ILLINOIS INTEROPERABILITY PROJECT (CFDA 93.075)

FINAL REPORT

JANUARY 31, 2014

Illinois Framework
Illinois Department of Human Services (IDHS)
69 W. Washington
Suite #1620
Chicago, IL 60602
Phone: (312) 793-5972
Fax: (312) 793-2861

Document Information

Document Title	Illinois Interoperability Project (CFDA 93.075) Final Report
Presented To	• **Joseph Bodmer, Director, Division of State and Tribal Systems** • **Gregory Jordan, Project Officer** Administration for Children & Families U.S. Department of Health & Human Services 370 L'Enfant Promenade, S.W. Washington, D.C. 20447
Prepared By	• **Kathleen Monahan, Illinois Framework Director** • **Sarah Nemecek, Project Manager, Illinois Interoperability Project** Illinois Framework Illinois Department of Human Services (IDHS) 69 W. Washington Suite #1620 Chicago, IL 60602 Phone: (312) 793-5972 Fax: (312) 793-2861
Report Date	January 31, 2014

This document submitted to the Administration for Children and Families (ACF) to satisfy the requirements specified for the Illinois Interoperability Project (CFDA 93.075).

Amendment History

Document Version	Date	Modification
1.0	November 4, 2013	Official first draft submission to ACF
2.0	January 31, 2014	Official final report submission to ACF

Table of Contents

1. Executive Summary 5
2. Interoperability Project Results 7
2.1 Outcomes 7
2.2 Exploration Questions 9
2.3 Options Considered 10
2.4 Options Impact and Goals 14
2.4.1 Improve service delivery for clients 16
2.4.2 Reduce errors and improve program integrity 16
2.4.3 Improve administrative efficiency 16
2.5 Options Cost Benefit 16
2.6 Options Enterprise Architecture and/or Modules 18
2.7 Exploration Answers 23
2.8 End Result 29
2.8.1 Framework Governance Model 29
2.8.2 Roles and Responsibilities 29
2.8.3 ESC Meetings 32
2.9 Breadth 32
2.10 Human Services Program Initiatives 34
2.10.1 MMIS 36
2.10.2 ACA 37
2.10.3 HIE 37
2.11 Information Technology Initiatives 37
2.12 Health Intersection 38
2.13 Stakeholders 39
2.14 Privacy and Confidentiality Framework 40
2.15 Benefit to Other States 43
3. Appendices 45
Appendix A: Interoperability Knowledge Repository 45
Appendix B: Best Practices in Project Governance Research 45
Appendix C: Options Analysis 46
Appendix D: Publish Framework Governance Model 46

Appendix E: Interoperability Handbook 47
Appendix F: Illinois Interoperability Project Timeline 48
Appendix G: List of Figures 49
Appendix H: Acronym Glossary 49

1. EXECUTIVE SUMMARY

The Illinois Interoperability and Integration Project (the Illinois Interoperability Project) Final Report presents the work completed under the State Systems Interoperability and Integration Grant awarded to the State of Illinois by the federal Department of Health and Human Services Administration for Children and Families (ACF) in 2012 (CFDA 93.075). This report provides an extensive overview of Illinois' effort to develop a functioning governance structure for the Illinois Healthcare and Human Services Framework (the Framework), a multi-agency collaborative of Illinois' health and human service agencies.

This document contains the following sections:

- **Outcomes:** A detailed overview of the steps taken by the State of Illinois to develop and implement a governance structure for the Framework. This section includes descriptions of the Illinois Interoperability Project deliverables, including: a knowledge repository; extensive research on governance and interoperability; an options analysis; a governance structure for the Framework; meetings of the Framework Executive Steering Committee (ESC) and other Framework committees; and the interoperability handbook, *Establishing Governance for Health and Human Services Interoperability Initiatives: A Handbook for States.*
- **Exploration Questions:** A list of the questions that Illinois explored at the outset of the Illinois Interoperability Project to guide and inform project efforts. The Exploration Questions address topics including governance models in the public and private sectors, methods of decision-making, and means of overcoming privacy and confidentiality concerns.
- **Options Considered:** A description of the research methodology used to develop two governance model options for the Framework: Option A and Option B. Illinois developed the options based on research of existing governance model in similar interoperability projects.
- **Options Impact and Goals:** A strength, weakness, and risk analysis of the two governance options outlined in the previous section. Illinois evaluated the options according to their ability to deliver the following goals: improve service delivery for clients, reduce errors and improve program integrity, and improve administrative efficiency.
- **Options Cost Benefit:** An analysis of the costs and benefits of implementing a governance model for the Framework. Although many of the costs and benefits of a governance model are intangible, Illinois determined the project scope and objectives, identified the constraints, and listed feasible alternatives to specify the known costs and benefits.
- **Options Enterprise Architecture and/or Modules:** An examination of the way in which various governance structures may affect the Framework's proposed enterprise architecture. This section also outlines the "To-Be Vision," or the proposed structure, of the Illinois health and human services (HHS) enterprise. The section also lists the Guiding Principles adopted by the Framework's leadership to move toward an HHS enterprise.
- **Exploration Answers:** The results of the exploration questions based on extensive primary and secondary research, subject matter expert (SME) interviews, and lessons-learned in Illinois.
- **End Result:** A detailed description of the Framework governance model chosen from the options analysis. This section also includes the roles and responsibilities of the Framework committees and work groups.

- **Breadth:** A descriptive list of the Illinois HHS programs supported by the Illinois Interoperability Project.
- **Human Services Program Initiatives:** A description of the opportunities available for Illinois to leverage federal funds through the "Big 3" Medicaid/Healthcare projects: the Affordable Care Act (ACA), Medicaid Management Information System upgrade (MMIS), and Health Information Exchange (HIE).
- **Information Technology Initiatives:** A review of the information technology (IT) enhancements as part of the "Big 3" and how these enhancements can potentially affect the Framework.
- **Health Intersection:** A detailed overview of Medicaid expansion through the ACA and the corresponding opportunities for the Framework. This section describes the opportunities for implementing interoperability in Illinois by leveraging the MMIS upgrade and the new Integrated Eligibility System (IES).
- **Stakeholders:** Detailed information regarding the interaction of the Illinois Interoperability Project with stakeholders including State Agency staff, representatives of other states and jurisdictions, and additional SMEs. This section also describes the Stakeholder Engagement Project, an independent initiative of the Framework that informed Illinois Interoperability Project activities.
- **Privacy and Confidentiality Framework:** A description of legal, privacy, and confidentiality concerns inherent in data sharing, and the Framework's plan to address these concerns through governance.
- **Benefit to Other States:** A list of the work completed as part of the Illinois Interoperability Project and how the work will benefit other states undergoing similar initiatives.
- **Appendix:** Links to the deliverables submitted to the ACF as part of the Illinois Interoperability Project, the project timeline, a list of figures in the report, and a glossary of relevant acronyms.
    - **Appendix A: Interoperability Knowledge Repository**
    - **Appendix B: Best Practices in Project Governance Research**
    - **Appendix C: Options Analysis**
    - **Appendix D: Publish Framework Governance Model**
    - **Appendix E: Interoperability Handbook**
    - **Appendix F: Illinois Interoperability Project Timeline**
    - **Appendix G: List of Figures**
    - **Appendix H: Acronym Glossary**

2. Interoperability Project Results

2.1 Outcomes

The objective of the Illinois Interoperability Project was to establish governance for the Illinois Healthcare and Human Services Framework (the Framework). The Framework, a multi-agency collaborative, coordinates the use of shared technology and business processes across Illinois' federally funded healthcare transformation initiatives. The Framework provides strategic insight, organizational support, and guidance on federal standards to advance Illinois' healthcare and human services (HHS) enterprise. The objective of the Framework's efforts is to improve service coordination and lower costs to advance the health and well-being of the people, families, and communities of Illinois.

The Framework promotes interoperability across Illinois' HHS agencies and programs by working to allow "two or more systems or components to exchange information and to use the information to make better decisions."[1] Maximizing the opportunities to leverage common systems – and navigating the complexities that they represent – involves significant decision-making and collaboration. In attempting to implement these interoperability initiatives successfully, the Framework gave careful thought to the establishment of cross-agency governance. Governance, as defined by the American Public Human Services Association (APHSA), is "the act of governing, or steering the policies, management, and activities of an organization at the highest level, with the authority, credibility, and responsibility to do so."[2]

Through extensive research into best practices, and by implementing, testing, and adapting a governance structure, the Illinois Interoperability Project successfully established governance for the Framework. The Framework's governance structure encourages data sharing and collaboration, and it puts in place the principles needed to leverage and reuse technologies and systems between HHS agencies. It directs partner agencies to meet regularly to discuss issues, track progress, and identify future opportunities. Additionally, the Framework's governance structure guides the partner agencies and programs toward a new paradigm by specifying how and when HHS agencies will work together to accomplish the following Framework objectives:

- Provide more options for customers to access the range of needed services.
- Develop an HHS enterprise for Illinois that will provide seamless services to customers at the lowest possible cost.
- Improve consumer outcomes through data-driven decision tools utilizing multiple data sources with accurate and timely information.
- Redesign business processes around the sharing of critical information and delivering services to the right person at the right time.
- Leverage and reuse technology to maximize investments and increase operational efficiency and reduce administrative burden.

[1] Administration for Children and Families (ACF), ACF Interoperability Initiative, http://www.acf.hhs.gov/initiatives-priorities/interoperability (August 2013).
[2] Cari DeSantis, *Governance Guidance for Horizontal Integration of Health and Human Services* (American Public Human Services Association, 2012).

The findings of the Illinois Interoperability Project's activities also serve as a guide for other states developing governance in similar interoperability endeavors. Although information is limited about projects similar to Illinois' initiative, Illinois gathered and analyzed significant research, consulted subject matter experts from other states and jurisdictions, and evaluated and tested governance models to develop a set of resources that will help HHS enterprises to establish governance in other states.

As a result of the 16-month State Systems Interoperability and Integration Planning Grant, the Illinois Interoperability Project delivered the following outcomes:

- **Established a Knowledge Repository:** The Illinois Interoperability Project Team (the Team) collected reports, white papers, documents, case studies, interviews, and other resources on topics related to governance and interoperability to create an online Knowledge Repository.

  The Knowledge Repository is located on the Framework's website: http://illinoisframework.org/illinois-framework-resource-library/.

- **Performed Extensive Research on Project Governance:** Using the resources in the Knowledge Repository, the Team performed in-depth analysis of various governance models, including IT governance, cross-boundary governance, network governance, corporate governance, and nonprofit governance. In addition, the Team held 30-minute phone interviews with 10 SMEs from the public, private, and non-profit sectors across the U.S.

  A summary of the Team's governance findings is available in Appendix B.

- **Defined Six Attributes of Good Governance:** Through the SME interviews and analysis, the Team identified common themes that emerged from successful examples of project governance, or six attributes of good governance. The Team based the Framework's governance structure on the six attributes of good governance. The following is the final list of the Illinois Interoperability Project's six attributes of good governance:

  1. Identify and assemble strong executive leadership.
  2. Create a shared vision.
  3. Formalize a governance structure.
  4. Establish a clear decision-making process.
  5. Maintain transparent communications.
  6. Evaluate the governance system and adapt as necessary.

- **Created an Options Analysis:** Based on its research and analysis, the Team created two governance model options for the Framework: Option A and Option B. The Team undertook an options analysis to weigh the strengths, weaknesses, and risks of both options against the options' abilities to promote the Illinois Framework's six attributes of good governance.

  A detailed description of the Options Analysis is in section 2.3 and section 2.4, and the Options Analysis deliverable is available in Appendix C.

- **Published a Governance Model:** Using the Options Analysis, the Team designed a unique governance model for the Framework. Framework stakeholders, namely the Framework Executive Steering Committee (ESC), tested and vetted the model to ensure that it met the

needs of the Framework partner agencies. The model includes descriptions of the Framework decision-making structure, committees, and roles and responsibilities.

The Framework Governance Model is available in Appendix D.

- **Established and Convened Meetings of the Executive Steering Committee (ESC):** As part of the Illinois Interoperability Project, the Framework designated the members of its ESC, convened the group for its first-ever meetings, and facilitated discussion and joint decision-making amongst the seven health and human agencies in Illinois. Additionally, the ESC agreed to a set of "Guiding Principles" to prioritize and direct Framework activities going forward. Prior to the establishment of the ESC, Framework partner agencies did not have a forum for convening and making cross-agency decisions. In the future, the Framework ESC will provide executive leadership and oversight of all matters of finance and policy connected to the Framework.

  A detailed description of the ESC's roles and responsibilities is available in section 2.8.

- **Established and Convened Meetings of Other Framework Committees:** The Framework governance structure includes the establishment of additional committees to provide subject-matter expertise in sub-projects and other areas associated with the Framework. These committees include an Operational Committee, an Advisory Council, Program Liaisons, SMEs, and other sub-committees or workgroups. Under the Interoperability Grant, the Framework outlined these committees' roles and responsibilities, created guidelines on how often the committees would meet, designated committee members, and convened meetings. Going forward, these committees will serve the Framework as needed, providing research and recommendations on project issues.

  A detailed description of the committees' roles and responsibilities is available in section 2.8.

- **Published the Illinois Interoperability Handbook:** *Establishing Governance for Health and Human Services Interoperability Initiatives: A Handbook for States* is an interactive, online guide centered on the Illinois Framework's six attributes of good governance. The handbook includes a roadmap to good governance, a case study recounting Illinois' experience developing governance for the Framework, a toolkit of original documents and memoranda, and a governance and interoperability resource library. The handbook will assist other states and jurisdictions to establish governance in similar interoperability projects.

  The handbook is available on the Framework website: http://illinoisframework.org/governance/handbook-for-states/. A downloadable version of the handbook is also available in Appendix E.

The full timeline of Illinois Interoperability Project deliverables and activities is available in Appendix F.

