

Children’s Passport Planning Project Final Report
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1 Overview

As part of its approved State Systems Interoperability and Integration Grant application, the New York State (NYS) Office of Children and Family Services (OCFS) proposed the completion of a planning project to support the future design, development and implementation (DDI) of the New York State Children's Passport (CP), an electronic information technology (IT) system designed to store multi-agency data associated with youth in OCFS custody. The initial phase of this initiative will focus on creation of an interoperable electronic record aggregating health information for New York State's foster care (FC) population. To gather this data, OCFS will work with the NY Department of Health (DOH) to establish a bi-directional information sharing capability focused on the timely aggregation of Medicaid claims and encounter information as children enter foster care settings.

Major planning project tasks and associated deliverables include:

1. As-Is Assessment of the Business Processes, Data Sources and Technical Architecture Supporting the Foster Child (FC) Health Information Environment
2. Alternatives Analysis
3. Cost Benefit Analysis
4. Finalization and Justification of the Selected Alternative
5. Definition of Benefits to Other States
6. Monthly Progress and Final Project Reporting

This document presents deliverable 6 *Final Project Report*. This deliverable summarizes project outcomes and addresses all grant requirements in the following eight (8) sections:

- 1 **Project Outcomes and Exploration Questions:** This section explains project outcomes targeted to achieve improvements and answers exploration questions presented in the original grant application.
- 2 **Options/Alternatives Considered:** This section describes the alternatives considered, the potential impact of each alternative, how they relate to project goals and objectives, the costs and benefits associated with each alternative, and a justification of the selected alternative.
- 3 **Leveraging Existing Information Technology Initiatives*:** This section describes how the Children's Passport for Juvenile Justice (CP-JJ) and Enterprise Master Data Management (MDM) initiatives will be leveraged to complete the CP for Foster Care (CP-FC) project.
- 4 **Privacy and Confidentiality Framework:** This section presents an explanation of the privacy and confidentiality framework planned to support adequate sharing and protection of client and program information to promote eligibility and/or case management purposes, including the use of Personally Identifiable Health Information (PHI) and non-PHI.
- 5 **Answers to Exploration Questions:** This section presents answers to the project's exploration questions.
- 6 **Benefits to Other States:** This section presents an explanation work completed that will benefit other states interested in similar issues, including a road map for implementation of this planning effort by other states. The roadmap will include a project plan and schedule template, lessons learned and topics to consider.

- 7 **Next Steps:** This section explains the NYS OCFS approach to proceeding with the design, development and implementation of the Children's Passport for Foster Care, employing the selected alternative.
- 8 **Appendices:** All project deliverables are included as Appendices A through E, as required by the State Systems Interoperability and Integration Grant.

*While the State Systems Interoperability and Integration Grant funded a planning project to define an approach to the DDI of the Children's Passport for Foster Care, experience with the CP-JJ and MDM initiatives informed project planning activities. This experience is reflected in responses to project exploration questions presented in section 6 of this deliverable.

2 Project Outcomes and Exploration Questions

This section explains the anticipated project outcomes and exploration questions presented in the original grant application.

2.1 Project Outcomes

The goal of the Children's Passport Planning project was to define a methodology, toolkit and roadmap to create an interoperable electronic record that initially focuses on the aggregation of health information for New York State's foster care population. These tools will subsequently be used by OCFS to expand the scope of the CP to include data from child welfare, education, mental health, child support enforcement, Temporary Assistance to Needy Families (TANF), food stamps, juvenile justice, the courts and immigration. These tools have been designed to support other states and their initiatives to develop and implement interoperable information exchanges.

The initial focus of the subsequent Children's Passport for Foster Care DDI project will be planning an approach to establishing an interoperable, bi-directional information sharing capability focused on timely aggregation of Medicaid claims and encounter information as children enter foster care settings, in conjunction with the NYS Department of Health. Work completed to implement an electronic record system supporting youth in the custody of the OCFS Division of Juvenile Justice (JJ) and Youth Opportunities (DJJOY) will be leveraged, along with Federal investments in the National Human Services Interoperability Architecture (NHSIA)/Master Data Management (MDM) project.

Targeted outcomes include:

1. Reduction of administrative costs by identifying and aggregating the most current health information for children in foster care, eliminating data redundancy and creating an electronic record so that care providers can efficiently and effectively manage health care services (i.e., avoiding dangerous drug interactions, eliminating unnecessary emergency room visits and duplicate preventive screenings, and reducing the length of inpatient hospitalizations).
2. Improvement of the quality and coordination of health care services for the foster care population by building an interoperable electronic record, so care providers have the most current information available.
3. Improvement of the quality of foster care case management services by making an interoperable electronic record available to all care providers.

2.2 Exploration Questions

This project was designed to explore and define solutions to three (3) major business problems that must be addressed so that OCFS can create comprehensive electronic records for children in care from multiple data sources. In order to create and implement these information exchanges, the project explored the following questions:

What are the most efficient and cost effective approaches (both business/programmatic and technical) to:

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1. Addressing the lack of a standardized data model for foster children's health information and the associated issues of uniformity and consistency with currently available data?
2. Addressing issues of data redundancy to make certain that the most current health information is available to care providers, including doctors, case workers and foster parents?
3. Defining a strategy and operationalizing a methodology and toolkit to support the reconciliation of federal health and human services program data and associated regulatory silos (e.g., child welfare, education, child support enforcement, health/Medicaid, Temporary Assistance to Needy Families (TANF), food stamps, juvenile justice, courts and immigration)?

3 Options/Alternatives Considered

This section summarizes the results detailed in deliverable 2 Alternatives Analysis¹, deliverable 3 Cost Benefit Analysis² and deliverable 4 Finalization and Justification of the Selected Alternative³. Alternatives considered include:

1. Enhancement of existing child welfare and health business processes and supporting information technology systems to capture the most current foster care children's health information with no multi-agency integration;
2. Design, development and implementation of new child welfare and health business processes and supporting information technology systems to capture the most current foster care children's health information with no multi-agency integration; and,
3. Enhancement of existing child welfare and health business processes and supporting information technology systems, integrated across multiple agencies, also capable of integrating with private sector pharmacy benefit management (PBM) entities or laboratories, to capture the most current foster care children's health information.

3.1 Alternative 1

Under this alternative existing child welfare and health business processes, and supporting information technology systems will be enhanced to capture the most current foster care children's health information. This alternative does **not** address the issue of multi-agency integration.

3.1.1 Alternative 1 Feasibility Assessment and Summary

This alternative fails to address the minimum requirements described in the Children's Passport system objectives and the project's targeted outcomes⁴. By continuing to treat OCFS, Office of Temporary and Disability Insurance (OTDA) and DOH business processes, data and information technology (IT) systems as independent silos, this alternative is unlikely to support:

1. Timely provision of health information to support foster care children's initial assessments and ongoing treatment;
2. Integration with related information systems, including the Welfare Management System (WMS), the Child Care Review System (CCRS), the CONNECTIONS child welfare system (CONNEX), the Medicaid Management Information System (MMIS/eMedNY), the Medicaid Data Warehouse (MDW) and the OHIP Data Mart (OHIP DM); and,
3. Reduction of administrative costs by identifying and aggregating the most current health information for children in foster care, eliminating data redundancy and creating an electronic record so that care providers can efficiently and effectively manage health care services.

