 1, 2021
 - *Planning:* September 1, 2021
 - *Closure:* March 31, 2025
20. *Current IT Project Stage Completion Dates:*
 - *Initiation:* December 29, 2023
 - *Planning:* January 31, 2024
 - *Closure:* March 31, 2025

Finalized stages and associated estimated completion dates will be determined upon the completion of the planning/discovery phase of the project.

21. *Explanation for Changes to IT Project Stage Completion Dates:* The RFP was published for 60 days and closed December 12, 2022. The evaluation committee selected Main Street Computing (MSC) as the vendor. The intent to award the contract was submitted on March 21, 2023, and the contract and statement of work (SOW) with MSC was executed September 8, 2023, which is now the actual project start date.

IT Project Information Section:

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

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

This initiative is important for many reasons. First, changing things from paper (mail) to an electronic format will eliminate barriers for people living with HIV who access our services. It will assist in keeping these individuals in care, which leads to better health outcomes and management of their HIV care and treatment. Secondly, it is a cost saving measure for DPH, specifically the ADAP team. The ADAP team spends countless hours dealing with an extreme volume of paper and proof documents that are incomplete, which causes delays for clients accessing medication and health insurance through ADAP. Additionally, an online system will make the program more accessible and ensure that clients know where their application is in the process, so they aren't left waiting on a mailed approval or denial letter pertaining to their eligibility.

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

23. *IT Project Deliverables:* Key deliverables are currently being developed. The currently defined deliverables are as follows:
- This project will deliver a multifaceted web-based portal designed to accommodate the needs of ADAP clients, their case managers and ADAP internal staff.
 - Requirements will be documented to the level of detail necessary to ensure consistent definitions. Acceptance criteria will also be developed to validate that the delivered system met the outlined requirements. MSC will develop a traceability matrix to trace individual requirements through the product.
 - Business and technical requirements will be defined and documented by the business team and MSC through the MSC SOW and the MSC discovery process. Engagement with the Bureau of Information Technology Services (BITS) Information Security Section (ISS), the agency's information section

function, will yield the security requirements for the project which will need to be completed and certified by ISS before the system can be put into production.

- Application architecture as required to support the business, technical and security requirements.
- Application unit testing, system testing, acceptance testing, smoke testing, and regression testing will be performed.
- Application and system documentation will be created by MSC.
- A training plan, communications plan, systems implementation plan, and a rollout plan will be developed and executed.
- A security review will be completed with anticipated certification as the deliverable.
- Maintenance and support documentation (to be made available upon request of the agency's information security and information technology functions).

24. IT Project Assumptions:

- OIG edits will be placed at the end of claims processing. Suspended claims must be in an exempt status to continue meeting claims processing service level agreements (SLAs).
- If the explanation of benefits (EOB) isn't associated with an adjustment to the claim billed amount, it will be reported on the Gainwell remittance advice but not the electronic remittance advance (835 transaction).
- Modification of Surveillance and Utilization Review Subsystem (SURS) to allow for the creation for prepayment review cases will not include the creation of a new audit finding template. Letters will be triggered when the pre-payment review includes a billing or rendering provider in the criteria. All OIG prepay-outcome EOBs will be carried over to Decision Support System (DSS).

25. IT Project Risks and Constraints:

- MSC will be the vendor who will develop and host (on Amazon Cloud) the application/system.
- All business analysis and documentation will be performed by DPH.
- Application will hook to My Wisconsin ID for authentication (Okta).

26. Submitted in Other DET Statutory Reports?

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

27. Other Information (*Optional*):

- If the project is delayed for any reason, recertification and subsequent client benefits could be impacted.
- If the system proves to be challenging and clients cannot recertify during the usual timeframe of February and March (deadline being March 31st each year), we will allow flexibility with the deadline for application materials.

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

1. *Report Preparation Date (Status as of):* 11/16/2023

2. *IT Project Title:* Virtual ADRC and Statewide Resource Database Discovery and Implementation Project

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3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$8,402,500
8. *Additional Context for Original Cost Projection (*Optional*):* The original cost projection of \$8,402,500 is the low end of the estimated project range of \$8,402,500 to \$9,652,500. For the purposes of this report, we have excluded \$1,250,000 in optional services for FY 25-26 for operations and continuous improvement. Those costs, if the optional services are pursued, will be incurred after project completion, and are considered operational.
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$8,402,500
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$8,402,500
11. *Additional Context for Current Cost Projection (*Optional*):* The original cost projection of \$8,402,500 is the low end of the estimated project range of \$8,402,500 to \$9,652,500. For the purposes of this report, we have excluded \$1,250,000 in optional services for FY 25-26 for operations and continuous improvement. Those costs, if the optional services are pursued, will be incurred after project completion, and are considered operational.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* August 19, 2022
14. *Actual or Current Estimated IT Project Start Date:* August 19, 2022
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* March 31, 2025
17. *Current IT Project Completion Date:* March 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:* Although, the Statement of Work drafted July 6, 2022, indicated a March 31, 2024, development completion date, planning had not been completed to establish

phase completion dates. We are listing the original stage completion dates which align with the work plan established in September 2022 which track to a March 31, 2025, projected completion date.

- *Phase 1 Development and Launch of resource database (with faceted search) and ADRC website:* July 1, 2023
- *Phase 2 Semantic taxonomy, and Artificial Intelligence (AI) recommendations, integration with the client-tracking system, and user-generated content with saved searches:* February 1, 2024
- *Phase 3 Voice interface, provider recommendations, and closed-loop social care referrals:* June 30, 2024
- *Ongoing Improvements/Enhancements and Project Close:* March 31, 2025

20. Current IT Project Stage Completion Dates:

- *Phase 1 Development, integration with the client-tracking system, and launch of resource database (with faceted search) and ADRC website:* January 31, 2024
- *Phase 2 Semantic taxonomy, integration with the client-tracking system, and user-generated content with saved searches:* July 31, 2024
- *Phase 3 Voice interface, provider recommendations, and closed-loop social care referrals:* December 31, 2024
- *Ongoing Improvements/Enhancements and Project Close:* March 31, 2025

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

We will continue to work with the vendor Palantir to build a searchable database. However, their work will pivot to extracting the data from the new client tracking system and creating an external portal for customers to search for resources on DHS's website. The SOW and contract with the client tracking system vendor has been signed. The DHS team has initiated meetings with the client tracking system vendor to complete joint planning. The dates listed above are subject to change once more informed estimates are available.

AI-generated content is not going to be considered at this time due to current DHS policy.

IT Project Information Section:

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

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

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

centers (ADRCs).

25. *IT Project Risks and Constraints:*

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

26. *Submitted in Other DET Statutory Reports?*

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

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

4. **BADR ADRC Client Tracking System Implementation Project**

1. *Report Preparation Date (Status as of):* 11/16/2023

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

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #3 is "TBD". Skip if #4 is "No".):* To access the client tracking system, users who work for County and Tribal Partners will sign in and be verified using MyWisconsinID, which is managed by DOA/DET. DET support will be requested to implement the connection to MyWisconsinID. A cloud brokerage review has already been completed.

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

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

8. *Additional Context for Original Cost Projection (*Optional*):* Detailed planning phase including design and cost estimates is in process. The cost projection of \$6,000,000 is believed to be the high end to complete the implementation of the client tracking system. For the purposes of this report, we have excluded \$750,000 for FY 25-26 for operations, maintenance, and continuous improvement. Those costs will be incurred after project completion and are considered operational.

9. *Funding Source & Amount:*

- GPR: \$000,000
- PR: \$000,000
- FED: \$6,000,000
- SEG: \$000,000
- PR-SEG: \$000,000

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Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$6,000,000

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

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

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

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

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

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

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

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

19. *Original IT Project Stage Completion Dates*: We are currently unable to provide informed stage completion date estimates through execution and project closure. A detailed planning phase including design, timeline, and cost estimates is in progress. We are listing target completion dates which align with availability of funding for this project.

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

20. *Current IT Project Stage Completion Dates*:

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

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

IT Project Information Section:

22. *IT Project Scope*: The Wisconsin Department of Health Services (DHS) has engaged PeerPlace Networks, LLC to implement a modern, customizable data collection system to collect data from county and tribal

provider agencies about customer services and other activities conducted by Aging and Disability Resource Centers (ADRC), benefit specialists, and Older Americans Act provider agencies. The system will accommodate the needs of approximately 1,200 system users employed by approximately 80 Wisconsin-based agencies at the Area Agency on Aging (AAA), county, and tribal level.

23. *IT Project Deliverables:* Product deliverables are the delivery of a system solution which will accommodate the requirements of multiple state and federal programs that serve older adults and people with disabilities and are operated within local agencies. Additionally, the system will house a resource database (“database application”, “database” or “application”) which allows for resource provider data to be maintained by County and Tribal Partners. An extract will be developed to make resource data from the client tracking system available to the external portal being developed by the Virtual ADRC and Statewide Resource Database Discovery and Implementation Project. Functionality to collect and export Older Americans Act Performance System (OAAPS) formatted data is also required.

24. *IT Project Assumptions:* This product will support improved access to information about clients of aging and disability resources by County and Tribal Partners throughout all the State of Wisconsin who partner with DHS to manage their services. This product will support increased efficiency for local aging and disability resource centers (ADRCs). The new system will also improve access to data and data quality for OAAPS reporting and other reporting needs.

25. *IT Project Risks and Constraints:*

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

26. *Submitted in Other DET Statutory Reports?*

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

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

5. Electronic Visit Verification (EVV) – Home Health

1. *Report Preparation Date (Status as of):* 11/15/2023

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

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is “Yes”. Optional if #4 is “TBD”. Skip if #4 is “No”.):* N/A

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

7. *Original Cost Projection*: \$3,500,000
8. *Additional Context for Original Cost Projection (*Optional*)*: The initial cost projection listed of \$3,500,000 was a very high-level estimate based off of 25% of the Personal Care EVV project implementation budget at that time. That figure was provided only for the purposes of this report and, as explained in the initial report, was a placeholder that was likely to change.
9. *Funding Source & Amount*:
 - GPR: \$882,740
 - PR: \$000,000
 - FED: \$7,944,661
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$8,827,401
11. *Additional Context for Current Cost Projection (*Optional*)*: The current cost projection covers the entire cost of the project to completion. The previous cost projection only covered costs to the end of the vendor contract at the time (October 2023). This project is 90/10 funded by the federal government. The CMS funding request was drafted, approved by DMS, and sent to CMS in July 2023. The funding request has been fully approved and the cost projection now reflects the values from the approved document.
12. *Explanation for Changes to Cost Projection*: The current cost projection covers the entire cost of the project to completion. The previous cost projection only covered costs to the end of the vendor contract at the time (October 2023). The CMS funding request was drafted, approved by DMS, and sent to CMS in July 2023. The funding request has been fully approved and the cost projection now reflects the values from the approved document.
13. *Original Estimated IT Project Start Date*: October 1, 2021
14. *Actual or Current Estimated IT Project Start Date*: November 1, 2022
15. *Explanation for Changes to IT Project Start Date*: The original estimated start date of October 1, 2021, listed in this report is an old estimate provided to DET. In July 2022, the start date estimate deferred to October 1, 2022. The project started a month late, on November 1, 2022, due to the DOA contract approval process now required for all new large, high-risk IT project work. This approval was not built into the initial timeline as it was not known.
16. *Original Estimated IT Project Completion Date*: September 1, 2023
17. *Current IT Project Completion Date*: October 31, 2024
18. *Explanation for Changes to IT Project Completion Date*: DMS determined that the hard launch phase of this project will not start until July 1, 2024. This phase requires a four-month stabilization phase following the launch. The completion date was moved to allow sufficient time to complete the stabilization phase that is required after hard launch. This change allows us to maximize the 90/10 federal funding available during the implementation of the system.

