

Coordinated System of Care

Information Technology Workgroup - Findings and Recommendations

Version 1.12 – July 15, 2010

Information Technology Workgroup

TABLE OF CONTENTS

1.0	EXECUTIVE SUMMARY	4
2.0	INFORMATION TECHNOLOGY WORKGROUP OVERVIEW	5
3.0	SYSTEMS INVENTORY (DHH, DOE, DCFS, OJJ)	6
3.1.	DEPARTMENT OF HEALTH AND HOSPITALS (DHH)	6
3.2.	DEPARTMENT OF HEALTH AND HOSPITALS – MEDICAID SYSTEMS	7
3.3.	DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)	8
3.4.	DEPARTMENT OF EDUCATION (DOE)	9
3.5.	OFFICE OF JUVENILE JUSTICE (OJJ)	9
4.0	PROJECT ASSESSMENTS FOR COORDINATION WITH CSOC	10
4.1.	DEPARTMENT OF CHILDREN AND FAMILY SERVICES	10
4.1.1.	Common Access Front End (CAFÉ)	10
4.1.2.	Child Welfare System Replacement	10
4.1.3.	DCFS/DHH Call Center	10
4.1.4.	DCFS Enterprise Content Management System	11
4.2.	DEPARTMENT OF HEALTH AND HOSPITALS	11
4.2.1.	Medicaid Management Information System (MMIS) Replacement and Fiscal Intermediary Services 11	
4.2.2.	Medicaid ARRA HIT/HIE Initiative	12
4.2.3.	Louisiana Health Information Exchange (LAHIE)	13
4.2.4.	Regional Extension Center	14
4.2.5.	Beacon Communities	14
4.2.6.	Community College Consortium	15
4.2.7.	NTIA BTOP Infrastructure Program	15
4.2.8.	Electronic Health Record (EHR) Project for School-Based Health Centers Underway	16
4.2.9.	Office of Mental Health Electronic Behavioral Health Record (EBHR) System Initiative	16
4.2.10.	EHR Project	17
5.0	ADMINISTRATIVE STRUCTURE AND IDEAL SERVICE ARRAY EVALUATION	18
5.1.	OVERVIEW	18
5.2.	ELECTRONIC MEDICAL RECORD (EMR) COMPONENTS	18
5.3.	AREAS FOR INFORMATION TECHNOLOGY SUPPORT	19
5.4.	EXISTENT INFORMATION TECHNOLOGY RESOURCES THAT MAY BE UTILIZED	20
6.0	PROCUREMENT REVIEW AND RECOMMENDATIONS	21
6.1.	NEW JERSEY SYSTEM OVERVIEW	21
6.1.1.	Interfaces	21
6.1.2.	Provider Network Development	21
6.1.3.	Service Provider Database	21
6.2.	NEW JERSEY SYSTEM STRENGTHS AND ENHANCEMENTS	22
6.3.	NEW JERSEY’S RFP AND CONTRACT STRUCTURE	22
6.4.	NEW JERSEY’S IT REQUIREMENTS FOR SERVICE AUTHORIZATION (AROUND UTILIZATION MANAGEMENT)	23
6.5.	REQUIREMENTS TO BE INCLUDED IN RFP	23
6.5.1.	New Jersey System Overview	23
6.5.2.	New Jersey Electronic Medical Record	23
6.5.3.	New Jersey Technical Specifications	23
6.5.4.	Service Levels	24

6.5.5.	Other Components	24
6.6.	NEW JERSEY COST INFORMATION	25
6.7.	LESSONS LEARNED FROM OTHER IMPLEMENTATIONS	25
6.7.1.	From Wraparound Milwaukee:	25
6.7.2.	From New Jersey.....	25
7.0	QUESTIONS AND CONSIDERATIONS	26
7.1.	QUESTIONS FOR NEW JERSEY	26
7.2.	QUESTIONS FOR THE CSOC LEADERSHIP TEAM:	26
7.3.	CONSIDERATIONS	26
8.0	RISKS	28
9.0	IT FUNCTIONALITY FOR OTHER WORKGROUPS	29
9.1.	IT FUNCTIONALITY NEEDED TO FULFILL UTILIZATION MANAGEMENT (UM) NEEDS	29
9.2.	IT FUNCTIONALITY NEEDED TO FULFILL QUALITY MANAGEMENT (QM) NEEDS	29

1.0 Executive Summary

The IT Workgroup made up of IT resources from the Department of Health and Hospitals (DHH), Department of Children and Family Services (DCFS), Department of Education (DOE), and Office of Juvenile Justice (OJJ) have collaborated on this document to provide their research and recommendations regarding the Coordinated System of Care (CSoC) project. This document provides the background information which has assisted the group with forming their recommendations. ***The IT workgroup recommends that the CSoC takes advantage of currently developed SMO and CME related systems. The recommendations presented through this document are designed to call out the major components and subsections to be included in procurement documents for these vendors.***

Recommendations regarding **Information Technology Capacity, including EHRs** to the CSoC Leadership Team are as follows:

- Enable data exchanges (both ways) from CSoC application back to participating departments (DHH, DCFS, DOE, OJJ).
- Require systems integration where needed
- Prior to planning for technical needs, a business model supported by defined business processes should be clearly defined. Lessons learned from other states have shown the importance of first finalizing the business model prior to undertaking the technical model – as the business model needs to drive the technical model and not the reverse. Once the business model is chosen, supply the project planner with detailed, specific documentation.
- Provide the organizational staffing structure to support the project (IT Project Manager and a Project Management Team, a team of business analysts, Technical Architect, consultant to write RFP)
- This is going to be a highly complex, interagency and multiple stakeholder project with a vast array of data in various locations that will need to be connected. The New Jersey project, similar in size and complexity, utilized a technical architect. It is recommended that Louisiana follow this same process.
- The project team should look at the major or new initiatives and projects that being undertaken in the departments/state to determine areas of overlap and impact on the CSoC to the information technology infrastructure. In the project, provide for necessary enhancement to the existing infrastructures to ensure they can support the project with reliable and readily accessible data.
- A system should be contracted for the CSoC project; however, interfacing with existing systems will have to be done in order to enable sharing of data from existing systems. If existing systems are to be used (via interfaces), a systems analysis of currently used IT applications must be done as well as a gap analysis.
- Release a Request for Information (RFI) prior to the Request for Proposals (RFP) to get better cost estimates and to ensure a thoroughly written RFP. Hiring a consultant with experience in such a comprehensive system to develop an RFP for the technology infrastructure and technology related components is also recommended.
- The administrative business components should be separate from the IT components in the RFP.
- The system should be developed as a single client record for the program to be used among all state entities that will track the target population. As there are different platforms, it may be difficult to devise a system that would be able to accommodate the different entities technology platforms to share data.
- Interoperability standards should be developed where the system is dependent upon sharing data.
- Consider that a Learning Management System be included in the product.
- Consider including a Contract Management tool/module to track contracts, invoices, payments, licensing, etc.
- Require a disaster recovery solution with a primary site and a secondary site for disaster recovery and define routine back-up process. If hosted by the vendor, require a disaster recovery plan.
- Examine utilization management and quality management models to provide specification for IT functionality.
- Provide a dedicated, contracted IT helpdesk to serve all of the departments involved (ex: when interfaced systems are upgraded/enhanced, etc. this vendor would provide support as needed)

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2.0 Information Technology Workgroup Overview

The Coordinated System of Care (CSoC) Information Technology (IT) Workgroup was established to address the following components pertaining to the IT components of the CSoC planning process.

- To identify best practices from other states' implementation of a coordinated system of care;
- To assess existing models that have been implemented in other states including New Jersey and Wraparound Milwaukee;
- To assess and define innovative approaches to planning for and implementing a coordinated system of care;
- To work with other states to define implementation issues and to define Louisiana specific information technology related issues;
- To provide recommendations on how the IT structure should be developed and established and possible IT infrastructure models; and
- To assess the costs incurred by other states and for the proposed solutions.

Through this charge, the workgroup is to provide recommendations to address resource needs and provide enough detail to inform the Leadership Team for decision-making associated with the Louisiana CSoC implementation. This information will serve as a foundation for future implementation planning.