While alternative 1 may provide a shorter time to market for the Children's Passport

¹ See Appendix B

² See Appendix C

³ See Appendix D

⁴ See Appendix B, page 1-4.

solution and will have access to current staff knowledgeable in embedded technologies, it fails to support requisite technical options to develop an interoperable information exchange. It does not support IT innovation and offers limited benefits to other states.

Since this alternative promotes State and Federal investment in a series of obsolete IT infrastructures, it is not considered a viable alternative and was not including in the Cost Benefit Analysis process.

3.2 Alternative 2

Under this alternative new child welfare and health business processes will be defined and implemented along with new supporting information technology systems necessary to capture the most current foster care children's health information. A total of six (6) concurrent systems development efforts across three organizational units (OCFS, OTDA and DOH) must be planned and coordinated. This alternative will **not** address the issue of multi-agency integration.

3.2.1 Alternative 2 Feasibility Assessment and Summary

While alternative 2 meets the minimum requirements of the Children's Passport system objectives and project's targeted outcomes, its technical feasibility is questionable. While replacement business processes and IT systems will be based on new technology, operational silos will remain.

While it may be operationally feasible once the replacement systems are implemented, the migration path from development to production will be highly complex and introduce a high level of risk. Based upon previous attempts to replace these systems, implementing this alternative will be costly and will likely take in excess of eight years.

While alternative 2 offers the latest technical innovations available, the potential to leverage other state's innovations and the opportunity to improve business processes, it will be very costly, take a longer time to market and will not fully address the issue of implementing data standards.

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Alternative 2 Summary of Costs and Benefits

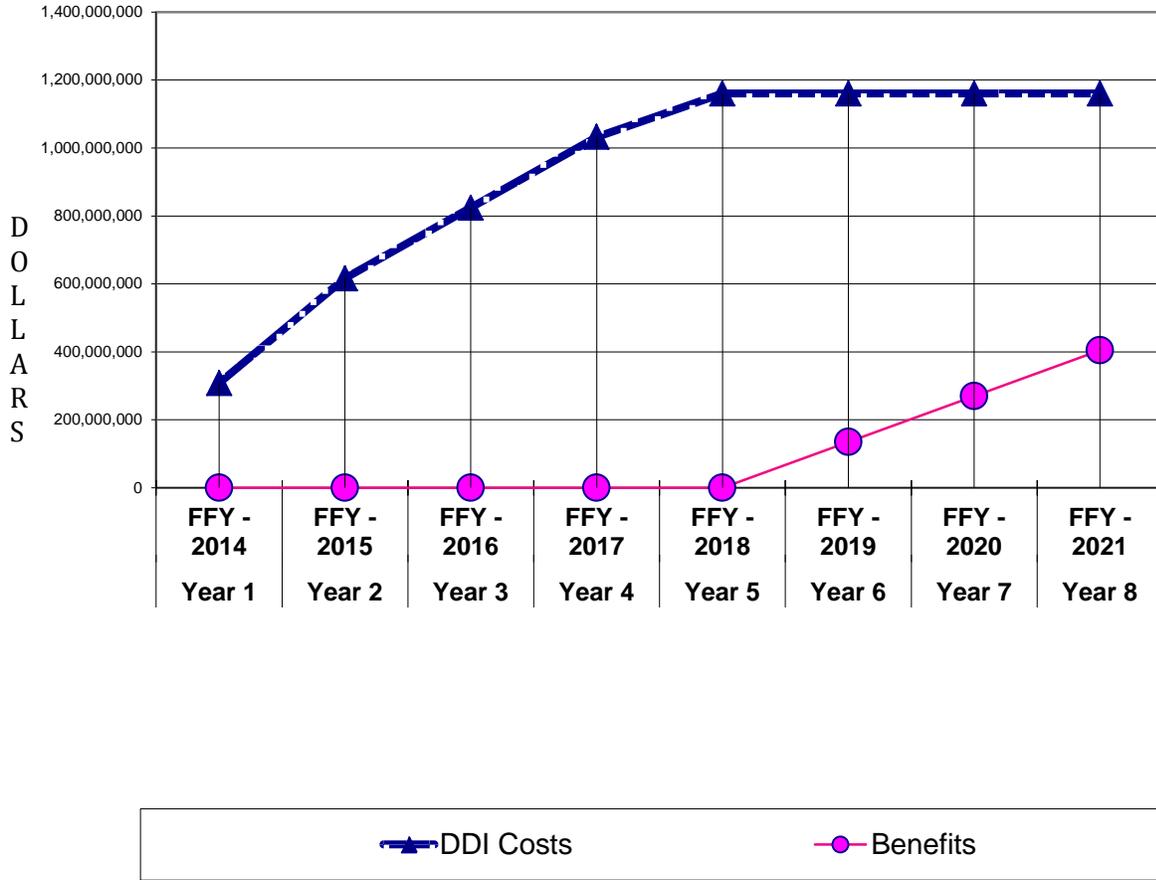
Exhibit 3-1 presents a summary of projected costs and benefits for alternative 2. Exhibit 3-2 provides a graphical representation of this data illustrating the absence of a breakeven point during the 8 year period analyzed. For a complete discussion of projected costs and benefits for alternative 2, please refer to Appendix C, section 2⁵.

Exhibit 3-1: Alternative 2 DDI Cost Benefit Profile

SYSTEMS LIFE DDI COST PROFILE									
Description	Year 1 FFY - 2014	Year 2 FFY - 2015	Year 3 FFY - 2016	Year 4 FFY - 2017	Year 5 FFY - 2018	Year 6 FFY - 2019	Year 7 FFY - 2020	Year 8 FFY - 2021	Total
Total DDI Costs	308,000,000	308,000,000	208,000,000	208,000,000	128,000,000	0	0	0	1,160,000,000
Present Value Factor	1.0000	0.9667	0.9035	0.8444	0.7891	0.7375	0.6893	0.6442	n/a
Total Present Value DDI Costs	308,000,000	297,743,600	187,928,000	175,635,200	101,004,800	0	0	0	1,070,311,600
SYSTEMS LIFE BENEFITS PROFILE									
Description	Year 1 FFY - 2014	Year 2 FFY - 2015	Year 3 FFY - 2016	Year 4 FFY - 2017	Year 5 FFY - 2018	Year 6 FFY - 2019	Year 7 FFY - 2020	Year 8 FFY - 2021	Total
Total Benefits	0	0	0	0	0	134,768,012	134,768,012	134,768,012	404,304,036
Present Value Factor	1.0000	0.9667	0.9035	0.8444	0.7891	0.7375	0.6893	0.6442	n/a
Total Present Value Benefits	0	0	0	0	0	99,391,409	92,895,591	86,817,553	279,104,553
CUMULATIVE BENEFIT/COST PROFILE									
Description	Year 1 FFY - 2014	Year 2 FFY - 2015	Year 3 FFY - 2016	Year 4 FFY - 2017	Year 5 FFY - 2018	Year 6 FFY - 2019	Year 7 FFY - 2020	Year 8 FFY - 2021	Total
Cumulative Total Benefits	0	0	0	0	0	134,768,012	269,536,024	404,304,036	n/a
Cumulative Total DDI Costs	308,000,000	616,000,000	824,000,000	1,032,000,000	1,160,000,000	1,160,000,000	1,160,000,000	1,160,000,000	n/a