2.2 Exploration Questions

In order to establish governance capable of guiding the State's interoperability initiatives, the Team developed the following exploration questions:

- Are there examples of successful governance models that currently exist in public or private domains that can apply to the Framework?

- What are the lessons learned from similar governance efforts – successes and failures – that can benefit Illinois in this cross-agency, multi-program initiative?
- Are there models outside healthcare and human services that we should explore to inform our efforts? For example, could the corporate governance structures required through the Sarbanes-Oxley Act be applicable to governance for the Framework?
- Is there additional learning from corporations that have implemented the Sarbanes-Oxley Act that would be valuable to Illinois and overall interoperability efforts?
- What mechanisms are most effective to identifying differences and achieving consensus for interoperability?
- What protocols are used for decision-making among disparate programs that will share common platforms?
- Which methods work best to develop equitable allocation models for sharing the costs and recognizing the benefits?
- What governance models promote the interests of smaller agencies/programs in addition to larger, more robustly funded programs?
- Which methods can be utilized to ensure sustainability of governance structures beyond the initial Framework activities?
- How will the ongoing success of the governance model be monitored and measured in this environment?
- What tools and techniques are required for establishing and maintaining data governance?
- How are the issues of privacy, security and consent addressed through governance?

2.3 Options Considered

While literature on interoperability project success points to the need for strong governance, few existing structures have been tested and proven in the field. In order to develop governance options for the Framework, the Team engaged in extensive research, interviews, and analysis of existing documentation to create two governance model options that fit the unique needs of Illinois' HHS agencies.

The Team conducted a literature review of over 50 reports, white papers, presentations, and other documents on topics related to governance, interoperability, and integration. The Team explored several types of governance, including IT governance, cross-boundary governance, network governance, corporate governance, and nonprofit governance. In February 2013, the Team conducted 30-minute phone interviews with 10 subject matter experts from the public, private, and nonprofit sectors across the U.S. The Team asked a series of questions related to establishing and sustaining governance models for cross-agency projects in the healthcare and human services sector, including:

- Illinois has the challenge of creating governance with a group of individuals who have differing levels of buy-in and whose agencies have varying levels of benefit. Do you have any advice for establishing governance under these circumstances?

- The various agencies to be involved in governance have vastly different resources, budgets, numbers of stakeholders and clients served, and interest in the Framework's success. Do you have any advice for structuring a governing body under these circumstances?
- What do you think should be on the agenda of the first meeting of the governing body?
- In your experience, how long does it take a governance structure to reach "maturity?"

For SMEs engaged in interoperability projects at the public sector level, the Team asked the following questions:

- What is your project?
- Is your project at planning and/or implementation phase?
- If it is at the planning phase, how long until you begin implementation? When did you start planning?
- If it is at the implementation phase, how long have you been implementing? When did you start the planning phase?
- What is the geographic and programmatic range of your project?
- If it is a county project, do county or state personnel manage the project?
- How many entities, including governance bodies, does your initiative have? Describe their structure and function.
- How was/were your governing body(ies) formed?
- Does your governing body have a charter? What are its primary goals, objectives, policies, procedures, and rules?
- Who are your governing members?
- Can the governing members send designees to the governance meeting?
- Are other persons, including staff of the governing members, permitted to attend governance meetings?
- What are the governing members' roles and authority?
- Do all governing members have equal vote or authority? If no, please describe how you differentiate roles, and how you determined that differentiation.
- How does the governing body interact with other agencies, stakeholder groups, or other relevant parties?
- How frequently does the governing body meet? During meetings and between meetings, what is the level of engagement of members?
- Who chairs and/or facilitates the meetings?
- How did you determine the governance model?

- Did you consult with anyone or do any research to design your governance structure? If yes, whom did you consult, and what models did you research?
- How did you reach buy-in of governing body members?
- What is the decision-making structure for your governance model?
- How did you arrive at that structure?
- How do you reach decisions?
- How are funding decisions made?
- Do you have a structure in place to mitigate risks?
- To date, what were your greatest successes? What would you have done differently? What did and did not work about your model?
- Have you developed any other documents? If so, would you be willing to share them with Illinois?
- Applying what you know about governance, what recommendations would you give to Illinois?

The Team interviewed a combination of public, private, and non-profit sector experts across the U.S., including:

1. Uma Ahluwalia, Director, Department of Health and Human Services, Montgomery County, Maryland
2. Thomas Baden, CIO, Minnesota Department of Human Services, State of Minnesota
3. Shell Culp, Chief Deputy Director, Office of Systems Integration, State of California
4. Rick Friedman, Consultant, American Public Human Services Association
5. Linda Gibbs, Deputy Mayor for Health and Human Services, New York City
6. Bill Hazel, Secretary of Department of Health and Human Resources, Commonwealth of Virginia
7. Rick Howard, Research Director, Gartner
8. Nick Macchione, Director, Health and Human Services Agency, County of San Diego
9. Mike Wirth, Special Advisor, eHHR Integration, Commonwealth of Virginia
10. Paul Wormeli, Executive Director Emeritus, IJIS Institute

The Team also analyzed charters, mission statements, and other documentation provided by the subject matter experts. Drawing from the knowledge gained from the literature review, interviews, and analysis of existing governance documentation, the Team developed a series of attributes of good governance, or strategies that governing bodies can employ to ensure effective and fair decision-making. These attributes are:

1. Identify and assemble strong executive leadership.
2. Create a shared vision.

3. Formalize a governance structure.
4. Establish a clear decision-making process.
5. Maintain transparent communications.
6. Evaluate the governance system and adapt as necessary.

In addition to exploring existing governance model options, the Team conducted an intensive review of internal State documents and resources, specifically the Framework Interagency Agreement (IGA). The IGA, signed by all partner agencies in 2012, identified the committees involved in the IL HHS enterprise. These are the Executive Steering Committee (ESC), the Operational Committee (OC), Subcommittees, an Advisory Council, work groups, liaisons, and other SMEs. The IGA did not describe the format, structure, membership, frequency of meetings, decision-making procedures, or the roles and responsibilities of these bodies and committee members. Therefore, the Team addressed these administrative issues when developing the Framework governance model options.

Finally, the Team consulted the findings of the Framework Stakeholder Engagement Project (SEP), the Framework's outreach initiative that began in 2011. The SEP, led by the Illinois Public Health Institute (IPHI), facilitates town hall conversations, focus groups, and virtual conversations to gather information to ensure that Framework activities are responsive to users and clients. As part of its efforts, the SEP team interviewed the Framework Agency Directors about governance and the role of the ESC and Advisory Council. The Illinois Interoperability Project Team reviewed the SEP's interview notes to design the Framework governance structure.

Based on this research, the Team developed two governance model options for the Framework: Option A and Option B. Both options contained the same minimum elements as required by the IGA, such as the number and names of the Framework committees. However, Option A more fully incorporated the attributes of good governance. For example, one interviewee spoke of the importance of holding in-person meetings with no designees. Therefore, Option A required in-person/no-designee meetings, while Option B did not. Ultimately, Option A and Option B were not distinct models; rather, they had the same general structure with slightly different characteristics. Figure 1 illustrates the differences between Option A and Option B.

Framework Governance Model Options	
Option A	Option B
➢ Committee members cannot send designees to meetings. ➢ Committees meet frequently (ranging from bi-weekly to quarterly). ➢ Decisions are made by consensus.[3] ➢ Meetings for all committees are between two and	➢ Committee members can send designees to meetings. ➢ Committees meet infrequently or only on an as-needed basis. ➢ Decisions are made by a majority vote. ➢ Meetings for all committees are between one and

[3] Consensus decision-making seeks the consent of all members or participants in order to arrive at a resolution that is accepted – if not fully supported – by all. Reaching a decision through consensus requires deliberation and a process to ensure that all voices, including dissenting voices, are heard.

Framework Governance Model Options	
four hours per month. ➢ In-person communication takes priority. ➢ The Advisory Council is composed of members of existing HHS advisory committees. ➢ The Framework PMO is full-time.	two hours per month. ➢ Meetings may be attended via phone (in-person is not necessary). ➢ The Advisory Council is a workgroup of the Human Services Commission (HSC).[4] ➢ The Framework PMO is part-time.

Figure 1: Framework Governance Model Options

2.4 Options Impact and Goals

The Team evaluated the above options according to their ability to enhance one or more of the following Framework goals:

1. Improve service access and delivery.
2. Increase operational efficiency and program integrity.
3. Improve administrative efficiency by increasing the capacity for sophisticated analysis and data-driven decision-making across the Illinois healthcare and human services space.

The Team weighed the strengths, weaknesses, and risks associated with each option. Figure 2 identifies the strengths of each option.

Framework Governance Model Options: Strengths	
Option A	Option B
➢ Not allowing designees in meetings means that agencies are better represented. ➢ Regular monthly in-person meetings create greater engagement and foster trust amongst committee members. ➢ Consensus decision-making creates member buy-in, ownership, and accountability. ➢ The Advisory Council leverages already existing committees. ➢ Consensus decision-making requires that all members are well informed and equally supportive of decisions.	➢ Designees can represent committee members if they are unavailable. ➢ Decisions are made even if consensus is not reached. ➢ Not requiring in-person meetings allows multiple channels of communication. ➢ Not requiring consensus could result in potentially faster decision-making.

[4] The Illinois Human Services Commission (HSC) is a group of Illinois staff, providers, non-profit leaders, and other experts commissioned by the Governor to "recommend measures to ensure the sustainability of high quality human service delivery in the State of Illinois and make recommendations for achieving a system that will provide for the efficient and effective delivery of high quality human services" (Human Services Commission, 2012). For more information on the HSC, visit http://www2.illinois.gov/hsc/Pages/default.aspx.

Framework Governance Model Options: Strengths	
➢ A full-time PMO ensures daily and efficient project management.	

Figure 2: Framework Governance Model Options Strengths

Figure 3 illustrates the weaknesses of each option.

Framework Governance Model Options: Weaknesses	
Option A	Option B
➢ In-person meetings with no designees require greater time commitment from committee members. ➢ Consensus decision-making may take more time than decision-making via a majority vote.	➢ Allowing designees at meetings could result in low buy-in and sense of ownership from members. ➢ Allowing designees at meetings could result in low engagement from members. ➢ An Advisory Council formed from the HSC would require the establishment of a new work group. ➢ Not requiring consensus for decision-making may result in members who are uninformed or unsupportive of decisions. ➢ A part-time PMO may not provide effective project management.

Figure 3: Framework Governance Model Options Weaknesses

Figure 4 outlines the risks associated with each option.

Framework Governance Model Options: Risks	
Option A	Option B
➢ If committee members are not able to attend meetings, they are not represented. ➢ If consensus is not met, a decision is not made. ➢ If designees are not allowed to attend meetings, scheduling conflicts may delay the occurrence of meetings.	➢ If designees attend meetings on behalf of members, members may feel less involved in the governance process. ➢ If a vote is called, some members may not agree with the decisions made. ➢ If designees attend meetings on behalf of members, members may experience a loss of interest in the Framework.

Figure 4: Framework Governance Model Options Risks

By evaluating the strengths, weaknesses, and risks of each option, the Team explored how the options supported the three goals of the Framework.

2.4.1 Improve service delivery for clients

HHS agencies can improve service delivery in the following ways: reduce the amount of documentation families must submit to apply for multiple benefits, reduce the time spent by families applying or retaining eligibility, and improve the quality of services families receive because entities providing services have access to the information they need to deliver the more effective services. The Framework's governance structure impacts client service delivery by setting in place the parameters needed to share and access data across agencies. It also institutionalizes an ongoing process for collaboration and decision-making. Both Option A and Option B provided opportunities to improve service delivery because they both convened Framework agencies around common goals. However, Option A was the preferable option because agencies met more often and in-person, allowing for more discussion about sharing data between agencies. Because agencies make decisions by consensus in Option A, all parties would feel greater accountability when making decisions. Finally, agencies could rely on a full-time PMO to facilitate discussions and decision-making.

2.4.2 Reduce errors and improve program integrity

Within HHS programs, reducing errors and improving program integrity means improving the accuracy of eligibility determinations and improving the agencies' abilities to make changes in eligibility and benefits as appropriate. These determinations rely on State and federal policy, families' circumstances, and information shared across programs. Cross-agency information-sharing gives rise to legal, privacy and confidentiality issues that governance can address. A strong governance model ensures the implementation of a person-centric model in a manner that adheres to the requirements for privacy, security, confidentiality, and consent. In this case, the Team determined that Option A was better than Option B because meetings that are more regular would provide more opportunities to discuss issues and problems as they occur. If committees meet less regularly, they do not address issues in a timely manner.

2.4.3 Improve administrative efficiency

Improving administrative efficiency includes reducing duplicative administrative processes such as verification, document storage, and eligibility determinations. Effective governance processes create incentives to ensure that technology components and business processes operate in the most efficient manner by maximizing resources and investments. The Team concluded that Option A offered the most opportunities to improve administrative efficiency because it required a full time PMO. The PMO handles the Framework administrative tasks of the different agencies; therefore, there is higher efficiency and less room for error.

2.5 Options Cost Benefit

Many non-quantifiable resources are required to make governance work; therefore, the costs and benefits of governance are difficult to measure. For example, one of the costs of governance is the amount of time required of governing body members to attend meetings. Although meeting time is easily measured, the value of that time is difficult – if not impossible – to discern. Decisions at one two-hour meeting may prevent State staff from engaging in four hours of unnecessary work in the future. In that case, the benefits of those two hours outweigh the costs. In other cases, the costs of a two-hour meeting may outweigh the benefits. Therefore, it is difficult to measure the outcomes of governance in exact and predictable ways.

In addition, many of the benefits of governance are characterized as "soft," or intangible benefits. For example, good governance often results in greater trust amongst governing body members. Other benefits are increased accountability, oversight, and legitimacy related to projects. However, these benefits are not measured in monetary terms. Because the costs and benefits of governance are highly uncertain, this report focuses on the "soft" costs and benefits of the options considered.

In order to determine the costs and benefits of implementing a governance structure, the Team followed the steps outlined below.