The assembled team has been defined through *Exhibit 1: Information Technology Workgroup Team Members*.

Exhibit 1: Information Technology Workgroup Team Members

Information Technology Workgroup Team Members		
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3.0 Systems Inventory (DHH, DOE, DCFS, OJJ)

This section provides a listing of existing systems used by the four departments (Department of Children and Family Services, Department of Health and Hospitals, Department of Education, Office of Juvenile Justice) which contain data and information that can be utilized to support the Coordinated System of Care (CSoc) initiative (such as financial data, child data, etc.). These systems can provide information either directly or through interfaces with the future CSoc application.

3.1. Department of Health and Hospitals (DHH)

- **Access to Recovery (ATR):** An electronic voucher system for adults and adolescents receiving treatment (for addictive disorders) through the Office of Addictive Disorders (OAD); includes monitoring of parish health units, rural clinics, operational staff, and detox units
- **Accounts Receivable and Management Information System (ARAMIS):** Legacy system (in Visual FoxPro) operating for outpatient Community Mental Health Centers in the Office of Mental Health (OMH), performing management information, billing and accounts receivable functions, operating on a LAN within each facility. Note: ARAMIS is being replaced by the web-based OMH-IIS.
- **Electronic Individual Plan of Care:** This database takes the SIS/LAPLUS assessments information as prompt for people's needs, and is the new electronic instrument of plan of care for Office of Citizens with Developmental Disabilities (OCDD) participants. The contractor for this system is Statistical Resources Inc.
- **Individual Tracking System (ITS):** Data collection and reporting tool for the OCDD including intake, needs determination and case management.
- **Louisiana Addictive Disorders Data System (LADDS):** The Office of Addictive Disorders (OAD) client data is collected and managed by this system
- **Louisiana (OCDD) Early Intervention Program (EarlySteps):** This database tracks applications, service delivery, payment and quality monitoring for this program. The system is for children ages 0-3. The data contractor is COVANSYS.
- **OCDD Census:** OCDD database application for OCDD participants including demographic information, diagnoses, legal/custody status, contacts.
- **OCDD-Complaints Remediation:** This system provides complaints tracking, resolution; database of complaints of developmental disabilities service system.
- **OCDD-SIS LA Plus Assessments:** Assessing support needs and related information of NOW program participants (developmental disabilities waiver program). These level-of-care assessments feed into the electronic individual support plan module.
- **OMH-IIS:** This system provides a comprehensive, integrated web-based (MS.Net/SQL Server) information system that provides client, assessment, service event, and service provider data for all clients served under the auspices of the Office of Mental Health. It is modular in design and includes the following outpatient components: centralized client registry and admission/discharge/transfer; centralized provider registry; service event recording and progress not module; client assessment module; and continuity of care module. Links with a third party web-based system to provide assessment of client's level of care over the course of treatment (LOCUS & CALOCUS, Deerfield Behavioral Health); collects all information needed for state and federal reporting; billing for Medicaid and Medicare.
- **Online Accounts Receivable System (OARS):** A web-based system that houses client service ticket data for 3rd party billing for OAD; accounts receivable for collecting "ineligible" patient fees. When some patients are deemed to be not eligible for state services, this is used to track which services were provided and to track payments for those services, billing insurance/Medicare/client, send collection letters; does not determine eligibility; LADDS tracks services, OARS is billing. OARS imports service tickets from LADDS.
- **Prevention Management Information System (PMIS):** This process evaluation system collects process data to complete the federal substance abuse prevention and treatment block grant application and collects data on contract providers of substance abuse prevention services across the regions, districts and authorities. The information covers the target population, age, gender, race,

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and ethnicity. It collects the evidence-based programs provided and the number of services provided by facilitator, location, contract provider, region, district, authority, and state. The system collects Employee Assistance Program referrals and types of referrals. Much of the data is collected on a paper form and entered later; some providers do it daily, weekly, or monthly. Need to have it done by 5th of month for previous month.

3.2. Department of Health and Hospitals – Medicaid Systems

- **MMA System: Interface between CMS (Feds), MEDS and MMIS (Paid Claims):** This system takes information from MEDS and sends it to CMS (Federal) who sends a file back which gets processed and sent to Unisys. “Connect direct” connection to CMS
- **Medicaid Eligibility Data System (MEDS):** MEDS is a data warehouse that stores information regarding eligibility. It is mainly used by the analyst who determines eligibility. The eligibility determination process is done in MEDS. All information regarding a recipient’s certification is provided. Users can view data points including: the eligibility determination date, type of determination, duration of certifications, and persons included in the certification.
- **Management and Reporting Subsystem:** This subsystem is used to develop ad-hoc reports of recipient and provider information, primarily used internally.
- **Medicaid Statistical Information System:** MSIS is the principle source of state reported data on Medicaid enrollees and expenditures. For each person enrolled in Medicaid, MMIS collects information pertaining to why the person is eligible for Medicaid, which months during the year he/she was enrolled, whether he/she is enrolled in Medicare or other health insurance, and basic personal characteristics. MSIS also collects claims data that is used to generate measures of utilization and payments for each individual.
- **ESP+ Desktop:** Daily/Weekly/Monthly/Quarterly/Yearly reports run to capture various provider and recipient information.
- **Utilization, Tracking, Oversight, and Prior Authorization (UTOPIA):** This system provides support to prior authorization personnel in the Medicaid Behavioral Health Section to provide an overview of services for Medicaid eligible clients served by the private network of mental health rehabilitation providers in the state of Louisiana. It operates at the Medicaid BHS Service Access/Prior Authorization Unit for Mental Health Rehabilitation services. The Medicaid Behavioral Health Section Service Center acts the managed care agency for oversight of these services. Prior authorization numbers are shipped to Molina (formally UNYSIS) using SAS for approved services.
- **Mental Health Rehabilitation System (MHR/MHS):** This system supports the Client, Assessment, and Service data collection and reporting for the statewide private network of mental health rehabilitation providers and contract mental health service program providers (mainly case management).
- **Medicaid Management Information System (MMIS):** This is the claims processing and information retrieval system which includes all Providers enrolled in the Medicaid Program. This system is an organized method of payment for claims for all Medicaid services and includes information on all Medicaid Providers and Enrollees. (Associated LMMIS)
- **MHRSLA.ORG:** MHRSLA.ORG is a website utilized by the Mental Health Rehabilitation Services group. This website provides information for two groups, Consumers/Members that require/utilize the services and the Providers that dispense the service. The site functions as a single source of information and communication for the MHR Providers, allowing distribution of documents, forms, and training information. The site features a very interactive administrative area for the MHR staff to manage the large amount of dynamic content/information available on the site.
- **ProviderLink™:** A web-based application hosted on SSL secured servers. Although no installation of additional software on user systems is required, if printing documents from another application and having them appear in ProviderLink is desired, the installation of a ProviderLink Virtual Print Driver will be required on each user system.

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3.3. Department of Children and Family Services (DCFS)