19. *Original IT Project Stage Completion Dates:* N/A

20. *Current IT Project Stage Completion Dates:* N/A

21. *Explanation for Changes to IT Project Stage Completion Dates:* Not determined at this time.

IT Project Information Section:

22. *IT Project Scope:*

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

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

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

23. *IT Project Deliverables:*

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

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

6. Tribal Shared Savings

1. *Report Preparation Date (Status as of):* 11/17/2023

2. *IT Project Title:* Tribal Shared Savings

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3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,196,719.22
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$119,671.92
 - PR: \$000,000
 - FED: \$1,077,047.30
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$1,196,719.22
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* March 1, 2023
14. *Actual or Current Estimated IT Project Start Date:* March 1, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* July 16, 2024
17. *Current IT Project Completion Date:* September 26, 2024
18. *Explanation for Changes to IT Project Completion Date:* The timeline was extended because DHS did not accept the original planned claims solution. DHS and Gainwell have since aligned on a new claims solution. The planning and design phases are being overlapped to expedite the process. The schedule will be re-baselined, and the implementation date finalized at the end of design. The current implementation date is August 2024, but this date could shift depending on the system test plan that is aligned on.
19. *Original IT Project Stage Completion Dates:*
 - *Initiate:* May 24, 2023
 - *Plan:* August 18, 2023
 - *Design:* December 13, 2023
 - *Construct:* March 26, 2024

- *Test:* May 23, 2024
- *Pre-Implementation & Go-Live:* May 29, 2024
- *Close:* July 16, 2024

20. *Current IT Project Stage Completion Dates:*

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

21. *Explanation for Changes to IT Project Stage Completion Dates:* The state completion dates were moved out because DHS did not accept the original planned claims solution. DHS and Gainwell have since aligned on a new claims solution. The planning and design phases are being overlapped to expedite the process. The schedule will be re-baselined, and the implementation date finalized at the end of design. The current implementation date is August 2024, but this date could shift depending on the system test plan that it is aligned on.

IT Project Information Section:

22. *IT Project Scope:* In 2016, the Centers for Medicare & Medicaid Services (CMS) issued a State Health Officials (SHO) letter to state Medicaid agencies describing an update that creates an opportunity for tribal shared savings and a wider scope of services available to tribal members outside of the Tribal Federally Qualified Health Centers (FQHCs). Previously, when tribal members were referred to and received services from outside providers, those claims were only eligible for the standard Federal Medical Assistance Percentage (FMAP). Now, those claims would be eligible for 100% FMAP as long as the outside provider had a signed care coordination agreement with the relevant Tribal FQHC. The 2021-2023 Wisconsin Biennial Budget included a measure to return the “savings” (i.e., the difference between the standard FMAP and 100% FMAP) back to the tribes. 90% of the savings from each claim will be returned to the tribe which has a signed care coordination agreement with the outside provider. 10% will be kept for administrative expenses.

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

24. *IT Project Assumptions:*

- No precedent for paying multiple agencies for a single claim.
- Shared Savings payment amounts are not priced on the claim.
- Very limited new transaction types remain available; code expansion may be necessary.
- Each FQHC provider must be associated to a single tribe. DHS must provide that crosswalk to Gainwell initially and provide updates as required.
- Data warehouse impacts: Additional reporting requirements are being discussed that should be handled by SAS.

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

26. *Submitted in Other DET Statutory Reports?*

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

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

7. Adult Incident Report System (AIRS)

1. *Report Preparation Date (Status as of)*: 11/17/2023

2. *IT Project Title*: Adult Incident Report System (AIRS)

3. *IT Project Status*: Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: N/A

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

7. *Original Cost Projection*: \$3,133,875.61

8. *Additional Context for Original Cost Projection (*Optional*)*: The \$3,133,875.61 original estimate did not include costs for application programming interface (API) integrations with AIRS. At the time, there was insufficient information to provide that estimate. As of July 2023, DHS approved an amendment to include an additional \$1,121,383.21 of costs, primarily for including six API integrations.

9. *Funding Source & Amount*:

- GPR: \$000,000
- PR: \$000,000
- FED: \$4,255,258.82
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$4,255,258.82

11. *Additional Context for Current Cost Projection (*Optional*)*: DHS is currently reviewing a Statement of Work Amendment for an additional \$571,176.44. This additional scope was for 1) enhancements to the AIRS portal and 2) integration of AIRS with the new MyWisconsinID SSO and Azure AD systems.

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12. *Explanation for Changes to Cost Projection:* As of July 2023, DHS approved an amendment to include an additional \$1,121,383.21 of costs, primarily for including six API integrations.
13. *Original Estimated IT Project Start Date:* September 1, 2022
14. *Actual or Current Estimated IT Project Start Date:* November 14, 2022
15. *Explanation for Changes to IT Project Start Date:* This project went through a new Department of Administration contract review process which pushed the project start date by two months.
16. *Original Estimated IT Project Completion Date:* April 21, 2023
17. *Current IT Project Completion Date:* January 19, 2024
18. *Explanation for Changes to IT Project Completion Date:* Given the delayed project start date from September 1, 2022, to November 14, 2022, the end date was pushed similarly. An amendment approved by DHS will include another system release which moves the completion date to January 19, 2024.
19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kick Off:* November 16, 2022
 - *Requirements, Design and Development:* January 13, 2023
 - *Systems Testing:* February 17, 2023
 - *User Acceptance Testing:* March 10, 2023
 - *Go-Live:* March 24, 2023
 - *Post-Production Support:* April 21, 2023
20. *Current IT Project Stage Completion Dates:*
 - *Project Initiation and Kick Off:* December 2, 2022
 - *Requirements, Design and Development:* March 31, 2023
 - *Systems Testing:* May 5, 2023
 - *User Acceptance Testing:* May 26, 2023
 - *Go-Live:* September 1, 2023
 - *Post-Production Support:* January 19, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* The DOA contract review process caused the project start date to defer by two months. As previously reported, this caused all stage completion dates to shift. The current change in the project stage completion dates is due to a Scope of Work (SOW) under review that delayed go-live to September 1 that includes enhancements and to integrate with MyWisconsinID single-sign on. Additionally, an amended SOW was approved to allow Managed Care Organizations (MCO) to connect their case management system with AIRS.

IT Project Information Section:

22. *IT Project Scope:* The Adult Incident Reporting System will build an incident reporting system that can be used by Managed Care Organizations (MCOs) to report incidents for Family Care, Family Care Partnership, and Program of All-inclusive Care for the Elderly (PACE) participants. The system will allow incidents to be reported in a more timely manner, provide secure communication for Personally Identifiable Information (PII)/Protected Health Information (PHI) prone data, and allow better reporting and trend analysis of incidents.

23. *IT Project Deliverables:*

- Design and develop a Salesforce Incident Reporting System for use by MCOs to report incidents to DHS.
- Design and develop a Salesforce portal for DHS to review incidents reported by DHS.
- Achieve operational efficiency by creating one process for collecting, tracking, storing, and responding to incidents.
- Provide training materials and sessions for MCO and Member Care Quality Specialist (MCQS) users to assist in their processes for reporting and reviewing incidents.
- Centralize incident management functionality and data for better tracking and trend analysis to inform quality assurance efforts and strategies.

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

8. Publications Modernization Project & Robohelp Migration

1. *Report Preparation Date (Status as of):* 11/17/2023

2. *IT Project Title:* Publications Modernization Project & Robohelp Migration

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is “Yes”. Optional if #4 is “TBD”. Skip if #4 is “No”.):* N/A

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

7. *Original Cost Projection:* \$1,890,000

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

9. *Funding Source & Amount:*

- GPR: \$963,900
- PR: \$000,000
- FED: \$926,100
- SEG: \$000,000

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

10. *Current Cost Projection*: \$1,890,000

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

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

13. *Original Estimated IT Project Start Date*: April 17, 2023

14. *Actual or Current Estimated IT Project Start Date*: April 17, 2023

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

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

17. *Current IT Project Completion Date*: June 30, 2024

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

19. *Original IT Project Stage Completion Dates*:

- *Release 1 – Collaborative editing*: October 31, 2023
- *Release 2 & 3 – Publishing books, Workflow & permissions*: March 31, 2024
- *Testing Completion*: June 30, 2024

20. *Current IT Project Stage Completion Dates*:

- *Release 1 – Collaborative editing*: October 31, 2023
- *Release 2 & 3 – Publishing books, Workflow & permissions*: March 31, 2024
- *Testing Completion*: June 30, 2024

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

IT Project Information Section:

22. *IT Project Scope*: The Publications Modernization Project & Robohelp Migration will implement an enhancement project in the DHS Enterprise Web Platform to develop a publishing workflow for income maintenance eligibility and enrollment handbooks, user guides, system manuals, operations memos, and bulletins. This project will also include migration of the existing publications from Robohelp, which is currently part of the CARES ecosystem, to the DHS Enterprise Web Platform. The project will also achieve reduced administrative burden, allow for sophisticated content management in keeping the publications updated, and provide easier access of these eligibility and enrollment publications for income maintenance agencies through the DHS Enterprise Web Platform.

23. *IT Project Deliverables*:

- Release 1: Collaborative editing (using operations memos and bulletins)
- Release 2: Publishing books (one to two handbooks)
- Release 3: Workflow & permissions (all handbooks, user guides, and manuals)

24. *IT Project Assumptions*: There are none to share at this time.
25. *IT Project Risks and Constraints*: Risk and constraint identification and assessment is ongoing due to the early phase of the project. There are none to share at this time.
26. *Submitted in Other DET Statutory Reports?*
- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
 - FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
 - FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA March 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA August 2023)
27. *Other Information (*Optional*)*: This project was not included on the FY 2024 Strategic IT Plan because the contract authority to pursue the project was not secured until after the report was submitted.

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

1. *Report Preparation Date (Status as of)*: 12/4/2023
2. *IT Project Title*: Integration of Long-Term Care (LTC) Encounters into the MMIS
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: N/A
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$4,140,205.68
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$949,624.07
 - PR: \$000,000
 - FED: \$8,546,616.70
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$9,496,240.77
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: The original estimate was provided before requirements were fully defined and the scope was baselined. The previous estimate is reflective of a substantially increased scope based on the requirements definition which completed June 30, 2022. The cost projection of

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\$9,124,335 provided in the August 2022 report included non-project, post implementation costs of ongoing operations, maintenance, and licensing fees. The updated cost projection of \$7,815,613 provided in the February 2023 report was a more accurate estimate which included only implementation costs for the project at the time. The most recent change is for the SAS Enterprise Data Warehouse (EDW) to receive Health Maintenance Organization (HMO) and LTC encounter data together.