- Determine scope and objectives:
  - The Illinois Interoperability Project's scope was to implement a governance structure for the Framework. The governance structure outlined the Framework's decision-making procedures, partners' roles, and committees' responsibilities. The objective was to allow State HHS leaders to operate as an enterprise, to communicate more effectively, and to make decisions related to integration and interoperability.
- Identify the constraints:
  - For the Framework, governance was constrained by existing culture, business processes, and ways of working. For example, Framework partner agencies were accustomed to working independent of one another, or in "silos." Disparate systems, processes, and procedures prevented agencies from making decisions together as an enterprise.
  - Limited time and resources also constrained the implementation of a governance structure. Participating in committee meetings, making and communicating decisions, and designating staff to perform related tasks required time commitments from busy high-level executives and agency leaders.
- List feasible alternatives:
  - The alternative to not implementing a governance model was for Illinois' HHS agencies to continue to interact according to "business as usual," which meant that they made decisions independently, or in silos. This alternative was counter to the goals of the Framework and the principles of interoperability.
- Specify costs and benefits:
  - Costs
    - The costs of implementing a governance model included: Agency Directors' and other committee members' time; the time and resources of other agency staff and the PMO to facilitate meetings, create MOUs, and assemble other documentation; the cost of renting physical facilities for meetings; and other contracting costs if needed, such as printing, conference call lines, and A/V expenses. Although the Team easily quantified costs like contractor services and rental agreements, the Team could not put an exact value on group members' time.
  - Benefits
    - The benefit of creating a governance model was that it created the structure to allow Agency Directors to interact, collaborate, and make decisions on behalf of the HHS enterprise. Specifically, the benefits of implementing a governance structure were decreased time to perform tasks, better resources to ensure the successful completion of projects, decreased wait times for decisions, increased efficiency, and better models for data and information sharing, and better communications

amongst agencies. A governance structure also helped agencies to avoid conflicts, increased feelings of ownership for the HHS enterprise, and promoted positive perceptions of the Framework.

- Eventually, the benefits of the governance structure will extend outside of Illinois HHS programs. As systems and business processes are improved, clients will experience better service, which will result in increased customer satisfaction and improved compliance with federal standards and requirements for interoperability and service delivery. Therefore, the Framework governance structure promotes a better functioning government, enhances data sharing within the HHS community, and results in improved client outcomes.

- Quantify costs and benefits
  - Because financial terms cannot express the costs and benefits of implementing governance, the Team did not quantify the costs/benefits.
- Calculate NPV (net present value)
  - Because financial terms cannot express the costs and benefits of implementing governance, the Team did not quantify the NPV.

In time, the Framework may be able to measure costs and benefits of governance through Social Return on Investment (SROI). SROI is a methodology that allows organizations to measure the community impact and social value of their services and programs. It utilizes financing, program infrastructure, and outcomes to show the impact and return on public and private funds invested in human services.[5] Illinois is in the early stages of implementing interoperability improvements, but as projects move forward, there will be a significant SROI to measure how improved service investments have affected the State. SROI analysis will:

- Provide insight into the impact that the organization is having on all stakeholders.
- Inform investors and managers of the true costs associated with delivering a social impact.
- Allow an organization to measure outcomes with appropriate ongoing analysis.[6]

2.6 Options Enterprise Architecture and/or Modules

The Framework is the initiative in Illinois that will build an HHS enterprise. In order to arrive at an Enterprise Architecture (EA),[7] the Illinois Interoperability Project evaluated the ways in which various governance structures would affect technology and business architectures. The Team mapped proposed project lifecycle steps that depict a comprehensive set of policies, processes, procedures, artifacts, reviews, resources and standards that provide guidance for implementation project management. The

[5] American Public Human Services Association (APHSA), "Social Return on Investment," May 2013, 1.
[6] APHSA, "Social Return on Investment," 11.
[7] According to Gartner, an "Enterprise architecture (EA) is a discipline for proactively and holistically leading enterprise responses to disruptive forces by identifying and analyzing the execution of change toward desired business vision and outcomes. EA delivers value by presenting business and IT leaders with signature-ready recommendations for adjusting policies and projects to achieve target business outcomes that capitalize on relevant business disruptions. EA is used to steer decision making toward the evolution of the future state architecture." Gartner, "IT Glossary: Enterprise Architecture (EA)," accessed January 2014, http://www.gartner.com/it-glossary/enterprise-architecture-ea/.

governance structure would function throughout the lifecycle steps by utilizing specific committees to produce research and make decisions.

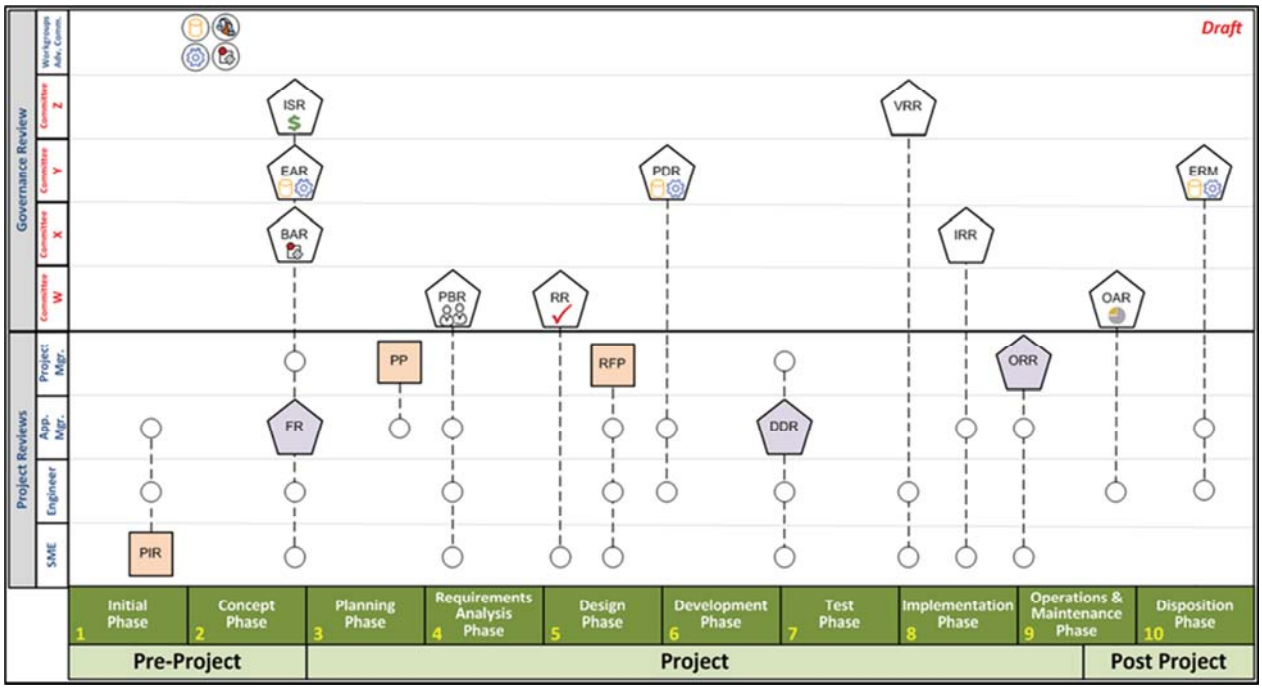


Figure 5: Proposed Implementation Project Lifecycle Steps

The project lifecycle diagram continues the following 16 steps:

1. **PIR – Project Initialization Request** – The step for submitting a project request.
2. **FR – Feasibility Review** –The analysis of a problem's operational, technical, and economic components to determine if a solution is needed.
3. **BAR – Business Architecture Review** – The review of the business processes within the Enterprise Architecture.
4. **EAR – Enterprise Architecture Review** – The review of the technical processes within the Enterprise Architecture.
5. **ISR – Investment Selection Review** – The review to determine if the project is a sound, viable, and worthy investment. The business needs and objectives are reviewed to ensure that the efforts support overall mission goals and objectives.
6. **PP – Project Plan** – The detailed plans, processes, and procedures for managing and controlling the activities of the project. The Project Plan is generally submitted with the Project Baseline Review, and the project team uses the Plan to guide the daily, weekly or periodic activities.
7. **PBR – Project Baseline Review** – The step at which management approval is needed for the scope, cost, and schedule of the project. The Project Baseline Review also verifies that the Project Plan is adequate for moving the project forward. The PBR includes reviews of the budget, risk, and user requirements associated with the investment.

8. **RR – Requirements Review** – The step at which the requirements are evaluated for completeness, accuracy, and consistency.
9. **RFP – Request for Proposal** – The solicitation by an entity interested in procurement of a commodity, service, or valuable asset. The RFP may include or be in lieu of and Request for Information (RFI) or Request for Quote (RFQ), but typically an RFP is required for large projects.
10. **PDR – Preliminary Design Review** – The review that verifies that the preliminary project design satisfies the functional and nonfunctional requirements. At this stage, the team identifies technical and/or project-related issues.
11. **DDR – Detailed Design Review** – The review that verifies that the final project design satisfies the functional and nonfunctional requirements in more detail.
12. **VRR – Validation Readiness Review** – The review that ensures that the systems and/or applications have completed thorough development testing and are ready to turnover to the controlled test environment for validation testing.
13. **IRR – Implementation Readiness Review** – The review that ensures that the systems and/or applications have completed thorough integration testing and are ready for turnover to the controlled test environment for production readiness.
14. **ORR – Operational Readiness Review** – The review that ensures that the systems and/or applications have completed implementation processes according to plan and that it is ready for operational release into the production environment.
15. **OAR – Operational Analysis Review** – The review that evaluates system performance, user satisfaction with the system, adaptability to business needs, and new technologies that may improve the system.
16. **ERM - Enterprise Requirements Modification** – The stage at which updates to the Enterprise Repository of requirements and architectural artifacts are made before continuing the cycle for future modifications.

Through project lifecycle mapping, the Team identified the ways in which governance would help to build an Enterprise Architecture. The Investment Selection Review (ISR), for example, required the ESC to make decisions about funding and future investments. The Enterprise Architecture Review and the Preliminary Design Review would also require the interaction of all agency Chief Information Officers (CIOs), an activity of the Framework Enterprise Architecture Subcommittee. By mapping out the project lifecycle processes, the Team illustrated the ways in which various committees of the Framework governance structure would interact to create an EA.

In addition to project lifecycle mapping, the Team undertook an “As-Is Assessment” to collect recommendations and improvements for the Framework programs. This Team used this assessment to develop a “To-Be Vision” for the Illinois HHS EA. The To-Be Vision shows the current (As-Is) HHS environment in Illinois as well as a projected view through 2025. Governance and the ESC will play a significant role in maintaining the EA by establishing discussion and decision-making for the proposed vision. As a first step, the ESC has already adopted and agreed upon the Guiding Principles in Figure 6.

Framework ESC Guiding Principles	
Principle	**Description**
A. Interoperability	Ensure seamless coordination and integration among Illinois HHS agencies by ensuring interoperability among healthcare and human services systems. Systems must be built using standardized messaging, protocols, and architecture.
B. Modularity	Adopt modular, flexible approach to systems development. Use System Development Life Cycle (SDLC) methodologies, open interfaces and exposed Application Program Interfaces (APIs), business rules engines, and submission of business rules to HHS-designated repository.
C. Industry Standards	Ensure alignment with, and incorporation of industry standards including MITA, NHSIA, NIEM, HIPAA, FERPA, and NIST. Ensure practices and procedures that establish and maintain privacy, confidentiality, and security of protected information.
D. Leverage & Reuse	Promote sharing, leverage, and reuse of the Framework programs' technologies and systems. Solution examples include project collaboration with other programs, implementation of Commercial Off-the-Shelf (COTS) software, and identification of components for reuse throughout the Illinois' HHS Enterprise.
E. Business Results	Support accurate and timely processing of information to streamline administration and data sharing. Promote the use of automation, web-based customer service for providers and customers, and the enactment of performance and service level standards.
F. Performance Measurement	Produce transaction data, reports, and performance information through open interfaces to Illinois HHS agencies that allow secured extraction, transformation, and loading to support program evaluation for analytics as well as fraud detection and prevention.
G. Real-Time processing	Adopt technology solutions that allow real time interactions across the service system.
H. Cloud Computing	Consistent with Illinois legislation, evaluate safe, secure cloud computing options before making any new HHS information technology or telecommunications investments, and if feasible, adopt appropriate cloud computing solutions.

Figure 6: The Framework ESC Guiding Principles

During the development of the To-Be Vision, Illinois created an Enterprise Transition Roadmap (

Figure 7) that shows the stages of the four architectures of the Framework—Governance, Business, Information, and Systems—as they progress towards 2025. Built upon the recommendations developed from the As-Is Assessment, this roadmap displays the importance of a governance structure for moving the business and technical components towards interoperability. Achieving a sustainable vision for Illinois will require continued meetings of the ESC and discussions around these proposed systems and business architectures.

