

## Children’s Passport Planning Project: Alternatives Analysis

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## 1 Overview and Background

### Overview

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

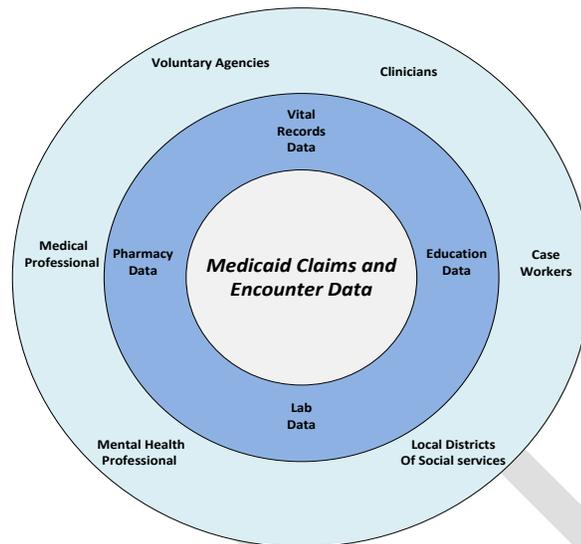
Major planning project tasks and associated deliverables include:

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

This document presents deliverable 2 an *Alternatives Analysis* designed to determine the optimal approach to developing a Children's Passport system for New York State's FC population. The *As-Is Assessment* deliverable described the current New York State FC health information environment in order to present the "status quo" environment and provide baseline data to serve as the foundation for the development of alternative approaches to support the project's targeted outcomes.

In a closely related initiative, OCFS is in the process of implementing the Children's Passport to support youth in the custody of the OCFS Division of Juvenile Justice (JJ) and Youth Opportunities (DJJOY). OCFS and DOH have executed a memorandum of understanding (MOU) allowing access to youth health information (e.g., Medicaid claims data) when the applicable youth/parent/guardian consents have been obtained.

Medicaid claims data, along with medication fulfillment and laboratory data from Omni Care and Bio Reference contractors, has been used to populate the Children's Passport. As depicted in Exhibit 1-1, the Children's Passport will deliver a multi-tiered data layer to users with Medicaid claims and encounter data at its hub. Information from disparate sources will be fully integrated to provide actionable health data.



**Exhibit 1-1: Children's Passport Multi-tiered Data Layer**

In addition to leveraging work complete on the Children's Passport, the Enterprise Level Master Data Management (MDM) will also be available for reuse. The MDM was developed as a centralized repository identifying recipients of services provided by OCFS across the Division of Child Care Services (DCCS), Division of Child Welfare and Community Services (DCWCS) and Division of Juvenile Justice and Opportunities for Youth (DJJOY) program areas.

The MDM repository is comprised of a directory and a registry. The directory or the Master Person Index (MPI) is a list of names and addresses. The registry is a list associating MPI subjects with their enrollment in respective human service programs. Access to the repository requires authentication to verify the user's identity and authorization to ensure the user has the necessary privileges to view or maintain the data. All access to the directory and registry is audited to capture the identity of the user requesting data, the origin of the request, the data requested and the data returned. Any changes made to data in the repository is also audited and stored on immutable devices.

The MDM repository will provide access to information about individuals through enterprise services and make it available to all information systems. The extension of available information to other state agencies will enhance the state's decision making process and result in the improved quality and efficiency of services.

The repository provides a uniform and consistent view of the agency's constituents while improving data quality in the process. By providing more accurate and timely data the agency's decision making process will be improved and the ability to share data with other agencies will be greatly simplified. The standardization of services will simplify the application development lifecycle and expedite the time to market for development efforts. The correlation of individuals

across program areas will facilitate policy analysis and assist in federal requirement for mandated reporting.

The MDM has adopted the National Information Exchange Model (NIEM). Standards leveraged by NIEM include XML, Simple Object Access Protocol (SOAP), Web Services Description Language (WSDL) and Unified Modeling Language (UML) to name a few. Leveraging this model simplifies the process of defining commonly used data elements.

This alternatives analysis will carefully consider the advantages of leveraging the substantial body of work completed to date on implementing the Children's Passport for the JJ population as well as the MDM repository.

To make certain that the project's planning documents and deliverables build logically upon one another to clearly support the eventual selection and justification of the preferred alternative, this *Alternative Analysis* deliverable will employ the same organizational structure and approach used in the *As-Is Assessment* deliverable. Alternative descriptions will employ the same three (3) use cases to provide context for the three (3) major domains associated with New York State's FC health information environment.

These use cases include:

1. Identifying the foster child
2. Establishing the foster child's eligibility status, placement and location; and,
3. Gathering, recording and maintaining the foster child's health information.

The FC health information environment domains include:

1. Business Processes;
2. Data Sources; and,
3. Technical Architecture.

Building on this baseline of information, this document will also discuss potential impacts on and risks to the current operational environment posed by each alternative. It has also incorporated Federal guidance detailed in the Department of Health and Human Services, Administration for Children and Families (DHHS-ACF) Feasibility Alternatives and Cost Benefit Analysis Guide located at:

[http://www.acf.hhs.gov/sites/default/files/ocse/feasibility\\_alternatives\\_and\\_cba\\_guide.pdf](http://www.acf.hhs.gov/sites/default/files/ocse/feasibility_alternatives_and_cba_guide.pdf)

Alternatives under consideration include:

1. Enhancement of existing child welfare and health business processes and supporting information technology systems to capture the most current foster care children's health information with no multi-agency integration;
2. Design, development and implementation of new child welfare and health business processes and supporting information technology systems to capture the most current foster care children's health information with no multi-agency integration; and,

3. Enhancement of existing child welfare and health business processes and supporting information technology systems, integrated across multiple agencies to capture the most current foster care children's health information.

To be considered viable, each alternative must meet the following **Children's Passport system objectives**:

1. Provides an historical summary of foster care children's medical and mental health information;
2. Makes this health information available to health professionals in a timely manner to support initial assessments and ongoing treatment;
3. Upon completion of the transition of the foster care population to a managed care model of health services delivery in the spring of 2015, ongoing data will also be imported via a periodic refresh process, cycle to be determined (e.g., weekly, monthly); and,
4. Integrates with related information systems, including the Welfare Management System (WMS), the Child Care Review System (CCRS), the CONNECTIONS child welfare system (CONNX), the Medicaid Management Information System (MMIS/eMedNY), the Medicaid Data Warehouse (MDW) and the Office of Health Insurance Programs (OHIP) Data Mart (OHIP DM).

Alternatives must also support the project's targeted outcomes:

1. Reduction of administrative costs by identifying and aggregating the most current health information for children in foster care, eliminating data redundancy and creating an electronic record so that care providers can efficiently and effectively manage health care services;
2. Improving the quality and coordination of health care services for the foster care population by building an interoperable electronic record, so care providers have the most current information available; and,
3. Improving the quality of foster care case management services by making an interoperable electronic record available to all care providers.

The analysis of each alternative is presented in six (6) sections:

1. Alternative Description
2. Child Welfare and Health Programmatic and Business Process Considerations
3. Data Source Considerations
4. Information Technology Considerations
5. Privacy and Confidentiality Considerations
6. Alternative Feasibility Assessment and Summary

## **Background**

In order to develop a comprehensive alternatives analysis, it is important to consider:

1. The New York State child welfare governance structure and potential influences and challenges it may pose to this initiative; and,
2. Current New York State health and human services business and technology environment.