13. *Original Estimated IT Project Start Date:* May 1, 2021
14. *Actual or Current Estimated IT Project Start Date:* May 1, 2021
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* March 31, 2023
17. *Current IT Project Completion Date:* September 1, 2024
18. *Explanation for Changes to IT Project Completion Date:* The project completion date was updated to September 1, 2024, to incorporate the Part 1, Part 2, and Part 3 components of the overall project. Part 1 includes the project components which are necessary for external stakeholder testing through supporting the external testing environment; Part 2 includes the components which are necessary for the January 2024 go-live but do not need external stakeholder testing; and Part 3 includes the components which are valuable to DHS that are not critical for go-live.
19. *Original IT Project Stage Completion Dates:*
 - *Define Requirements:* July 1, 2021
 - *Design:* March 31, 2022
 - *Construction:* November 30, 2022
 - *Testing:* November 30, 2022
 - *Go-Live/Implementation:* November 30, 2022
 - *Close:* March 31, 2023
20. *Current IT Project Stage Completion Dates:*
 - *Define Requirements:* January 1, 2024
 - *Design:* February 1, 2024
 - *Construction:* March 1, 2024
 - *Testing:* March 1, 2024
 - *Go-Live/Implementation:* March 1, 2024
 - *Close:* September 1, 2024
- EDW Phase
 - *Define Requirements:* July 31, 2023
 - *Design:* July 31, 2023
 - *Construction/Testing:* January 31, 2024
 - *Prod Implementation:* January 31, 2024
 - *Close:* March 31, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* As explained in a prior report, due to competing priorities, requirements and design were delayed from initial estimates. The project stage completion dates for construction, testing, implementation, and close were further updated in the August 2022 DHS Large, High-Risk IT Project Report due to increase in the project scope. The current stage dates

have been revised to incorporate the Part 1, Part 2, and Part 3 components of the overall project. Part 1 includes the project components which are necessary for external stakeholder testing through supporting the external testing environment; Part 2 includes the components which are necessary for the January 2024 go-live but do not need external stakeholder testing; and Part 3 includes the components which are valuable to DHS that are not critical for go-live.

IT Project Information Section:

22. *IT Project Scope:* This project will integrate LTC adult program encounters into the MMIS, and ensure all transactional processing occurs through the MMIS. The revised resource estimate increased scope for additions to the 'Enhanced Maxfee Extract' as well as to incorporate matching and decrementing logic for Service Authorizations. Additionally, the SAS EDW will receive Health Maintenance Organization (HMO) and LTC encounter data together. This will allow EDW reports such as rate setting extracts and will provide usable views that use LTC Encounter Data. SAS will incorporate new tables into the EDW and make updates as needed. Changes and updates will be made to the current security implementation of the LTC data to incorporate security on new tables and row-level security as needed.
23. *IT Project Deliverables:* Implementation of an integrated system to provide for the integration of Adult LTC program encounters into the MMIS and to ensure that all transactional processing occurs through the MMIS that will be accomplished by delivering the following solutions:
- Development of an infrastructure to support a single claims-encounter submission platform that integrates business rules by program.
 - Implementation and maintenance of a solution to ensure all transactional processing occurs through the MMIS.
 - Implementation of the panels and functionality to adjudicate an encounter and group of encounters.
 - Provision of a highly configurable solution to process, adjudicate and price encounters using benefit and service authorization information for all Adult LTC programs.
 - HMO and LTC Encounter data will be available in the EDW.
 - Reports that use LTC Encounter data are updated to reflect data received in the EDW.
 - New tables and updates to current tables for LTC Encounter data are made in the EDW.
 - Where needed, security on new tables and row-level security will be implemented on the LTC Encounter data.
24. *IT Project Assumptions:*
- For Encounter Processing, Service Authorization matching logic is assuming a similar framework to the current Fee for Service (FFS) Prior Authorization matching logic and creation of new Benefit Plan Administration (BPA) variables will be based on mapping logic of fields/Inter Enterprise System (IES) edits.
 - IES will continue to be used/exist for purposes beyond accepting Adult LTC encounters.
 - The LTC Encounters Project go live for Part 2 is January 1, 2024. The Part 2 components are those components necessary for the January 2024 go-live but do not need external stakeholder testing. It includes expanding the existing service location claim recycle logic to account for adult LTC encounters, require Managed Care Organizations (MCOs) and Fiscal Employer Agents (FEAs) to submit a monthly webform to certify encounter data submissions, update the structure, format, and content of the coverage and re-pricing extracts, Transformed Medicaid Statistical Information System (T-MSIS) updates, and bringing in Wisconsin Include, Respect, I Self-Direct (IRIS) Service Authorization data from the Wisconsin Self-Directed IT System (WISITS).
 - The LTC Encounters Project go live for Part 3 is September 1, 2024. The Part 3 components are those components which are valuable to DHS that are not critical for go-live. It includes additional changes

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related to integrating data from WISITS and creating a more streamlined process to maintain and update category of service rules.

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

26. *Submitted in Other DET Statutory Reports?*

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

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

10. CARES: 12 Month Continuous Coverage for Children

1. *Report Preparation Date (Status as of)*: 11/30/2023

2. *IT Project Title*: CARES: 12 Month Continuous Coverage for Children

3. *IT Project Status*: Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: DET will be responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.

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

7. *Original Cost Projection*: \$930,692

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

9. *Funding Source & Amount*:

- GPR: \$155,035.82
- PR: \$000,000
- FED: \$1,229,212.57
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$1,384,248.39

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

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12. *Explanation for Changes to Cost Projection:* New scope was identified to include additional changes to accommodate 12 months continuous coverage for the Supplemental Security Income Medicaid (SSIMA) population, as well as correspondence changes. This additional scope resulted in a cost increase.
13. *Original Estimated IT Project Start Date:* April 17, 2023
14. *Actual or Current Estimated IT Project Start Date:* April 17, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* November 30, 2023
17. *Current IT Project Completion Date:* January 31, 2024
18. *Explanation for Changes to IT Project Completion Date:* New scope was identified to include additional changes to accommodate 12 months continuous coverage for the SSIMA population, as well as correspondence changes. These changes must occur close to, but no later than January 1, 2024. The post production for this project will extend through January to accommodate the new implementation date.
19. *Original IT Project Stage Completion Dates:*
 - *Planning:* April 21, 2023
 - *Requirements and Design:* June 23, 2023
 - *Construction and UAT or Integration Testing:* August 18, 2023
 - *System Testing and Support:* September 22, 2023
 - *UAT:* October 13, 2023
 - *Training and Production Environment Deployment:* October 21, 2023
 - *Post Production:* November 30, 2023
20. *Current IT Project Stage Completion Dates:*
 - *Planning:* April 21, 2023
 - *Requirements and Design:* June 23, 2023
 - *Construction and UAT or Integration Testing:* August 18, 2023
 - *System Testing and Support:* September 22, 2023
 - *UAT:* October 13, 2023
 - *Training and Production Environment Deployment:* October 21, 2023
 - *Training and Production Environment Deployment 2:* December 16, 2023
 - *Post Production:* January 31, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* New scope was identified to include additional changes to accommodate 12 months continuous coverage for the SSIMA population, as well as correspondence changes. There are two training and production environment deployment dates because some of the project requirements must be implemented close to, but no later than January 1, 2024. The post production for this project will extend through January to accommodate the new implementation date.

IT Project Information Section:

22. *IT Project Scope:* The purpose of this project is to provide 12 months of continuous eligibility for children under the age of 19, so that children can be prevented from losing coverage in the event their family circumstances fluctuate or change during the year.

23. *IT Project Deliverables:*

CARES Worker Web

- Enhance Budget pages in CARES Worker Web (CWW) to display continuous coverage section.
- Enhance Eligibility Summary page in CWW to display new reason codes.

CARES Worker Web (CWW) – Eligibility

- CARES online and batch eligibility logic will be enhanced to determine 12-Months Continuous Coverage for children under 19 years of age at the time of application and renewal, effective January 1, 2024, if their eligibility is terminated due to reasons other than death, moving out of Wisconsin, opting out of program, or aging out of program.
- Define new eligibility reason codes to indicate to case workers when a continuous coverage is maintained due to eligibility from another case.
- A one-time conversion process will be executed to establish the continuous coverage for children already eligible for benefits in CARES on January 1, 2024, and beyond.

SSIMA

- Enhance SSIMA processes to determine continuous coverage for children below 19 years of age whose SSIMA payment is terminated by Social Security Administration (SSA).
- Develop four (4) new letters for SSIMA members when their eligibility is terminated due to stop payment from SSA.

24. *IT Project Assumptions:*

Assumptions on DHS responsibilities:

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

Assumptions related to scope, timeline, and cost:

- The timeline and estimates generated at this point are based upon the preliminary understanding of requirements gathered thus far and the proposed interim solution.

Assumptions related to other stakeholders:

- End-to-end testing should be coordinated with external agencies such as Gainwell and must be considered in the timeline.
- Impact to other programs (FoodShare, Caretaker Supplement, Wisconsin Works, Child Care and Long-Term Care programs) and regression testing will need to be coordinated and accounted for in the timeline.

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

26. *Submitted in Other DET Statutory Reports?*

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

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

11. CARES: Able-bodied Adults Without Dependents (ABAWD) Changes Phase 2

1. *Report Preparation Date (Status as of)*: 11/17/2023
2. *IT Project Title*: CARES: Able-bodied Adults Without Dependents (ABAWD) Changes Phase 2
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: N/A
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$1,526,883
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$1,617,933
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$1,617,933
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: Ten post-production items were identified which exceeds the designated post-production budget. One post-production item requires further discussion with the workgroup to determine scope and cost and if approved would further increase the cost projections.
13. *Original Estimated IT Project Start Date*: November 14, 2022
14. *Actual or Current Estimated IT Project Start Date*: November 14, 2022
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: July 29, 2023
17. *Current IT Project Completion Date*: March 30, 2024
18. *Explanation for Changes to IT Project Completion Date*: Ten post-production items were identified which

exceeds the designated post-production budget. One post-production item requires further discussion with the workgroup to determine scope and cost and if approved would further increase the cost projections. Most of the proposed post-production items will be completed by November 30, 2023, but the final post-production item if approved would not complete until March 30, 2024.

19. *Original IT Project Stage Completion Dates:*

- *Initiation / Requirements:* February 3, 2023
- *Construction / Unit Testing:* April 22, 2023
- *System / UAT Validation:* June 17, 2023
- *Implementation:* June 24, 2023
- *Post-production:* July 29, 2023

20. *Current IT Project Stage Completion Dates:*

- *Initiation / Requirements:* February 3, 2023
- *Construction / Unit Testing:* April 22, 2023
- *System / UAT Validation:* June 17, 2023
- *Implementation:* June 24, 2023
- *Post-production:* March 30, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* Ten post-production items were identified which exceeds the designated post-production budget. One post-production item requires further discussion with the workgroup to determine scope and cost and if approved would further increase the cost projections. Most of the proposed post-production items will be completed by November 30, 2023, but the final post-production item if approved would not be complete until March 30, 2024.

IT Project Information Section:

22. *IT Project Scope:* ABAWD Change Phase 2 Wisconsin implemented a fixed state-wide clock effective January 1, 2022, in response to Food and Nutrition Service (FNS) Corrective Action findings related to the Time Limit Benefit (TLB) policy. The TLB policy is currently suspended due to the public health emergency (PHE) and Wisconsin is continuing efforts to enhance the ABAWD TLB policy and automation to bring potential benefits for the ABAWD population. This project aims to implement the following policy changes:

- Allow workers to collect the Good Cause hours and verification for the past and current Time Limited Benefit months (TLB) established in CARES. This information can be collected from members who have an active FoodShare (FS) clock, any time.
- Allow workers to collect verification for “Met 30-day Work Requirement” for the past months to regain FS benefits for members who accrued three TLBs.
- Allow workers to collect Work Registrant/ABAWD exemptions with a verification for the past TLB period.
- Enhance member communication to allow members to provide information about Good Cause, Met 30-day Work Requirement to reduce the TLB count or regain FS eligibility.