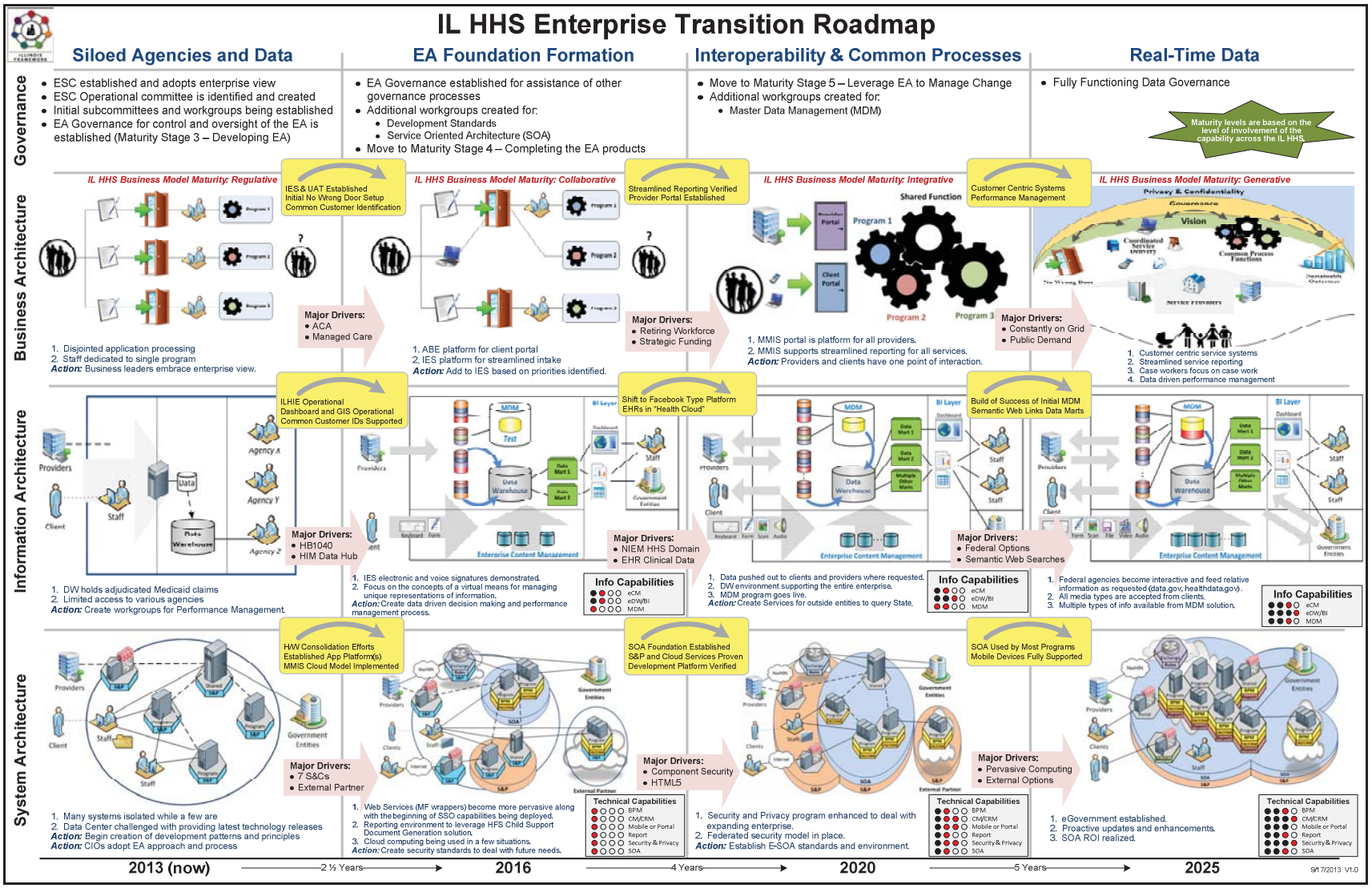


Figure 7: IL HHS Enterprise Transition Roadmap

The Team concluded that in order to support a technology EA, the governance model must remain flexible and adaptable, it must not create any new bureaucracies, and must apply the Guiding Principles to making decisions on project priorities.

2.7 Exploration Answers

Drawing from the knowledge gained from research and interviews with subject matter experts, the Team provided the following answers to the Explorations Questions listed in section 2.2.

- **Are there examples of successful governance models that currently exist in public or private domains that can be applied to the Framework?**

Yes, there are examples of successful governance models that can inform Framework efforts. Through its research and interviews, the Team found successful examples in the public and private sectors. Although the Team looked at many different models, two examples from the public sector were especially applicable to the Framework: the governance model for the eHHR Program in the State of Virginia and the governance model for the HHS-Connect program in New York City.

Virginia's electronic Health and Human Resources (eHHR) Program is an enterprise IT system that utilizes technology to foster improvements in efficiency, quality, and the delivery of customer-centric services. During an interview, Dr. Bill Hazel, the Secretary of Health and Human Services, and Mike Wirth, Special Advisor on eHHR integration, gave valuable insight concerning the governance structure in Virginia. They described how a Project Oversight Committee (POC), much like Illinois' ESC, heads Virginia's governance model and provides oversight and direction for the eHHR system. Lessons learned from the POC include the importance of making decisions by consensus, meeting on an as-needed basis, and ensuring that steering committee agendas are actionable and focused on real issues. Mike Wirth said:

> "Going into that POC meeting, again the Program Office does a concerted effort, it really wants to make sure that we only bring up materials that are ready to be considered, and I don't mean we just sugarcoat it; we bring up, and we position materials appropriately. So if there is a decision to be made, we present that decision in ways that balance so you understand the pros and cons and you can help make the decision."[8]

The Team also studied New York City's HHS-Connect, a project that is integrates the information operations of nine agencies across the city's HHS domain. Strong leadership behind the project helped to envision the project's future, plan strategically, and stay focused on the end goals, including improving services and outcomes for individuals and reducing costs.[9] Former Deputy Mayor Linda Gibbs was the champion of New York City's effort, and she spoke about the importance of formalizing governance structures through executive orders and legal documentation. Former Deputy Mayor Gibbs said, "An Executive Order by the Mayor [endorsed] the existence of this shared venture. The charter then serves as a high-level shared mission vision document that officially commits all the agencies to sign on as being full partners in the endeavor."[10]

---

[8] Wirth, Mike. (2013). Interview with Bill Hazel.
[9] Cari DeSantis, APHSA, "Bridging the Divide: Leveraging New Opportunities to Integrate Health and Human Services," last modified 2011, accessed July 8, 2013, http://nwi.aphsa.org/docs/NWI-report.pdf, 17.
[10] Gibbs, Linda. (2013). Personal Interview.

The Team also studied the structure of both Virginia's and New York City's governance models to inform the development of the Framework's governance structure. For example, the Team modeled the Framework's subcommittees off similar subcommittees in New York City's HHS-Connect governance.

- **What are the lessons learned from similar governance efforts–successes and failures–that can benefit Illinois in this cross-agency, multi-program initiative?**

During its interviews with subject matter experts, the Team asked interviewees to highlight lessons learned from similar interoperability projects. As a result, the Team developed the list of six attributes of good governance mentioned in section 2.1. In addition to six attributes of good governance, the Team also learned about the importance of having a change management plan, developing executive-level buy-in, and creating real and actionable goals to guide projects forward. Nick Macchione, the Director of Health and Human Services Agency of San Diego County, California, talked about the importance of developing a strong change management plan to help staff better understand and adapt to culture change going forward. Mr. Macchione stated, "It's a large portfolio of programs, but it is a significant piece of humanity that we're making a difference on, and a large part of that came from the culture change of our employees."[11]

Shell Culp, Chief Deputy Director of the California Office of Systems Integration, discussed the importance of building and sustaining executive-level buy-in. In California, Ms. Culp faced the challenge of allocating limited resources across multiple, sometimes competing projects for multiple agencies. She said:

> "A frequent problem is [that] a program has the need for some kind of automated system, and their need to them is more prescient than anybody else's need. So they let the CIO know, 'I've got this need, and you need to meet this need,' and of course there are five other program deputies that have a need that might be similar – might not be – but they have a need as well. So all of the sudden, I've got six project concepts on my plate and I only have resources to keep the lights on and maybe do two projects."[12]

Ms. Culp suggested building partnerships around the executive table to coordinate multi-agency projects. She also recommended building support at the program-level by engaging deputy and assistant directors.

Tom Baden, CIO of the Minnesota Department of Human Services, recommended that governing bodies have real, actionable goals. He said:

> "I think the big success factor was the fact that we had real and actionable things that we had to decide on, in combination with a set of directors that was really committed to make those calls. It's kind of if you're doing governance, and you don't have any decisions to make, it's a snoozer, and nobody really cares about it, and they start sending delegates. You [have] to have real actionable things [and] real problems to solve. Then it's important, and we start making decisions that impact everyone in the room; then it matters."[13]

[11] Macchione, Nick. (2013). Personal Interview.
[12] Culp, Shell. (2013). Personal Interview.
[13] Baden, Tom. (2013). Personal Interview.

- **Are there models outside healthcare and human services that we should explore to inform our efforts? For example, could the corporate governance structures required through the Sarbanes-Oxley Act be applicable to governance for the Framework?**

Yes, there are examples outside of healthcare and human services that can inform Framework efforts. The Team researched nonprofit, IT, network, cross-boundary, and corporate governance structures. Nonprofit governance, similar to corporate governance, includes aspects such as a code of ethics, a board of directors, and policies for handling decision-making. From cross-boundary and network governance, the Team learned the importance of having a flexible structure, shared organizational culture, and collective-decision making. IT Governance defines the need for people and management to ensure that IT can enable the strategies and objectives of the initiative.

The Sarbanes-Oxley Act (SOX) also contains information that is relevant to the Framework. SOX, the federal government signed into law signed in 2002, requires corporations to uphold standards of compliance and reporting by implementing checks-and-balances and clearly defining executive roles and responsibilities.[14] SOX also requires that an organization or entity create and adopt a code of ethics. For the Framework, adopting a code of ethics was an important step in ensuring that agencies work together in fair and equitable ways. As a result, the Framework ESC agreed to a set of Guiding Principles, outlined in section 2.6.

- **Is there additional learning from corporations that have implemented the Sarbanes-Oxley Act that would be valuable to Illinois and overall interoperability efforts?**

The greatest insight to take from SOX is the importance of standards for good leadership at the executive level. For example, the Team looked to the Walt Disney Company's Corporate Governance Guidelines – guidelines created according to SOX standards – to develop strategies for nominating new ESC members, setting priorities, and delegating responsibilities. [15] Although the Framework ESC will not function exactly as a corporate board, the Team found it useful to explore corporate charters to learn about successfully convening executive-level leadership.

- **What mechanisms are most effective to identifying differences and achieving consensus for interoperability?**

During its subject matter interviews, the Team asked agency leaders to identify ways to achieve consensus amongst disparate groups.

Uma Ahluwalia, the Director of Health and Human Services of Montgomery County, Maryland, spoke to the importance of allowing committee members to voice their opinions, even if those individuals are in the minority. She said:

> "We've had a pretty good track record of getting to consensus. That doesn't mean that there aren't minority opinions at times, or there isn't work that we have to do together to get to

[14] Donald, Simon, Esq, LegalZoom, "Corporate Accountability: A Summary of the Sarbanes-Oxley Act," accessed September 11, 2013, http://www.legalzoom.com/business-law/corporate-law/corporate-accountability-summary.
[15] The Walt Disney Company, "Corporate Governance," accessed September 12, 2013, http://thewaltdisneycompany.com/investors/governance.

> consensus. We don't always start at the same place, but there is definitely a willingness to hear each other out, and to work towards a consensus."[16]

The subject matter experts also cautioned against making uninformed decisions. More than one subject matter expert recommended postponing meetings if committee members did not have accurate or sufficient information. Drawing from these lessons, the Framework PMO presented the ESC with briefing packets and other materials prior to meetings. The Framework learned that the most effective mechanism to achieving consensus was as simple as meeting regularly and being well informed. Paul Wormeli, Executive Director Emeritus of the Integrated Justice Information Systems Institute said that when committee members are informed and well prepared, consensus naturally follows. He elaborated:

> "It really has turned out to work mostly by consensus. [We have] a Charter that gives you the option of one vote. If you have to come to a vote, majority wins. It's following Robert's Rules[17] officially but groups like that are more effective if they operate by consensus, regardless of what rules they follow."[18]

- **What protocols are used for decision-making among disparate programs that will share common platforms?**

The Team learned that there are several factors to take into consideration when creating protocols for decision-making among differing agencies in a governing body. First, it is important to establish who may attend meetings. Based on research of other governing bodies, the Team determined that meetings should be limited to principals only to guarantee the highest level of agency engagement. New York City, for example, has a principal-only policy.

In some cases, the Team learned that it is helpful to create an Executive Order or an Interagency Agreement to specify how and with whom to share platforms. The Framework partners, for example, signed the IGA to identify how to make decisions.

Throughout the interviews, the Team observed that the establishment of a group charter, code of ethics, or guiding principles is another common protocol in interoperability initiatives. Having a set of common goals helps disparate agencies prioritize projects and come to decisions more quickly.

Other important protocols include developing standards for addressing privacy, confidentiality, and security concerns. Many jurisdictions will establish privacy and confidentiality subcommittees, composed of agency counsels, to address these concerns directly. Memorandums of understanding and data-sharing agreements also provide legal structures to manage issues before they arise.

- **Which methods work best to develop equitable allocation models for sharing the costs and recognizing the benefits?**

For the Framework, adapting governance model Option A (described in section 2.4) provided the best possible structure for sharing costs and benefits across agencies. The roles and responsibilities outlined in the model required that high-level individuals discussed issues in-person and made decisions by consensus. Therefore, even smaller agencies had an equal stake in the governance process.

---

[16] Ahluwalia, Uma. (2013). Personal Interview.
[17] Robert's Rules of Order is an often-cited mechanism for structuring debate and achieving majority vote. For more information, please visit http://www.robertsrules.com/.
[18] Wormeli, Paul. (2013). Personal Interview.

- **What governance models promote the interests of smaller agencies / programs in addition to the larger more robustly funded programs?**

The Team found that a governance structure based on consensus is the most effective model for promoting smaller agencies' interests alongside more robustly funded programs. As a result, in the Framework, each of the seven agencies has an equal stake in the partnership. This model allows for more buy-in from the Agency Directors, and it prevents any one agency from taking control of projects.

In addition to equal representation, a neutral executive leader can also help to balance the interests of small and large agencies. Uma Ahluwalia said:

> "You need someone in a position of authority, but you've also got seven directors who have hopefully bought into it at the same level of commitment – or maybe they bought into it for different reasons, some out of commitment to the goal, others because someone told them they had to – I don't know what your universe is, but you [have] everybody sort of willing and able; you [have] to just keep driving the train."[19]

Nick Macchione agreed, stating that there cannot be "seven chefs in one kitchen."[20]

- **Which methods can be utilized to ensure sustainability of governance structures beyond the initial Framework activities?**

According to the Team's findings, sustaining a successful governance model depends on developing the culture and processes needed to carry it forward. Shell Culp recommended that the Framework "figure out how [it's] going to make sure that you have some way to sustain that effort, so that when the next Secretary comes in, or somebody else comes in, you're not doing the sine wave of expansion and contraction of how you're doing your governance."[21] It is important for Illinois to create a foundation for the Framework that will carry over into different administrations.