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- **Tracking Information Payment System (TIPS):** TIPS is a mainframe statewide interagency information management and payment system which is capable of tracking client information and generating payments for Office of Community Services (OCS) clients. The TIPS serves as the State of Louisiana's legally mandated Central Registry and the Louisiana Adoption Resource Exchange (LARE). Serves as the main children information repository but no specific information about if a child is at risk. TIPS also includes the therapist's name as a data element.
- **Louisiana Adoption Resource Exchange (LARE):** This is a legally mandated mainframe system for managing information related to children available for adoption and families certified as adoptive homes. LARE is an on-line statewide computer sub-system of TIPS which enhances the TIPS Client sub-system to focus agency and staff efforts on achieving timely permanent placements for every child in foster care with emphasis on adoption. LARE also enhances the TIPS Provider sub-system to focus agency and staff efforts on efficient and timely approval and selection of adoptive and foster family homes. The primary purpose of LARE is to bring families and children together so that any child can be placed in a certified adoptive home as quickly as possible. Repository for children free for adoption; can designate a child as at risk. Every child in LARE is also in TIPS; LARE can designate a child at risk, but TIPS cannot.
- **TANF Partners Database:** This database tracks initiatives funded through the department for supportive services provided by contracted providers. These services and programs assist Louisiana's needy families to attain self-sufficiency. Contracted services and expenditure to providers for these services are tracked and monitored but this system does not distribute payments to providers.
- **Family Resource Center (FRC) Database:** The Family Resource Center (FRC) Database supports staff serving together to empower families to attain self-sufficiency and ongoing independence. The FRC provides financial help to needy families. FRC has contractors at different locations in the state of Louisiana. Contractors enter data into web-based screens from paper applications to support their work. This system is run by the Office of Community Services in the DCFS.
- **Clinical Evaluation Program (CEP):** CEP contains information regarding mental health providers who provide services for OCS. The information includes licenses and degrees held by the provider, results of criminal background checks, demographic information (such as address, race, gender, ethnicity), contract information, clinical competency areas, practice modalities (for instance, individual or group therapy), and the OCS offices served by the provider. It does not track payments made to the providers or record which clients have been seen by each provider. Application was transferred to DHH July 1, 2010
- **Child Assessment Tool (CAT):** CAT is an automated tool that was developed to compile and score information based on the completion of placement level of care assessments for children. These placement level-of-care assessments are conducted by assigned OCS resources. The objective of this process is to determine the placement level of care from 1 to 6 for an established population of children. These placement level-of-care assessments are conducted on a regularly scheduled basis to support an understanding of any changes in the child's necessary level-of-care. The tool provides scoring for children based on three age categories – children under 5, children between the ages of 5 and 8, and children 9 and over.
- **Bureau of Licensing System (BLAS):** The Bureau of Licensing Application System (BLAS) is used to establish and maintain information relating to the licenses for all child care and/or social care programs. The system is used to generate letters, licenses, and statistical reports.
- **A Comprehensive Enterprise Social Services System (ACESS):** This mainframe DB2 repository for Child Protective Investigation children includes the narrative on the child in TIPS if child entered through Child Protective Investigation (CPI).
- **Child-Specific:** This Microsoft Access Database is used in coordination with the Office of Community Services Residential (OCSR) Residential Database to track children in residential facilities.
- **Sybil's Non-Agreement Providers (SNAP):** This Microsoft Access Database contains residential providers utilized for those youth who have exhausted all placement resources. These providers are licensed child care providers but do not have contracts with OCS.

- **OCSR Residential Database:** The OCSR database is a small server based Access database of children in residential facilities.
- **AWARE:** A web-based case management system that integrates with the Blind Rehabilitative Information System (BRIS) to track client services administered by the Offices of Blind Services and Vocational Rehabilitation. BRIS/AWARE will move to Louisiana Workforce Commission (LWC) and DHH effective 10/1/2010.

3.4. Department of Education (DOE)

This information is still being acquired.

3.5. Office of Juvenile Justice (OJJ)

- **Juvenile Electronic Tracking System (JETS):** Youth specific OJJ data is stored in JETS. JETS primary storage area is IBM DB2 9.5 with a front end interface in Lotus Notes 7.5. Reporting is done primarily through SharePoint Reporting Services integrated with Windows SharePoint Services 3.0. Other statistical analysis, such as trending, is done through SAS. Case Narratives (notes stored for caseworker use regarding meetings and other interactions with youth) are stored in Lotus Notes. Youth are identified across all OJJ systems through their CLIENT ID. The CLIENT ID is generated sequentially each time a new youth is entered into the software system.

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4.0 Project Assessments for Coordination with CSoC

A number of projects are currently being completed or are currently being defined for execution by the four departments participating in the coordinated system of care. The IT Workgroup recommends that these projects be assessed from a business and technical perspective to determine if components of the CSoC could be added to these major projects. The projects are broken down by department.

4.1. Department of Children and Family Services

4.1.1. Common Access Front End (CAFÉ)

A comprehensive, fully integrated common access front end (CAFÉ) including integrated case management functionality supported by the system for DCFS programs. Those programs include Family Independence Temporary Assistance Program (FITAP), Extended Temporary Assistance for Needy Families (TANF), Kinship Care Subsidy Program (KCSP), Child Care Assistance Program (CCAP), Supplemental Nutrition Assistance Program (SNAP), Child Welfare, Child Support Enforcement, and other minor programs.

CAFÉ will provide a common web-based front-end which will interface to each of the DCFS legacy systems in a manner to negate the need for DCFS staff to manually use the interfacing legacy systems for data entry or query. It will provide a single point of access for DCFS staff, clients and service providers to conduct business in a consistent, common and collaborative manner. CAFÉ will supplement and not replace the logic and backend processing programs of each legacy system.

CAFÉ will extract and transform data that has been processed from multiple legacy systems and display it along with CAFÉ unique data to users in a meaningful and intuitive manner. It will also produce only those reports, communications, notifications, and alerts where it is more appropriate and effective rather than creating or continuing to produce such items from each legacy system.

4.1.2. Child Welfare System Replacement

Depending on the outcome of feasibility assessments, the DCFS may replace legacy systems through a series of procurements. The child welfare information systems (SACWIS) will be the first of the State's legacy systems to be retired as part of this effort. It will be fully compliant with SACWIS federal requirements and will interface seamlessly with CAFÉ. This SACWIS compliant system will replace the current child welfare system TIPS – Tracking, Information and Payment System.

The SACWIS will use data from and provide update data to CAFÉ and those legacy environments where the data is required for legacy system integrity. The components developed will provide for any new and replacement of any legacy system correspondence, notifications, communications, and reports for these items requiring modification. In other words, SACWIS, CAFÉ, and the companion WebFocus reporting environment must be implemented in such a manner that existing legacy processes are unnecessary to generate said items.

4.1.3. DCFS/DHH Call Center

A consolidated Customer Service Center will serve as the initial point of contact for all DCFS Programs. The projected implementation is scheduled for early 2012.

Customer Service Center will consist of the following tasks and services:

- Interactive Voice Response System
- Automated Call Distribution (ACD) System and Customer Service Representatives (CSR) Support
- Postal Mail Inquiries/CSR Support
- Email Inquiries/CSR Support

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- Correspondence/Document Processing (received by postal mail, electronic mail, fax, etc.)
- Customer Service Representative in Local Offices.

4.1.4. DCFS Enterprise Content Management System

A single solution that stores and indexes documents/images/content for all DCFS programs, and provides the ability to associate them to programs/cases/persons/work items. It will transform inefficient and antiquated business practices such as time spent looking for documents into more efficient process that would allow the workforce to improve customer service. The solution will seamlessly interface and integrate with other existing and future State systems. The solution will contain a centralized repository for information to enable better integration of data on a statewide scale, and to improve the entire organization's capacity to operate more efficiently by sharing information where appropriate.

At this time, implementation of the Imaging system is projected to be spring of 2012.

Some specific features are:

- Provide for maximization of one-time capture of documents (e.g. birth certificate, social security card) with prescribed expiration periods and confidentiality criteria;
- Provide for security, auditing, disaster recovery and business continuity functionality; and
- Provide new options for external customers to submit documentation (e.g. email, fax or via online portals) and other internal capabilities such as workforce virtualization.

4.2. Department of Health and Hospitals

4.2.1. Medicaid Management Information System (MMIS) Replacement and Fiscal Intermediary Services

Current Status: RFP Process

The MMIS processes claims from participating Medicaid providers for services delivered to Medicaid eligible individuals. DHH is the single state agency administering or supervising the administration of the Louisiana State Medicaid Plan under SS 1902 (a) (5) of the Social Security Act. The Centers for Medicare and Medicaid (CMS) oversee the Medicaid program and the MMIS in all states. CMS determines the rate of federal reimbursement for systems development, claims payments, and administrative costs. The current Louisiana MMIS, initially launched in 1990, has over forty (40) components comprised of a mixture of mainframe hardware, coding, and software applications residing on client servers, computers, or web-based servers. This mixture of coding and applications has limited Medicaid's ability to respond in times of crisis as well as complying with regulatory changes. The new systems being developed for states are based on modular design, which enables modular subsystems to be added and work seamlessly with each other. They are table-driven, web-based systems that increase automation, system integration, and decrease reliance on manual processes, while meeting or exceeding federal MMIS certification standards, which is required for federal financial participation.