23. *IT Project Deliverables:*

- Enhance CARES Worker Web (CWW) to allow workers to collect the Good Cause hours and verifications of the past and current (confirmed) Time Limited Benefit (TLB) months established in CARES for that household.
- Enhance CWW to allow workers to collect verifications when a worker overrides a member’s past and current months clock after exhausting three TLBs with the worker override reason of “Met 30-day FS Work Requirement”.

- Enhance CWW to allow workers to collect exemptions for the past TLB months.
- Enhance the FS Basic Work Rules and FS Work Requirement Script page language to align with the new ABAWD policy changes.
- Enhance the FS Clock page to schedule a new page to collect additional verifications for Good Cause hours, Met 30-day Work Requirement, and FS exemptions.
- Make configuration changes to the Income Maintenance Quality Assurance (IMQA) Second Party Review Tool functionality to support the new ABAWD policy changes.
- Enhance Eligibility and Confirmation processes to apply the verified Good Cause, Met 30-day Work Requirement, and exemptions for passing date scenarios.
- Enhancements to other letters and notices listed below to add additional information for members:
 - 3 TLB Warning Letter
 - Employment and Training (E&T) Consolidated Notice
 - FoodShare Eligibility Notice of Decision
 - FoodShare Exemption Verification Checklist (FVCL)
 - Case Summary Portable Document Format (PDF)
- Enhance Income Maintenance Management Reporting (IMMR) data warehouse to reflect the new changes implemented as part of the ABAWD Change policy.

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

12. CARES: FoodShare Unclear (FSUC) Project

1. *Report Preparation Date (Status as of)*: 11/17/2023

2. *IT Project Title*: CARES: FoodShare Unclear (FSUC) Project

3. *IT Project Status*: Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: DET is responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.

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

7. *Original Cost Projection*: \$3,381,340.57

8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
- GPR: \$1,690,670.29
 - PR: \$000,000
 - FED: \$1,690,670.28
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$3,381,340.57
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: February 23, 2023
14. *Actual or Current Estimated IT Project Start Date*: February 23, 2023
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: July 31, 2024
17. *Current IT Project Completion Date*: July 31, 2024
18. *Explanation for Changes to IT Project Completion Date*: No Change
19. *Original IT Project Stage Completion Dates*:
- *Project Initiation and Kickoff*: May 26, 2023
 - *Planning*: June 23, 2023
 - *Requirements and Design*: November 24, 2023
 - *Development and Unit Testing*: April 12, 2024
 - *System Testing*: May 24, 2024
 - *User Acceptance Testing*: June 28, 2024
 - *Implementation/Go-Live*: July 8, 2024
 - *Post Production*: July 31, 2024
20. *Current IT Project Stage Completion Dates*:
- *Project Initiation and Kickoff*: May 26, 2023
 - *Planning*: June 23, 2023
 - *Requirements and Design*: November 24, 2023
 - *Development and Unit Testing*: April 12, 2024
 - *System Testing*: May 24, 2024
 - *User Acceptance Testing*: June 28, 2024
 - *Implementation/Go-Live*: July 8, 2024
 - *Post Production*: July 31, 2024

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

IT Project Information Section:

22. *IT Project Scope:* As part of the FoodShare (FS) Unclear Information project, enhancements will be made to several applications within the CARES suite allowing workers to process FS renewals, Six Month Reporting Forms (SMRF), and Change reports. They will also be able to indicate if verification information received after the application process and before SMRF/Renewal is clear or unclear. The unclear information for FS should be provided to the member as needed and may result in termination of SNAP benefit if the response is not received timely. This project will bring Wisconsin in compliance with the Food and Nutrition Services (FNS) for Supplemental Nutrition Assistance Program (SNAP) policy requirements. This policy will not be applicable for any other programs in CARES.

23. *IT Project Deliverables:*

- Enhance CARES Worker Web pages such as Employment, Unearned Income, Pregnancy, Disability, etc. to allow workers to indicate any new verification information received between FS Application and Renewal/SMRF is either clear or unclear. Establish new intuitive driver flow for the worker to navigate to pages with unclear information.
- Eligibility processes should be enhanced to include new unclear information related business rules for FS without impacting other programs both Real-time and Batch.
- Develop appropriate correspondence to communicate to members about the new unclear information and one-time heads-up letter should be sent to FS Households (HH).
- Update ACCESS modules to allow members to submit verification documents as applicable based on this new policy. In addition, this communication will include the change reporting.
- Update the configuration of Income Maintenance Management Reporting (IMMR) reports to reflect these changes.
- Enhance the FoodShare Six Month Report Form Robotic Process Automation (FS SMRF RPA) Bot process to support the new policy changes for “No-change” SMRF.

24. *IT Project Assumptions:*

Assumptions on Department of Health Services (DHS) responsibilities:

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

Assumptions related to scope, timeline, and cost:

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

Assumptions related to other stakeholders:

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

25. *IT Project Risks and Constraints:*

- Failure to obtain timely approval from FNS could delay project milestones. Mitigate: Deloitte will work closely with DHS to re-establish project timelines as appropriate.
- Failure to obtain timely guidance from FNS regarding FoodShare Employment and Training (FSET) program referral could delay project milestones. Mitigate: Deloitte will work closely with DHS to re-establish project timelines as appropriate.
- COVID-19 unwinding priorities could shift resources from this project. Mitigate: Additional time has been built into the schedule to allow for shifting priorities although minimal risks are anticipated at this time.

26. *Submitted in Other DET Statutory Reports?*

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

27. *Other Information (*Optional*):* This project was not included on the FY 2024 Strategic IT Plan because it had not been fully initiated and did not have a signed scope of work at the time the report was submitted.

13. CARES: Elderly Simplified Application Project (ESAP)

1. *Report Preparation Date (Status as of):* 11/30/2023

2. *IT Project Title:* CARES: Elderly Simplified Application Project (ESAP)

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* DET will be responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.

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

7. *Original Cost Projection:* \$2,070,347.75

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

9. *Funding Source & Amount:*

- GPR: \$944,523.87
- PR: \$000,000
- FED: \$1,125,823.88
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

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10. *Current Cost Projection:* \$2,070,347.75
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* August 7, 2023
14. *Actual or Current Estimated IT Project Start Date:* August 7, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* November 29, 2024
17. *Current IT Project Completion Date:* November 29, 2024
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* August 28, 2023
 - *Vendor Analysis and Project Planning:* September 18, 2023
 - *Requirements and Design:* January 29, 2024
 - *Development and Unit Testing:* July 15, 2024
 - *Systems Testing:* August 26, 2024
 - *User Acceptance Testing:* October 7, 2024
 - *Implementation/Go-Live:* October 19, 2024
 - *Post Production:* November 29, 2024
20. *Current IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* August 28, 2023
 - *Vendor Analysis and Project Planning:* September 18, 2023
 - *Requirements and Design:* January 29, 2024
 - *Development and Unit Testing:* July 15, 2024
 - *Systems Testing:* August 26, 2024
 - *User Acceptance Testing:* October 7, 2024
 - *Implementation/Go-Live:* October 19, 2024
 - *Post Production:* November 29, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* No Change

IT Project Information Section:

22. *IT Project Scope:* As part of the Elderly Simplified Application Project (ESAP), enhancements will be made to several applications within the CARES suite to extend the certification period from 12 months to 36 months for eligible participants in the Elderly, Blind, and Disabled (EBD) category. This will eliminate the periodic reporting requirement, reducing the administrative burden for Income Maintenance (IM) workers and members, and will minimize barriers for vulnerable members while providing cost savings. This project will bring Wisconsin in compliance with the Food and Nutrition Services (FNS) for Supplemental Nutrition

Assistance Program (SNAP) policy requirements. This policy will not be applicable for any other programs in CARES.

23. *IT Project Deliverables: CARES Worker Web (CWW)*

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

Eligibility

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

Member Communication

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

ACCESS

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

Income Maintenance Management Reporting (IMMR)

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

24. *IT Project Assumptions:*

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

14. CARES: Overpayment Claims Compromise

1. *Report Preparation Date (Status as of):* 11/30/2023

2. *IT Project Title:* CARES: Overpayment Claims Compromise

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* DET is responsible for providing appropriate levels of software, hardware, infrastructure, and testing support based on the needs of the project as applicable.

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

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7. *Original Cost Projection: \$1,142,355.00*
8. *Additional Context for Original Cost Projection (*Optional*): N/A*
9. *Funding Source & Amount:*
 - GPR: \$571,177.50
 - PR: \$000,000
 - FED: \$571,177.50
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection: \$1,142,355.00*
11. *Additional Context for Current Cost Projection (*Optional*): N/A*
12. *Explanation for Changes to Cost Projection: No Change*
13. *Original Estimated IT Project Start Date: July 11, 2023*
14. *Actual or Current Estimated IT Project Start Date: July 11, 2023*
15. *Explanation for Changes to IT Project Start Date: No Change*
16. *Original Estimated IT Project Completion Date: March 29, 2024*
17. *Current IT Project Completion Date: March 29, 2024*
18. *Explanation for Changes to IT Project Completion Date: No Change*
19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff: July 25, 2023*
 - *Requirements and Design: September 25, 2023*
 - *Development and Unit Testing: December 18, 2023*
 - *Systems Testing: January 22, 2024*
 - *User Acceptance Testing: February 19, 2024*
 - *Implementation/Go-Live: February 24, 2024*
 - *Post Production: March 29, 2024*
20. *Current IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff: July 25, 2023*
 - *Requirements and Design: September 25, 2023*
 - *Development and Unit Testing: December 18, 2023*
 - *Systems Testing: January 22, 2024*
 - *User Acceptance Testing: February 19, 2024*
 - *Implementation/Go-Live: February 24, 2024*
 - *Post Production: March 29, 2024*

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

IT Project Information Section:

22. *IT Project Scope:* As part of the Overpayment Claims Compromise project, enhancements will be made to several applications within the CARES suite allowing FoodShare household members to submit claims compromise requests and workers to process requests from liable FoodShare household members to compromise on balance of overpayment claims. This project supports implementation of Wisconsin's FoodShare new Overpayment Compromise policy. This policy will not be applicable for any other programs in CARES. By automating the implementation of this new policy, it will minimize the Income Maintenance (IM) agency workload to manage process and ensure accuracy of decisions.

23. *IT Project Deliverables:*

- CARES Worker Web (CWW)
 - Develop a set of pages in CWW to facilitate implementation of the Overpayment Claims Compromise policy related to overpayments for FoodShare program.
- Member Communication
 - Develop a set of letters to inform members about overpayment claims compromise decisions, pending proofs and information about the Overpayment Claims Compromise policy. In addition, a worksheet will be developed which will show the rationale for the overpayment claims compromise approval or denial.
- Income Maintenance Management Reporting (IMMR)
 - Develop a new Tableau dashboard in Analytics for CARES to monitor the new Overpayment Claims Compromise process.

24. *IT Project Assumptions:*

- Department for Health Services (DHS) will have availability to meet with Deloitte during the Research & Design phase as needed to adequately define the requirements and review design.