Rick Friedman, former Director of Division of State Systems, U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services, also discussed the importance of developing a culture of interoperability and collaboration from the bottom-up. He said:

> "I think people have very legitimate concerns about collaboration [and that] they're going to lose power and influence. I don't think hitting them over the head with people up their food chain is really going to bring their hearts and minds along…paying close attention to the reasons for their hesitation is critically important. It's really hard sometimes to find things that connect with everybody across the spectrum, but it's definitely worth the effort if you can."[22]

As a result, the Framework worked Agency Directors, staff, and service providers to implement and maintain a governance model supported by all.

- **How will the ongoing success of the governance model be monitored and measured in this environment?**

---

[19] Ahluwalia, Uma. (2013). Personal Interview.
[20] Macchione, Nick. (2013). Personal Interview.
[21] Culp, Shell. (2013). Personal Interview.
[22] Friedman, Rick. (2013). Personal Interview.

The Framework governance structure will remain flexible and adaptable to incorporate changes in the scope of the Illinois Interoperability Project going forward. The ESC and other subcommittees will monitor the model's success by setting short- and long-term strategic goals. For example, at one ESC meeting, the group agreed to a set of goals at the start of the meeting, and, at the close of the meeting, evaluated the group's progress towards meeting those goals. Continued success for the Framework will rely on strong leadership, engagement from the Agency Directors, and a fluid structure that will allow change to happen when needed. The PMO will also play a strong role in the ongoing monitoring of the Framework governance structure. PMO activities such as transcribing meetings, setting action items, and providing briefing packets offer the Framework's governing bodies the information needed to monitor progress consistently.

- **What tools and techniques are required for establishing and maintaining data governance?**

It will be a task of the ESC and its subcommittees – particularly the OC and the Enterprise Architecture subcommittee — to choose the most appropriate data governance model for the Framework. Oracle defines data governance as:

> "The specification of decision rights and an accountability framework to encourage desirable behavior in the valuation, creation, storage, use, archival, and deletion of data and information. It includes the processes, roles, standards, and metrics that ensure the effective and efficient use of data and information in enabling an organization to achieve its goals."[23]

To inform the Framework's efforts, the Team researched various data governance models used in existing interoperability projects. New York City, for example, employs a federated data governance system that transparently connects multiple databases and allows for interconnectivity via a computer network. Former Deputy Mayor Linda Gibbs said:

> "The concept was to federate the data systems of the multiple agencies so that when a worker [received] a new case assigned to them they [could] see the totality of the multiple government agencies' services that [were] present not just in the case of the individual assigned to them, but in the entire household of that client."[24]

The Team also studied data sharing agreements from other jurisdictions. These documents defined how state health and human service agencies entered into partnerships regarding data communication. The Team collected various examples of Memorandums of Understanding/Agreement, Charters, and Data Agreements in the Illinois Interoperability Project Handbook (see Appendix A) and Knowledge Repository (see Appendix B), which are available to other jurisdictions online.

- **How are the issues of privacy, security, and consent addressed through governance?**

The Framework governance structure will include a Legal and Privacy Subcommittee comprised of legal subject matter experts to address issues of privacy or confidentiality that may arise within the scope of the Illinois Interoperability Project. This subcommittee will liaise with the agency staff; based on the group's research and findings, it will make recommendations regarding privacy and confidentiality to the

[23] Oracle, "Enterprise Information Management: Best Practices in Data Governance," last modified May 2011, accessed July 8, 2013, http://www.oracle.com/technetwork/articles/entarch/oea-best-practices-data-gov-400760.pdf, 3.
[24] Gibbs, Linda. (2013). Personal Interview.

OC or the ESC, if necessary. Section 2.14 provides additional information on the Framework's privacy, security, and consent strategies.

2.8 End Result

The end result of the Team's research and options analysis was the design and implementation of a Framework governance structure. The Team also designated the roles and responsibilities of the Framework governing bodies. The Framework ESC tested and evaluated the structure during the group's meetings.

2.8.1 Framework overnance Model

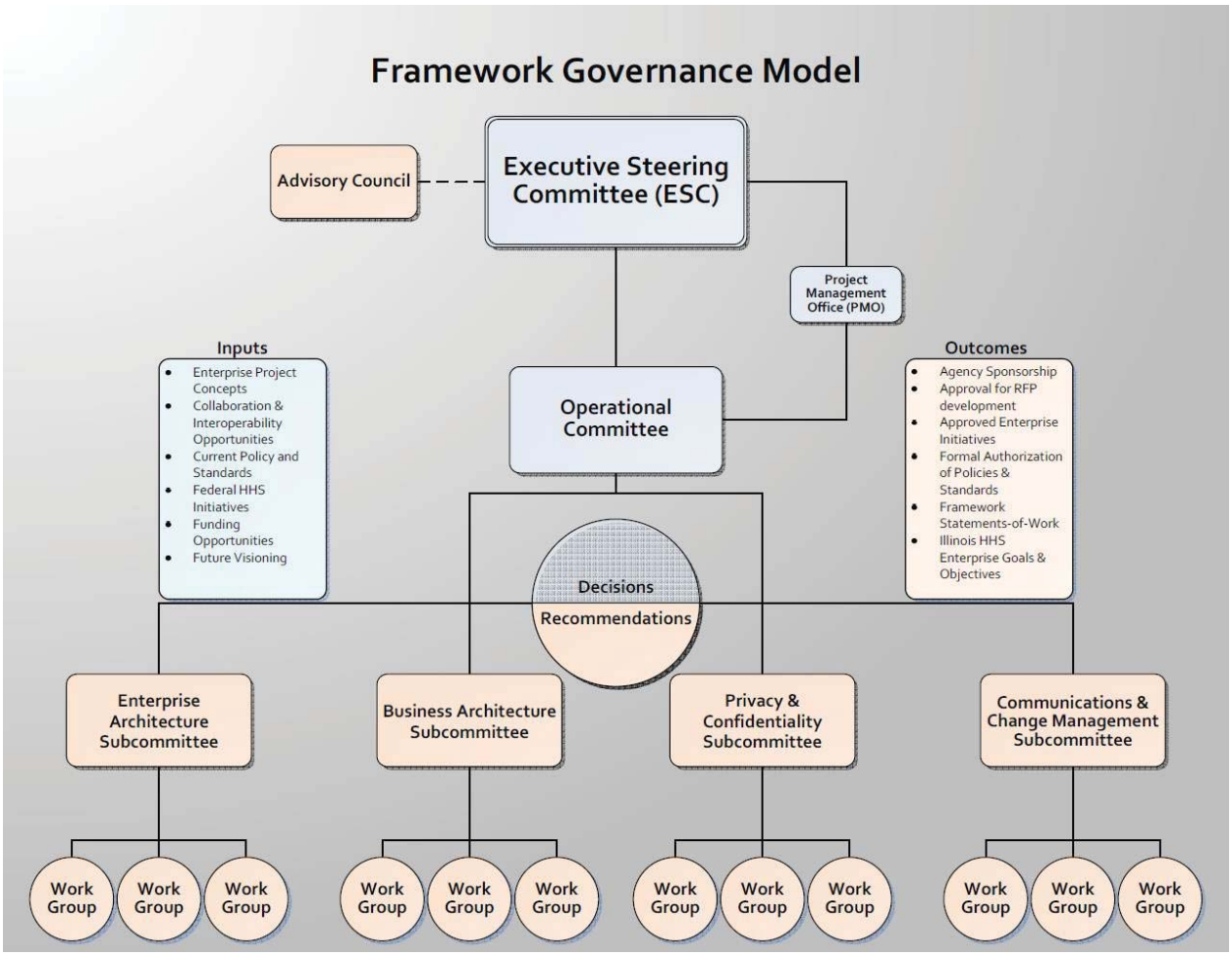


Figure 8: Framework Governance Model

2.8.2 Roles and Responsibilities

As part of the governance model, the Team developed a description of the Framework committee roles and responsibilities.

Executive Steering Committee (ESC)

The Framework Executive Steering Committee, or ESC, is the committee, chaired by the State Chief Information Officer (State CIO), consisting of the Directors (or their designees) of the Framework Partners, representatives of the Governor's Office of Management and Budget (GOMB), the Department of Central Management Services (CMS), and the major Medicaid/Healthcare initiatives (Medicaid Managed Information System (MMIS), Health Information Exchange (HIE), and Affordable Care Act (ACA), and other staff designated by the State CIO, which shall provide executive leadership and oversight of all matters of finance and policy in connection with the Framework.

The ESC makes governance decisions that affect the seven Partner agencies plus the Integrated Eligibility System (IES), the Health Information Exchange (HIE) and the Medicaid Management Information System (MMIS) upgrade projects. The ESC meets monthly and makes decisions by consensus; if they do not reach consensus, the ESC postpones decision-making until more information is gathered. The ESC interacts with the PMO, the Operational Committee (OC) and others when invited to the ESC meetings. ESC meetings are two hours in duration, and members are required to attend in person.

Operational Committee (OC)

The Framework Operational Committee is the body, formerly known as the Framework Governance Board, assembled by the Framework Director and State CIO, comprised of policy, operations and information technology staff from each of the Framework Partners.

The OC is a subcommittee of the ESC that meets at the Framework Director's request, or bi-weekly, at a minimum, to guide the collaborative development of the Framework. The State CIO and the Framework Director, in consultation with the Directors of the Framework Agencies, identified members of the Operational Committee and assigned them duties and responsibilities. The Operational Committee coordinates the planning activity between the three Medicaid/Healthcare projects (*i.e.*, MMIS, HIE and ACA) and the other Framework Programs to leverage functionality built by the Medicaid/Healthcare projects by including common user requirements from the smaller programs. It provides week-to-week coordination and operational guidance for the Framework; in particular, it reviews and reports on how the current business processes work, how the current system is constructed, what are the required components of the new systems, how proposed elements of the new design work and how implemented changes, if any, are working.

The OC makes decisions by consensus. When the OC does not reach consensus, they postpone decision-making for further information gathering. In some cases, the OC may escalate decisions to the ESC. The OC interacts with the PMO, the ESC, and others as needed, but reports directly to the ESC. The expected time commitment for the OC is four hours per month. Communication is in person, by email, or by phone.

The Framework OC had its first meeting in November 2013. Going forward, the OC will meet on an as-needed basis.

Project Management Office (PMO)

The full-time Project Management Office provides planning for and day-to-day management of the Framework including supervising the work of the vendor(s), staffing the ESC, OC, and Advisory Council, and convening cross-agency or cross-function meetings. Staff includes a Project Director, program, business and technical leads, communication and change management leads. Participating state agencies identify liaisons to the PMO.

Advisory Council

The Illinois Human Services Commission (HSC) Framework Subcommittee serves as the Advisory Council to the Framework, and makes recommendations to the Governor and General Assembly regarding providing high-quality services to Illinois residents. The Advisory Council will make recommendations to the Operational Committee and the Executive Steering Committee, and represents the service needs of multiple constituencies. The expected time commitment of the Advisory Council is two hours per quarter. Meetings are in person or via video-conferencing system.

The Framework Advisory Council had its first meeting in October 2013. The Advisory Council will continue to meet on a quarterly basis. In 2014, the Advisory Council will assist the Framework will legislative, communications, and outreach and advocacy needs.

Sub-Committees

The Framework sub-committees are those committees, comprised of employees of the Framework Partners, created to further the mission and objectives of the Framework. Sub-committees will report to the PMO and OC to accomplish Framework activities on a week-to-week basis. The type and number of subcommittees, and their roles and responsibilities, may change depending on the needs of the Framework. Sub-committees will meet in person and over the phone. The following subcommittees will participate in the initial phases of the Framework:

- Enterprise Architecture

The Enterprise Architecture sub-committee is comprised of technical experts focused on systems development. The membership and frequency of group meetings will be determined as needed. The first Enterprise Architecture committee meeting will take place in February 2014.

- Business Architecture

The Business Architecture sub-committee is comprised of program experts with a strong knowledge of business processes. The membership and frequency of group meetings will be determined as needed.

- Legal, Privacy & Confidentiality

The legal, privacy and confidentiality sub-committee is comprised of legal experts and agency counsels with a focus on information sharing and data governance. The membership and frequency of group meetings will be determined as needed. The first Legal, Privacy & Confidentiality meeting will take place in February 2014.

- Communications & Change Management

The communications and change management sub-committee is comprised of individuals with a broad knowledge of the strategies needed to communicate and implement change on an organizational scale. The membership and frequency of group meetings will be determined as needed.

Work Groups

Work Groups are ad hoc groups that report to the sub-committees. Work groups convene as needed across various subject-matter areas. The type and number of workgroups, and their roles and responsibilities, may change depending on the needs of the Framework.

Subject Matter Experts (SMEs)

Subject Matter Experts (SMEs) are individuals who are knowledgeable about the operations and processes of a particular program. SMEs liaise with the Framework workgroups and other committees

when needed. SMEs are not formally involved in the Framework governance process unless the ESC, OC, or PMO requests that they join or advise a committee.

2.8.3 ESC Meetings

The Team tested the Framework governance model during meetings of the ESC. The first ESC meeting, held in May 2013, included discussions of Framework values, the importance of building a strategic alliance, issues surrounding privacy and confidentiality, and the current state of health and human service delivery in Illinois. During the meeting, ESC members agreed to the governance structure, agreed to operate as an enterprise, and agreed to make decisions by consensus.