## **New York State Child Welfare Governance Structure**

Of the approximately 20,000+ children in foster care in New York State, approximately 75% are cared for by the non-public foster care agencies or voluntary agencies (VAs) in contract with both State and local departments of social services (LDSS). Under this State-supervised, county-administered system, the State sets policy, establishes regulations, and provides oversight and monitoring of local program operations, while the counties implement and operate the programs.

Since the counties implement and operate New York State's foster care program, it will be critical to consider how this influences the Children's Passport initiative and any alternatives under consideration. While current plans include the leveraging of work completed to deliver the Children's Passport to the Juvenile Justice (JJ) population, it is important to note that, unlike foster care, most of the JJ program is under the direct control of the OCFS Commissioner<sup>1</sup>.

This fundamental difference in governance presents challenges to the project that must be carefully considered. Each phase of the system development lifecycle must be evaluated to determine impacts. For example staff at the county level delivering services to foster children and their families are not under the direct control of the State. Therefore, the requirements definition process must be designed to consider the statewide policies as well as any unique characteristics of county level program administration.

Since the vast majority of New York State's foster care children are Medicaid beneficiaries, Medicaid claims information is centrally aggregated and processed, irrespective of the governance structure described above. An initiative is currently underway to transition the entire foster care population to a managed care model by the spring of 2015. Health information relative to prescription medication and laboratory results is stored on a variety of contractor information systems. Contracts governing the storage and processing of this data are not statewide. This will provide an additional layer of complexity to the aggregation, storage and update of this information.

## **Current New York State Health and Human Services Business and Information Technology Environments**

New York State's health and human services business and information technology environment is a complex landscape of interrelated agencies with overlapping yet distinct operational mandates. In order to analyze alternative approaches to the implementation of an interoperable health information capability such as the Children's Passport, it is important to have an understanding of this environment and its key organizations. The intent of this description is to provide insight into challenges associated with competing agendas, priorities and schedules and further illustrate the need for the implementation of interoperable systems like the Children's Passport.

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<sup>1</sup> The New York State (NYS) JJ program is in the process of transferring the responsibility of selected cases to the New York City (NYC) Administration for Children's Services (ACS). As a result, the OCFS Commissioner will no longer be directly responsible for this segment of the JJ population.

There are three agencies that play a significant role in the Children's Passport project: The Office of Children and Family Services (OCFS), who is implementing the Child Passport Project; the Office of Temporary and Disability Assistance (OTDA), who has responsibility for the Welfare Management System (WMS) and is therefore the system of record for Medicaid eligibility; and, the Department of Health (DOH), who manages the fiscal agent's collection and storage of Medicaid claims information, including the MMIS, Medicaid Data Warehouse and OHIP Data Mart.

In addition to these three agencies, a **Statewide IT Transformation**<sup>2</sup> initiative is currently underway that will have an impact on any major project like the Children's Passport that may be competing for resources,

In 2012 the Governor implemented this initiative, forming a new organizational unit, the Office of Information Technology Services (ITS). With the advent of ITS, over three thousand IT staff previously reporting into their respective agencies, were transferred to the new organization, all reporting to the State's Chief Information Officer. The goal of this consolidation of staff is to improve State IT services to the public and agencies, end duplicative processes, reduce costs and allow for greater flexibility in employee assignment and career opportunities. It is the responsibility of the ITS to provide centralized IT services to the State and its governmental entities with the awareness that our citizens are reliant on those services.

Within ITS' structure there are two major components; the Enterprise Group and Cluster Components.

The Enterprise Group will set statewide technology policy for all State government agencies, provide infrastructure and shared platform services, and monitor all large technology expenditures in the State, seeking efficiencies, lower costs and innovative solutions.

The Clusters will report to the Enterprise Group and provide services that require more tailoring to the needs of the agencies, such as agency-specific business application delivery. Two of the key agencies mentioned above (OCFS and OTDA) were placed into the Human Services Cluster; the third agency (DOH's Medicaid unit) was not part of the overall IT transformation and reports to the NYS Medicaid Director. ITS' strategic goals support the priorities of the administration and are aligned with agency missions to enable better government services.

### Competing Agendas, Priorities and Schedules

With the formation of ITS, the administration established several statewide initiatives for the Clusters; several of which have a significant impact on the resources within OCFS and OTDA. These include; Data Center Consolidation, the statewide Voice Over IP (VOIP) initiative and call center optimization. Resources need to be applied for each of the above initiatives while the IT organizations continue to implement the agency priorities, which are described below:

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<sup>2</sup> For a complete description of New York State's IT Transformation initiative, visit their website at <http://www.ittransformation.ny.gov/content/it-transformation>.

## **Key Organizations and Major IT Initiatives**

### **OCFS**

#### ***OCFS Agency Overview***

The Office of Children and Family Services serves New York's public by promoting the safety, permanency and well-being of our children, families and communities. The Office achieves results by setting and enforcing policies, building partnerships, and funding and providing quality services. For the JJ population, OCFS also provides direct care services. OCFS is responsible for programs and services involving foster care, adoption and adoption assistance, child protective services, including operating the Statewide Central Register for Child Abuse and Maltreatment, preventive services for children and families, services for pregnant adolescents, and protective programs for vulnerable adults. OCFS is also responsible for the functions performed by the State Commission for the Blind and Visually Handicapped and coordinates State government response to the needs of Native Americans on reservations and in communities.

The agency provides oversight and monitoring of regulated child care (family day care, group family day care, school-age child care and day care centers outside of New York City), legally exempt child care, child care subsidies, child care resource and referrals, and the Advantage After School Program. OCFS also provides services and programs for infants, toddler, preschoolers, and school-age children and their families.

The agency is responsible for all elements of the State's juvenile justice programs, transformation of the juvenile justice system, administering and managing residential facilities, and one reception center program for juvenile delinquents placed in the custody of the OCFS Commissioner.

#### ***OCFS IT Initiatives***

##### ***Juvenile Justice Information System (JJIS) - Close to Home Initiative (OCFS/DJJOY)***

The Close to Home initiative is a collaborative effort between New York City and New York State that not only ensures more appropriate placements for youth who come from New York City (NYC), but also increases the efficiency of the system as a whole. Under this program, New York City youth currently placed in OCFS limited-secure and non-secure facilities would move to settings administered by the City, which would oversee their educational, mental health, substance abuse and other service needs. These young people will be able to remain closer to their families while they receive the services and support they need.

Enhancements to JJIS are necessary to support the New York City Administration for Children's Services (ACS) non-secure placements of troubled youth. This segment of the project will support ACS limited-secure placements, as well as support any local juvenile justice youth placements outside of New York City that may be needed in the future.

*Family Assessment Response (FAR) Program (OCFS)*

OCFS has completed the design of the enhancements to the CONNECTIONS system for the Family Assessment Response (FAR) program. FAR is New York State's alternative Child Protective response. FAR does not require an investigation and determination of allegations. It is an alternative approach to providing protection to children by engaging families in an assessment of child safety and of family needs and in identifying informal and formal supports to meet those needs. OCFS will be continuing its work on the development and testing of system enhancements for FAR with a goal to implement the enhancements during State Fiscal Year (SFY) 2013-14.

*CONNECTIONS Infrastructure Improvements (OCFS)*

During the SFY 2013-14, OCFS has a number of infrastructure improvements budgeted. These include: installation of the Compuware Gomez application performance management product to deliver proactive monitoring capabilities, help to prevent application outages and improve the overall performance of CONNECTIONS; increases in the number of users on LoadRunner; decommissioning a number of local district servers; upgrading the COGNOS server; CONNECTIONS ESX refresh; Citrix hardware and software refresh; and various license renewals.