⁵ Appendix C: Cost Benefit Analysis, Section 2: Alternative 2: Estimated DDI Costs and Projected Benefits, pages 2-1 through 2-7.

Exhibit 3-2
Alternative 2 Breakeven Analysis



3.3 Alternative 3

Under this alternative existing child welfare and health business processes and supporting IT systems will be enhanced to capture the most current foster care children's health information and **will be fully integrated across all impacted agencies**. It will leverage the work completed implementing the Children's Passport for the Juvenile Justice population as well as work completed as part of the State's Enterprise Architecture Program, Master Data Management (MDM)/ Master Person Services Index (MPI) initiative.

3.3.1 Alternative 3 Feasibility Assessment and Summary

Alternative 3 meets the minimum requirements of Children's Passport system objectives and project's targeted outcomes. It is technically feasible and promotes the implementation of enhancements to legacy systems that will be fully integrated across OCFS, OTDA and DOH, meeting envisioned user requirements and system objectives.

It is operationally feasible and will present minimal impacts to the operational pattern and resources of OCFS, OTDA and DOH. It is financially feasible promoting an incremental investment in new technologies while not impacting ongoing legacy operations.

Alternative 3 provides a shorter time to market, the latest technical innovations available, an opportunity to leverage existing applicable functionality (e.g., Children's Passport for the JJ population and the MDM/MPI initiatives), an opportunity to enhance technical architecture (e.g., Service Oriented architecture (SOA) and Enterprise Service Bus (ESB)), an opportunity to standardize data sources (i.e., X12 standards), and an opportunity to integrate data silos (e.g., initial integration: child welfare and Medicaid/health data).

While part of the proposed technology solution will remain in the legacy technical architecture and staff with skills in new technologies may be required, this alternative remains a viable option.

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3.3.2 Alternative 3 Summary of Costs and Benefits

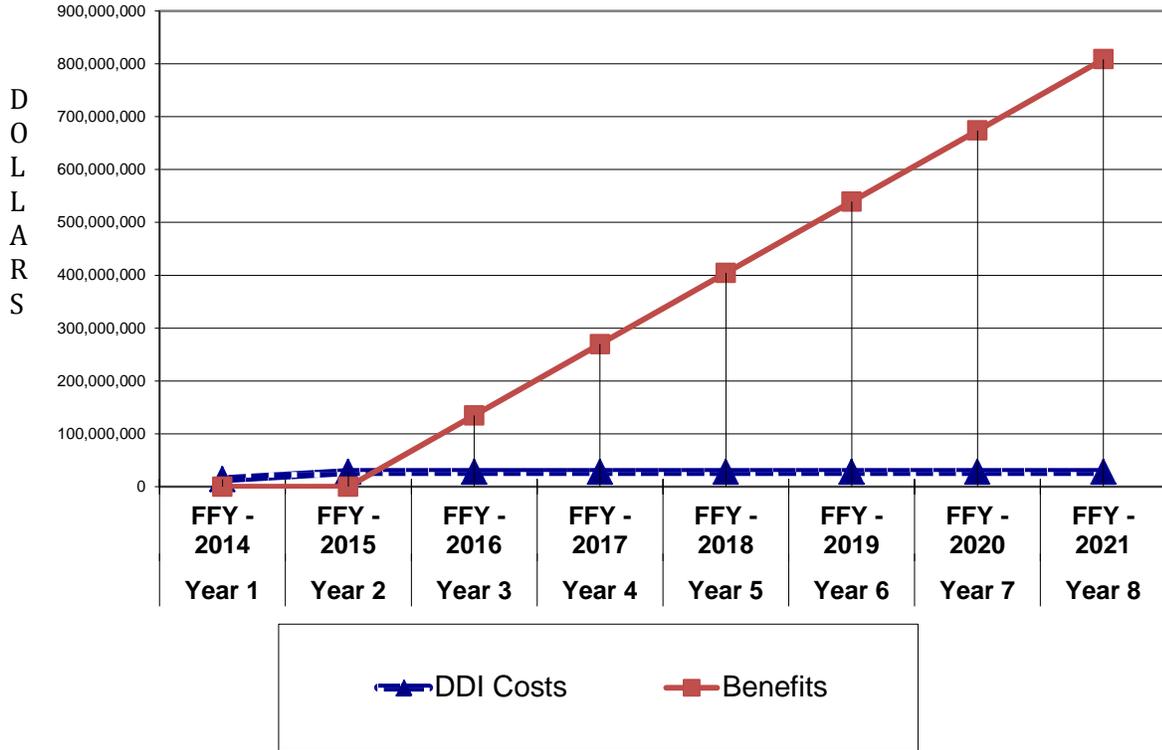
Exhibit 3-3 presents a summary of projected costs and benefits for alternative 3. Exhibit 3-4 provides a graphical representation of this data illustrating a breakeven point achieved during the first quarter of year 3. For a complete discussion of projected costs and benefits for alternative 3, please refer to Appendix C, section 3⁶.

Exhibit 3-3: Alternative 3 DDI Cost Benefit Profile

SYSTEMS LIFE DDI COST PROFILE									
Description	Year 1 FFY - 2014	Year 2 FFY - 2015	Year 3 FFY - 2016	Year 4 FFY - 2017	Year 5 FFY - 2018	Year 6 FFY - 2019	Year 7 FFY - 2020	Year 8 FFY - 2021	Total
Total Costs	14,000,000	14,000,000	0	0	0	0	0	0	28,000,000
Present Value Factor	1.0000	0.9667	0.9035	0.8444	0.7891	0.7375	0.6893	0.6442	n/a
Total Present Value Costs	14,000,000	13,533,800	0	0	0	0	0	0	27,533,800
SYSTEMS LIFE BENEFITS PROFILE									
Description	Year 1 FFY - 2014	Year 2 FFY - 2015	Year 3 FFY - 2016	Year 4 FFY - 2017	Year 5 FFY - 2018	Year 6 FFY - 2019	Year 7 FFY - 2020	Year 8 FFY - 2021	Total
Total Benefits	0	0	134,768,012	134,768,012	134,768,012	134,768,012	134,768,012	134,768,012	808,608,072
Present Value Factor	1.0000	0.9667	0.9035	0.8444	0.7891	0.7375	0.6893	0.6442	n/a
Total Present Value Benefits	0	0	121,762,899	113,798,109	106,345,438	99,391,409	92,895,591	86,817,553	621,010,999
CUMULATIVE BENEFIT/COST PROFILE									
Description	Year 1 FFY - 2014	Year 2 FFY - 2015	Year 3 FFY - 2016	Year 4 FFY - 2017	Year 5 FFY - 2018	Year 6 FFY - 2019	Year 7 FFY - 2020	Year 8 FFY - 2021	Total
Cumulative Total Benefits	0	0	134,768,012	269,536,024	404,304,036	539,072,048	673,840,060	808,608,072	n/a
Cumulative Total Costs	14,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	28,000,000	n/a