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

26. *Submitted in Other DET Statutory Reports?*

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

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

15. LTC Provider Management

1. *Report Preparation Date (Status as of):* 11/17/2023
2. *IT Project Title:* LTC Provider Management
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$6,272,781.74
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$855,359.90
 - PR: \$000,000
 - FED: \$7,698,239.10
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$8,553,559.00
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* Changes to the cost projections were due to adding scope for the Enterprise Data Warehouse (EDW) and Data Analytics Reporting (DAR) to be used for reporting items associated with the LTC Provider Management project.
13. *Original Estimated IT Project Start Date:* July 1, 2022
14. *Actual or Current Estimated IT Project Start Date:* July 1, 2022
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* November 30, 2024
17. *Current IT Project Completion Date:* December 13, 2024
18. *Explanation for Changes to IT Project Completion Date:* The change to the IT project completion date is to align with the appropriate Gainwell monthly production release schedule.
19. *Original IT Project Stage Completion Dates:* Please note that the solution implementation is to be delivered via three phases. The first phase provides the basic functionality to allow Adult Long Term Care (ALTC) providers to enroll. The subsequent two phases provide incremental additional functionality, that is required long term.
 - Phase 1
 - *Requirements/Design Phase:* November 1, 2022
 - *Construction Phase:* September 1, 2023
 - *Testing/Implementation Phase:* May 1, 2024

Phase 2

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

Phase 3

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

20. *Current IT Project Stage Completion Dates:*

Phase 1

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

Phase 2

- *Requirements/Design Phase*: January 31, 2024
- *Construction Phase*: April 30, 2024
- *Testing/Implementation Phase*: September 13, 2024

Phase 3

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

EDW/DAR Phase

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

21. *Explanation for Changes to IT Project Stage Completion Dates*: Phase 1 design was extended to October 13, 2023, due to the length of time of the DHS approval process regarding letter/form changes and the detailed design document. These changes did not have a significant impact on the overall project timeline. The additional stages added were to accommodate the work being completed for the utilization of the Enterprise Data Warehouse (EDW) and Data Analytics Reporting (DAR) for reporting items associated with the LTC Provider Management project.

IT Project Information Section:

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

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

- Ensure that all providers rendering services to members meet a uniform minimum standard.

- Provide access to uniform comprehensive data for every enrolled provider that can be used for ongoing analysis and program monitoring.
- Provide access to uniform Managed Care Organization (MCO) provider network information for ongoing analysis and network monitoring.
- Provide the status of the home and community-based settings rule for each provider site.

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

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

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

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

16. Prepayment Review Function

1. *Report Preparation Date (Status as of):* 11/15/2023

2. *IT Project Title:* Prepayment Review Function

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

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

7. *Original Cost Projection:* \$922,472.81

8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
- GPR: \$289,969.49
 - PR: \$000,000
 - FED: \$2,609,725.41
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$2,899,694.90
11. *Additional Context for Current Cost Projection (*Optional*)*: Review of original scope and work for the project has led to an increased amount for the resource estimate. The resource estimate was approved in May 2023 and resulted in an increased cost and scope. The resource estimate was received, and the costs have been updated.
12. *Explanation for Changes to Cost Projection*: Costs on this project were increased as a result of an expanded timeline and additional resource needs as mentioned on the previous report.
13. *Original Estimated IT Project Start Date*: March 1, 2021
14. *Actual or Current Estimated IT Project Start Date*: July 1, 2021
15. *Explanation for Changes to IT Project Start Date*: This project had an estimated start date based on the anticipated timeline for resource estimate routing. The timeline was delayed, the start date was recalculated, and the resource estimate was rerouted prior to the start of work on the project.
16. *Original Estimated IT Project Completion Date*: July 2, 2022
17. *Current IT Project Completion Date*: December 20, 2023
18. *Explanation for Changes to IT Project Completion Date*: This project experienced multiple initial delays due to staffing difficulties with the vendor. Staffing changes occurred during this project and resulted in significant delays with designing the project and creating change orders. The key position that was missing is now filled. After initial delays, the project added scope. This, combined with other delays, caused a project split to allow the project to go live with the minimum required product to begin reviews in April 2023 and set expectations for a more efficient and effective implementation in November 2023 to complete the project. As of November 11, 2023, the project has implemented into the system and is currently in the production verification phase. Design delays have impacted the timeline, but implementation has occurred at this time. After production verification is complete the project will go through formal closure processes.
19. *Original IT Project Stage Completion Dates*:
- *Project Start-up Begins*: March 1, 2021
 - *Define Requirements*: May 31, 2021
 - *Identify changes based on requirements*: September 30, 2021
 - Analysis
 - Business Design

- Tech Design
- *Construction/Testing*: June 11, 2022
 - Model Office Testing
 - UAT Testing
 - Production Implementation
- *Production Verification*: July 2, 2022
- *Project Close*: July 2, 2022

20. *Current IT Project Stage Completion Dates:*

- *Project Start-up Begins*: July 1, 2021
- *Define Requirements*: December 9, 2022
- *Identify changes based on requirements*: December 9, 2022
 - Analysis
 - Business Design
 - Tech Design
- *Construction/Testing Phase 1*: April 14, 2023
 - Model Office Testing
 - UAT Testing
 - Production Implementation
- *Production Verification Phase 1*: April 14, 2023
- *Construction/Testing Phase 2*: November 10, 2023
 - Model Office Testing
 - UAT Testing
 - Production Implementation
- *Production Verification Phase 2*: November 24, 2023
- *Project Close*: December 20, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* Initial estimates and key vendor staff turnover caused delays to the originally planned stages. The project now has two phases. The initial system, implemented via phase 1, contains the minimum required product. This allowed desired reviews to occur in the first six months of use. Further development will continue via phase 2, on items which are not key to the initial review success but will contribute to long term success. This divide allowed for use to begin on schedule while the final product is completed. In an effort to improve gaps from the first release, various pieces have been released in sections as the project allows to get key pieces and fixes in place in a more timely manner. The project has failed to hit key deadlines due to the navigation of complex design elements that fell behind schedule. The last report discussed the plan to clearly outline the anticipated time with current estimates and to put the final product in November; the project team was able to meet this goal.

IT Project Information Section:

22. *IT Project Scope:* The Prepayment Review Function will be added to the current functionality of the Claims Processing System operated by Gainwell Technologies. The addition allows the Office of the Inspector General (OIG) the ability to review claims submitted by providers prior to the payment of the claims. This project allows the OIG to select claims for review, put them in a pending status, provide a location to review the claims, and facilitate the approval, adjustment, or denial of claims. The solution also encompasses the communication to and from the provider. An in-depth review of requirements during the development phase identified additional audit and edit needs as well as other changes to assist with implementation. The additional audits and edits have caused the project scope to expand and will be reviewed by Gainwell Technologies; continued work on the product as well as corrections of defects have delayed implementation and updates to scope, timeline, and costs are anticipated.

23. *IT Project Deliverables:* The Prepayment System will include requirements from the resource estimate. The deliverable requested is a system that allows the end user to evaluate claims and documentation submitted by the provider. This system will handle the process as documented in the resource estimate. A usable product became available via phase 1 delivery to allow reviews to begin. Some functions that the system can operate without on a temporary basis will be implemented in phase 2.
24. *IT Project Assumptions:*
- OIG edits will be placed at the end of claims processing. Suspended claims must be in an exempt status to continue meeting claims processing service level agreements (SLAs).
 - If the explanation of benefits (EOB) isn't associated with an adjustment to the claim billed amount, it will be reported on the Gainwell remittance advice but not the electronic remittance advance (835 transaction).
 - Modification of Surveillance and Utilization Review Subsystem (SURS) to allow for the creation for prepayment review cases will not include the creation of a new audit finding template. Letters will be triggered when the pre-payment review includes a billing or rendering provider in the criteria. All OIG prepay-outcome EOBs will be carried over to Decision Support System (DSS).
25. *IT Project Risks and Constraints:* There is a risk that subject matter experts are assigned to multiple projects. This project is constrained to follow all laws, rules, and applicable guidance available for prepay review of claims. Resource constraints continue to be an ongoing risk to the project. Staff turnover is also an ongoing risk. Both of these risks, if not mitigated, have the potential to extend the project schedule.
26. *Submitted in Other DET Statutory Reports?*
- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
 - FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
 - FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA March 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA August 2023)
27. *Other Information (*Optional*):* N/A

17. ACT 178-CIE-MIS

1. *Report Preparation Date (Status as of):* 11/17/2023
2. *IT Project Title:* ACT 178-Competitive Integrated Employment Management Information System (CIE-MIS)
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$400,605.66

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8. *Additional Context for Original Cost Projection (*Optional*)*: The original cost projection was a high, ballpark estimate provided prior to completion of detailed estimates prepared in the project's formal planning phase prior to execution.
9. *Funding Source & Amount*:
- GPR: \$269,892.35
 - PR: \$000,000
 - FED: \$2,429,031.20
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$2,698,923.55
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: Additional scope for the Enterprise Data Warehouse/Data Analytics Reporting (EDW/DAR) was added to this project that increased the current cost projection.
13. *Original Estimated IT Project Start Date*: March 1, 2020
14. *Actual or Current Estimated IT Project Start Date*: March 1, 2020
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: June 30, 2021
17. *Current IT Project Completion Date*: March 31, 2024
18. *Explanation for Changes to IT Project Completion Date*: The original estimated completion date was a high-level placeholder date based on the original estimate of work. Due to the identification of new requirements, the design completion date was adjusted which pushed out the remaining stages and completion date. The project completion date was changed at the request of Department of Health Services (DHS) for the Gainwell portion of the project. That part of the project is now completed. An additional scope for the EDW/DAR was added to the project which updated the current IT project completion date.
19. *Original IT Project Stage Completion Dates*:
- *Requirements*: July 1, 2020
 - *Design*: September 30, 2020
 - *Construction*: November 15, 2020
 - *Testing*: November 15, 2020
 - *Prod Implementation*: November 15, 2020
 - *Closing*: June 30, 2021
20. *Current IT Project Stage Completion Dates*:
- *Requirements*: July 1, 2020
 - *Design*: December 30, 2022
 - *Construction*: April 15, 2023

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- *Testing*: July 15, 2023
- *Prod Implementation*: September 15, 2023
- *Closing*: September 30, 2023

EDW/DAR phase

- *Requirements*: September 30, 2023
- *Design*: October 31, 2023
- *Construction/Testing*: February 29, 2024
- *Prod Implementation*: February 29, 2024
- *Closing*: March 31, 2024

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

IT Project Information Section:

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

23. *IT Project Deliverables*: Build the CIE-MIS as a comprehensive solution around a richer set of data to provide a more complete picture of an individual’s competitive integrated employment situation. The DHS-LTCare and DWD-DVR workgroup envisions the model as a richer set of data elements across a broader spectrum of data from cross agency data systems. This option is similar to the Promise management information system model that DHS hosts in partnership with DWD, DPI, and Department of Children and Families (DCF).

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

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

26. *Submitted in Other DET Statutory Reports?*

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

27. *Other Information (*Optional*)*: Effective November 2022, this project was identified to be reported due to the schedule extension of more than 12 months duration on a project over \$250,000.00. A revised resource estimate is included with this report.