*Child Care Time and Attendance System (CCTA) - Program Integrity (OCFS)*

OCFS has oversight responsibilities for the provision of child care subsidies funded under the NYS Child Care Block Grant. In addition, OCFS oversees the licensing and registration of child care providers and the enrollment of legally-exempt child care providers. Charged with these responsibilities, OCFS has increasingly focused on ways to promote program integrity in the child care program, eliminate improper child care subsidy payments to families and child care providers, and maintain the health and safety of children in child care. The U.S. Department of Health and Human Services has estimated that nationally, between 15 to 20 percent of subsidy payments are fraudulent or otherwise improper.

Given these national estimates, OCFS released a Request for Proposals (RFP) seeking a vendor that can develop an automated technical solution that provides both data mining and predictive analytic abilities to detect and identify potential cases of child care subsidy fraud, which can then be referred for investigation. The vision of OCFS is to see that child care subsidy funds are spent appropriately, accurately and for their intended purpose. The goal is to eliminate fraud, waste and abuse in the child care subsidy program with respect to both child care providers and recipients of child care assistance. OCFS plans to begin development efforts during State Fiscal Year (SFY) 2013-14.

*CONNECTIONS Transformation (OCFS)*

The primary effort of the CONNECTIONS application development has been the modernization of the architecture, infrastructure and application to use currently supported software and hardware. Transformation efforts will be completed within the SFY 2013-14 time frame.

## **OTDA**

### ***OTDA Agency Overview***

The New York State Office of Temporary and Disability Assistance (OTDA) mission is to enhance the economic security of low-income families; assist public assistance recipients in achieving entry into the workforce; assist individuals with priority needs other than work-readiness in accessing appropriate benefits and services; and enhance child well-being and reduce child poverty.

OTDA oversees a range of State programs for its low-income residents, with a focus on employment wherever possible, and provides leadership, guidance and support to local departments of social services (LDSS) in the administration of those programs.

### ***OTDA IT Initiatives***

#### ***Automated State Support Enforcement and Tracking System (ASSETS)/Child Support Management System (CSMS) Modernization (OTDA)***

The ASSETS system collects and distributes \$1.7 billion in child support annually for 900,000 families. The ASSETS project replaces the CSMS green-screen on-line mainframe interface and expands on current functionality to enhance child support collection and payment. The ASSETS application interfaces with the Unified Court Management System (UCMS) and Federal Office of Child Support Enforcement QUICK (Query Interstate Cases for Kids) systems. The ASSETS project team is working toward an aggressive phase deliverable in August 2013. Upon completion of this deliverable, the State will be seek Federal system certification and approval for system enhancements scheduled for completion 15 months beyond August 2013.

#### ***State Supplement Project (OTDA)***

OTDA will create a software application that will assist in the administration of the State Supplemental Security Income (SSI) Supplementation, including the processing of State SSI payments. The software application will include Case Management, Financial Management, Client Notice Generation, Reporting, Alerts and Ticklers and limited Voice Recognition.

#### ***Financial Management Transformation (OTDA)***

OTDA will replace the outdated Benefits Issuance and Control System (BICS) and the NYC Payments System with a statewide benefit payment and accounting system based on a modern technology platform. This effort will modernize the processes that support payments and claiming for expenditures related to the administration of Human Services programs and allow for uniform categorization of statewide payment information for Federal/State reimbursement.

#### ***Data Access Retrieval System (OTDA)***

This effort will upgrade and modernize the current OTDA electronic report management system from its present antiquated software and servers to a new software and hardware

platform. This system allows for the simultaneous multi-user access and retrieval of Client Notices, various mainframe reports, Child Support Management System (CSMS) worker reports, and Fair Hearing Decisions. The new software (Content Manager On-Demand) will provide users with more functionality, improved reliability and performance, and eventually a seamless integration with OTDA's FileNet imaging platform.

#### *Functional Roadmap (OTDA)*

Empowering Health and Human Services Transformation through people, process and technology was the guiding principle of this collaborative effort among OTDA, OCFS, DOH, and Local Departments of Social Services (LDSS). United by enabled efficiencies, transformation empowered our State and local agencies to shift into an innovative era of benefits and services delivery. This goal was met through the development of new and refined business processes, supported by innovative technology from each of the participating agencies. This transformation will be realized through a series of short and long term strategies that meet enterprise-wide needs and Federal requirements.

## **DOH**

### ***DOH Agency Overview***

DOH's mission is to protect, improve and promote the health; productivity and well-being of all New Yorkers by ensuring New York communities promote health, are protected from health threats, and have access to quality, evidence-based, cost-effective health services.

### **Medicaid**

DOH is the single State agency responsible for the administration of New York's Medicaid program. Under Federal and State law and regulations, the DOH administers Medicaid in conjunction with 58 LDSS and other State agencies, including but not limited to OCFS and OTDA.

### ***DOH IT Initiatives***

#### ***MMIS Replacement***

DOH is currently in the process of developing a Request for Proposals (RFP) to support the competitive procurement of a replacement Medicaid Management Information System (MMIS) with an MMIS Medicaid Administrative Service (MMIS/MAS) contractor to provide certain Fee-For-Service (FFS) and Managed Care (MC) Program administrative services, including fiscal agent services. The selected MMIS/MAS contractor will administer transactions and services in the New York Medicaid program. The Department's RFP will be designed to encourage interested MMIS/MAS contractors to employ existing infrastructure/platforms for claims and encounter processing, provider management, customer service, prior authorization/prior approval, third party liability (TPL), pharmacy benefit management (PBM)

and care management, rather than building new systems, to improve speed to implementation and lessen the Department's administrative burden in managing the program. These existing infrastructure and technology platforms may come in part or entirely from administrative service organizations (ASOs) that provide health insurance administration services in the commercial and Medicare sectors, so long as it does not create a conflict of interest. The release of this RFP is anticipated later this calendar year.

*New York Health Benefit Exchange (NY-HX)*

In accordance with the Affordable Care Act (ACA), each state must have a health benefit Exchange in place to serve the individual and small group insurance markets by providing choices in insurance coverage. The Exchange will provide insurance coverage through an online portal that is designed to be consumer-friendly to facilitate the comparison of the health plan options in a simple and consistent manner. New York was granted funding to serve as an Early Innovator state to implement the New York Health Benefit Exchange (NY-HX). Planning and design phases are complete and development, testing and implementation phases are underway. The NY-HX project is working toward a target date for the implementation of open enrollment by October 2013.

*Migration of Historical Data onto the Medicaid Data Warehouse (MDW)*

DOH is currently in the process planning an approach to the migration of the historical Medicaid claims data from the Office of Health Insurance Programs (OHIP) Data Mart to the Medicaid Data Warehouse (MDW). Currently the MDW stores history dating back to 2005. This migration will create history back to 1996.

## 2 Alternative 1: Enhance Existing Business Processes and IT Systems

### 2.1 Alternative 1 Description

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

#### Alternative 1 Business Process Overview

As described in the *As-Is Assessment*<sup>3</sup> deliverable, Section 2 Business Processes, there are three (3) major business process workflows in the current child welfare operational environment that involve the gathering, processing and maintenance of FC health information: 1) Identifying the foster child; 2) Establishing the FC child's eligibility status, placement and location; and, 3) Gathering, recording and maintaining the foster child's health information. Alternative 1 proposes the enhancement of these processes to support the capture of the most current FC children's health information.