⁶ Appendix C: Cost Benefit Analysis, Section 3: Alternative 3: Estimated DDI Costs and Projected Benefits, pages 3-1 through 3-7.

Exhibit 3-4:
Alternative 3 Breakeven Analysis



3.4 Alternatives and Cost Benefit Analyses Summary

Exhibit 3-5 Alternatives Analysis Summary

	Alternative 1: Enhance Existing Business Processes and IT Systems	Alternative 2: Build New Business Processes and IT Systems (No Multi-Agency Integration)	Alternative 3: Enhancement and Integration of Existing Business Processes and IT Systems (Full Multi-Agency Integration)
Governance Structure	<ul style="list-style-type: none"> Remains status quo 	<ul style="list-style-type: none"> Define new governance structure and establish policies and procedures 	<ul style="list-style-type: none"> Define new governance structure and establish policies and procedures
Business Layer	<ul style="list-style-type: none"> Siloed business processes remain Worker duplication of effort Worker error 	<ul style="list-style-type: none"> Analyze and integrate reengineered business processes across 3 organizational units 	<ul style="list-style-type: none"> Improved business processes Information consistent
Data	<ul style="list-style-type: none"> Siloed data structures remain Data dependencies must be assessed and crosswalks developed System of record issues 	<ul style="list-style-type: none"> Define common DBMS structure Requires wholesale redefinition of data System of record issues must be addressed during design activities Major conversion issues introduce high level of risk 	<ul style="list-style-type: none"> Initial integration of data silos will be child welfare and Medicaid/health data
Technical Architecture	<ul style="list-style-type: none"> Minimal investment Use existing architecture No path to future upgrades Sun setting vulnerability 	<ul style="list-style-type: none"> Wholesale replacement Requires design and implementation of new technical architecture(s), simultaneously, across multiple systems Requires specialized staff (e.g., Technical and Data Architects) 	<ul style="list-style-type: none"> Provides path to future technology Incremental investment
Privacy and Security	<ul style="list-style-type: none"> HIPAA compliant Compounds current issues Disaggregated disaster recovery 	<ul style="list-style-type: none"> Uniform security infrastructure 	<ul style="list-style-type: none"> Full integration Promotes shared responsibility for data

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	Alternative 1: Enhance Existing Business Processes and IT Systems	Alternative 2: Build New Business Processes and IT Systems (No Multi-Agency Integration)	Alternative 3: Enhancement and Integration of Existing Business Processes and IT Systems (Full Multi-Agency Integration)
	server creates vulnerability		
Training	<ul style="list-style-type: none"> Requires training targeted groups of users 	<ul style="list-style-type: none"> Massive retraining for all users rather than a targeted group 	<ul style="list-style-type: none"> Requires training targeted groups of users
Cost and Schedule	<ul style="list-style-type: none"> Most expensive to maintain Sun setting could cause major disruption to the CP project 	<ul style="list-style-type: none"> Replace eMedNY MMIS (5-6 years, APD process; \$800m PLUS 2 year procurement cycle) Replace WMS (7-8+ years; \$1.2-1.4b) CONNX integration (3-5 years and \$750m) Total Cost: \$2.7 billion; Duration: 8+ years Cost and schedule prohibitive 	<ul style="list-style-type: none"> Leverage existing Web services Relatively low cost Legacy technical architecture can be replaced as needed without disrupting the CP project due to sun setting
Advantages	<ul style="list-style-type: none"> Shorter time to market Current staff knowledgeable in embedded technologies 	<ul style="list-style-type: none"> Latest technical innovations available Potential to leverage other State's innovations Opportunity to improve business processes 	<ul style="list-style-type: none"> Shorter time to market Latest technical innovations available Opportunity to leverage existing applicable functionality (e.g., CP/JJ project) Opportunity to enhance technical architecture (e.g., Service Oriented architecture (SOA) and Enterprise Service Bus (ESB)) Opportunity to standardize data sources (i.e., X12 standards); and, 3) opportunity to integrate data silos (initial integration: child welfare and Medicaid/health data)

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	Alternative 1: Enhance Existing Business Processes and IT Systems	Alternative 2: Build New Business Processes and IT Systems (No Multi-Agency Integration)	Alternative 3: Enhancement and Integration of Existing Business Processes and IT Systems (Full Multi-Agency Integration)
Disadvantages	<ul style="list-style-type: none"> • Limited technical options to develop interoperable information exchange • Does not support innovations • No/limited benefits to other states/not transferable 	<ul style="list-style-type: none"> • Longer time to market • No effect on current silos of agency data • Data standards will remain a challenge 	<ul style="list-style-type: none"> • Parts of the technology solution will still be the legacy technical architecture • Staff may lack new technical skills

Cost Benefit Analysis Summary

Using present value figures **alternative 2** estimated DDI costs total **\$1,070,311,600** whereas benefits total **\$279,104,553**. Based upon this analysis, this alternative fails to reach a breakeven point, with a benefits-to-costs ratio of **.26**.

Using present value figures **alternative 3** estimated DDI costs total **\$27,533,800** whereas benefits total **\$621,010,999**. The breakeven point for this alternative occurs in the first quarter of year 3, FFY 2016. Based upon this analysis, this alternative benefits-to-costs ratio for alternative 3 is **22.55**.

Every dollar invested in alternative 3 will generate \$22.55 in benefits. From a cost benefit standpoint this ratio represents a positive outcome that demonstrates that this alternative represents a prudent investment on the part of New York State and our Federal partners.

4 Leveraging Existing Information Technology (IT) Initiatives

In order to complete Children's Passport for Foster Care project, OCFS will leverage work completed to implement the Children's Passport for Juvenile Justice (CP-JJ) and National Human Services Interoperability Architecture (NHSIA) Standards/Enterprise Master Data Management (MDM) initiatives.