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

1. *Report Preparation Date (Status as of)*: 11/30/2023

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

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3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$3,990,030.39
8. *Additional Context for Original Cost Projection (*Optional*):* The CLTS project was divided up into two resource estimates:
 - WR-00053103, CLTS Claims Processing and Technical Assistance, to reflect the work for initial and requirements phase, with a projected cost of \$380,599.88 (50/50 funding split).
 - WR-00053837, Claims Processing and Technical Assistance, to reflect the work for design and implementation phase, with a projected cost of \$3,609,430.51 (90/10 funding split).
9. *Funding Source & Amount:*
 - GPR: \$498,617.67
 - PR: \$000,000
 - FED: \$3,386,162.07
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$3,884,779.74
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* The current cost projection includes the actual cost that was billed to WR-00053103 Resource Estimate, which was lower than the original cost projection.
13. *Original Estimated IT Project Start Date:* May 1, 2023
14. *Actual or Current Estimated IT Project Start Date:* May 1, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* April 30, 2025
17. *Current IT Project Completion Date:* April 30, 2025
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
 - *Initiate:* June 22, 2023
 - *Plan:* September 29, 2023

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

20. *Current IT Project Stage Completion Dates:*

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

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

IT Project Information Section:

22. *IT Project Scope*: CLTS claims processing is currently performed under a separate contract with Wisconsin Physicians Service (WPS) Health Insurance with an end date of April 2024. DHS will extend this contract as needed until implementation is complete. The claims processing and technical assistance provided to CLTS stakeholders will be transitioned to Gainwell.

23. *IT Project Deliverables:*

- Implement a system that can process CLTS claims.
- Implement a process to load CLTS service providers into the system.
- Build an operational team that consists of contact center representatives and field representatives that can provide technical assistance to CLTS stakeholders.

24. *IT Project Assumptions:*

- Gainwell will not adjust, reprocess, or convert historical claims as part of the project.
- Historical claims in the SAS data warehouse will remain available for reporting only.
- Reports are out of scope and will be handled by SAS.
- Gainwell will not build partial payment as indicated in the requirements as this is not part of Gainwell's claims processing.
- Providers will follow standard existing claims processing transactions (837, paper or portal, 835 and RA).
- Gainwell will not process pharmacy transactions (National Council for Prescription Drug Programs - NCPDP).
- CLTS will follow standard Cost Avoidance and Post Pay process.
- CLTS will be paid on the ForwardHealth fund payer.
- Based on the current anticipated impacts to Third Party Liability (TPL) and Financial Operations, it is assumed that additional staff will not be required. If it is determined during the course of the project or post-implementation that impacts are greater than expected and staffing is impacted, this estimate will be revised.

25. *IT Project Risks and Constraints:*

- If Prior Authorization functional requirements are not finalized by November 17, then project scope remains uncertain, and the implementation date will be impacted.

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- If the number of Providers significantly increases, it may impact this Resources Estimate costs and/or ongoing staffing.

26. *Submitted in Other DET Statutory Reports?*

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

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

19. Hospital Access Payment System Enhancements and Corrections

1. *Report Preparation Date (Status as of)*: 11/30/2023

2. *IT Project Title*: Hospital Access Payment System Enhancements and Corrections

3. *IT Project Status*: Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: N/A

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

7. *Original Cost Projection*: \$689,280.75

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

9. *Funding Source & Amount*:

- GPR: \$68,928.07
- PR: \$000,000
- FED: \$620,352.68
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Current Cost Projection*: \$689,280.75

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

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

13. *Original Estimated IT Project Start Date*: October 5, 2023

14. *Actual or Current Estimated IT Project Start Date*: October 5, 2023

15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* October 31, 2024
17. *Current IT Project Completion Date:* October 31, 2024
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
- *Initiate:* December 27, 2023
 - *Plan:* February 28, 2024
 - *Design:* May 15, 2024
 - *Construct:* August 07, 2024
 - *Testing:* September 09, 2024
 - *Pre-Implementation and Go-Live:* September 13, 2024
 - *Close:* October 31, 2024
20. *Current IT Project Stage Completion Dates:*
- *Initiate:* December 27, 2023
 - *Plan:* February 28, 2024
 - *Design:* May 15, 2024
 - *Construct:* August 07, 2024
 - *Testing:* September 09, 2024
 - *Pre-Implementation and Go-Live:* September 13, 2024
 - *Close:* October 31, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* No Change

IT Project Information Section:

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

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

In this solution, adjusting/voiding a claim will not automatically result in the recoupment of the ACCESS payment. The criteria for what scenarios would be recouped (if any) will be spelled out during the analysis phase of the project. When a claim that is deemed ACCESS payment eligible is processed, the claims engine will write it out to a cross reference table. The new cross reference table will store all ACCESS eligible claims and on a periodic basis (weekly, monthly, quarterly, annually) the financial system will read the new table and produce the ACCESS payments. This process will also be configured in such a way to reduce/remove the need for claim adjustments when ACCESS payment rates are retroactively applied.

23. *IT Project Deliverables:*

- New Data Model table for tracking ACCESS payment eligible claims and their payments.
- A process for writing ACCESS payment eligible claims to the new table.
- Logic around limiting duplicate payments will be created. Determinations will be needed around the handling of adjustments (system generated, history only, provider submitted, etc.).
- Criteria around what scenarios an ACCESS payment can be recouped will be determined.
- Additional Category of Service (COS) and fund code calls for the ACCESS payment assignment (this solution would not require the additional sequence on the COS, which should prevent Managed Care (MC), Eligibility and Third-Party Liability (TPL) from being impacted).
- New User Interface (UI) Panel to view this ACCESS payment transaction table.
- New report to display ACCESS payment information.
- New provider report showing the ACCESS payment eligible claims.
- A job will be configured to allow for the table to retroactively apply ACCESS payments when the ACCESS payment rates are put on file retroactively.
- The financial system will pick up claims eligible for ACCESS payments from the new table for payment processing.

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

20. EDW/DAR Advanced Query Builder and Medicaid Reports Development

1. *Report Preparation Date (Status as of):* 11/30/2023

2. *IT Project Title:* EDW/DAR Advanced Query Builder and Medicaid Reports Development

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

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

7. *Original Cost Projection:* \$4,166,824.50

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8. *Additional Context for Original Cost Projection (*Optional*)*: The original cost projection was a high, ballpark estimate provided prior to completion of detailed estimates prepared in the project's formal planning phase prior to execution.
9. *Funding Source & Amount*:
- GPR: \$416,682.45
 - PR: \$000,000
 - FED: \$\$3,750,142.05
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$4,166,824.50
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: August 14, 2023
14. *Actual or Current Estimated IT Project Start Date* August 14, 2023
15. *Explanation for Changes to IT Project Start Date*: No Change
16. *Original Estimated IT Project Completion Date*: March 31, 2024
17. *Current IT Project Completion Date*: March 31, 2024
18. *Explanation for Changes to IT Project Completion Date*: No Change
19. *Original IT Project Stage Completion Dates*:
- *Define Requirements and Design*: November 30, 2023
 - *Construction*: December 31, 2023
 - *Testing*: February 22, 2023
 - *Production Implementation*: February 29, 2024
 - *Production Verification*: March 31, 2024
20. *Current IT Project Stage Completion Dates*:
- *Define Requirements and Design*: November 30, 2023
 - *Construction*: December 31, 2023
 - *Testing*: February 22, 2023
 - *Production Implementation*: February 29, 2024
 - *Production Verification*: March 31, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates*: No Change

IT Project Information Section:

22. IT Project Scope:

Throughout the Design, Development, and Implementation (DDI) portion of the implementation of the SAS Enterprise Data Warehouse (EDW) and Data Analytics and Reporting (DAR), items were identified that were not specified in the Request for Proposal (RFP) as part of the initial implementation scope or were created by the legacy vendor during the RFP and subsequent DDI periods. The purpose of the EDW/DAR Advanced Query Builder and Medicaid Reports Development project is to complete the migration of the existing Gainwell Decision Support System (DSS), Long Term Care Data Warehouse (LTCDW) and Analytical Services to enable deprecation of those modules.

23. IT Project Deliverables:

Four work streams have been identified to be included in this project effort.

Pharmacy

- Convert 3 Prescription Drug Monitoring Program (PDMP) reports.
- Create a direct connection with Division of Public Health (DPH) for use of PDMP data.
- New Advanced Query Builders (AQB) for Drug and Drug Rebate information.

Office of the Inspector General

- Inclusion of the Office of Health Informatics (OHI) Death file data into the Enterprise Data Warehouse (EDW).
- Inclusion of the Surveillance Utilization Review System (SURS) Case Tracker data into the EDW.
- Inclusion of the Personal Care Screening Tool (PCST) data into the EDW.
- Convert 16 SURS related reports.
- Convert 2 PCST related reports.

Advanced Query Builders

- Children's Long-Term Support (CLTS) - New AQB.
- Birth to Three Program - New AQB.
- Human Services Reporting System (HSRS) and Children's Community Options Program (CCOP) - New AQB.
- Updates to the existing Fiscal/Budget Monitoring AQB.
- Inclusion of the Begin Date, Review Period Begin Date, and From Date of Service will be added.

Electronic Visit Verification (EVV), Nursing Home Geographic Information System (NH GIS), Program of All-Inclusive Care for the Elderly Partnership (PACE/Partnership)

- Convert 5 EVV Reports.
- Convert the On Demand Nursing Home Access Quality NH GIS report.
- Rate setting PACE/Partnership rules will be recreated in the EDW.
- Convert 5 Rate Setting reports that rely on the PACE/Partnership rules.

24. IT Project Assumptions: None

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

26. Submitted in Other DET Statutory Reports?

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

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

21. CARES: Katie Beckett Phase 2

1. *Report Preparation Date (Status as of):* 11/17/2023
2. *IT Project Title:* CARES: Katie Beckett Phase 2
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$9,678,755.82
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$967,875.59
 - PR: \$000,000
 - FED: \$8,710,880.23
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$9,678,755.82
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* October 30, 2023
14. *Actual or Current Estimated IT Project Start Date:* October 30, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* November 29, 2024
17. *Current IT Project Completion Date:* November 29, 2024
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* October 30, 2023
 - *Requirements, Design, and Development:* May 10, 2024

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- *Systems Testing*: August 30, 2024
- *User Acceptance Testing*: October 25, 2024
- *Implementation/Go-Live*: October 26, 2024
- *Post Production Support*: November 29, 2024

20. *Current IT Project Stage Completion Dates*:

- *Project Initiation and Kickoff*: October 30, 2023
- *Requirements, Design, and Development*: May 10, 2024
- *Systems Testing*: August 30, 2024
- *User Acceptance Testing*: October 25, 2024
- *Implementation/Go-Live*: October 26, 2024
- *Post Production Support*: November 29, 2024

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

IT Project Information Section:

22. *IT Project Scope*: The Division of Medicaid Services (DMS) seeks to deliver a modern human-centered experience for Katie Beckett families by not only adding the Katie Beckett Program to ACCESS (both Modernized and Legacy systems) but also adding the Katie Beckett Program to CARES Worker Web (CWW). Please note, this work for the Katie Beckett project is in continuation from Phase 1 to complete Development, Systems Testing, UAT, Training, Deployment and Post-Production work.