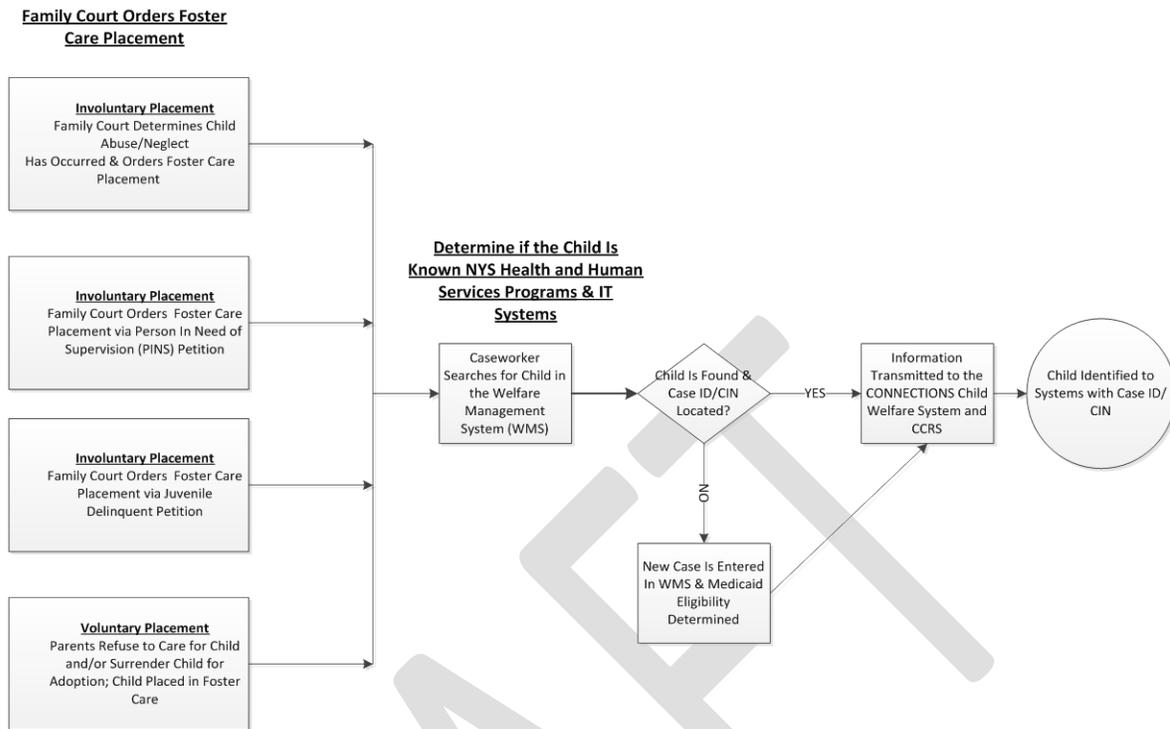
Comprehensive requirements definition and business process analysis tasks will be required to: 1) clearly define user requirements associated with gathering of foster children's health information; and, 2) determining what changes must be made to current business processes to support these requirements.

Representative stakeholders from multiple agencies must participate in these tasks to ensure that the wide variety of casework activities are fully explored and reflected in both the requirements and business process analysis deliverables.

Exhibit 2-1 originally presented in the *As-Is Assessment*, provides an overview of the first major business process: **Identification of the Foster Child**. Stakeholder groups include the family court; county caseworkers assigned to search the Welfare Management System (WMS), enter new cases, determine Medicaid eligibility and transmit this information to the WMS, then to the OCFS CONNECTIONS Child Welfare System and the OTDA Child Care Review System (CCRS).

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<sup>3</sup> Primary source material used for the development of the *As-Is Assessment* deliverable included the OCFS program manual for foster care children's health services entitled *Working Together: Health Services for Children in Foster Care* ([http://www.ocfs.state.ny.us/main/sppd/health\\_services/manual.asp](http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp)). This manual was used to develop the current child welfare operational environment business process flows. These flows are presented in their entirety in the *As-Is Assessment* deliverable, attached as Appendix A.



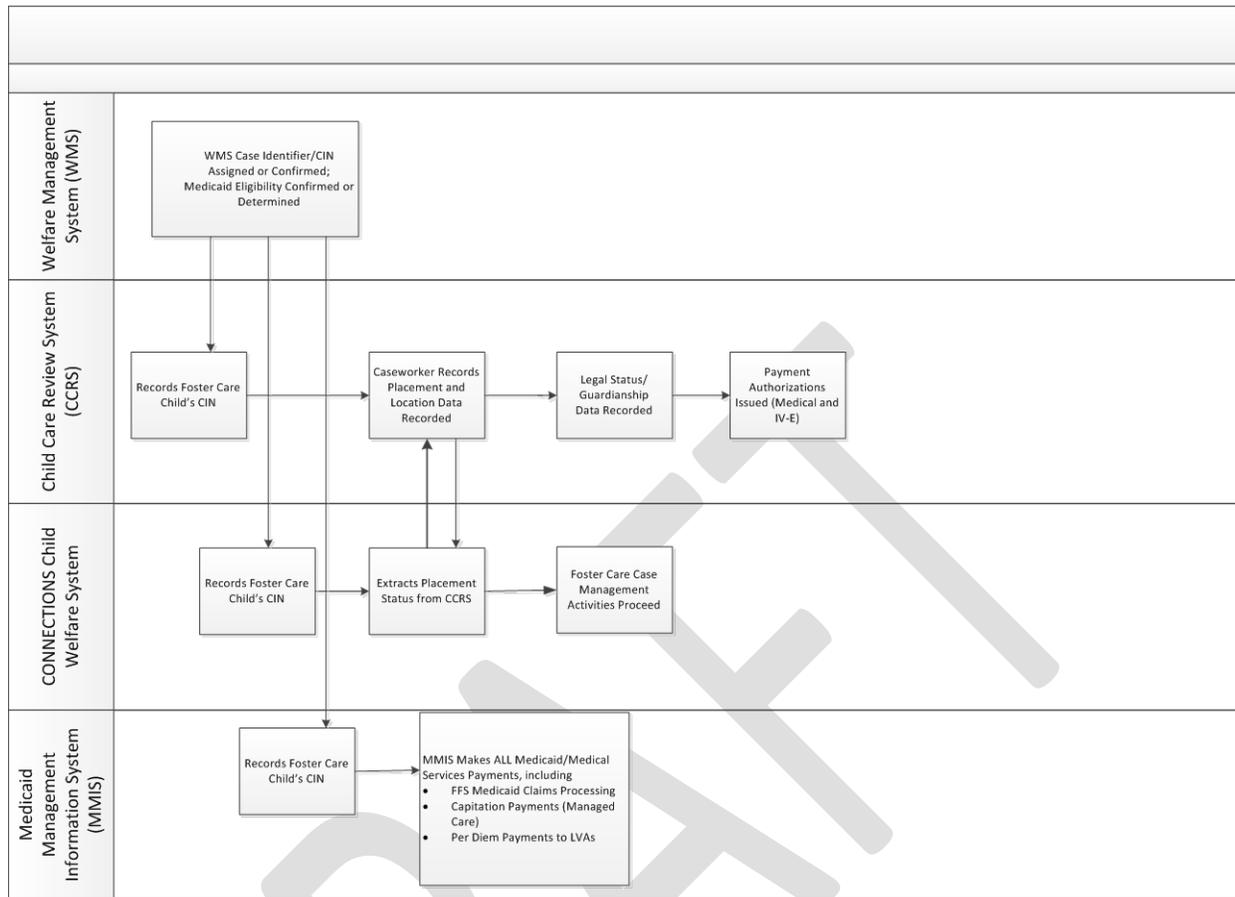
**Exhibit 2-1: Identifying the Foster Child**

Defining requirements and analyzing business processes relative to the second major business process, **Establishing the FC Child’s Eligibility Status, Placement and Location**, will also require participation of stakeholder representatives that have a working knowledge of OTDA’s WMS (assignment of the child’s unique identifier or CIN and Medicaid eligibility determination); OCFS’s **CONNECTIONS** (maintenance of FC child case information, tracking of casework activities, recording and storage of medical information in its health services module, and extraction of placement status from CCRS); and, OTDA’s **CCRS** (access stored legal status per Family Court orders, placement and location information, and authorization of medical services payments).