4.1 Leveraging Children's Passport for Juvenile Justice Project Artifacts

Four (4) major categories of artifacts from the Children's Passport for Juvenile Justice project are available for reuse to implement this application for New York State's foster care population. These categories include:

1. Data transformation outputs
2. Identity management capabilities
3. Consent business processes
4. Summarization for specialized clinical information

4.1.1 Data Transformation Outputs

Medicaid claims and encounter information is the primary source of clinical data for the Children's Passport. Principally collected to support provider payments processing, this data has numerous attributes not suited to support clinical purposes.

In order to analyze and transform Medicaid claims and encounter data to a format more clinically relevant, the Children's Passport for Juvenile Justice project convened a team comprised of lead clinicians, data analysts with extensive Medicaid claims and encounter experience, and information management specialists. Meeting weekly over several months, the project team reviewed raw Medicaid claims and encounter data with clinical staff to help familiarize them with the types of clinical information available for extraction and transformation to support the Children's Passport for Juvenile Justice application. Once a baseline understanding of the data and its lineage was established, an interface style sheet was defined and prototyped to support the grouping and display of data in a format conducive to clinical review and evaluation.

Next the multidisciplinary team met to review and evaluate the prototyped style sheet to refine groupings of the transformed Medicaid claims and encounter data. The final step in the process was a data simplification exercise. For example, the team defined rules governing the reduction of redundancy in Medicaid claim line information where an emergency room encounter included payments for the attending physician and the hospital. Reducing displayed information in this manner provided a presentation of data with greater clarity for clinical users.

Based upon data transformation rules defined with clinicians, the technical team developed software to support the automated transformation of Medicaid claims and encounter information and its display in a format customized for clinical consumption. Medicaid claims and encounter information will serve as the primary source of clinical data for the Children's

Passport for Foster Care project and the data transformation process described above will be employed.

4.1.2 Identity Management Capabilities

In order to access Medicaid claims and encounter data, the Children's Passport for Foster Care must incorporate business processes and supporting IT capabilities to confirm a child's identity by interrogating multiple systems of record across multiple New York State health and human services agencies. This involves accessing data stored in the OTDA Welfare Management System (WMS), and the OCFS Juvenile Justice Information System (JJIS), CONNECTIONS Child Welfare System and the Child Care Review System (CCRS)).

Oftentimes identity confirmation requires business process and supporting IT mechanisms to unduplicate multiple, apparent identity matches. The Children's Passport for Juvenile Justice faced similar requirements. The project team convened groups of field and central office staff, including clinicians, to review current practices and define new business processes and supporting IT capabilities to meet these requirements. Appendix E: Information Exchange Analysis Methodology, Toolkit and Roadmap provides a detailed description of identity management capabilities that will be leveraged to complete the Children's Passport for Foster Care project.⁷ Artifacts from Children's Passport for Juvenile Justice and NHSIA/MDM projects will also be leveraged.

4.1.3 Tailored Consent Business Processes

In order to access Medicaid claims and encounter data, the Children's Passport for Foster Care must also incorporate business processes and supporting IT capabilities to obtain and store executed consents for the release of a foster child's medical and mental health information. As the Children's Passport for Juvenile Justice team analyzed the issues associated with consent they discovered several important nuances.

First, while a responsible individual (e.g., parent or guardian) can render overall consent of protected health information (PHI); there are categories of medical information that required the automation of a series of exceptions. These categories include: HIV, AIDS, reproductive health services, alcohol and substance abuse, and mental health information. Multiple consent forms were designed to document consent to release HIV, AIDS, reproductive health services, alcohol and substance abuse, and mental health information. Consent type indicators associated with each of these categories were stored in the system. Data retrieval and display is based upon these consent type indicators. If a consent to release one of these categories of information is executed, the associated indicator will be "checked". Since consent rules apply to all patients, the mechanisms developed for the Children's Passport for Juvenile Justice are directly applicable to the foster care population. Appendix E: Information Exchange Analysis Methodology, Toolkit and Roadmap provides a detailed description of consent capabilities that will be leveraged to complete the Children's Passport for Foster Care project.⁸

⁷ See Appendix E pages 4-14 through 4-19.

⁸ See Appendix E pages 4-11 through 4-14.

4.1.4 Clinical Summaries

As the Children's Passport for Juvenile Justice team worked with clinical staff to define the data transformation rules discussed in the previous section, they realized that it would also be helpful to summarize the vast amount of detailed information displayed by the system. Clinicians determined that key summaries and trending reports could be defined to support medical and mental health evaluative processes and gain critical insights into a youth's medical and mental health condition.

As a result several features were developed to support clinician evaluation of youths in care. The **Problem List** presents a summary of the frequency of events by diagnostic category providing insight into chronic conditions. The **Mental Health Summary** presents inpatient and outpatient encounters as well as a summary of all medications. Attending clinicians can quickly focus on a youth's mental health history and compare patterns of care and prescribed medications. These tools will be reused to support the Children's Passport for Foster Care.

4.2 Leveraging National Human Services Interoperability Architecture (NHSIA) Standards/Master Data Management (MDM) Project Artifacts

OCFS is also working to align its technical architecture with the National Human Services Interoperability Architecture (NHSIA) standards, a federally funded initiative designed to support states as they work to develop shared technology services capable of supporting stakeholder access to shared information. These efforts include the development of an Enterprise Level Master Data Management (MDM) repository, also available for reuse.

The MDM is a centralized repository identifying recipients of services provided by OCFS across the Division of Child Care Services (DCCS), Division of Child Welfare and Community Services (DCWCS) and Division of Juvenile Justice and Opportunities for Youth (DJJOY) program areas. It includes a directory and a registry. This directory, or the Master Person Index (MPI), is a list of names and addresses. The registry is a list associating MPI subjects with their enrollment in respective human service programs. Access to the repository requires authentication to verify the user's identity and authorization to ensure the user has the necessary privileges to view or maintain the data. All access to the directory and registry is audited to capture the identity of the user requesting data, the origin of the request, the data requested and the data returned. Any changes made to data in the repository is also audited and stored on immutable devices.

The MDM repository provides access to information about individuals through enterprise services and makes it available to all information systems. It also provides a uniform and consistent view of the agency's constituents while improving data quality in the process. The MDM has adopted the National Information Exchange Model (NIEM). Standards leveraged by NIEM include XML, Simple Object Access Protocol (SOAP), Web Services Description Language (WSDL) and Unified Modeling Language (UML) to name a few.

The Children's Passport for Juvenile Justice employed several MDM enterprise services to confirm the identity of youth in custody and validate the existence of executed consent forms

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required to access and aggregate Medicaid claims and encounter data.⁹ These enterprise services will also be employed as part of the DDI of the Children's Passport for Foster Care.

⁹ See Appendix E pages 4-16 through 4-18.

5 Privacy and Confidentiality Framework

In order to protect the privacy and confidentiality of protected health information (PHI) processed by the Children's Passport for Juvenile Justice (JJIS) application, the project team evaluated disclosure requirements encompassing the health, mental health, dental health, criminal justice and child welfare domains. After careful review of these rules, the team determined that while a number of legacy security functions could be leveraged, additional protections were required.