At the second ESC meeting in September 2013, the ESC put the governance model into practice: ESC members discussed the future direction of the Framework and began to make strategic decisions regarding Framework projects. The meeting marked a significant milestone for the Framework: ESC members functioned as an enterprise and used consensus to make decisions across the state's health and human services agencies. As the ESC continues to meet in the future, the Framework will monitor the success of the governance model and adapt as needed.

As of September 2013, the ESC meets on a monthly basis to discuss Framework priorities and make decisions on behalf of the HHS enterprise.

2.9 Breadth

Seven health and human services agencies, which serve about 20% of Illinois residents per year, comprise the Framework.

The following agencies are involved in the Framework:

- Department on Aging (Aging)
- Department of Children and Family Services (DCFS)
- Department of Commerce and Economic Opportunity (DCEO)
- Department of Employment Security (DES)
- Department of Healthcare and Family Services (HFS)
- Department of Human Services (DHS)
- Department of Public Health (DPH)

Figure 9 below is a detailed list of the Framework programs and the agencies responsible.

Agency	Program Name
Aging	Community Care Program
	Comprehensive Care Coordination
	Adult Protective Services
	Older Adult Services
	Ombudsman
	Senior Help Line Program
	Sr. Health Insurance Program
	Benefits, Eligibility, Assistance, and Monitoring (BEAM)

Agency	Program Name
DCEO	Community Service Block Grant Program
	Low-Income Home Energy Assistance
	Percentage of Income Payment Plan
	Weatherization
	Trade Adjustment Act
	Workforce Investment Act
DCFS	Permanency
	Investigation
	Prevention
DHS	School Health (Moved to DPH effective July 1, 2013)
	Supplemental Nutrition Assistance Program (Including Employment & Training and Outreach)
	Comprehensive Community Based Youth Services
	Teen Reach
	Homeless Youth Program
	Title XX Social Services ACF - Title XX Block Grant (Elderly , Child Abuse, Child Care)
	Emergency Food
	Homeless Prevention ACF - TANF
	Emergency and Transitional Housing
	Supportive Housing
	Child Care Assistance
	Aid to Aged Blind and Disabled (AABD)
	Client Assessment Unit (formerly SSI Advocacy Services)
	Temp Assistance for Needy Families/Cash (Including Work and Training) TANF
	Early Intervention (IDEA Pt.C) Child & Family Connections
	Women Infants and Children
	Commodity Supplement Foods Program
	Family Case Management
	Family Planning (Moved to DPH effective July 1, 2013)
	Healthy Families
	Healthy Start
	Illinois Welcoming Center
	Open Door Pilot
	Refugee Income Assistance (Refugee & Immigrant Services)
	Refugee Social Services ACF/ORR
	Developmental Disability (DD) State Operated Development Centers (SODC)
	Grants and Purchase of Care (Community based services)
	Developmental Disability (DD) Long Term Care
	Home Services Program
	Independent Living Program (Centers)
	Vocational Rehabilitation
	Addiction Treatment
	Compulsive Gambling
	Community Mental Health Programs
	Mental Health State Operated Hospitals
DPH	Newborn Hearing Program
	Newborn Screening Follow-up Program

Agency	Program Name
	HIV/AIDS Program - Illinois HIV Planning Group
	HIV/AIDS Program - Outreach - Counseling and Testing
	HIV/AIDS Program - Surveillance
	HIV/AIDS Program Ryan White Care
	Illinois WISEWOMAN Program
	Illinois Breast & Cervical Cancer Program
HFS	Child Support Services
	Medical Services

Figure 9: Detailed List of Illinois Framework Programs

2.10 Human Services Program Initiatives

The Illinois Interoperability Project supports the State's human services program initiatives by developing a governance structure for effective decision-making across State agencies. Several human services program initiatives are currently underway, and the governance process will allow State HHS leaders to make important decisions about leveraging both State and federal funding to support these programs. In particular, the Framework and its governance process will attempt to build bridges that leverage three federally assisted initiatives: MMIS, ACA, and HIE.

The chart below shows the current, complex nature of federal funding for programs in the Framework.

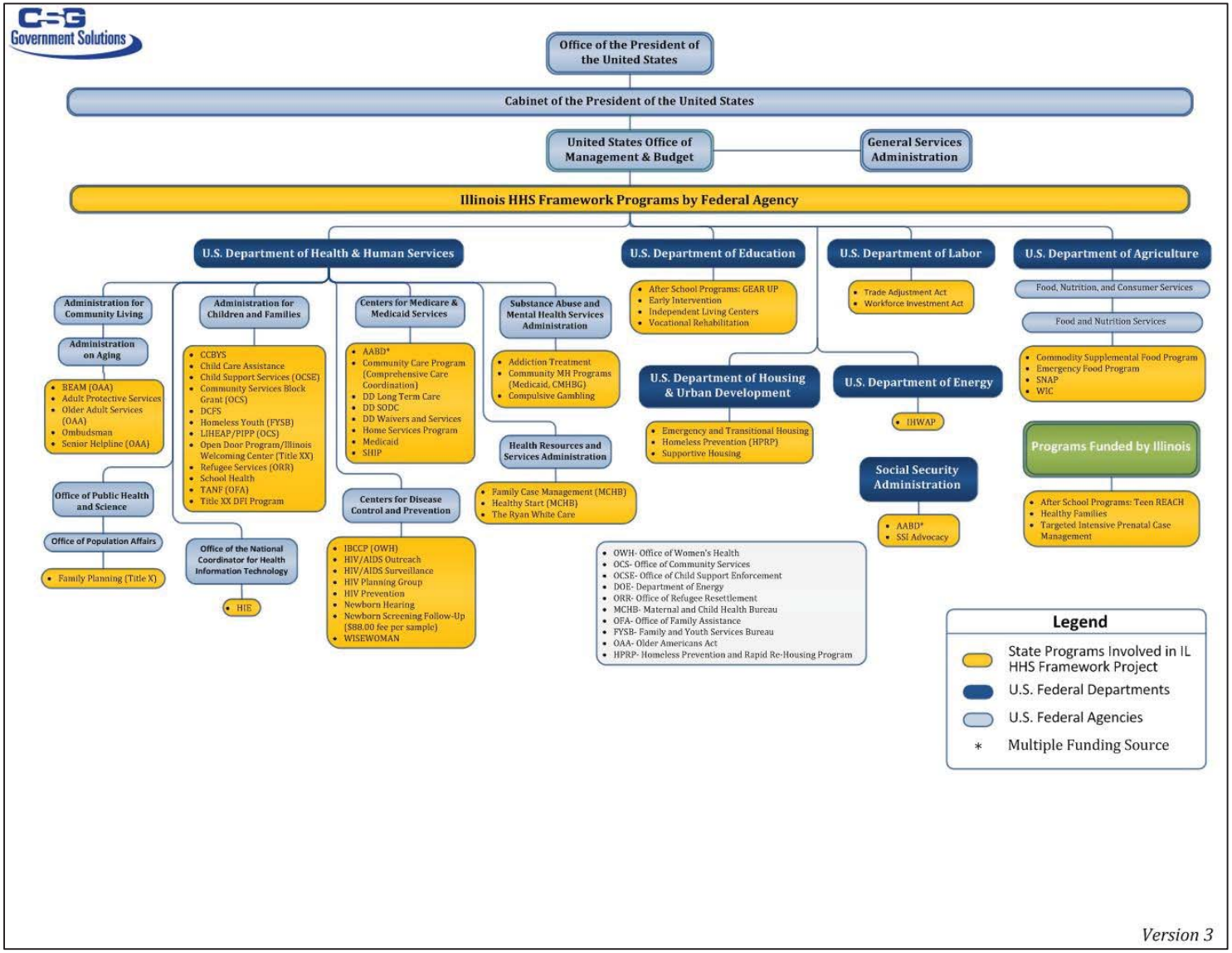


Figure 10: Federal Funding Sources for Framework Programs

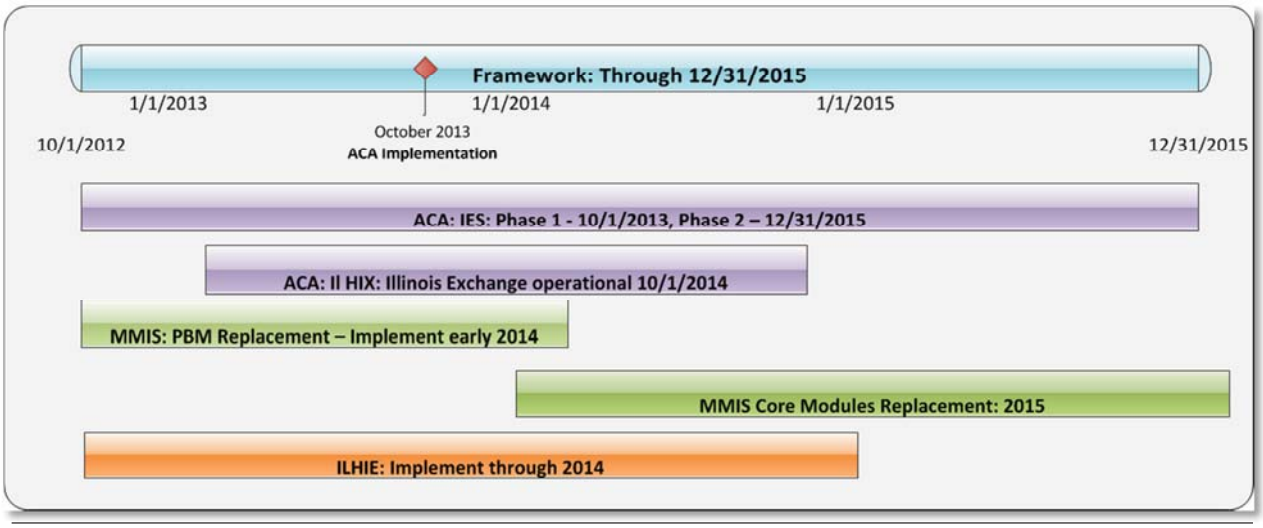


Figure 11: High Level Timeline for Federal Projects

2.10.1 MMIS

Illinois' MMIS system is responsible for $14 billion per year in claims processed by the Illinois Department of Healthcare and Family Services (HFS) for Medicaid clients. The existing MMIS system is out-of-date and is unlikely to meet new Medicaid standards for continued certification. One of the major initiatives underway is replacing this system to correlate with healthcare IT standards required by federal HHS. The implementation process for this new system involves several phases, including moving major federal reporting requirements to a newer Enterprise Data Warehouse (EDW), implementing a new Pharmacy Benefits Management System (PBMS), and the replacement of Core Modules, including processing for all hospital and individual practitioner claims.

The Illinois Michigan Program Alliance for Core Technology (IMPACT) establishes an interstate alliance, which will enable Illinois to leverage components of Michigan's MMIS system. The Centers for Medicare and Medicaid Services (CMS) has confirmed that this approach meets federal regulations and standards, and benefits states. The anticipated benefits include an accelerated MMIS implementation timeline, Illinois' gain from Michigan's MMIS knowledge base, significant reductions in project implementation costs, reduction in infrastructure and operational costs, ensured compliance with federal standards, and reduced future system enhancements.[25] This upgrade will affect all human service programs in Illinois; the Framework Change Management Team is working to extend the benefits of MMIS to other agencies and programs outside of HFS. The utilization of a provider portal and streamlined service reporting are potential opportunities for the Framework programs.

[25]Fox 17 News, "Illinois to use Michigan's Technology as a "Cloud-Based" Service, Saving Taxpayers Millions of Dollars," last modified August 02, 2013, accessed August 12, 2013, http://fox17online.com/2013/08/02/illinois-to-use-michigans-medicaid-technology-as-a-cloud-based-service-saving-taxpayers-millions-of-dollars/#axzz2bla1neMI.

2.10.2 ACA

Illinois has received federal matching funds to upgrade the Integrated Eligibility System (IES), as well as implement an Insurance Marketplace. Currently, Illinois participates in a partnership with the federal government until it implements a state-based Marketplace. There are several opportunities to utilize IES systems for leveraging Framework programs' business processes, including creating a client portal for intake, implementing a common customer identifier, streamlining customer intake and verification, and establishing a case management process for community service providers. These needs are universal, and the upgrades have the ability to incorporate improvements needed across programs.

2.10.3 HIE

Third, the Illinois HIE is an initiative driven by statutory mandate under the direction of the Governor's Office. The HIE will give healthcare providers a secure system to exchange electronic health information, provide authorized access to comprehensive medical records, prevent duplicate tests and procedures, and assure the accuracy of prescription drugs and other medical orders.[26] A common identifier has positive potential for the Framework programs. Currently in development, a Master Person Index (MPI) will serve as a statewide, single-source for establishing patient identity determination across multiple organizations and systems, supporting the linking of patient records. The MPI is a tool that Illinois human services programs can utilize to help create wider interoperable access for both clients and providers.

For all of these initiatives, the implementation of a strong governance structure will allow for monitoring, oversight, and effective decision-making amongst Illinois' HHS agencies. Engaging the leaders of those involved in these federal upgrades will allow the Framework to inform state agencies about interoperability opportunities and key successes that they can achieve.

2.11 Information Technology Initiatives

The Illinois Interoperability Project also supports the three initiatives listed in the previous section from an information technology perspective. The implementation of the Framework governance model will help to establish organizational structures that will foster a culture of interoperability among the Illinois HHS programs. Regular meetings of the Agency Directors and the leaders of these initiatives will move Illinois to an enterprise. The governance model will affect information technology initiatives in the following way:

- The ESC will designate agency staff to participate in Enterprise Architecture, Business Architecture, Legal, Privacy & Confidentiality, and Communications & Change Management subcommittees.
- The ESC will function as a HHS enterprise rather than as individual agencies for purposes of promoting interoperability across the silos of government.
- The ESC will ensure strategic and appropriate use of State and federal funds for HHS enterprise interoperability initiatives in the following way:

[26] IL HITREC, "Improving Healthcare with the Illinois Health Information Exchange," accessed August 12, 2013, http://www.ilhitrec.org/ilhitrec/interchange/october_2011/Statewide_HIE.pdf.