*Exhibit 2-2: Establishing the Foster Care Child’s Eligibility Status, Placement and Location*, originally presented in the As-Is Assessment, illustrates the business processes and caseworker activities that must be analyzed to define requirements and business processes enhancements to support the gathering of the most current foster child health information.

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS)  
STATE SYSTEMS INTEROPERABILITY AND INTEGRATION PROJECT GRANT # 90FQ0005  
CHILDREN'S PASSPORT PLANNING PROJECT: TASK 2: ALTERNATIVES ANALYSIS**

**DRAFT 061913**

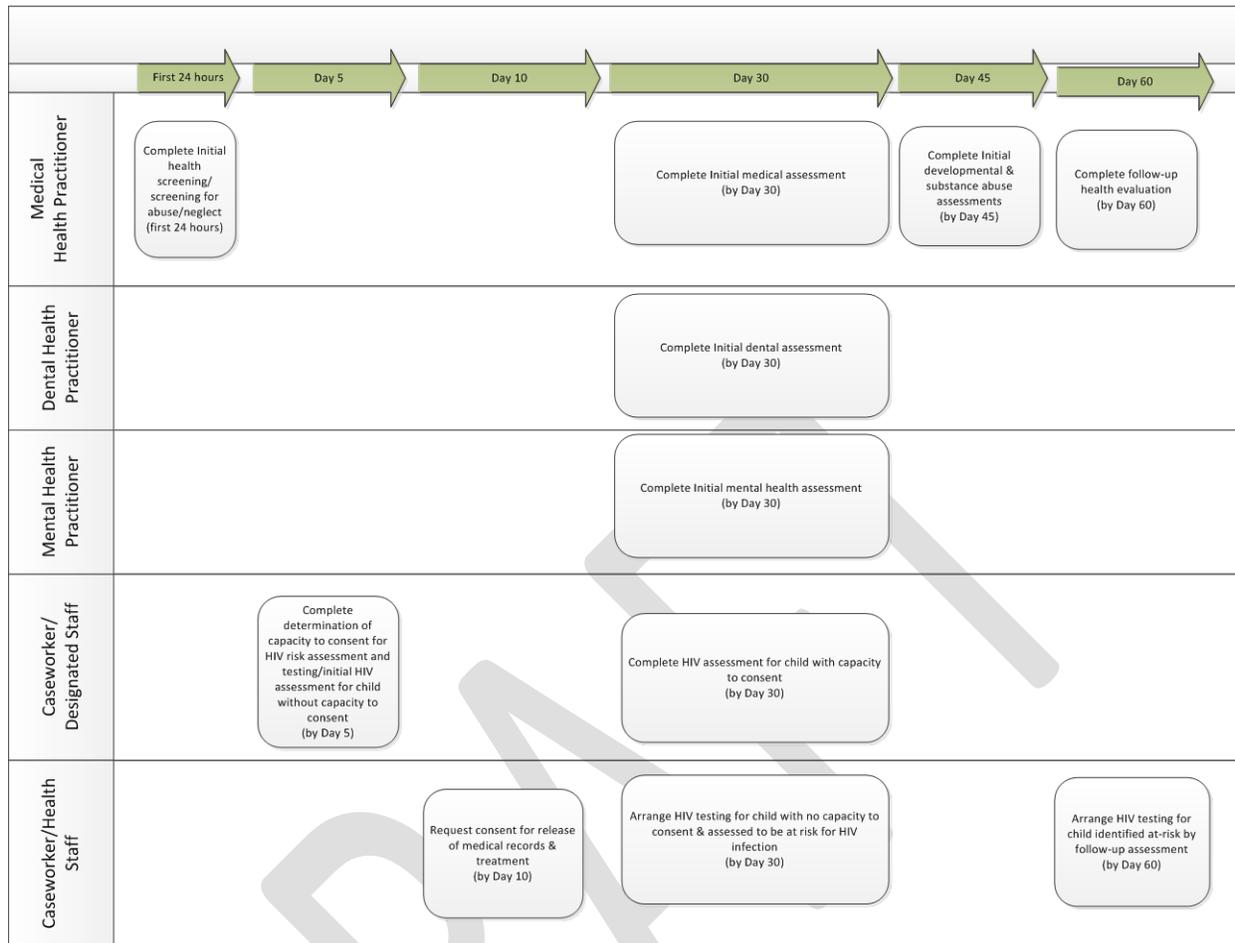


**Exhibit 2-2: Establishing the Foster Child's Eligibility Status, Placement and Location**

The third major business process, **Gathering, Recording and Maintaining Foster Child Health Information**, involve a new set of stakeholders that must be brought into the requirements definition and business process analysis tasks. At this point, the child has been identified to all IT systems; Medicaid eligibility has been confirmed and/or determined; he/she is receiving foster care caseworker services and has been placed with a foster care provider; legal guardianship, placement and physical location details have been recorded; payment authorizations have been issued so that medical service payments can be made.

Now caregivers, including health care professionals, will evaluate the foster child's health; establish a schedule for any additional assessments required, as well as routine preventive and ongoing health care services. This group of stakeholders is critical to the requirements definition and business process analysis tasks since they are responsible for gathering a substantial volume of current health information. They also record this information in a wide variety of disparate formats and information systems, including: their own physical files and those maintained by the responsible local voluntary agencies.

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS)  
STATE SYSTEMS INTEROPERABILITY AND INTEGRATION PROJECT GRANT # 90FQ0005  
CHILDREN'S PASSPORT PLANNING PROJECT: TASK 2: ALTERNATIVES ANALYSIS  
DRAFT 061913**



**Exhibit 2-3: Initial Evaluation of Foster Child's Health**

**Alternative 1 Data Source Overview**

Requirements definition and business process analysis tasks must also consider the data sources associated with each of the three major business processes. This may result in the decision to enhance data stores to support the Children's Passport system objectives to gather and store the most current health information. If so, system enhancement design specifications relative to database modification may be required.

The same set of four major legacy IT systems and data sources apply to each of the three major business process workflows. Technical staff with a working knowledge of the technical design of these systems and their data stores must be included in requirements definition, business process analysis and legacy system enhancement design tasks.