Employing the legacy JJIS application as the point of entry for users accessing the Children's Passport application allowed the project team to leverage existing security functionality to protect the privacy and confidentiality of PHI. Specific JJIS security features leveraged included:

- Account management supporting establishment and deletion of user identification
- Password management
- Role based security supporting assignment of roles authorizing application and data access

In addition to implementing these functions as part of the Children's Passport for Juvenile Justice, analysis was completed to identify additional safeguards necessary to fully protect PHI. An audit of individual data elements to identify requisite changes to the data structure and/or rules governing data extraction was conducted. The results of this audit informed the project team's view of all system transactions and user activity.

Leveraging these capabilities supported the implementation of a sound privacy and confidentiality framework and provided the additional benefit of accelerating the time to market for the Children's Passport project.

In addition to leveraging the security functions of the legacy system and completing an audit of health information, employing a Service Oriented Architecture (SOA) also supported the implementation of a comprehensive privacy and confidentiality framework. Under SOA discrete pieces of software provide application functionality as services to other applications, allowing concurrent use and the mutual capability to exchange data between programs of different vendors without additional programming changes. These reusable services result in lower development and maintenance costs.

Independent services are invoked to: 1) access the Children's Passport via the legacy JJIS and, 2) extract and repurpose Medicaid service claims data to populate the application. This SOA-based approach provided the Children's Passport with the flexibility to loosely integrate with established systems with little or no modifications and implement PHI safeguards.

The privacy and confidentiality framework that will be established as part of the Children's Passport for the Foster Care project will employ similar approaches. The Children's Passport will be called as an independent service from the CONNECTIONS child welfare information system. CONNECTIONS account management, password management and role based security will be employed to manage access to the Children's Passport application. The independent service developed to extract and repurposing Medicaid service claims data to support the Juvenile Justice population will also be employed.

6 Answers to Exploration Questions

This section will present answers to the project's exploration questions: What are the most efficient and cost effective approaches (both business/programmatic and technical) to:

6.1 Question 1: Address the lack of a standardized data model for foster children's health information and the associated issues of uniformity and consistency with currently available data?

While the Children's Passport for Juvenile Justice Project did not attempt to redefine and standardize information within the program domain, the project did employ Medicaid claims and encounter data as its primary input. As a result, in all cases data standards deferred to national standards models including International Classification of Diseases, Ninth Revision (ICD-9) and other standards in the New York Health Care Efficiency and Affordability Law (NY-HEAL) domain.

While the project's data consumers were well versed in the data's meaning, the task was essentially straightforward. However as the Children's Passport for Foster Care proceeds, users will include social workers and other non-medical staff who will require additional education and the potential for additional layers of data summarization. In any event, strict adherence to national and state data standards will continue.

6.2 Question 2: Address issues of data redundancy to make certain that the most current health information is available to care providers, including, doctors, case workers and foster parents?

As discussed in section 4.1.1 Data Transformation Outputs, the Children's Passport for Juvenile Justice team devised processes to review and eliminate data redundancy in the system's primary input source: Medicaid claims and encounter data history. Since the project focused on the presentation of historical data, data currency per se was not addressed. However, given the total lack of access to **any** medical and mental health information, the project made great strides in providing staff with the best, currently available medical and mental health information.

6.3 Question 3: Defining a strategy and operationalizing a methodology and toolkit to support the reconciliation of federal health and human services program data and associated regulatory silos (e.g., child welfare, education, child support enforcement, health/Medicaid, Temporary Assistance to Needy Families (TANF), food stamps, juvenile justice, courts and immigration)?

The reconciliation of requirements supporting disparate organizational units and supporting business process and IT systems was central to the task of defining a strategy and

operationalizing a methodology to reconcile federal health and human services program data and associated regulatory silos.

While the grant focused on planning the best approach to the DDI of the Children's Passport for Foster Care, the Children's Passport for Juvenile Justice project informed all aspects of planning tasks and exploration questions. The Juvenile Justice implementation address the issue of reconciling these silos of information with an initial step characterized by its specific project objective: to provide the best available health and mental health for children entering the Juvenile Justice population.

While issues of identity management, consent, custody of records and disparate business, program and technical environments posed substantial challenges, the team improvised procedural and technical adaptations. A combination of interdepartmental governance strategies, leveraging of data standards, and use of the Service Oriented Architecture (SOA) tools allowed the team to offer solutions in the face of significant obstacles.

Please refer to Appendix E: Information Exchange Analysis Methodology, Toolkit and Roadmap for a detailed description of project processes and artifacts.

7 Benefits to Other States

Appendix E: Information Exchange Analysis Methodology, Toolkit and Roadmap provides a detailed presentation of work completed as part of the Children's Passport for Foster Care Planning project and the implementation of the Children's Passport for Juvenile Justice. Project artifacts that will benefit other states interested in similar issues and a road map for implementation of this planning effort are summarized in this section, along with specific references to applicable sections of Appendix E.

7.1 Background¹⁰

This section presents discussions of ongoing State and Federal initiatives being leveraged to address the lack of interoperable information exchanges. It also discusses additional clinical and administrative uses for the Children's Passport application. Lastly, it summarizes the project's objectives and the project scope statement.

7.2 Information Exchange Analysis Methodology¹¹

Section 3 presents the methodology employed to complete the Children's Passport for Foster Care Planning activities, including Feasibility Study, Alternative Analysis, Cost Benefit Analysis and Justification of the Selected Alternative deliverables.

The project's Conceptual Data Model Methodology¹² discusses NY OCFS efforts to develop shared technology services capable of supporting stakeholder access to shared information, including a commitment to align its enterprise technical architecture with the National Human Services Interoperability Architecture (NHSIA) standards. Specific artifacts beneficial to other states include: NHSIA Conceptual Data Model (CDM), a compilation of NHSIA documentation, and a complete NHSIA CDM to Children's Passport for Juvenile Justice mapping.

7.3 Toolkit¹³

This section presents a series of project artifacts organized by the four (4) major domains presented in the *As-Is Assessment*, *Alternatives Analysis* and *Cost Benefit Analysis* deliverables:

1. Child Welfare and Health Programmatic and Business Process Domain
2. Data Source Domain
3. Information Technology Domain
4. Privacy and Confidentiality Domain

7.3.1 Child Welfare and Health Programmatic and Business Process Domain

¹⁰ See Appendix E section 2.

¹¹ See Appendix E pages 3-1 through 3-5.

¹² See Appendix E pages 3-6 through 3-10.

¹³ See Appendix E section 4.

This section discuss the complexity of the New York State operational environment and the importance of thoroughly analyzing the current environment prior to attempting an interoperability project.