This project will include both project-based and operations-based activities, each with its own approach and methodologies to be applied. The work that shall be performed by the contractor to accomplish the MMIS replacement project shall be organized under two major phases with major tasks associated with each phase in including: Phase 1-Design, Development, and Implementation (DDI) and Phase 2-Operations. DHH staff will gather materials and documents necessary to reflect up-to-date policies and procedures. Joint Application Design (JAD) sessions will be held with DHH Subject Matter Experts (SME) and the contractor to validate and refine the system requirements specified in the RFP. General System Design and Detailed Systems Design will be developed which shall contain architecture that is innovative, flexible, rules-based, user-friendly, and table-driven. The design shall also contain a client-server, relational database, and interoperability-supported architecture utilizing an integrated commercial off-the-shelf (COTS) framework that meets, at a minimum, the standards of the Louisiana Office of Information Technology and the Department's Office of Information Technology. Parallel implementation with the old and new system may be done in phases with preliminary work on provider information; parallel

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implementation may last for approximately 6 months to ensure all problem areas have been addressed and resolved.

4.2.2. Medicaid ARRA HIT/HIE Initiative

Louisiana State Medicaid Health Information Technology Plan (LaSMHP)

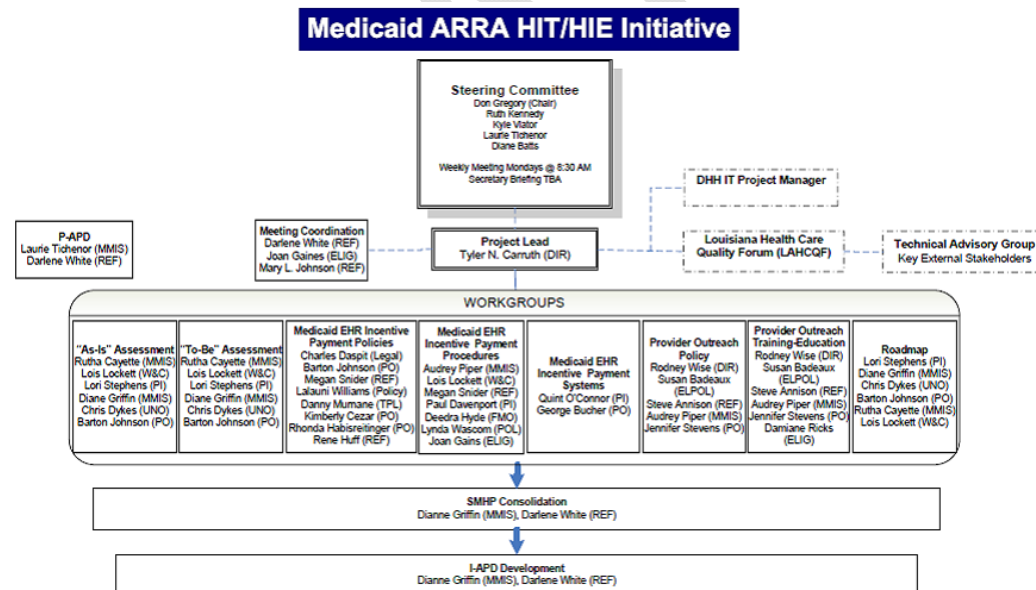
Current Status: The project has an approved Planning Advance Planning Document (P-APD) from the Centers for Medicare and Medicaid Services (CMS) to secure ninety percent (90%) federal financial participation (FFP) for the planning phase for creation of the Louisiana State Medicaid Health Information Technology Plan (LaSMHP).

The LaSMHP will serve as Louisiana's strategic vision to enable the State to achieve its future goals by moving from the current "As-Is" Health Information Technology (HIT) Landscape to the desired "To-Be" HIT Landscape, including a comprehensive HIT Road Map and strategic plan over the next 5 years.

The Project Team began work immediately after receiving PAPD approval from CMS and expects that the planning phase will take approximately six months, with completion on or before October 1, 2010.

The American Recovery and Reinvestment Act of 2009 (ARRA) outlines ambitious goals in the field of HIT and Health Information Exchange (HIE) for both Medicare and Medicaid providers that call for united efforts on the part of the health care community in Louisiana. *Exhibit 2: Medicaid ARRA HIT/HIE Initiative* provides an overview of the project structure.

Exhibit 2: Medicaid ARRA HIT/HIE Initiative



Louisiana Medicaid proposes to amend existing competitively procured contracts to obtain the necessary technical assistance to develop a Medicaid HIT Plan and adhere to Section 4201 of the ARRA, Pub. L. 111-5. Through the use of these contractors, it is anticipated that they will assist the Agency in identifying long term goals and objectives defined in the Medicaid Information Technology Architecture (MITA) initiatives thereby utilizing electronic health records and health information exchange in addition to establishing guides to procure a payment program which promotes and provides incentives to Medicaid

providers for the adoption and meaningful use of EHR. In 2005, DHH obtained a grant to develop a HIE prototype. This project began shortly after Hurricane Katrina. Due to limited access to medical records, the prototype helped forge coordination of providers and stakeholders from multiple regions, creating a governance structure that still exists today. Through ongoing efforts, the stakeholder participation has grown and will be utilized in this initiative. In addition, we intend to revise foundational documents that are established to further define governance, privacy, and security requirements.

Through use of Louisiana Medicaid's MITA As-Is State Self Assessment (SS-A) and MITA To-Be SS-A, the contractor will coordinate the advancement of HIT across Louisiana. The contractor will use the documented MITA As-Is and MITA To-Be capabilities as a baseline to identify new capabilities which will be implemented to support Medicaid's HIT statewide vision. Prioritized lists of capabilities will be integrated into the *Combined Target Capabilities* as outlined in the MITA Framework. The contractor will develop a transition and implementation plan that charts Louisiana Medicaid's course for future HIT transformation and improvement. As the MITA Self Assessment performed for the As-Is and To-Be was neither geared specifically to health information technology, electronic medical records nor the electronic exchange of health information, the contractor's role will be to assist the department in developing its vision for the future.

The objectives of this project are to develop the LaSMHP which will include the following:

- Demonstrating how Louisiana Medicaid will integrate current and future Medicaid HIT and fit within the Statewide HIT/HIE Road Map;
- Determining opportunities to leverage the existing MMIS to become interoperable with the HIT solution;
- Providing consistent and integrated State plan development under section 3013 of the Public Health Service Act. The LaSMHP will provide Louisiana Medicaid with the opportunity to analyze and plan for how EHR technology, over time, can be used to enhance quality and health care outcomes, reduce overall health care costs, and how these can be integrated with existing resources to achieve these objectives;
- Encouraging provider adoption of certified EHR technology to promote health care quality and the exchange of health care information;
- Determining and planning the governance and oversight of the incentive payment system;
- Administering and overseeing incentive payments to qualifying Medicaid providers; and
- Tracking and monitoring meaningful use of certified EHR technology by Medicaid providers.

4.2.3. Louisiana Health Information Exchange (LAHIE)

Grant awarded to Louisiana Health Care Quality Forum (LHCQF)

In March 2010, ONC completed the announcement of State Health Information (State HIE) Exchange Cooperative Agreement Program awardees. In total, 56 states, eligible territories, and qualified State Designated Entities (SDE) received awards.

The State HIE Cooperative Agreement Program funds states' efforts to rapidly build capacity for exchanging health information across the health care system both within and across states. Awardees are responsible for increasing connectivity and enabling patient-centric information flow to improve the quality and efficiency of care. Key to this is the continual evolution and advancement of necessary governance, policies, technical services, business operations, and financing mechanisms for HIE over each state, territory, and SDE's four-year performance period. This program is building on existing efforts to advance regional and state-level health information exchange while moving toward nationwide interoperability.

The LAHIE project consists of the following:

1. Implement Electronic Health Record Exchange
 - a. The following are the types of providers for this (under LAHIE)
 - i. Hospitals
 - ii. Doctors

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- iii. Labs, etc.
- 2. The basic requirements are
 - a. Allow patient data to be shared among all providers for health care services to improve patient care;
 - b. Cut back on overall medical costs to the patient and ultimately insurance companies; and
 - c. Provide for faster response to the patient due to access for test results.
- 3. To do all of this will require the following
 - a. A standardized engine or bus as it is referred, to which will be used to funnel all requests for data;
 - b. All providers (i.e. doctors, hospitals, labs, etc) must have applications in place that can communicate with this bus; and
 - c. Some type of central repository for data or a portion of data where the requests for information can bounce against and then direct the requests to the appropriate entities.