These data sources include:

#### **OTDA's Welfare Management System (WMS)**

- Manages the initial identification of the foster child in the social services environment via assignment of a client identifier or CIN (Business Process 1: Identification of the FC Child)
- Establishes and maintains Medicaid eligibility information (Business Process 2: Establishing the FC Child's Eligibility Status, Placement and Location)

#### **OTDA's CCRS**

- Utilizes the FC child's CIN to maintain his/her legal status received from WMS (Business Process 1: Identification of the FC Child)
- Shares this information with CONNECTIONS and the MMIS (Business Process 1: Identification of the FC Child)
- Establishes and maintains Medicaid eligibility information (Business Process 2: Establishing the FC Child's Eligibility Status, Placement and Location)
- Shares information on the FC child's legal status, case management services and physical location (Business Process 2: Establishing the FC Child's Eligibility Status, Placement and Location)

#### **OCFS's CONNECTIONS**

- Identifies the FC child via the CIN received from WMS (Business Process 1: Identification of the FC Child)
- Shares information on the FC child's legal status, case management services and physical location (Business Process 2: Establishing the FC Child's Eligibility Status, Placement and Location)
- Provides caregivers with easy access to the most critical health information for the FC child via the Health Information Module (Business Process 3: Gathering, Recording and Maintaining FC Child Health Information)

#### **DOH MMIS, MDW and the OHIP DM**

- The MMIS utilizes the FC child's CIN for Medicaid claims processing, encounter processing and per diem payments (Business Process 1: Identification of the FC Child)
- The Medicaid Data Warehouse (MDW) and OHIP Data Mart (OHIP DM) are Medicaid claims repositories storing claims data. The OHIP DM provides access to Medicaid claims dating back to 1996. (Business Process 1: Identification of the FC Child)

- The MMIS processes payments for health services covered by Medicaid, maintains FC child's physical location and eligibility status (Business Process 2: Establishing the FC Child's Eligibility Status, Placement and Location)
- The MMIS is a Medicaid claims and encounter information repository ((Business Process 3: Gathering, Recording and Maintaining FC Child Health Information)

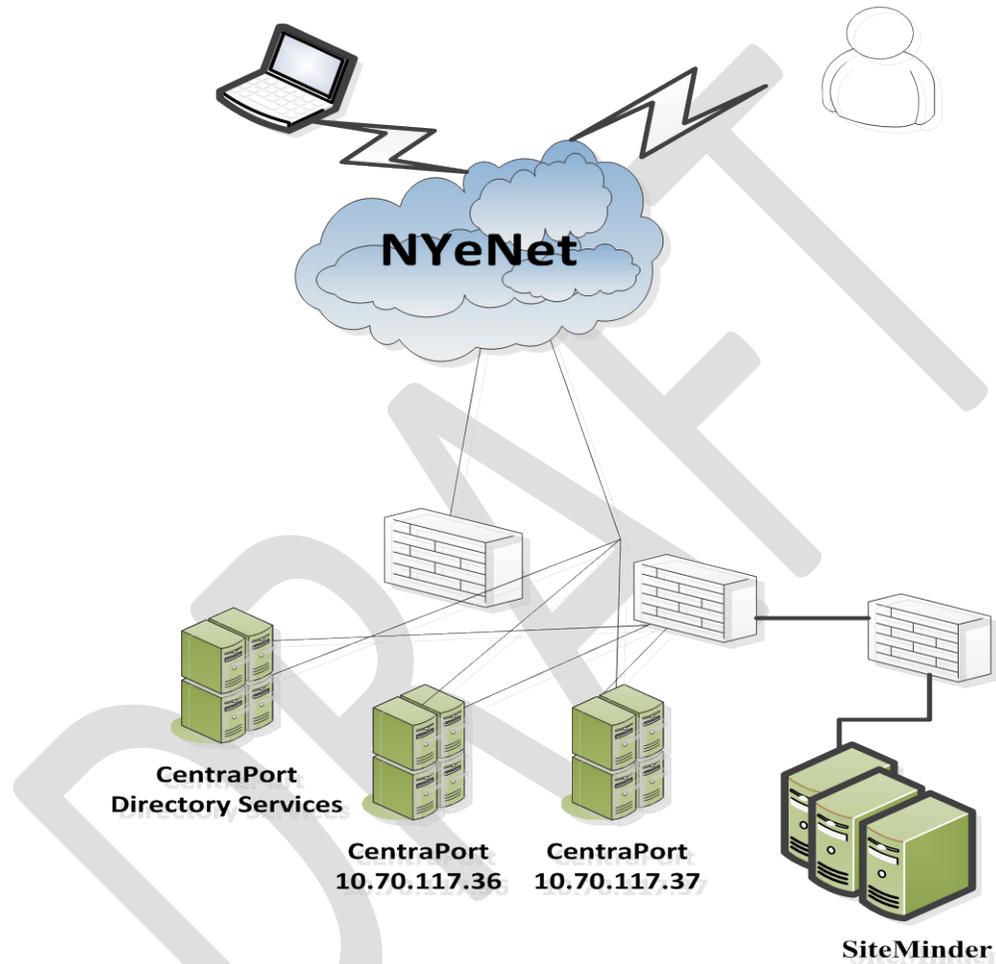
### **Alternative 1 Technical Architecture Overview**

Similar to tasks associated with requirements definition and business process analysis discussed in the previous sections, alternative 1 may include revisions to the legacy technical architecture to support the capture the most current foster care children's health information.

Comprehensive requirements definition and business process analysis tasks must include the clear definition of technical requirements needed to support user functional requirements and business process enhancements.

Representative technology specialists from OTDA, OCFS and DOH must participate in these tasks to ensure that the any proposed changes are technically viable and feasible. Staff selected must be knowledgeable in the technical architecture illustrated in Exhibits 2-4, 2-5 and 2-6, below. They must also be available to support system construction, testing and implementation activities.

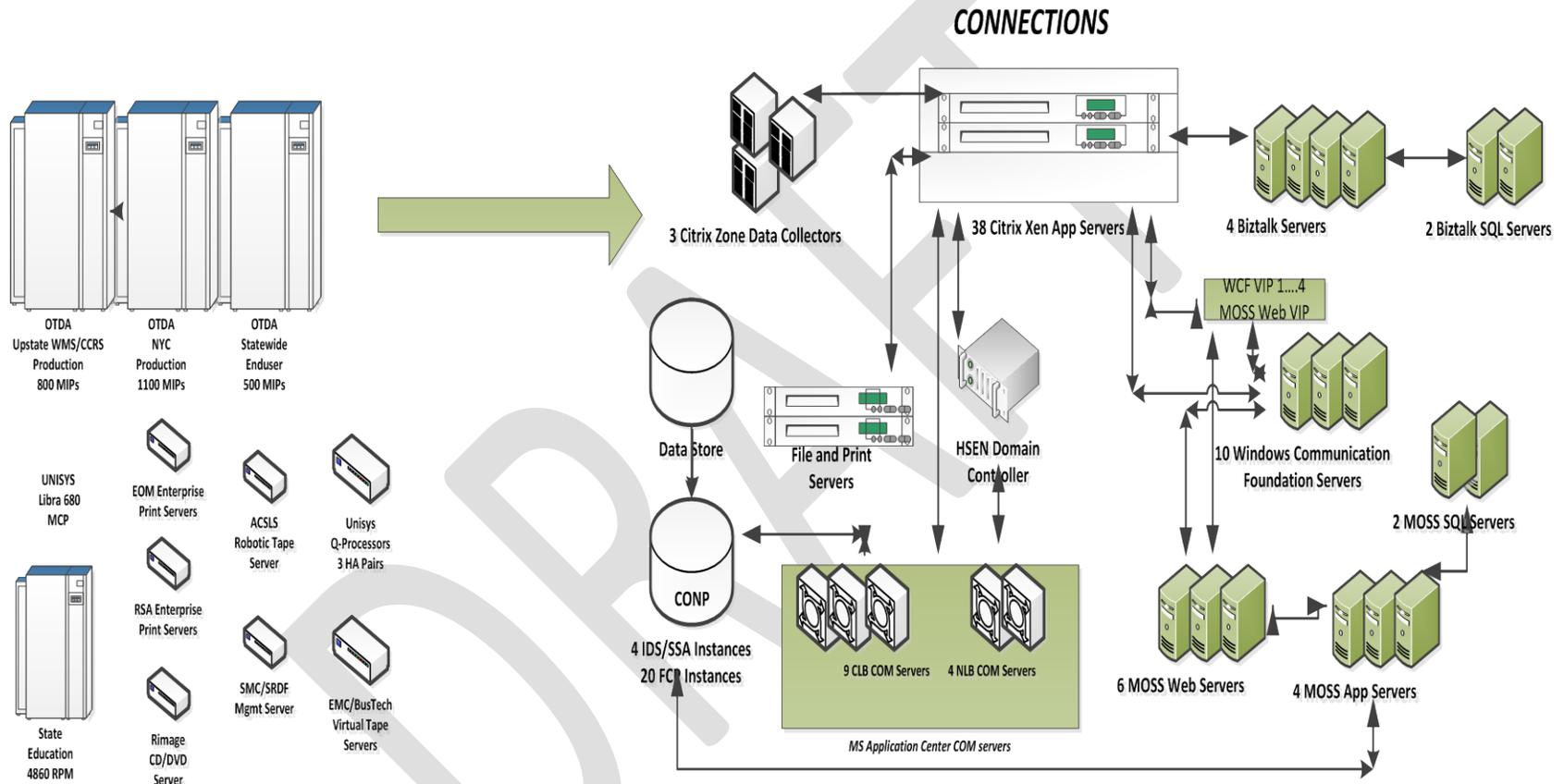
Exhibit 2-4 and Exhibit 2-5 illustrate the technical architecture required to support **Business Process 1: Identification of the Foster Child**. A caseworker searches for a child in WMS by first authenticating and getting an authorization to use the WMS system. This is done by entering a userid/password.