Interagency agreements necessary to support the flow of Medicaid claims and encounter data from DOH systems to OCFS are described. Artifacts include: a Memorandum of Understanding template, Data Exchange Application and Agreement (DEAA), Confidential Language for Third Party Contractors, and HIPAA – Business Associate Agreements. The discussion concludes with a presentation of major issues and recommendations for other states to consider¹⁴.

Requirements to obtain consent are described, including workflows and a presentation of major issues and recommendations for other states to consider¹⁵.

Identity Management processes are discussed, including workflows and a presentation of major issues and recommendations for other states to consider¹⁶.

7.3.2 Data Source Domain

This section presents an overview of the Children's Passport for Juvenile Justice major data sources. Artifacts include technical specifications and structured query language (SQL) code for the transformation and categorization of Medicaid claims and encounter data.

7.3.3 Information Technology Domain

This section presents an overview of the Children's Passport for Juvenile Justice three-tier technical architecture. Artifacts include a compilation of data classification standards and processes.

7.3.4 Security, Privacy and Confidentiality Domain

This section presents an overview of the Children's Passport for Juvenile Justice provisions to protect the security, privacy and confidentiality of PHI. Artifacts include NYS OCFS HIPAA Security Policies and Procedures and Children's Passport Security Controls.

7.4 Roadmap

This section presents a project plan and schedule template other states may wish to consider implementing as part of their interoperable information exchange initiatives. Presented in Exhibit 7-1, below, the schedule provides component tasks and subtasks, recommended dependencies and durations. For purposes of illustration only, the schedule assumes a project start date of 10/14/13. The Microsoft Project™ file is provided as part of Appendix E.

¹⁴ See Appendix E, Exhibit 4-1, page 4-10

¹⁵ See Appendix E, Exhibit 4-3, page 4-13

¹⁶ See Appendix E, Exhibit 4-5, page 4-19

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	Task Name	Duration	Start	Finish	2014									
					Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4			
1	<input type="checkbox"/> NYS OCFS Information Analysis Exchange Roadmap Project Plan Template	305 days	Mon 10/14/13	Fri 12/12/14										
2														
3	<input type="checkbox"/> Complete project planning activities	195 days	Mon 10/14/13	Fri 7/11/14										
4														
5	<input type="checkbox"/> Feasibility Study	75 days	Mon 10/14/13	Fri 1/24/14										
6	Define business problem	2 days	Mon 10/14/13	Tue 10/15/13										
7	<input type="checkbox"/> Describe As-Is environment	40 days	Mon 10/14/13	Fri 12/6/13										
8	Business process domain	10 days	Mon 10/14/13	Fri 10/25/13										
9	Data source domain	10 days	Mon 11/11/13	Fri 11/22/13										
10	Technical architecture domain	10 days	Mon 11/25/13	Fri 12/6/13										
11	<input type="checkbox"/> Translate business problem to project objectives	2 days	Mon 10/21/13	Tue 10/22/13										
12	Business process domain	2 days	Mon 10/21/13	Tue 10/22/13										
13	Data source domain	2 days	Mon 10/21/13	Tue 10/22/13										
14	Technical architecture domain	2 days	Mon 10/21/13	Tue 10/22/13										
15	<input type="checkbox"/> Define project assumptions & constraints	4 days	Tue 10/15/13	Fri 10/18/13										
16	Federal/State legislative mandates	1 day	Tue 10/15/13	Tue 10/15/13										
17	Budgetary restrictions	1 day	Tue 10/15/13	Tue 10/15/13										
18	Staffing limitations	1 day	Wed 10/16/13	Wed 10/16/13										
19	Technology considerations	1 day	Thu 10/17/13	Thu 10/17/13										
20	Operational constraints	1 day	Fri 10/18/13	Fri 10/18/13										
21	<input type="checkbox"/> Define To-Be environment	30 days	Mon 10/21/13	Fri 11/29/13										
22	Business process domain	10 days	Mon 10/21/13	Fri 11/1/13										
23	Data source domain	10 days	Mon 11/4/13	Fri 11/15/13										
24	Technical architecture domain	10 days	Mon 11/18/13	Fri 11/29/13										
25														
26	Assess technical, financial & operational feasibility	30 days	Mon 12/9/13	Fri 1/17/14										
27														
28	Document findings	5 days	Mon 1/20/14	Fri 1/24/14										

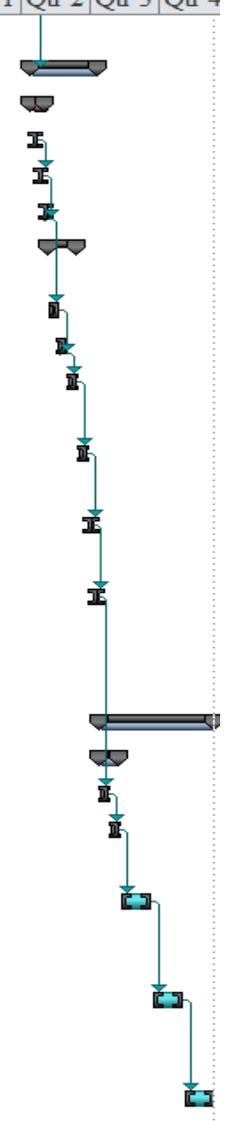
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Task ID	Task Name	Duration	Start	Finish	2014							
					Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Q	
30	Alternatives Analysis	57 days	Mon 1/27/14	Tue 4/15/14								
31	Review feasibility study findings	2 days	Mon 1/27/14	Tue 1/28/14								
32	Identify alternatives	10 days	Wed 1/29/14	Tue 2/11/14								
33	Define alternative 1	15 days	Wed 2/12/14	Tue 3/4/14								
34	Business process domain	5 days	Wed 2/12/14	Tue 2/18/14								
35	Data source domain	5 days	Wed 2/19/14	Tue 2/25/14								
36	Technical architecture domain	5 days	Wed 2/26/14	Tue 3/4/14								
37	Define alternative 2	15 days	Wed 3/5/14	Tue 3/25/14								
38	Business process domain	5 days	Wed 3/5/14	Tue 3/11/14								
39	Data source domain	5 days	Wed 3/12/14	Tue 3/18/14								
40	Technical architecture domain	5 days	Wed 3/19/14	Tue 3/25/14								
41	Define alternative 3	10 days	Wed 3/26/14	Tue 4/8/14								
42	Business process domain	5 days	Wed 3/26/14	Tue 4/1/14								
43	Data source domain	5 days	Wed 4/2/14	Tue 4/8/14								
44	Technical architecture domain	5 days	Wed 4/2/14	Tue 4/8/14								
45												
46	Determine alternative risks & impacts	25 days	Tue 3/4/14	Mon 4/7/14								
47	Alternative 1	2 days	Tue 3/4/14	Wed 3/5/14								
48	Alternative 2	2 days	Wed 3/26/14	Thu 3/27/14								
49	Alternative 3	2 days	Wed 4/9/14	Thu 4/10/14								
50												
51	Rank alternatives	2 days	Mon 4/14/14	Tue 4/15/14								