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The details of how all this will ultimately work is still being reviewed. There are a number of vendors that are working to or can provide this bus, but there is a great deal of effort on the part of the providers that must be accounted for. There are many of whom either want to or do not want to participate for various reasons. There are multiple discussions on who will fund this long term. Some ideas are a fee-based system that would charge for each inquiry as well as a possible subscription fee paid by providers, but ultimately passed on to the patients.

On top of all this, the providers must have applications that will communicate with the bus and this could be very costly, hence, the incentives for them through the grants.

Funding: \$10,583,000 (grant)

4.2.4. Regional Extension Center

Grant awarded to Louisiana Health Care Quality Forum (LHCQF)

The HITECH Act authorizes a Health Information Technology Extension Program. The extension program consists of Health Information Technology Regional Extension Centers (RECs) and a national Health Information Technology Research Center (HITRC). The RECs will offer technical assistance, guidance, and information to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs). The HITRC will be responsible for gathering relevant information on effective practices and help the RECs collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption, effective use, and provider support.

The RECs are designed to ensure that primary care clinicians who need help are provided with an array of on-the-ground support to meaningfully use electronic health records (EHRs). Providing training and support services, the RECs will assist doctors and other providers in the adoption and meaningful use of EHR systems. The REC program has coverage in virtually every geographic region of the United States, which ensures sufficient community-based support. The goal of the program is to provide outreach and support services to at least 100,000 priority primary care providers within two years.

The REC cooperative agreements were awarded in two rounds with thirty-two awards announced in February 2010 and twenty-eight in April 2010. The final number of RECs in the program is sixty.

Funding: \$6,207,802 (grant)

4.2.5. Beacon Communities

Grant awarded to Louisiana Public Health Institute

The Beacon Community Cooperative Agreement Program provides funding to communities to build and strengthen their health information technology infrastructure and exchange capabilities. These communities will demonstrate the vision of a future where hospitals, clinicians, and patients are

meaningful users of health IT, and together the community achieves measurable improvements in health care quality, safety, efficiency, and population health.

The program provides funding to communities at the cutting edge of electronic health record (EHR) adoption and health information exchange to push them to a new level of sustainable health care quality and efficiency. This program is anticipated to demonstrate how health IT can help providers and consumers develop innovative ways of delivering care leading to sustainable and measurable health and efficiency improvements. The program also will generate lessons learned on how other communities can achieve similar goals enabled by health IT.

In May 2010, ONC made awards in the form of cooperative agreements to fifteen qualified non-profit organizations or government entities. LPHI's application covers the greater New Orleans area.

Funding: \$13,525,434 (grant)

4.2.6. Community College Consortium

Grant awarded to Delgado Community College

The purpose of the Community College Consortia is to provide assistance to institutions of higher education, or consortia thereof, to establish or expand health information technology education programs. Academic programs may be offered through traditional on-campus instruction or distance learning modalities, or combinations thereof.

Training is designed to be completed within six months or less. The programs will be implemented utilizing a flexible approach to provide each trainee with skills and competencies that he/she does not already possess. Training at all consortium member colleges is expected to begin by September 30, 2010. The anticipated training capacity of the consortia as a whole is expected to be at least 10,500 students annually.

Roles supported by this training program include:

- Practice workflow and information management redesign specialist
- Clinician/practitioner consultant
- Implementation support specialist
- Implementation manager
- Technical/software support staff
- Trainer.

In April 2010, ONC awarded an estimated \$36 million in cooperative agreements to five regional recipients to establish a multi-institutional consortium within each designated region. The five regional consortia will include seventy community colleges in total. Each college will create non-degree training programs that can be completed in six months or less by individuals with appropriate prior education and/or experience. First year grant awards are estimated at \$36 million. An additional \$34 million is available for year two funding of these programs.

Delgado Community College in New Orleans was part of the winning application for Region D, led by Pitt Community College. Delgado will work closely with the REC at LHCQF and the REC partners to match the students to job demand.

Funding: \$500,000 (grant)

4.2.7. NTIA BTOP Infrastructure Program

Grant awarded to Louisiana Broadband Alliance

The Louisiana Broadband Alliance, collaboration among six state agencies, plans to deploy more than 900 miles of fiber-optic network to expand broadband Internet service in some of the most economically distressed regions of Louisiana. The new network intends to provide direct connections for more than 80

community anchor institutions including universities, K-12 schools, libraries, and healthcare facilities. The 3,488-square-mile service area includes twelve impoverished parishes targeted by the state's Louisiana Delta Initiative and a separate five-parish area that is home to four federally-recognized American Indian Tribes. The new network would connect to the Louisiana Optical Network Initiative (LONI), a more than 1,600 mile fiber-optic network that connects Louisiana and Mississippi research universities to National LambdaRail and Internet2.

Funding: \$80,596,415 (grant)

4.2.8. Electronic Health Record (EHR) Project for School-Based Health Centers Underway

Louisiana Public Health Institute (LPHI) is implementing and supporting a state-of-the-art information management system for School Based Health Centers (SBHCs) in the Greater New Orleans Region. This project assesses, develops, implements, enhances and maintains an information management system that will increase revenue capabilities, support administrative functions and provide continuity of care for SBHCs.

10 of the 13 potential SBHC sites are implemented and are using the Practice Management/Electronic Health Record (PM/EHR) system with the remaining implementations scheduled for this summer and fall. When implementations are complete, approximately 16,000 students will have access to a SBHC using the PM/EHR system. The current focus of the project is to enhance quality and efficiency of care delivery by:

- Continually optimizing and integrating clinical and practice management components of the system;
- Assisting our partners with sustainability planning; and
- Providing technical assistance towards compliance with 2011 "meaningful use" requirements as set by the Office of the National Coordinator for Health IT (ONCHIT).

In 2008, LPHI leveraged a W.K. Kellogg Foundation investment in School Health for Greater New Orleans to obtain a Robert Wood Johnson Foundation Grant focused on implementing an Electronic Health Record and Practice Management system for Metro New Orleans' School-Based Health Centers.

The projects' overarching goal is to improve the quality and effectiveness of health service delivery in the SBHC environment. Implementing eClinicalWorks as the EHR solution, LPHI has worked across four major medical providers, Interim Louisiana Hospital (ILH), Tulane University Health Science Center, Louisiana State University Health Sciences Center, and Jefferson Parish Public School System (JPPSS).

4.2.9. Office of Mental Health Electronic Behavioral Health Record (EBHR) System Initiative

The DHH Office of Mental Health (OMH) is entering into a project for an Electronic Behavioral Health Record (EBHR) System. The project will be undertaken to accomplish the following goals:

- To facilitate education, planning, and consensus building towards implementation of an integrated electronic behavioral health record system for Louisiana;
- To support service delivery and performance reporting of all OMH, OAD, and the Local Governing Entities (LGEs) statewide;
- To support the operations of the Office of Behavioral Health; and
- There is much to be gained by implementation of a uniform system statewide including: reduced cost of acquisition and operations; interoperability and record sharing; and uniform performance reporting.

The following opportunities and challenges are associated with the project:

- Local human service system transformations: Local Governing Entities (LGEs) need an integrated EBHR rather than now separate and non-integrated Mental Health (MH), Addictive Disorders (AD), & Disability Determinations (DD) information management systems;

- The emerging Office of Behavioral Health needs a uniform EBHR as it establishes its role as the states policy setting, quality improvement, and performance accountability entity;
- Implementation of EHRs is a department and office priority; and
- Implementation of EHRs is a national priority (ARRA); many opportunities for partnering exist for the information exchange.

The following next steps will be undertaken:

- Address full project / system resource needs (for planning, acquisition, modification, conversion, testing, training, maintenance and support);
- Hire project staffing (Project Manager; Technical Lead);
- Expand DHH participation and commission workgroups inclusive of OMH, OAD, OCDD, DHH-IT;
- RFI for viable solutions, to ascertain cost estimates, and as background preparation for an RFP;
- Address network operations or hosting options; and
- Analyze costs and determine available funding.