**Exhibit 2-4: WMS Authentication and Authorization: Identifying the Foster Care Child**

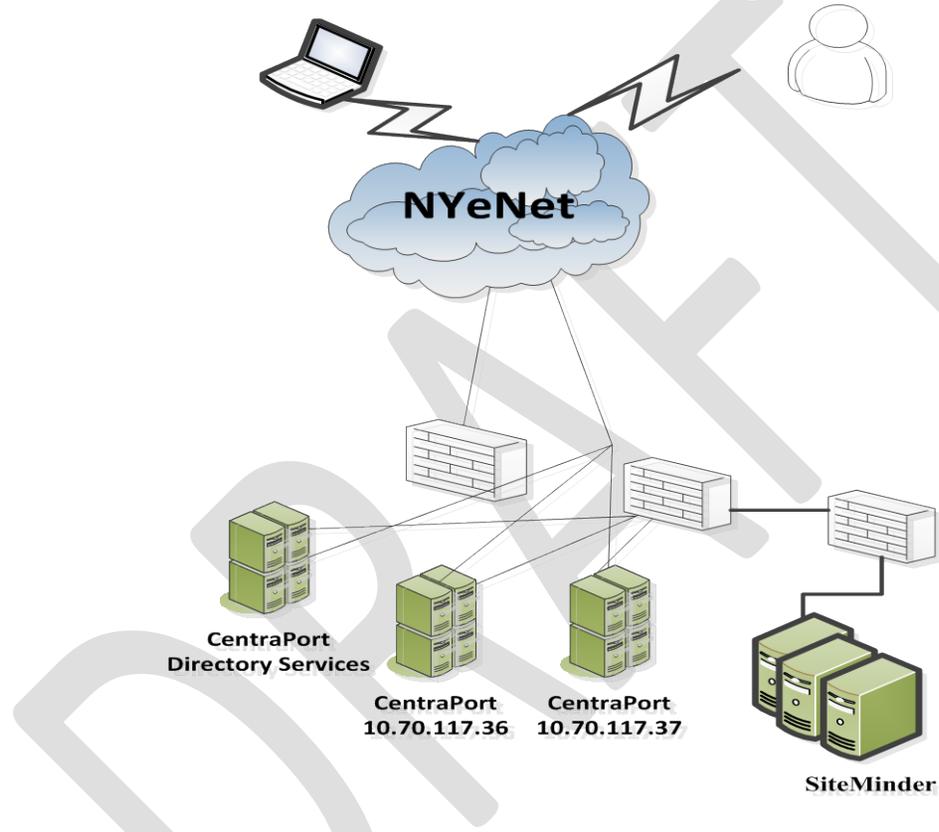
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The caseworker then enters WMS to search for an existing CIN and enters information into Medicaid Budget Logic (MABEL) to make an eligibility determination.



**Exhibit 2-5: WMS Eligibility Determination and Communication with CONNECTIONS**

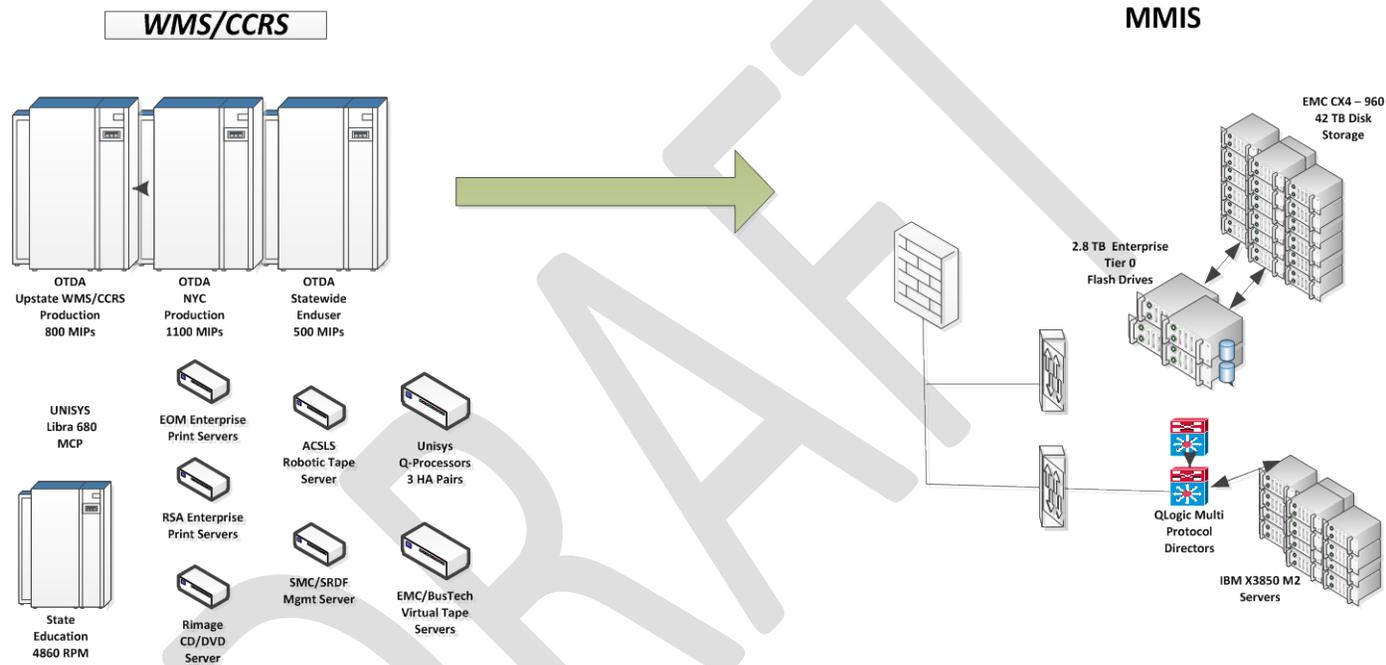
Exhibit 2-6 and Exhibit 2-7 illustrate the technical architecture required to support **Business Process 2: Establishing the Foster Child's Eligibility Status, Placement and Location**. A caseworker enters a child's CIN into WMS by first authenticating and getting an authorization to use the WMS system. This is done by entering a userid/password