- ✓ Utilize the Framework Project Management Office as the place to ensure strategic return on investment for HHS initiatives.
- ✓ Examine current project efforts to ensure that the State leverages federal funding opportunities, where viable, in support of interoperability objectives.

- The ESC will ensure that Illinois HHS programs use the National Information Exchange Model (NIEM) standards as the basis for information exchange.
- The ESC will ensure that Illinois HHS programs comply with the federal CMS Seven Conditions and Standards for enhanced funding match on Medicaid technology investments.
- The ESC will adopt processes that ensure accurate identification of customers across the system, such as:
  - ✓ Agree that accurately and commonly identifying customers/clients throughout Illinois HHS is a priority.
  - ✓ Review the MPI Service hosted by the HIE as the standard for identification of Illinois HHS customers.
  - ✓ Develop processes and protocols for using the MPI Service across the HHS enterprise.
- The OC will meet regularly to review both HHS enterprise and agency-specific needs.

Through the governance process, the Framework's leadership – in particular the ESC – will decide how best to leverage MMIS, ACA, and HIE to create an interoperable HHS enterprise.

2.12 Health Intersection

Having an ESC and a governance system in place for the Framework will assist Illinois as major Medicaid expansion occurs. Medicaid expansion and the implementation of interoperable systems and processes will help to improve HHS service delivery throughout the State.

Illinois chose to implement the Medicaid expansion under the ACA, which covers any adult whose income falls beneath 138% of the federal poverty line (FPL). Previously, Illinois reserved Medicaid services for the elderly poor, women with children, and the disabled. Under the expansion, in Illinois, a projected 700,000 individuals will become eligible, 522,000 of which would be newly eligible, and the remaining 178,000 are currently eligible but not enrolled.[27] Coverage of newly eligible adults will be 100% federally funded through 2017, with an additional reimbursement rate of 90% until 2020. State officials have estimated that Illinois will receive $12 billion in federal funding for healthcare from 2014 to 2020.[28]

Medicaid expansion and its new and/or upgraded systems will allow agencies to better leverage common business processes. For example, as part of IES, the State will implement a client-facing website, titled Application for Benefits Eligibility (ABE), which will allow clients to interact with multiple

[27] Center on Budget and Policy Priorities, "How Would the Medicaid Expansion Affect Illinois?," accessed August 16, 2013, http://www.cbpp.org/files/healthtoolkit2012/Illinois.pdf.

[28] Peter Frost and Rick Pearson, Chicago Tribune, "Medicaid Coverage to Expand in Illinois," last modified July 23, 2013, accessed September 19, 2013, http://articles.chicagotribune.com/2013-07-23/business/ct-biz-0723-medicaid-expansion-20130723_1_medicaid-expansion-medicaid-coverage-federal-poverty-line.

HHS programs at one time. An initiative of the Framework is to leverage this client portal on behalf of other programs, allowing people to apply for services through a single easy-to-access client gateway.

Medicaid expansion may also help to improve coordinated streamlined intake. At present, State staff must make multiple inquiries across disparate systems upon intake of a client. For example, staff must check the Medicaid or TANF systems to check client enrollment. This process is inefficient and time consuming for both clients and State staff. To reduce these inefficiencies, the Framework could potentially leverage the IES intake process for other Illinois programs.

Case management may also benefit from Medicaid expansion. IES will give Illinois the opportunity to build component-based tools for case management, and the Framework will explore ways that these tools can benefit other HHS programs. For example, concepts like a Business Rules Engine, an Enterprise Service Bus, Content Management components, electronic signature capabilities, and call center technology may serve several agencies.

Another critical item of need is the ability of State staff to interact more uniformly with providers across service systems. The implementation of the new MMIS system will allow Illinois a unique position to leverage provider management functions so that staff can better interact with providers throughout HHS programs in Illinois. The MMIS system functionality could potentially expand to handle provider input and communication for providers who do not have a connection with Medicaid.

In addition to the provider portal, the MMIS system may also advance streamlined service reporting. Currently in Illinois, program staff have to use multiple systems to submit and process service records. Utilizing MMIS as a single service reporting point would create a cost-effective way to submit a Medicaid claim.

The State may leverage ACA implementation and Medicaid expansion in several ways. First, the State may build a comprehensive data warehouse that will allow Illinois to collect, monitor, and evaluate program performance management data across the Framework. This warehouse will allow the State to plan strategically, and to develop and implement the policies needed to improve performance outcomes. Second, an enterprise-wide data system, which would include the Medicaid Data Warehouse, IES, and other program data, could measure outcomes across HHS agencies. This system could provide research and analysis for targeting specific individual needs and comprehensive care. Third, the State could enhance the measurement of service outcomes by understanding the combination of services that result in the best outcomes across programs and by understanding where duplicated processes happen across multiple programs.

Although the ACA and Medicaid expansion provide multiple opportunities to improve service delivery across Illinois' HHS programs, the State will require a strong change management and communications strategy to make these changes real. By engaging Agency Directors in regular meetings to discuss strategic HHS goals, the Illinois Interoperability Project helped to set the stage for future change management discussions.

2.13 Stakeholders

The Illinois Interoperability Project Team interacted with an array of stakeholders to create and implement Framework governance. Agency Directors – members of the Framework ESC – played a central role in designing the model, choosing a decision-making method, setting the Framework's priorities, and agreeing to Guiding Principles. Agency Directors also assisted in engaging Agency CIOs and General Counsels to inform the Framework's activities related to technology, privacy, and

confidentiality. The Team interacted with Agency Directors, CIOs, and General Counsels during group meetings, individual meetings, and other events related to State HHS, such as meetings for other committees or projects. The Team also developed materials, such as briefing packets and presentations, to inform stakeholders of the Framework's and the Illinois Interoperability Project's efforts.

In addition, the Team engaged stakeholders external to the State of Illinois, including representatives from other states and jurisdictions. The Team shared Illinois Interoperability Project deliverables, conducted expert interviews, participated in national conference calls and events, and posted resources online on the Framework website (see section 2.15 for more info.) Events that the Team participated in include:

- The 8th Annual Stewards of Change Symposium, June 10-12, 2013, Baltimore, MD
- A Forum Feature Conference Call with the Department of Health and Human Services (HHS), Administration of Children and Families (ACF) Funded Pilot Update for Interoperability Innovation Grants, August 6, 2013
- The State of California Interoperability Symposium, May 21-23, 2013, Sacramento, CA
- The Medicaid Enterprise Systems Conference, September 8-12, 2013, Charleston, SC

Alongside these efforts, the Illinois Interoperability Project also drew information from the Framework's Stakeholder Engagement Project (SEP), a multi-year effort to educate those in Illinois about the Framework. The SEP, led by the Illinois Public Health Institute (IPHI), facilitated town hall conversations, focus groups, and virtual conversations to ensure that Framework activities were responsive to users and clients. As part of its efforts, the SEP team collected over 6,800 public comments on Framework activities.

The interaction between the stakeholders and the Framework was highly beneficial to the development of a governance structure for the Framework. The decision-makers of the ESC consulted input from the stakeholders to better govern the Framework.

2.14 Privacy and Confidentiality Framework

In order to address privacy and confidentiality issues appropriately for the Framework, the Team interviewed the General Counsels of each of the seven Framework agencies. With each of the General Counsels, the Framework representatives discussed a proposal for how a Legal, Privacy & Confidentiality Subcommittee (Legal and Privacy) could assist the Framework and how such a subcommittee fits into the Framework. Both the ESC and the OC will decide in which areas they wish to share information in order to further a legitimate governmental issue. A program subcommittee comprised of operational and policy subject matter experts for the affected programs will then review that decision. The subcommittee will decide exactly what information is necessary to share.

Once there is consensus on the details for specific data sharing needs, the Legal and Privacy Subcommittee will meet. Subcommittees will meet on an "as-needed" basis. The first Legal and Privacy Subcommittee meeting will take place in February 2014. Comprised of each of the General Counsels representing the seven participating departments, the Legal and Privacy Subcommittee will discuss and review any legal issues raised. The General Counsels will assign the particular project to legal subject matter experts within their offices, and the PMO will consults with these subject matter experts.

First, in reviewing the data elements, the PMO will review all applicable federal, state and local laws alongside agency legal staff to differentiate between what is confidential "by law" and what has become

confidential "by myth." After such review, the group will together decide which of the elements confidentiality laws protect. For the information that is confidential, the group will outline the location of the confidentiality rights in the law and partner with the agency lawyers to provide options on meeting the confidentiality rights while sharing information. After presenting all of the options, the agency lawyers will make a recommendation to the Legal and Privacy Subcommittee on how to proceed. The Legal and Privacy Subcommittee will then meet to discuss the research findings and the recommendations and reach a consensus based on its recommendations to the OC and ESC, if necessary.

All of the General Counsels agreed to this proposal and showed eagerness to participate in the Framework. Each was reassured that the Framework would meet the concurrent goals of sharing information and respecting individuals' rights to confidentiality and privacy.

Confidentiality and the Illinois Framework

In Illinois, like in all other jurisdictions, clients receiving governmental services do not only receive one service. Instead, multiple governmental systems are involved, at the same time, independently from each other, in the lives of the clients. Interoperability and data sharing can help create a system of coordinated care and integrated case management to improve the overall health and well-being outcomes for individuals. In addition, better outcomes mean healthier, safer, and stabilized individuals and families with a better chance of sustaining self-sufficiency and long-term personal success. In turn, this reduces costs to the states and local governments.

For these and other reasons, the Framework will deal with privacy and confidentiality barriers —real and apparent—to integrated health and human services systems in an affirmative manner. The undertaking by Illinois to resolve the confidentiality issues for the Framework will require a significant investment of time and effort by State officials and personnel, including but not limited to an unwavering leadership commitment. Necessary participants for this effort include the following:

- The ESC, who will set the tone and direction of the Framework, including but not limited to a clear statement that information will be interoperable and shared, while at the same time providing the necessary confidentiality and privacy protections.
- The ESC, who will develop a privacy policy and then use the dictates of that policy to create a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), regarding the information sharing process and confidentiality and adding this policy as an addendum to the existing IGA.
- Lawyers from the different Framework agencies, who will determine how to protect the confidentiality and privacy issues.
- Privacy officials and technology staff from the different Framework departments, possibly the OC.
- Last, and of paramount importance, program policy, operational and practice experts, from different roles and positions, who will determine what specific information to share to achieve better outcomes for the clients.

Key tasks for the ESC include the following:

1. Mandate the importance of creating MOUs detailing cross-agency information sharing documents that detail the "what" information, "who" needs the information, and "how" to share information.
2. Designate a team of their staff, including program, policy, operational, legal, and technology, to answer the "what," or list of minimally necessary information needs to be shared for the Framework to succeed, and "who" needs to receive such information.
3. Designate a team (possibly the OC), including the security officials and the information technology staff, to determine to share the information and protect it once shared. As a result, this group also needs to draft policies and procedures furthering the security safeguards for the shared information, which then becomes part of the Framework agency's policies and procedure manual.
4. Recommend the development of a training curriculum and process to disseminate broadly to all staff involved in the Framework departments and programs the policies and procedures (including the MOU and the addendum regarding information sharing) regarding information sharing and confidentiality; arrange for extensive training of all members of the workforce on the policies and procedures regarding the information sharing project once it is initiated and fully implemented.

The process moving forward is divided into three concurrent areas: policy development, staff development, and legal development.

Policy Development

A potential Policy Subcommittee can answer questions regarding specific data sharing projects, including the shared vision statement providing the reason for the data sharing and an outline of what information will be shared, how it will be shared, and the security protections for the information once shared.

A Policy Subcommittee would also make recommendations to the ESC on how to publicize the data sharing interoperability initiatives and how to gain input from the clients, the advocates, the legislature, and the provider system. This communication strategy must also make clear that part of the process is a thorough investigation and review of the confidentiality and privacy issues.

Throughout, it will be important to share information on progress with all of concerned constituents to ensure the Framework's transparency, and avoid or significantly decrease fears about the sharing of individual's personal information.

Staff Development

Staff at all levels of the involved agencies must decide on what information to share. In making that determination, too much information is just as useless as not sharing any information. Therefore, the group must carefully reach consensus on what "minimally necessary" information to share to accomplish the project's mission. The group must select and be specific about which data elements to share. For each data element, the group must challenge itself and determine whether it is necessary.

Once this group determines the minimally necessary information to share in order to accomplish its mission, then the group must determine who needs to have access to the shared information. As opposed to using the test of what is "minimally necessary," for this exercise, the group must conduct a complete review to determine whether the shared information is "necessary to perform essential

functions" or "need to know" based on the legitimate governmental purpose for the information sharing. This can be accomplished by identifying the classifications of persons and their supervisory chain-of-command that require access to the shared information and any conditions that must should be applied to such access.

Legal Development

The role of agency lawyers in information sharing initiatives is to provide protection and critical information on accomplishing the set goals of the Framework. Referring back to the role and actions for the ESC, the members must make clear to their legal staffs that they want to share the information, that it is an important initiative, and that the ESC members need the lawyers to help make it happen. Therefore, for any barrier identified, the legal group must also present suggestions to overcome the barrier. The process should include reviewing federal and state statutes and regulations relevant to determine any provisions encouraging or permitting the sharing of information as well as any barriers or requirements for information sharing. The explanation and discussion must be understandable to the layperson, not only to other lawyers.

The legal group's mission also includes drafting appropriate privacy notices of information sharing, authorizations and/or consents, and transparent policies and procedures for clients to understand that information sharing and protection. Such notices and authorizations must be understandable and, at the same time, inclusive of any required language.

2.15 Benefit to Other States

Illinois compiled resources that can provide other states and entities with useful information for establishing a governance model in interoperability initiatives. This report, the handbook, and the Illinois Interoperability Project's other deliverables provide a detailed overview of Illinois' experience and advice for other jurisdictions embarking on similar endeavors.