4.2.10. EHR Project

LSU Health Systems

Current Status: Released RFP on 6/21/2010

Louisiana State University (LSU) Health System EHR Project is responsible for the development of a statewide electronic health record (EHR) system that will not only preserve patient medical records, but also will support Louisiana's transition to a new model of healthcare delivery.

The implementation of the EHR system will:

- Assure that the information needed to provide coordinated care is available near the patient's home and community;
- Provide full access to a patient's health information when referred for specialized care within the State's safety net system;
- Provide seamless access to critical medical records when patients are displaced through disaster;
- Improve efficiency and quality of healthcare delivery; and
- Promote transparency in costs and treatment options.

A single prime vendor (Epic) has been selected to provide software and implementation services for the LSU EHR system. LSU has identified 64 subsystems that will comprise this EHR, and the prime vendor will provide a significant number of these systems. Because much of the EHR project funding will be provided through the American Recovery and Reinvestment Act (ARRA) and such funding will become available beginning in 2011, LSU must move quickly to implement systems that meet ARRA requirements. Furthermore, to meet the five year timetable of the EHR Project, not only must a subsystem implementation begin quickly but also, many subsystems must be implemented in parallel. There will be logistical issues involving sequencing of implementation, interdependencies among subsystems, and adequacy of staffing at any given time.

5.0 Administrative Structure and Ideal Service Array Evaluation

5.1. Overview

The IT Workgroup is recommending that an Electronic Medical Record (EMR) be purchased as a component of the CSoc system and that other components be purchased, built-out, or transferred from another source in order to provide the functionality described in the Administrative Structure and Ideal Service Array. These other components may include:

- Organize and manage a provider network
- Registration
- Screening and intake
- Assessment for appropriateness for care management entity enrollment
- Authorization of services
- Utilization management (UM)/utilization review
- Tracking status of all children/youth
- Quality assurance reporting and tracking
- Outcomes management/monitoring
- Claims processing.

5.2. Electronic Medical Record (EMR) Components

An EMR can be defined as a system that provides ‘a complete record of patient encounters that allows the automation and streamlining of the workflow in health care settings and increase safety through evidence-based decision support, quality management, and outcomes reporting.’

Through the use of an EMR, the following goals may be accomplished:

- Improve quality of care
- Promote evidence-based practices
- Cost Reduction
- Mobility
- Record keeping

This proposed EMR will be a web-based application that will include “modules” to support each entity described in the Administrative Structure*, a data repository, and reporting. The EMR must include robust and granular security (the access and actions users may perform may be secured all the way down to an individual page level). Said modules may include:

- Application for Enrollment (Qualification Process)
- Patient information
 - Demographics
 - Needs assessments and plans of care
 - Services Delivery
 - Pre authorization of Service
 - Confirmation of Delivery of Service
 - Quality Monitoring of service delivery
 - Progress Notes
 - Client name
 - Client demographics and family history, including history of trauma/abuse
 - Statement of child/youth/family/caregiver strengths
 - Statement of problem/bio-psycho-social needs
 - History/course of problem
 - History of treatment/interventions, engagement and response

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- Functional capacity in multiple life domains: family, education/vocation, social/peers/recreational, nutrition/sleep, medical/developmental, housing, financial, legal, transportation
- Risk behavior
- Substance use screening for children over age 10 and mental status
- Cultural preferences/needs
- Cross system involvement and coordination needs
- Transitional needs (to adulthood)
- Child's strengths
- Caregiver resources/needs
- Evidence of caregiver input
- Diagnosis-prognosis at admission with hypothesis to understand bio/psycho/social factors impacting the condition that provides the framework for treatment
- Payment System
 - Transactional Reporting
 - Payment processing
- Quality Assurance System
 - Outcome performance data and analysis
 - System process data analysis
- Enrollee/Family Information Portal
- Contract Management System
 - Vendor related information including contact information and services capacity to track contracts and invoicing
- Learning Management System
- Document Library for policy manuals.

*Note: Functionalities for each of these entities will need to be fleshed out during business/functional requirements gathering

5.3. Areas for Information Technology Support

The following areas have been identified for support by information technology.

- Connecting to natural helping networks.
 - A provider network defining services available to provide for a broad array of services and supports statewide. The network should also show that providers meet credentialing standards.
- Providing for the collection of information for data-driven outcomes (ex: reports and tracking).
- Providing a system of information resources that allows families and youth to be provided with accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.
- Providing system components that allows for the assessment of a child to determine what services should be provided to support the child.
- Providing a system component that allows for the tracking of services, processes, and outcomes.
- Providing a system component to support service plan development and tracking for a child.
- Providing a standardized data collection and reporting methodology for all services provided in the Coordinated System of Care to track services that have the best outcomes.
- Implementing the Child and Adolescent Needs and Strengths Assessment Tools.
- Tracking of individual children services provided and the costs of the services.
- Providing a system that allows for the inputting of individual child data into a management information system capable of needed tracking and monitoring functions and integrated with the SMO MIS.
- Managing and monitoring outcomes of an individual child.
- Screening for referrals and intake from multiple local and parish sites utilizing a standard tool.

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5.4. Existent Information Technology Resources That May Be Utilized

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The following existing systems or information technology resources may be utilized to support a CSoC.

- The DCFS Child Assessment Tool (CAT) is based on best practices for assessing the level of care required for a child. This tool is utilized to assess a child and the current level of care that they are receiving to determine if the level of care matches the child's needs. The tool allows for multiple assessments to determine if the child is stepping down through the levels of care. This tool is also being utilized to determine the types of providers that are needed to serve the population.
- DCFS currently has two systems that are utilized to track provider contracts and outcomes. These systems currently focus on TANF contracts and the outcomes achieved through the execution of these contracts. One of the systems is web-based and the other is an access database.
- DCFS has a 211 directory that provides information and links to services.
- ISIS currently is utilized to track contracts and an interface could be developed to support the gathering of contract information for providers that are currently providing services to the state.
- DCFS has a Family Resource Center web-based system that could provide information on current resources available.
- TIPS and CAPS are currently utilized by DCFS to pay providers of services.
- DCFS currently utilizes GIS which could be utilized to map providers of services and locations of services near children.
- The DCFS On-Line Application could potentially be expanded to include additional services that are covered under the Coordinated System of Care.
- As part of the ACCESS system that is utilized to support Child Protection Intake and Investigations (CPI), DCFS currently has several assessment tools that are based on best practices for or assessing the safety level of homes, situations or environments where a child is involved.
- Statewide HIE Portal, Medicaid, SharePoint, SAS Business Enterprise Intelligence, data warehouse.
- An RFP has been released for a department-wide call Center for DCFS with an option to also support DHH.

6.0 Procurement Review and Recommendations

There are several entities who have built a system of care including Wraparound Milwaukee, Maryland, New Jersey, and Arizona. The IT Workgroup focused its in-depth review on New Jersey based on guidance from the CSoC Leadership Team as most closely representing Louisiana's administrative structure.

In this section, the CSoC IT Workgroup has documented information that was deemed valuable based on the review of the New Jersey documentation. New Jersey initiated the process utilizing and MIS and is now converting to an Electronic Medical Record (EMR).

6.1. New Jersey System Overview

The New Jersey Registration and Authorization System creates a common single point of entry that registers all children, youth, and young adults. The system also authorizes services in a single electronic record, as well as tracks and coordinates care for all New Jersey children, youth, and young adults who are enrolled into the Children's System of Care.

6.1.1. Interfaces

The system interfaces with the following systems to support the execution and tracking of the CSoC.