23. *IT Project Deliverables*:

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

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

22. CARES: SeniorCare Front End Processing Implementation

1. *Report Preparation Date (Status as of)*: 11/17/2023

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2. *IT Project Title:* CARES: SeniorCare Front End Processing Implementation
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$3,741,908.17
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$2,357,776.33
 - PR: \$000,000
 - FED: \$1,384,131.84
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$3,741,908.17
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* September 18, 2023
14. *Actual or Current Estimated IT Project Start Date:* September 18, 2023
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* November 29, 2024
17. *Current IT Project Completion Date:* November 29, 2024
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
 - *Project Initiation and Kickoff:* September 18, 2023
 - *Requirements, Design, and Development:* May 31, 2024
 - *Systems Testing:* August 9, 2024
 - *User Acceptance Testing:* October 18, 2024
 - *Implementation/Go-Live:* October 27, 2024
 - *Post Production Support:* November 29, 2024

20. *Current IT Project Stage Completion Dates:*

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

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

IT Project Information Section:

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

23. *IT Project Deliverables:*

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

24. *IT Project Assumptions:*

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

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

26. *Submitted in Other DET Statutory Reports?*

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

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

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

1. *Report Preparation Date (Status as of)*: 11/9/2023
2. *IT Project Title*: Program Participation System (PPS) Mental Health/Substance Use Replacement Project
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: The project is subject to the DET cloud brokerage review process. It will be submitted when the project is ready for that step. Additional DET service use and impact is to be determined.
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$1,100,000
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$1,100,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$1,100,000
11. *Additional Context for Current Cost Projection (*Optional*)*: This current cost projection is an estimate. We anticipate establishing a better estimate once the project specifications are finalized and the vendor provides a final cost estimate. The costs of the project at recent discussions have been more than initially anticipated, and as such we are scaling back some of the scope of the project to accommodate our current available funding. Currently we do not anticipate having GPR available to use, and plan to only use the federal funding that we have available.
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: July 1, 2020
14. *Actual or Current Estimated IT Project Start Date*: January 1, 2022

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15. *Explanation for Changes to IT Project Start Date:* Due to the pandemic and internal staff turnover, the original project start and end dates have been moved back.
16. *Original Estimated IT Project Completion Date:* December 31, 2021
17. *Current IT Project Completion Date:* December 31, 2024
18. *Explanation for Changes to IT Project Completion Date:* The original estimated completion date was a high-level placeholder date set only for the purpose of statutory reporting. It was not an informed baseline established in the formal project planning phase.
19. *Original IT Project Stage Completion Dates:*
- *Initiation:* July 1, 2020
 - *Planning, estimated completion:* January 1, 2021
 - *Execution:* TBD
 - *Closure, estimated completion:* December 31, 2021
20. *Current IT Project Stage Completion Dates:*
- *Initiation, actual:* January 1, 2022
 - *Planning, estimated completion:* January 31, 2024
 - *Execution:* TBD
 - *Closure, estimated completion:* December 31, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* Due to the pandemic and internal staff turnover, the original project start and end dates have been moved back. The current completion dates are estimated based on current project progress. More accurate estimates were provided by a vendor scope of work in the summer of 2023. The current estimate of work is more than expected, as such we are pursuing a second estimate from another vendor for consideration, which has extended our planning period.

IT Project Information Section:

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

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

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

23. *IT Project Deliverables:*
- Implementation of a Salesforce solution with the following application modules:
 - Mental Health & Substance Use

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- Core
- Expense & Revenue Financial Reports
- Substance Abuse Prevention Services Information System (SAPSIS)
- End-user training
- Integration with the new data warehouse

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

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

25. *IT Project Risks and Constraints:*

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

26. *Submitted in Other DET Statutory Reports?*

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

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

24. InsightCS to the Cloud

1. *Report Preparation Date (Status as of):* 11/16/2023

2. *IT Project Title:* InsightCS to the Cloud

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* Application hosting services include decommissioning the current on-premises application. This is completed.

Virtual Private Network (VPN) related work is complete. This involved establishing a VPN between DHS users and web-based servers hosted outside the DHS network, accessible via Remote Desktop Application.

The project was put through the DET Cloud Brokerage Process. This review was completed in April 2021.

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

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7. *Original Cost Projection:* \$466,820
8. *Additional Context for Original Cost Projection (*Optional*):* The cost projection includes \$261,820 which are one-time and monthly charges paid by DHS to the vendor for the application and licensing.
9. *Funding Source & Amount:*
- GPR: \$273,646
 - PR: \$198,158
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection:* \$471,804
11. *Additional Context for Current Cost Projection (*Optional*):* N/A
12. *Explanation for Changes to Cost Projection:* Additional costs were incurred for the Remote Desktop Services licenses.
13. *Original Estimated IT Project Start Date:* January 6, 2021
14. *Actual or Current Estimated IT Project Start Date:* January 6, 2021
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* May 20, 2022
17. *Current IT Project Completion Date:* March 29, 2024
18. *Explanation for Changes to IT Project Completion Date:* The project completion date is delayed because of vendor delays impacting the Waystar implementation. The sponsor and vendor agreed to extend the project end date until testing is complete and Waystar is live in production.
19. *Original IT Project Stage Completion Dates:*
- *Initiation, actual:* March 23, 2021
 - *Planning, actual:* August 11, 2021
 - *Execution, estimated completion:* April 21, 2022
 - *Closure, estimated completion:* May 20, 2022
20. *Current IT Project Stage Completion Dates:*
- *Initiation, actual:* March 23, 2021
 - *Planning, actual:* August 11, 2021
 - *Execution, estimated completion:* March 15, 2024
 - *Closure, estimated completion:* March 29, 2024
21. *Explanation for Changes to IT Project Stage Completion Dates:* Execution and closure dates changed to reflect the newly estimated project end date.

IT Project Information Section:

22. *IT Project Scope:* DHS uses InsightCS for billing and associated data functions at the Division of Care and Treatment Services (DCTS) 24/7 facilities. Medsphere, the company owning Insight, has moved Insight to a cloud-based platform. This project migrates DHS from the classic (on-premises) to a cloud-based version of the Insight product. In addition, the project moves DHS to a claims scrubbing software, Waystar, which works with the Insight product. The IT Project scope includes two phases: (1) implementation of the InsightCS application in a vendor managed cloud environment, and (2) implementation of the new claims scrubbing application, Waystar.
23. *IT Project Deliverables:* Project product deliverables include: cloud environment set up, establishing secure access to the cloud, migrating the InsightCS application to the cloud, configuring and implementing the RCM Web, and implementation of Waystar. Key documentation project deliverables include the project charter, project planning artifacts, and closeout documentation.
24. *IT Project Assumptions:* There are none to share at this time.
25. *IT Project Risks and Constraints:* Interaction and dependencies between multiple internal and external stakeholders could slow down project execution and impact the overall timeline.
26. *Submitted in Other DET Statutory Reports?*
- No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
 - FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
 - FY 2024 Strategic IT Plan (Submitted to DOA March 1, 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA March 2023)
 - Large, High-Risk IT Project Report (Submitted to DOA August 2023)
27. *Other Information (*Optional*):* Please note that when the FY 2024 Strategic IT plan was being drafted, the IT project completion date was anticipated to be January 2023. Thus, this project was excluded from the FY 2024 Strategic IT plan because it was expected to close before fiscal year 2024.

25. DHS Connect Lab Enhancement through Pathnet

1. *Report Preparation Date (Status as of):* 11/07/2023
2. *IT Project Title:* DHS Connect Laboratory Enhancement Through Pathnet (Oracle Cerner Software System)
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* Network services establishing VPN tunnels for vendor interfaces with associated firewall rules (configuration).
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$250,000

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8. *Additional Context for Original Cost Projection (*Optional*)*: Contractor hours.
9. *Funding Source & Amount*:
- GPR: \$160,750
 - PR: \$89,250
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$250,000
11. *Additional Context for Current Cost Projection (*Optional*)*: Cost includes estimate for employee time for order build and device/interface integration and testing. It also includes an interface adjustment testing process for reference labs (unquoted) and a \$25,000 training cost.
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: May 2, 2023
14. *Actual or Current Estimated IT Project Start Date*: April 14, 2023
15. *Explanation for Changes to IT Project Start Date*: The project team finished another project and was able to start the review of specifications earlier than originally expected.
16. *Original Estimated IT Project Completion Date*: June 30, 2024
17. *Current IT Project Completion Date*: August 15, 2025
18. *Explanation for Changes to IT Project Completion Date*: The project team implemented staged go lives. Also, the project introduced a microbiology system build that is unfamiliar to division staff, which added additional time to learn and implement. Training timing and development also extended the completion date.
19. *Original IT Project Stage Completion Dates*:
- *Initiation*: June 9, 2023
 - *Planning*: July 21, 2023
 - *Execution*: June 21, 2024
 - *Closure*: June 30, 2024
20. *Current IT Project Stage Completion Dates*:
- *Initiation*: June 9, 2023
 - *Planning*: September 21, 2023
 - *Execution*: August 8, 2025
 - *Closure*: August 15, 2025
21. *Explanation for Changes to IT Project Stage Completion Dates*: Originally, there was a plan to use the existing interface that included a third-party vendor. That vendor parted ways and the project required a

new VPN tunnel and interface, which directly affected the execution stage. Additionally, there were microbiology build issues that increased the build time and testing and resulted in changed training plans.

IT Project Information Section:

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

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

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

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

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

25. *IT Project Risks and Constraints:*

- Risk: Submitting a numeric field update causes a duplication of entry in the record that needs to be obscured from posting.
- Constraint: The learning curve for discovering and building a new microbiology process into the laboratory process is something that analysts are unfamiliar with building.
- Constraint: Free-text fields instead of numerical fields prevents trending.
- Constraint: Laboratory interfaces must be managed in house.

26. *Submitted in Other DET Statutory Reports?*

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

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

26. Overdose Alert System

1. *Report Preparation Date (Status as of):* 11/13/2023
2. *IT Project Title:* Overdose Alert System
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD

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5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* This project team will need to work with DET on the implementation of MyWisconsin ID. Further DET involvement is not yet known for this project.
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$1,000,000
8. *Additional Context for Original Cost Projection (*Optional*):* N/A
9. *Funding Source & Amount:*
 - GPR: \$000,000
 - PR: \$000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount): \$1,000,000 ARPA Funding has been approved through 2025. An additional \$500,000 is available through Opioid Settlement fund Grants.
10. *Current Cost Projection:* \$1,000,000
11. *Additional Context for Current Cost Projection (*Optional*):* This is a high, ballpark estimate only.
12. *Explanation for Changes to Cost Projection:* No Change
13. *Original Estimated IT Project Start Date:* November 6, 2022
14. *Actual or Current Estimated IT Project Start Date:* November 6, 2022
15. *Explanation for Changes to IT Project Start Date:* No Change
16. *Original Estimated IT Project Completion Date:* December 31, 2025
17. *Current IT Project Completion Date:* December 31, 2025
18. *Explanation for Changes to IT Project Completion Date:* No Change
19. *Original IT Project Stage Completion Dates:*
 - *Project Start:* November 6, 2022
 - *Iterative Sprints (Requirements/Design/Development/Test):* December 15, 2023
 - *Alpha release:* February 16, 2024
 - *Iterative Sprints (Requirements/Design/Development/Test):* April 19, 2024
 - *Beta release:* June 21, 2024
 - *Iterative Sprints (Requirements/Design/Development/Test):* September 13, 2024
 - *Production Go Live Complete:* September 30, 2024
 - *Closure:* December 31, 2025

20. *Current IT Project Stage Completion Dates:*

- *Project Start:* November 6, 2022
- *Iterative Sprints (Requirements/Design/Development/Test):* December 15, 2023
- *Alpha release:* February 16, 2024
- *Iterative Sprints (Requirements/Design/Development/Test):* April 19, 2024
- *Beta release:* June 21, 2024
- *Iterative Sprints (Requirements/Design/Development/Test):* September 13, 2024
- *Production Go Live Complete:* September 30, 2024
- *Closure:* December 31, 2025

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

IT Project Information Section:

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

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

23. *IT Project Deliverables:*

- Data from multiple sources will be combined for the system to perform its desired capabilities.
 - Provide data access to syndromic surveillance data.
 - A data structure will be constructed for daily refresh access by real-time overdose surveillance system.
 - Develop a data strategy and security policies and procedures for sharing data externally and internally.