First, other states may benefit from the Team's research on good governance and interoperability. The Team compiled a Knowledge Repository composed of research reports, white papers, presentations, and reports related to governance and HHS interoperability. The Team published the Knowledge Repository online, in a "Resource Library" located on the Framework website at the following link: http://illinoisframework.org/illinois-framework-resource-library/. Here, interested parties may find detailed information on governance and interoperability and listen to the interviews that Illinois conducted with SMEs. In addition to these items, the Team assembled a section containing charters, MOUs/MOAs, and data sharing agreements from different jurisdictions from around the nation.

Second, the Team interacted directly with other states and jurisdictions to share information and lessons-learned from the Illinois Interoperability Project. The Team interviewed SMEs in both the public and private sector, kept ongoing interaction with other states implementing similar initiatives, and attended/presented at two national interoperability conferences. The interviews gave in-depth overviews of other governance projects and provided helpful information regarding how to form and operate a steering committee. The insight gained from these experts helped the Team to develop the "attributes of good governance" and establish the governance structure for the Framework.

Sharable Documentation

The following Illinois Interoperability Project deliverables may also be of benefit to other states:

- **Options Analysis** – This deliverable, referenced in sections 2.3 and 2.4, compares the strengths and weaknesses of two governance structures. The Team made a recommendation based on the analysis. This report can help other states to identify the necessary steps to develop and evaluate a governance structure.
- **Framework Governance Model** – The model, outlined in section 2.8, highlighted the need for governance, described how the proposed structure was developed, and listed the committees' roles and responsibilities. Other states can consult this deliverable to develop the roles and responsibilities of committees within their respective governance structures.
- **Illinois Interoperability Handbook** – The Illinois Interoperability Handbook Establishing Governance for Health and Human Services Interoperability Initiatives: A Handbook for States is an interactive guide for states who are implementing interoperability initiatives. The document explains how to design and establish governance in public interoperability projects, and the interactive nature of the Handbook allows users to access the research, interviews, and other sources that informed the Illinois Interoperability Project. The handbook includes a governance toolkit, a collection of memorandums of understanding/agreement, charters, interagency agreements, and data release agreements from Illinois and other jurisdictions from around the country. In addition to detailing the characteristics of governance, the handbook also contains an Illinois case study that gives an overview of how the Framework utilized best practices to create a governance structure in Illinois. The case study gives readers a first-hand account of how a public sector entity utilized these methods to implement governance within an interoperability initiative. Finally, the handbook includes a roadmap to effective governance that gives other states a step-by-step guide for creating governance. The handbook is included in Appendix A.
- **Final Report** – This report offers detailed insight into the Illinois Interoperability Project and the Framework, and it highlights way in which the Illinois Interoperability Project deliverables may be useful to other states.

3. APPENDICES

Appendix A: Interoperability Knowledge Repository

This Interoperability Knowledge Repository contains the resources from which the Framework developed its understanding of best practices in good governance and interoperability. The Team gathered best practices and lessons learned to design and implement the governance structure for the Framework. The repository is stored online at http://illinoisframework.org/illinois-framework-resource-library/. The Team submitted the Interoperability Knowledge Repository deliverable to the ACF in January 2013.

The Interoperability Knowledge Repository documents are divided into four categories:

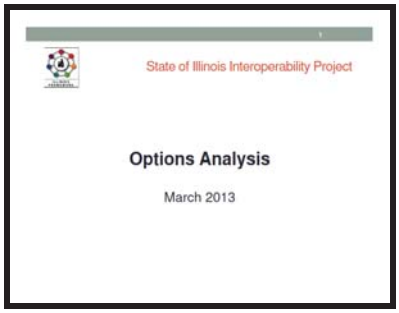
1. *Expert Interviews:* The Framework conducted in-depth interviews with 10 subject matter experts from the public, private, and nonprofit sectors throughout the U.S. Each interview contains significant information pertaining to governance and/or interoperability. The interviewees provide real-world stories and advice for implementing governance locally.
2. *Interoperability Resources:* This section contains materials related to interoperability and cross-boundary information sharing initiatives. These resources provide helpful insight into how interoperability projects are structured, initiated, and managed.
3. *Governance Resources:* The resources in this section address the different types of governance, including IT governance, nonprofit governance, and data governance. The Framework utilized this research in formulating best practices and a governance structure for Illinois.
4. *Models:* This section contains Memorandums of Understanding/Agreement (MOUs/MOAs), charters, and data release agreements. The charters provide the foundation for building steering committees, and they highlight operational guidelines for governing bodies.

Appendix B: Best Practices in Project Governance Research

The Interoperability Project Team sought to identify best practices in project governance in interoperability projects across organizational boundaries. The purpose of the research was to apply best practices and lessons learned to the design and implementation of a new governance model for the Framework. The Team submitted the Best Practices in Project Governance Research Summary deliverable to the ACF in February 2013.

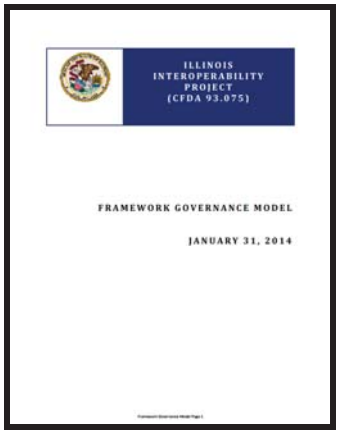
Appendix C: Options Analysis

The Options Analysis (see sections 2.3 and 2.4) is a comparison of two governance model options for the Illinois Framework. By weighing the strengths and weaknesses of each option, the Team recommended one option for the Framework. The Options Analysis served as a reference document for the Framework stakeholders who ultimately decided on a governance structure. These stakeholders were the Framework Project Director, the State Chief Information Officer (CIO), and the Framework Executive Steering Committee (ESC). The Team submitted the Options Analysis deliverable to the ACF in March 2013.



Appendix D: Publish ramework Governance Model

The Framework Governance Model outlines the governance structure for the Framework (see section 2.8). The model describes the Framework's need for governance, the process behind developing the governance model, the structure of the model, and the roles and responsibilities of the committees involved. The model provides a detailed and comprehensive overview of Framework governance for any individual who may, at any time, join a Framework committee. The Team submitted the Framework Governance Model to the ACF in June 2013, revised the deliverable, and resubmitted in January 2014.


ILLINOIS INTEROPERABILITY PROJECT (CFDA 93.075)

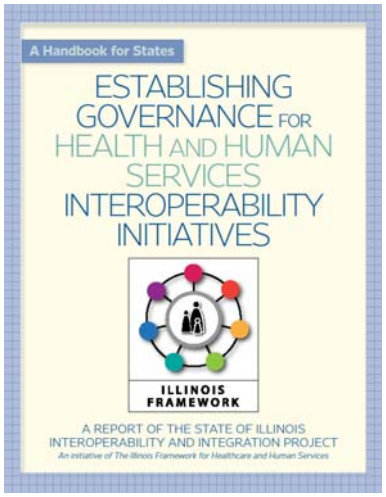
FRAMEWORK GOVERNANCE MODEL

JANUARY 31, 2014

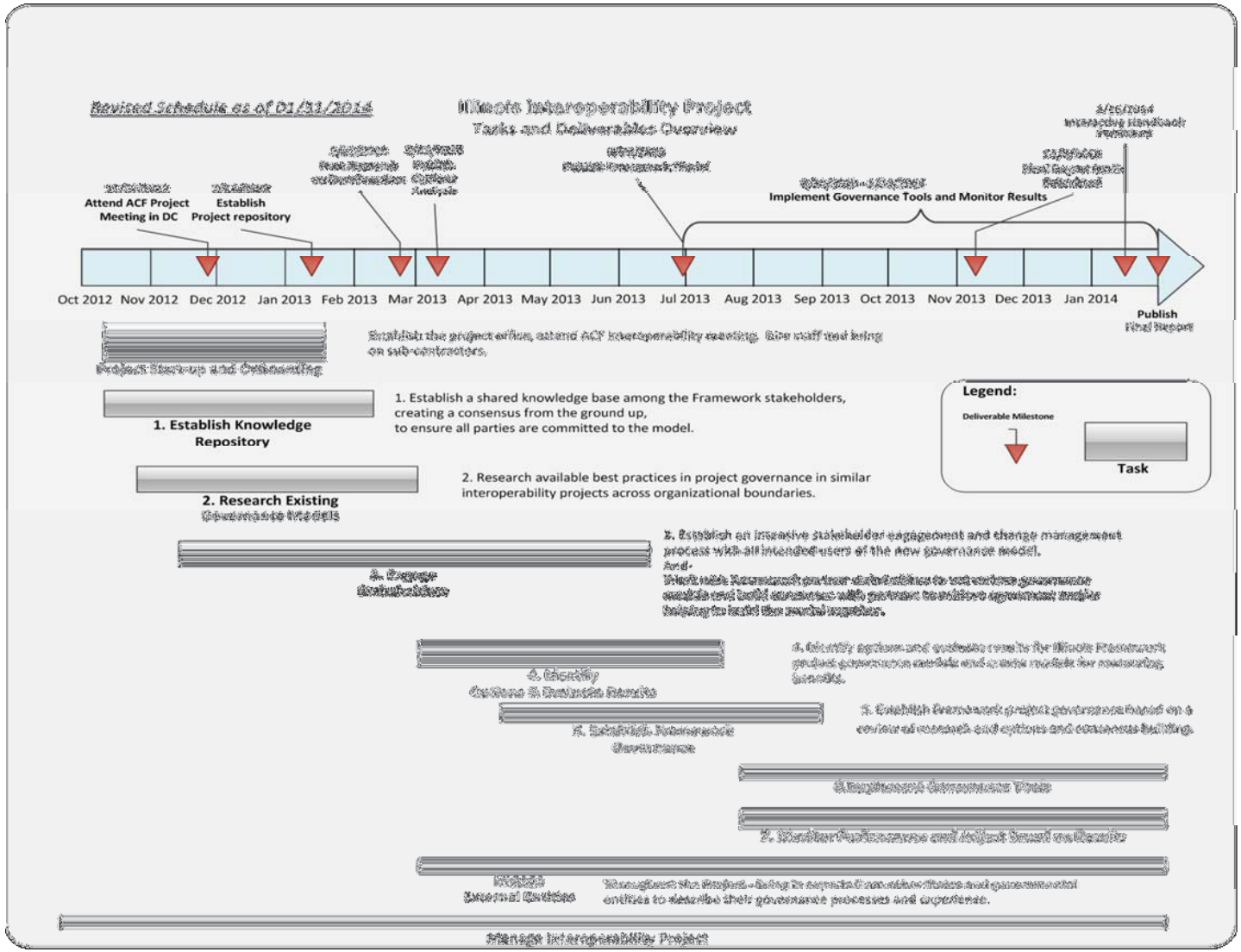
Appendix E: Interoperability Handbook

Establishing Governance for Health and Human Services Interoperability Initiatives: A Handbook for States is a handbook for states and local jurisdictions contemplating interoperability projects. A step-by-step guide for implementing governance in cross-agency settings, the handbook draws from expert interviews, intensive research into best practice, and the experience of the Framework in developing a governance structure for Illinois' health and human services agencies. The handbook includes interactive features such as audio recordings of interviews, links to reports and white papers, and a toolkit of key documents such as charters and memoranda. The Team submitted the handbook deliverable to the ACF in January 2014.

The interactive and downloadable versions of the handbook are available at the following link: http://illinoisframework.org/governance/handbook-for-states/.



Appendix F: Illinois Interoperability Project Timeline



Appendix : List of igures

- Figure 1: Framework Governance Model Options
- Figure 2: Framework Governance Model Options Strengths
- Figure 3: Framework Governance Model Options Weaknesses
- Figure 4: Framework Governance Model Options Risks
- Figure 5: Proposed Implementation Project Lifecycle Steps
- Figure 6: The Framework ESC Guiding Principles
- Figure 8: Framework Governance Model
- Figure 9: Detailed List of Illinois Framework Programs
- Figure 10: Federal Funding Sources for Framework Programs
- Figure 11: High Level Timeline for Federal Projects

Appendix H: Acronym Glossary

- ABE – Application for Benefits Eligibility
- ACA – Affordable Care Act
- ACF – Administration for Children and Families
- APD – Advanced Planning Document
- CIO – Chief Information Officer
- COTS – Commercial Off-the-Shelf
- DCEO – Illinois Department of Commerce and Economic Opportunity
- DCFS – Illinois Department of Children and Family Services
- DES – Illinois Department of Employment Security
- DHS – Illinois Department of Human Services
- DoA – Illinois Department on Aging
- DPH – Illinois Department of Public Health
- EDW – Enterprise Data Warehouse
- EMOG – Executive Oversight Modernization Group
- ESC – Executive Steering Committee
- FERPA – Family Educational Rights and Privacy Act
- FPL – Federal Poverty Line
- HFS – Illinois Department of Healthcare and Family Services
- HIPAA – Health Insurance Portability and Accountability Act
- HHS – Health and Human Services

- HIE – Health Information Exchange
- IES – Integrated Eligibility System
- IGA – Interagency Agreement
- IJIS – Integrated Justice Information System Institute
- IMPACT – Illinois Michigan Program Alliance for Core Technology
- HSC – Illinois Human Services Commission
- MITA – Medicaid Information Technology Architecture
- MMIS – Medicaid Management Information System
- MOU/MOA – Memorandum of Understanding/Agreement
- MPI – Master Person Index
- NHSIA – National Human Services Interoperability Architecture
- NIEM – National Information Exchange Model
- NIST – National Institute of Standards and Technology
- PMO – Project Management Office
- POC – Project Oversight Committee
- SOX – Sarbanes-Oxley Act
- SDLC – System Development Life Cycle
- SEP – Stakeholder Engagement Project
- SNAP – Supplemental Nutrition Assistance Program
- SME – Subject Matter Expert
- SROI – Social Return on Investment
- TANF – Temporary Assistance for Needy Families
- UAT – Universal Assessment Tool