- Medicaid Management Information System (MMIS)
- MMIS Fiscal Agent (UNISYS) for the children, youth, and young adult Cross Reference File from Fiscal Agent (UNISYS)
- Two claims data files from Fiscal Agent (UNISYS), pharmacy claims and Fee for Service (FFS) claims containing all adjustments and voids for a designated population.
- Provider File updates from UNISYS
- Response File on the status of Prior Authorizations (PA) after PAs are received by UNISYS
- Third Party Liability (TPL) Resource files on a weekly and monthly basis are sent by UNISYS
- SACWIS
- Contract Management System
- Licensing Information System
- Central Provider Database
- Safe Measures Reporting

6.1.2. Provider Network Development

The New Jersey Provider Network was developed to include the following:

- Maintain a comprehensive and accurate database of all current service providers;
- Provide a quarterly analysis of provider availability based upon geography (including zip code or community level);
- Provide a quarterly "gap in service" analysis which analyzes service requests and service availability to identify areas where service gaps exist;
- Annually assist DCF/DCBHS in conducting a system sizing analysis including providing data analysis and data support for DCF/DCBHS review;
- Report on a monthly basis when providers are not available to children, youth, young adults, and their family/caregivers in accordance with DCF/DCBHS defined timeframe standards; and
- Train and support all network providers on all MIS functions relevant to the contractor referral process, paper and electronic service submission(s) and approval processes.

6.1.3. Service Provider Database

The Provider Database defined in the New Jersey RFP provides an overview of the data elements that are defined for New Jersey – these data elements could be utilized as guidelines for Louisiana.

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- Develop and maintain a statewide service provider database;
- Database includes demographic information of providers, provider specializations, including certifications, specialty populations or cultural and linguistic capabilities that shall assist the users of the database with identifying a choice of appropriate providers for the identified service;
- Database is updated no less often than quarterly;
- Database contains information regarding name, address, location, telephone numbers, and hours of operation; and
- Providers are given the ability to update their profiles electronically.

6.2. New Jersey System Strengths and Enhancements

The following strengths are associated with the New Jersey system:

- Provided for the implementation of a common electronic medical record and database file;
- Provided all electronic records were “real-time”;
- Provided the ability to collect and report data from a common system and provide system-wide as well as youth-specific information;
- Provided the ability to manage the CSoc including utilization management, outcome identification, best practices, and general systems information; and
- Provided access to Mobile Response services.

The system enhancements have included the following:

- Increased capability of the MIS to provide feedback to the users;
- Allowed the user to produce internal reports for their use;
- Enhanced training on the functionality of the MIS;
- Enhanced supported databases accessible to more users (approximately 10,000 users);
- Enhanced reporting capabilities that will allow, among other outcomes, the ability of the system to monitor service delivery effectiveness, best practices by providers, comparison reporting across systems, quality assurance, and utilization management; and
- Enhanced for communication with other MIS systems operated by the State at present and in the future.

6.3. New Jersey’s RFP and Contract Structure

The following bullet points provide an overview of the New Jersey RFP and contract structure.

- Implemented a “common” electronic medical record (EMR).
- Development and implementation of other IT functionalities that allow for electronic storage and sharing of specified information and multiple reporting capabilities.
- Used the experience of local community organizations and stakeholders to develop the RFP.
- Issued a Request for Information (RFI) that gave potential bidders an opportunity to showcase the services and technologies that were available.
- Selected a contractor to coordinate and authorize services. “The contractor supports DCF/DCBHS in its role of implementing the Children’s System of Care. DCF/DCBHS retains all policy-making authority. As a partner to DCF/DCBHS the contractor provides administrative support and is encouraged to provide recommendations for improvements to the delivery of services with the approval of DCF/DCBHS.”
- Written to include a contracted duration of five years and a plan for up to seven years of service.
- High level of outsourcing – many of the components have been outsourced.
- The service levels, timeframes, and penalties are defined throughout the RFP for time restricted items and for service expectations for the contractor – this process provides for clear monitoring and understanding and allows the vendor to understand what is expected.
- The Complaint Resolution Process for Services is well defined in the RFP and could be utilized to support a Louisiana model.

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6.4. New Jersey's IT Requirements for Service Authorization (around Utilization Management)

The following IT requirements were defined to support service authorizations:

- A standardized method of collecting service data that supports comparison across the provider networks and the analysis of clinical practice i.e., definitions of services, units of measure regarding time and frequency and the format for data collection.
- Utilization records for all authorizations by service type, units, and duration.
- Reports of authorized services for which claims have not been received.
- Written notification to family/caregivers and providers of authorization decisions.

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6.5. Requirements to be included in RFP

New Jersey began the system of care project using a MIS. The RFP reviewed was to enhance the MIS to provide EMR functionality. This list includes contractor requirements from the New Jersey RFP that should be considered for inclusion in the Louisiana RFP. As the workgroup recommends purchasing an EMR (COTS solution), all language regarding the "MIS" has either been replaced with either "EMR" or the general term, "system."

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6.5.1. New Jersey System Overview

The following provides an overview of the New Jersey System:

- The system shall function as the common single point of entry for all children, youth and young adults entering the System of Care.
- Automation to implement the program directives is an essential component of program administration; therefore, the system shall accommodate business changes and program enhancements that may occur at any time during the contract.
- A web-based computer application meeting all HIPAA, Federal and State legal and regulatory, and functional requirements; comply with State, and Federal privacy requirements; compliant with the Americans with Disabilities Act (ADA).

6.5.2. New Jersey Electronic Medical Record

The following provides an overview of the New Jersey Electronic Medical Record:

- Provided a total EMR solution which includes, but not limited to, providing all EMR hardware, software, and infrastructure needs that shall be utilized by the contractor's staff in order to perform work.
- Provided an Electronic Medical Record (EMR) that is HIPAA-compliant to safe-guard the confidentiality of health information.
- EMR was designed to support each specific operation component of the System of Care.
- Provided a detailed specification for data conversion and initial load of data to the EMR system.
- EMR system shares data through an automated process from a variety of sources to support the contractor operations as outlined in the RFP, including data that is received via telephone, fax, direct system input, real time Application Programming Interface (API), and/or batch load and shall enter it into the EMR database.

6.5.3. New Jersey Technical Specifications

The following technical specifications were provided in the RFP:

- Implemented as a Service Oriented Architecture system accessed via the internet using Internet Explorer version [X].
- Be compatible with Netscape and the next IE version.
- "Write it once" – Provides for data entry from multiple screens and that data self populates and pre-fills other screens where that data field is specified; data is carried throughout the system.
- Provided hosting of system and all data, and assumes costs for hosting the system and costs for systems maintenance.

- Provided advanced data analysis capabilities to assist with planning processes, monitoring service delivery, ad-hoc reporting, and scheduled reporting.
- Provided for all State reporting requirements and provided access to all data on a 24-hour a day, 7-day a week basis for ad-hoc and scheduled reporting.
- Provided a System of Care website.
- Provided access to online policy manuals on a 24-hour a day basis.
- Provided access to an IT Help Desk on a 24-hour a day basis.
- Contractor provided an Information Management and Decision Support (IMDS) standardized assessment tool to establish the appropriate level of need for each child, youth, or young adult accessing care electronically via the website.
- Eliminated the need for users to input complex codes for information data entry.
- Eliminated the need to navigate multiple screens and have multiple sessions open to view case information.
- Allowed for the entry of case narrative as word processing text stored in the database in an easily retrievable format.
- Provided connectivity and communications between the system and the State's existing LAN/WAN infrastructure.
- Provided electronic feedback capability such that users of the system may comment on the functionality of the system.
- Tracked provider referrals, authorizations, and costs related to those authorizations in a way that supports fiscal accountability.

6.5.4. Service Levels

- Provided for a maximum of five (5) second response time for users to access data entry or inquiry screen.
- Provided for a maximum of five (5) second response time to process a data entry or inquiry screen.
- Provided reliability of the system such that the response time standards described above are met for each screen at a minimum of 98% of the time.
- Provided for access by multiple end users at multiple distributed sites (approximately [# of users]) concurrent users at any one time and up to [max. # of users] individual users will have access to the system).
- System is supported by contractor staff such that any new functionality and modifications of the baseline application are provided to users within 90 days of advising the contractor of the need for the new functionality or modification.