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

24. IT Project Assumptions:

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

25. IT Project Risks and Constraints:

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- While there is monthly data available regarding deaths, there is no standard for near real-time death data. Agreements with individual coroner offices will be needed and there will likely need to be different ways of collecting this data. This could lead to inconsistent data and delays in receiving data.
- Long-term ownership of the system is unknown. Transition from the project to an operational state could be delayed if ownership is not determined.
- If resources are not available, project timeline and costs could be negatively affected.

26. *Submitted in Other DET Statutory Reports?*

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

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

27. iQIES Integration

1. *Report Preparation Date (Status as of)*: 11/14/2023
2. *IT Project Title*: iQIES Integration - Implementation Phase
3. *IT Project Status*: Active
4. *DET Services/Impact*: Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".)*: N/A
6. *Master Lease Funding Amount*: \$0
7. *Original Cost Projection*: \$107,350
8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
 - GPR: \$20,397
 - PR: \$30,058
 - FED: \$56,895
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Current Cost Projection*: \$107,350
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: No Change

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

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

15. *Explanation for Changes to IT Project Start Date:* There was a significant delay in the initial migration of Home Health Agency data from ASPEN to iQIES by the Centers for Medicare and Medicaid Services (CMS). This migration had to occur in order for the Division of Quality Assurance (DQA) business area to begin analysis of the new iQIES database structure.

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

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

18. *Explanation for Changes to IT Project Completion Date:* The project completion date is entirely dependent on the schedule on which CMS and its contractors complete the migration of specific provider types from ASPEN to iQIES. December 31, 2024, is CMS's current stated goal date for completing this migration; to date other stated goals have not been met.

19. *Original IT Project Stage Completion Dates:*

- *Initial iQIES schema analysis:* March 31, 2022
- *DHS API design:* April 30, 2022
- *DHS API implementation:* June 30, 2022
- *Final DHS API implementation:* December 31, 2023
- *ASPEN server decommission/final cutover:* December 31, 2023

20. *Current IT Project Stage Completion Dates:*

- *Initial iQIES schema analysis:* March 31, 2022
- *DHS API design:* October 31, 2022
- *Initial DHS API implementation:* March 1, 2024
- *Final DHS API implementation:* December 31, 2024
- *ASPEN server decommission/final cutover:* December 31, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* The original estimated execution and closure stage completion dates were based on plans to launch both the new DHS WorkWeb and the public site in October 2022. As explained above, DHS decided to defer the public site launch to January 2023 to ensure a successful launch. This extends the project execution phase to January 31, 2023, and the project closure to March 31, 2023.

IT Project Information Section:

22. *IT Project Scope:* The project will consist of construction and deployment of a solution to permit the DQA to retrieve survey and certification data from the Centers for Medicare and Medicaid Services (CMS) iQIES (Quality Improvement and Evaluation System) cloud and integrate it into existing DQA databases and reporting systems. CMS is migrating data from the existing ASPEN (Automated Survey Processing Environment) database to iQIES in stages during calendar year 2021 – 2023 and will eventually retire the ASPEN system.

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

23. IT Project Deliverables:

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

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

25. IT Project Risks and Constraints:

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

26. Submitted in Other DET Statutory Reports?

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

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

28. Assisted Living Facility and Resident Assessment Tool

1. *Report Preparation Date (Status as of):* 11/30/2023
2. *IT Project Title:* Assisted Living Facility and Resident Assessment Tool
3. *IT Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A
6. *Master Lease Funding Amount:* \$0
7. *Original Cost Projection:* \$3,473,157

8. *Additional Context for Original Cost Projection (*Optional*)*: N/A
9. *Funding Source & Amount*:
- GPR: \$000,000
 - PR: \$000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount): \$3,473,157 from American Recovery Plan Act (ARPA) grant funding
10. *Current Cost Projection*: \$3,473,157
11. *Additional Context for Current Cost Projection (*Optional*)*: N/A
12. *Explanation for Changes to Cost Projection*: No Change
13. *Original Estimated IT Project Start Date*: August 14, 2023
14. *Actual or Current Estimated IT Project Start Date*: November 24, 2023
15. *Explanation for Changes to IT Project Start Date*: Delays with several preliminary steps were encountered, including security review and approval, correspondence regarding the vendor contract, review of software (Salesforce) licensing costs, and review and approval of the revised Statement of Work (SOW). These delays have necessitated extending the overall timeline for the project.
16. *Original Estimated IT Project Completion Date*: November 8, 2024
17. *Current IT Project Completion Date*: January 13, 2025
18. *Explanation for Changes to IT Project Completion Date*: Delays with several preliminary steps were encountered, including security review and approval, correspondence regarding the vendor contract, review of software (Salesforce) licensing costs, and review and approval of the revised SOW. These delays have necessitated extending the overall timeline for the project.
19. *Original IT Project Stage Completion Dates*:
- *Pilot Kickoff*: September 8, 2023
 - *Pilot Requirements & Design*: January 19, 2024
 - *Pilot Development*: March 8, 2024
 - *Pilot System Testing*: April 19, 2024
 - *Pilot UAT Testing*: May 17, 2024
 - *Pilot Code-freeze & Go-Live*: June 3, 2024
 - *Requirements & Design*: July 5, 2024
 - *Development*: August 9, 2024
 - *System Testing*: September 6, 2024
 - *UAT Testing*: September 27, 2024
 - *Code-freeze & Go-Live*: October 14, 2024
 - *Postproduction support*: November 8, 2024

20. *Current IT Project Stage Completion Dates:*

- *Pilot Kickoff:* November 24, 2023
- *Pilot Requirements & Design:* April 5, 2024
- *Pilot Development:* May 24, 2024
- *Pilot System Testing:* July 5, 2024
- *Pilot UAT Testing:* August 2, 2024
- *Pilot Code-freeze & Go-Live:* August 19, 2024
- *Requirements & Design:* September 20, 2024
- *Development:* October 25, 2024
- *System Testing:* November 22, 2024
- *UAT Testing:* December 20, 2024
- *Code-freeze & Go-Live:* January 13, 2025
- *Postproduction support:* February 7, 2025

21. *Explanation for Changes to IT Project Stage Completion Dates:* Delays with several preliminary steps were encountered, including security review and approval, correspondence regarding the vendor contract, review of software (Salesforce) licensing costs, and review and approval of the revised SOW. These delays have necessitated extending the overall timeline for the project.

IT Project Information Section:

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

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

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

23. *IT Project Deliverables:*

- Project Initiation and Kickoff: Kickoff slide deck with project objectives, Project Schedule with phase-related activities, and a Deliverable Expectation Document

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- Requirements and Design: Policy Review and Traceability Matrix, System Requirement and Design documents, and a Data Dictionary
- System Test: Security assessment status report
- Training efforts including: the development of training videos, live learning sessions, and ongoing support.
- Implementation: Postproduction Status Report, Incident Response Plan, and System Certification and Security Assessment documents

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

25. *IT Project Risks and Constraints*:

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

26. *Submitted in Other DET Statutory Reports?*

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

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

Appendix A



STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

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

Large, High-Risk IT Project Definition

(Revised May 2022)

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

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

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

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

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

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Appendix B

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

Project	Division/Office	Report Contact Point(s)
State Vital Records Information System (SVRIS) Part 2	State Vital Records Office, Division of Public Health	Lynette Childs; Huong Nguyen-Hilfiger
AIDS Drug Assistance Program (ADAP) Online Portal	Division of Public Health	Lew Snyder; Amy Wick; Huong Nguyen-Hilfiger
Virtual ADRC and Statewide Resource Database and Implementation Project	Division of Public Health	Henry Hanson; Phoebe Hefko; Carrie Molke; Huong Nguyen-Hilfiger
BADR ADRC Client Tracking System Implementation Project	Division of Public Health	Henry Hanson; Phoebe Hefko; Carrie Molke; Huong Nguyen-Hilfiger
Electronic Visit Verification (EVV) – Home Health	Division of Medicaid Services	Scott Hawley; Amy Osborne; Nick Havens
Tribal Shared Savings	Division of Medicaid Services	Amy Osborne; Nick Havens
Adult Incident Report System (AIRS)	Division of Medicaid Services	Amy Osborne; Nick Havens
Publications Modernization Project & Robohelp Migration	Division of Medicaid Services	Amy Osborne; Nick Havens
Integration of Long-Term Care (LTC) Encounters into the MMIS	Division of Medicaid Services	Amy Osborne; Nick Havens
CARES: 12 Month Continuous Coverage for Children	Division of Medicaid Services	Amy Osborne; Nick Havens
CARES: Able-bodied Adults Without Dependents (ABAWD) Changes Phase II	Division of Medicaid Services	Amy Osborne; Nick Havens
CARES: FoodShare Unclear (FSUC) Project	Division of Medicaid Services	Amy Osborne; Nick Havens
CARES: Elderly Simplified Application Project (ESAP)	Division of Medicaid Services	Amy Osborne; Nick Havens
CARES: Overpayment Claims Compromise	Division of Medicaid Services	Amy Osborne; Nick Havens
LTC Provider Management	Division of Medicaid Services	Amy Osborne; Nick Havens
Prepayment Review Function	Division of Medicaid Services	Chris Schmidt; Amy Osborne; Nick Havens
ACT 178-CIE-MIS	Division of Medicaid Services	Amy Osborne; Nick Havens
Children’s Long-Term Support (CLTS) Claims Processing	Division of Medicaid Services	Amy Osborne; Nick Havens
Hospital Access Payment System Enhancements and Corrections	Division of Medicaid Services	Amy Osborne; Nick Havens
WR-00054145 EDW/DAR Advanced Query Builder and Medicaid Reports Development	Division of Medicaid Services	Amy Osborne; Nick Havens
Katie Beckett Phase II	Division of Medicaid Services	Amy Osborne; Nick Havens
SeniorCare Front End Processing Implementation	Division of Medicaid Services	Amy Osborne; Nick Havens
Program Participation system (PPS) Mental Health/Substance Use Replacement	Division of Care and Treatment Services	Ryan Stachoviak; Laura Gebhardt; Teresa Steinmetz; Holly Audley
Insight CS to the Cloud	Division of Care and Treatment Services	Martha McCamy; Gynger Steele
DHS Connect Lab Enhancement	Division of Care and	Leon Lipp

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Through Pathnet	Treatment Services, Office of Electronic Health Records System Management	
Overdose Alert System	Division of Care and Treatment Services in collaboration with the Division of Public Health	Lewis Snyder; John Doris; Angela Whirry-Achten; Tom Bentley; Huong Nguyen-Hilfiger
iQIES Integration	Division of Quality Assurance	Richard Betz; Nikki Andrews
Assisted Living Facility and Resident Assessment	Division of Quality Assurance	Richard Betz; Kenneth Brotheridge; Nikki Andrews
Coordination, consolidation, and report editing was performed by Corina Nohr, Reporting Analyst, Project Management Office, Bureau of Information Technology Services, Division of Enterprise Services.		
Tom Haukohl, DHS Chief Technology Officer, completed the overall review and approval of the report.		