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	Task Name	Duration	Start	Finish	2014							
					Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	
52												
53	☐ Cost Benefit Analysis	65 days	Mon 4/14/14	Fri 7/11/14								
54	☐ Estimate & document costs	15 days	Mon 4/14/14	Fri 5/2/14								
55	Viable alternative 1	5 days	Wed 4/16/14	Tue 4/22/14								
56	Viable alternative 2	5 days	Wed 4/23/14	Tue 4/29/14								
57	Viable alternative 3	5 days	Wed 4/30/14	Tue 5/6/14								
58	☐ Estimate & document qualitative & quantitative benefits	28 days	Wed 5/7/14	Fri 6/13/14								
59	Viable alternative 1	10 days	Wed 5/7/14	Tue 5/20/14								
60	Viable alternative 2	10 days	Mon 5/19/14	Fri 5/30/14								
61	Viable alternative 3	10 days	Mon 6/2/14	Fri 6/13/14								
62												
63	Compare costs & benefits	10 days	Mon 6/16/14	Fri 6/27/14								
64												
65	Complete Alternative selection	5 days	Mon 6/30/14	Fri 7/4/14								
66												
67	Complete justification of selected alternative	5 days	Mon 7/7/14	Fri 7/11/14								
68												
69	☐ Develop Conceptual Data Model	110 days	Mon 7/14/14	Fri 12/12/14								
70	☐ Review NIEM materials	20 days	Mon 7/14/14	Fri 8/8/14								
71	Review NIEM standards	10 days	Mon 7/14/14	Fri 7/25/14								
72	Review NIEM Conceptual Data Model	10 days	Mon 7/28/14	Fri 8/8/14								
73												
74	Review target application Conceptual Data Model	30 days	Mon 8/11/14	Fri 9/19/14								
75												
76	Complete NIEM - Target Application Data Mapping	30 days	Mon 9/22/14	Fri 10/31/14								
77												
78	Document Data Mapping	30 days	Mon 11/3/14	Fri 12/12/14								



7.5 Summary of Project Outcomes and Lessons Learned

This section summarizes progress made toward project outcomes and lessons learned other states may wish to consider.

7.5.1 Project Outcomes

The Children's Passport for Juvenile Justice, available for leveraging to support the foster care population, demonstrated the power of sharing information as it directly affects the well being of a vulnerable population. The following impacts are improving care management:

1. Clinical history is available in an irrefutable manner; that is to say non-anecdotal accounting for care delivered
2. Reduces the number of duplicated procedures such as immunizations, drug step therapies and laboratory testing
3. As care management plans need to be developed in a expeditious manner the availability of historical health information is invaluable
4. Care coordination and consultation will be substantially improved using shared electronic information

7.5.2 Lessons Learned

1. Make sure that governance structures are well documented and understood by all parties.
2. Educate and implement security processes and technologies that are consistent with Federal and State statutes and policies.
3. Assuming that claims data is the primary source of historical information, rigorous analysis from a clinical perspective will be required to properly transform claims information into usable clinical information. Since data transformation is part of the project, make certain that rigid technical and user testing are performed.
4. Involve users in all aspects of the project. In the Children's Passport for Juvenile Justice project a dedicated team of technologists and clinical staff were involved in user interface design, data education, data transformation and business process redesign.

8 Next Steps

NYS OCFS plans to proceed with the design, development and implementation of the Children's Passport application for children in foster care employing the selected alternative. Initial project activities will focus on development of functional requirements relative to the medical and mental health care histories as children are placed in a foster care setting. This section provides an overview of preliminary plans to define functional requirements and develop a detailed project plan to rollout foster care health information history statewide.

8.1 Project Assumptions

1. OCFS will designate a Project Director to oversee the initiative and serve as the lead OCFS representative
2. One (1) small upstate county (Schenectady County) and the New York City Administration for Children's Services (ACS) will each identify two (2) voluntary agencies to participate in this project. Selections will be confirmed with OCFS and county senior management to serve as a representative sample of the foster care health information business environment. Children's Passport for Foster Care project tasks will focus on analysis of each county's supporting business and technology environments along with sample foster care placements. Based upon the results of this analysis, an **As-Is State** deliverable will be developed defining functional requirements and a detailed project plan to rollout foster care health information history statewide will be completed.
3. The Children's Passport for Foster Care application will consist of a web-based service accessible via the CONNECTIONS child welfare information system. The current CONNECTIONS Health Services module will not be impacted.
4. The Children's Passport for Foster Care application will rely on CONNECTIONS for authentication and role based security conventions.
5. The Children's Passport for Foster Care application will utilize the same health history data (e.g., Medicaid claims and encounter data) available in the Children's Passport for Juvenile Justice application.
6. The Statewide Automated Child Welfare Information System (SACWIS) regulatory environment will not be a considered a constraint.
7. Ongoing foster care health information data feeds will not be considered in this project and will need to be addressed as the population transitions to managed care.

8.2 Governance

Led by the OCFS Project Director, the project team will conduct monthly briefings with program and Information Technology Services (ITS) senior managers to review project status and issues.

The project will work with two (2) local government entities – the Administration for Children's Services (ACS) and Schenectady County. Each entity will be asked to identify two (2) voluntary agencies to participate in the project.

8.3 Project Phases and Major Tasks

Phase I

- Organize the project team
- Recruit local government participants
- Develop a **Project Initiation Plan and Schedule**

Phase II

- Define the **As-Is State** detailing current approaches to collection of medical and mental health information of children as they enter the foster care environment

Phase III

- Define the **To-Be State** detailing county functional requirements relative to collection of medical and mental health information of children as they enter the foster care environment

Phase IV

- Develop a **Statewide Foster Care Health Information History Implementation Strategy**.

8.4 Detailed Statement of Work and Project Deliverables

Phase I (October 2013)

- Work with OCFS senior management to confirm the selection of county and voluntary agencies defined in assumption #1, above. Develop a **Project Initiation Plan and Schedule** deliverable to document and confirm the results of these planning activities with all stakeholders.

Phase II (November 2013 – February 2014)

- Validate foster care health information business processes and information systems capabilities by reviewing the *Working Together: Health Services for Children in Foster Care Manual*¹⁷ with foster care staff from the selected counties. Produce an **As-Is State** deliverable to present the results of this validation, describing the current foster care health information environments of each selected entities.

¹⁷ See http://ocfs.ny.gov/main/sppd/health_services/manual.asp

Phase III (March – April 2014)

- Analyze the **As-Is State** deliverable to identify business process improvements required to support the implementation of the Children's Passport for Foster Care application in selected counties and Voluntary Agencies.
- Develop a **To-Be State** deliverable to define the functional requirements that must be met to implement these improvements.

Phase IV (May 2014)

- Develop a **Statewide Foster Care Health Information History Implementation Strategy** deliverable detailing a plan for the statewide rollout of the Children's Passport for Foster Care health information history capability.