6.5.5. Other Components

- Customer Service Help Desk, which registers, categorizes and tracks problem and follow-up inquiries from providers, stakeholders, children, youth, young adults, family/caregivers, and other stakeholders.
- Call Center that requires the retrieval and input of data from the system on a 24/7/365 basis.
- Service provider database, which includes, but is not limited to, demographic information, specializations, specialty population, cultural and linguistic capacities of the providers.
- Provided Geographic Information System (GIS) and mapping of community and provider locations that can be accessed by children, youth, young adults, family/caregivers, and stakeholders through the website.
- Interface methodologies consistent with infrastructure and software currently in place at the State and ensure that security standards are adhered to when loading and transferring data to the State housed reporting database within a State defined format.
- Specialized reporting views or tables of data on a regular or real-time basis, at the State's discretion to a State server in order data are available for reports.
- IT Project Management.
- Data Interface Plan.
- Outlier Management Plan defined in the RFP provides a good overview of the process that may be beneficial for a Louisiana implementation.
- The RFP provided specifications for 300 to 500 reports/extracts and 12 to 15 regular reports.

6.6. New Jersey Cost Information

The New Jersey RFP Cost information is included as follows:

- Contract for 5 years with 3 one-year optional extensions.
- The total contract price for the first five years was \$39 million, with amortized start up and shut down costs.
- The total MIS/EMR cost, including start-up/customization/data conversion and ongoing operation and support was approximately \$7 million, of \$1.2 million per year.*
- If they exercised the option years, New Jersey would no longer have to pay the portion of that cost related to the amortized start up/shut down costs.

**Note: Even though we have provided cost information above, this does not mean that the Louisiana CSoc EMR will have the same cost. In order to get appropriate estimates, we recommend that the business and functional requirements be written and released via an RFI.*

6.7. Lessons Learned from other implementations

The following Lessons Learned were provided from other system of care implementations.

6.7.1. From Wraparound Milwaukee:

- Clearly defined business process already in place.
- After defining goals, the team did not allow themselves to fall victims of scope creep.

6.7.2. From New Jersey

- Quality of RFP is extremely important: Requested services from 4 national consultants to assist state in writing RFP. It took New Jersey approximately 2.5 years to write and an additional 3 to 6 months to get through the state approval process before releasing.
- Robust Contract: Include performance measures; Need to have a strong contract in which to hold the contractor accountable.
- Solid Documentation: Clearly defined business rules; New Jersey spent 6 months documenting their business rules (approximately 350 pages); In technical requirements, be sure to provide expectations around interfaces.

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7.0 Questions and Considerations

This section contains questions based on the review of other RFPs and models and items for consideration based on this review process.

7.1. Questions for New Jersey

The following questions were asked to New Jersey:

- Were there any subcontractors (NJ)?
- Did PerformCare own the EMR or was it purchased from a subcontractor i.e. how was the EMR procured and from whom?
- What was the cost of the EMR?
- Does the New Jersey system connect to a statewide health information exchange?
- Does the New Jersey system connect to a master data management (MDM) solution/master patient index (MPI)?
- Is the University of Maryland integrated outcomes management program that utilizes standardized assessment data to show progress for children being served available to other states or is it specific for New Jersey? Is there a cost associated with the assessment?
- The RFP states that the contractor creates a common single point of entry that registers children, youth, and young adults and authorizes services in a single electronic case record, as well as tracks and coordinates care for all New Jersey children, youth and young adults who are enrolled into the Coordinated System of Care. How did you define your process for data conflicts and corrections?
- Can we review the DCF Information Management and Decision Support (IMDS) standardized assessment tools for establishment of the appropriate level of need for each child, youth, or young adult accessing care?
- How did you assess the various funding streams to ensure the most efficient utilization of state and federal funds?
- CRC's Safe Measures reporting is the key tool for all social workers; it provides drill down reporting based on various criteria and requirements. CRC Safe Measures will pull the information from the live database on a scheduled basis for reporting purposes. Is this data available real time for the workers?

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7.2. Questions for the CSoC Leadership Team:

- Which systems will be defined as the systems of record for the Coordinated System of Care for information continuity and gathering?
 - For example which systems should be searched to determine if the child is currently in care or receiving services to determine if the child is known to the system or new to the system?
 - For example, which systems could be utilized to pull in information about a child or family when entering into the system?
- Do any of the current systems track the progress of children in moving through the levels of care or success of services?

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7.3. Considerations

The following items should be considered with the CSoC.

1. Who will design the system?
2. Who will implement, own, maintain and support the system?
3. Where is the funding coming from (State, Federal, Grant) and who has it?
4. How will the costs be allocated across the agencies?
 - a. To build/purchase system?
 - a. To purchase equipment?

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8.0 Risks

The following risks have been defined for the project.

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Risk	Probability of Risk	Mitigation
Reduction, Loss, and Sharing of IT Resources	High	<p>Should be managed by ensuring all funding of the IT component for both initial and five year maintenance costs are available to the project prior to initiating IT planning and development activities.</p> <p>All areas of IT components for the project must be identified, as existing IT structures which will be used or joined for this project.</p> <p>Risk sharing must be a major consideration in this project.</p>
Expanded Scope of Project	High	<p>Risk of change to scope of the IT component will depend upon complete and thorough documentation of specifications, as well as established program rules prior to the development and coding of the IT component.</p>
External Dependencies	High	<p>Risk of external dependencies will be high in that multiple entities will be involved. Any entity not able to fulfill its obligation could impact the whole of the project.</p>
Project team is not co-located	High	<p>Risk that project team will probably not be co-located, in that an IT project team should be composed of representatives from each of the entities that IT will enjoin or share data. Consistent communication should be utilized to support mitigation of this risk.</p>
Interoperability of Systems	High	<p>Interoperability standards must be developed to address communication and data transfer between multiple systems across multiple departments.</p>
Resistance to Sharing Data	High	<p>Executive involvement is required to enforce sharing of data and implementation of the system.</p>

9.0 IT Functionality for Other Workgroups

9.1. IT Functionality needed to fulfill Utilization Management (UM) needs

Utilization Management regarding IT is concerned with data analysis on the community/aggregated level and also on the individual level. Key functions of utilization management include: 1) access, eligibility and triage; 2) initial and ongoing authorization of services; 3) Child and Family Team (CFT) wraparound planning; 4) development and implementation of an UM/quality management (QM) plan; and 6) grievances and appeals

- The State Purchaser will identify indicators and performance points.
- The State Management Organization (SMO) should have access to aggregated dashboards which includes quality reports and aggregated analysis.
- Authorization of services must protect confidentiality and be HIPAA compliant.
- SMO will include a call center and reporting functionality regarding call center activities.
- SMO will determine eligibility.
- Eligibility component to include: screen(s)/web forms to collect of basic demographic information, including Medicaid eligibility and other insurance and to conduct a brief screening by a licensed mental health professional to determine eligibility for the CSoC. For those that are ineligible, provide a way for the SMO to conduct service and crisis triage to credentialed providers in the appropriate CME region.
- Ability to submit referrals (electronically) to CMEs.
- Each Regional Care Management Entity (CME) has their own dashboard to view their aggregated data.
- CME and Child Family Teams (CFT) need the ability to develop individual service plans. Need ability to modify the individual service plan and document why the plan needs to be modified.
- The SMO needs a way to enter/submit and track grievances and appeals by types and status; this must include reporting functionality. Reporting requirements must be developed and submitted to the vendor.
- The SMO will develop an annual utilization management/quality management plan that will outline the goals and strategies for analyzing and routinely reporting on access, utilization and outcomes of services. Therefore, reports may need to be modified and/or added each year and also the dashboards mentioned above may be modified on an annual basis in order to meet this need.

**Note: This is not an all inclusive list of IT functionality needed for UM; UM requirements should be documented and supplied in the RFP.*

9.2. IT Functionality needed to fulfill Quality Management (QM) needs

QM must define their performance indicators in order to determine IT functionality. IT functionality should include various reporting tools such as canned reports, ad-hoc reporting, and access to dashboards on various levels.

- Must have reports identified and listed in the RFP, including mock-ups
- Survey tools
- Quality Management System: Quality Management Scorecard Development (Service Utilization, Service Type, Service Mix, Total Cost, Length of Service, Quality Improvement and Outcomes, Quality Assurance Reporting and Tracking)
- Quality and Performance Reporting (Could include Data Marts): Outcome Performance and Data Analysis; System Process Analysis to Allow for the Provision of Data Driven Outcomes Measurement; Assessment of Client Outcomes

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