**Exhibit 2-6: WMS Authentication and Authorization to Establish Eligibility Status, Placement and Location**

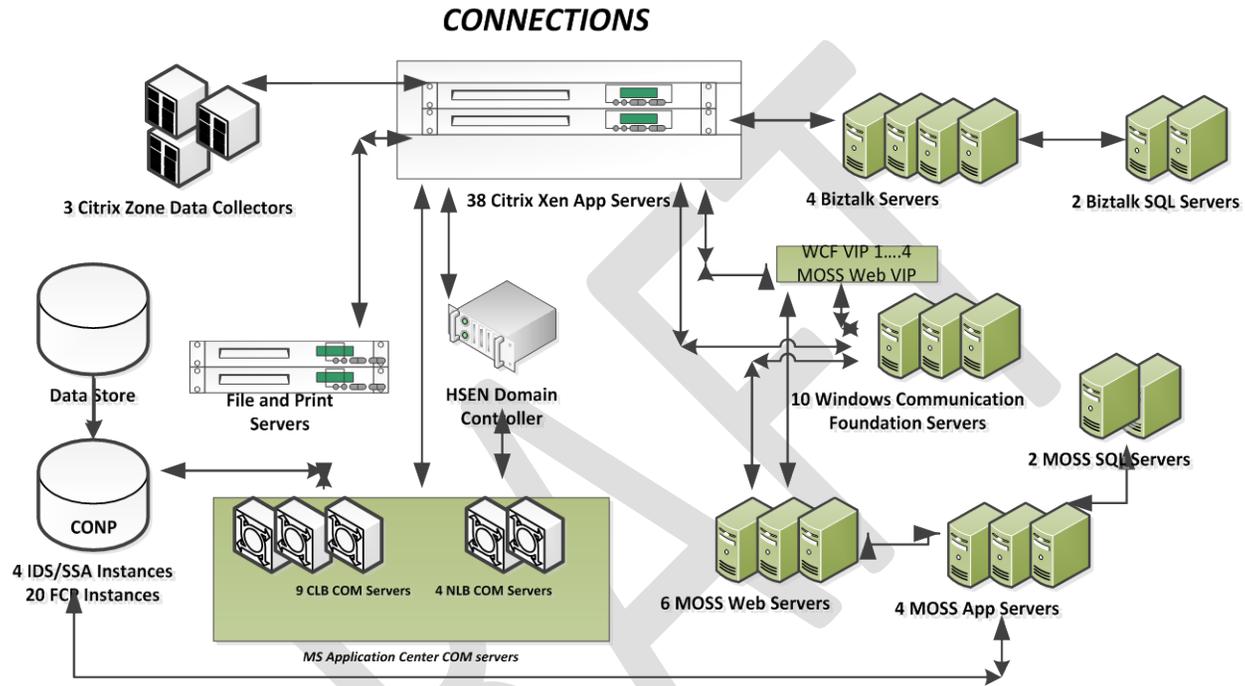
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Using the same user id/password, the caseworker records placement, location, legal guardianship and payment authorization information into CCRS. The payment and eligibility information is then passed to the State's fiscal agent so that Medicaid payments can be made to providers.



**Exhibit 2-7: WMS Eligibility Determination and Communication with the eMedNY MMIS**

Exhibit 2-8 illustrates the technical architecture required to support **Business Process 3: Gathering, Recording and Maintaining Foster Child Health Information**. The caseworker enters a limited set of health care information into the CONNECTIONS Health Services Module. Currently, most data is kept in manual files.



**Exhibit 2-8: CONNECTIONS Health Services Module Data Entry**

**Alternative 1 Preliminary Project Plan**

Exhibit 2-9 presents a preliminary project plan for alternative 1 presented in sufficient detail to illustrate the level of effort and complexity of this approach so it can be readily compared with alternatives 2 and 3, to follow.

**Exhibit 2-9: Preliminary Project Plan for Alternative 1:  
 Enhance Existing Business Processes and IT Systems**

#	TASKS
<b>1</b>	<b>Project Initiation</b>
	Establish Governance Structure
	Establish Project Management Office
	Establish Workgroups
	Select Central Office, LDSS & VA Representatives
	Select OCFS Program & Technical Subject Matter Experts (SMEs)
	Select OTDA Program & Technical SMEs
	Select DOH Program & Technical SMEs
1.1	<b>Develop Project Plan and Schedule</b>
	<b>Conduct Project Kickoff/Confirm Objectives</b>
<b>2</b>	<b>Project Execution</b>
2.1	<b>Requirements Definition &amp; Business Process Analysis</b>
	<b>Define Functional Requirements</b>
	Use Case 1: ID the FC Child
	OCFS
	OTDA
	DOH
	VAs
	Counties
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	OCFS
	OTDA
	DOH
	VAs
	Counties
	Use Case 3: Gather, Record & Maintain Health Information
	OCFS

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#	TASKS
	DOH
	VAs
	Counties
	<b>Complete Business Process Analysis</b>
	Use Case 1: ID the FC Child
	OCFS Business Process Workflows
	OTDA Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	OCFS Business Process Workflows
	OTDA Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Use Case 3: Gather, Record & Maintain Health Information
	OCFS Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	<b>Define Technical Requirements</b>
	Use Case 1: ID the FC Child
	WMS Modifications
	CCRS Modifications
	CONNECTIONS Modifications
	MMIS Modifications
	OHIP DM Modifications
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	WMS Modifications
	CCRS Modifications
	CONNECTIONS Modifications
	MMIS Modifications
	OHIP DM Modifications
	Use Case 3: Gather, Record & Maintain Health Information
	CONNECTIONS Modifications
	MMIS Modifications

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#	TASKS
2.2	<b>Design</b>
	Confirm Required BP & System Modifications
	<b>Functional &amp; Business Process Design</b>
	<b>OCFS/CONNECTIONS</b>
	Complete OCFS/CONNECTIONS Functional Design
	Develop OCFS/CONNECTIONS Functional Specifications
	<b>OTDA/WMS</b>
	Complete OTDA/WMS Functional Design
	Develop OTDA/WMS Functional Specifications
	<b>OTDA/CCRS</b>
	Complete OTDA/CCRS Functional Design
	Develop OTDA/CCRS Functional Specifications
	<b>DOH/MMIS</b>
	Complete DOH/MMIS Functional Design
	Develop DOH/MMS Functional Specifications
	<b>DOH/OHIP DM</b>
	Complete DOH/OHIP DM Functional Design
	Develop DOH/OHIP DM Functional Specifications
	<b>System Modification Design</b>
	<b>OCFS/CONNECTIONS</b>
	Complete OCFS/CONNECTIONS Technical Design
	Develop OCFS/CONNECTIONS Technical Specifications
	<b>OTDA/WMS</b>
	Complete OTDA/WMS Technical Design
	Develop OTDA/WMS Technical Specifications
	<b>OTDA/CCRS</b>
	Complete OTDA/CCRS Technical Design
	Develop OTDA/CCRS Technical Specifications
	<b>DOH/MMIS</b>
	Complete DOH/MMIS Technical Design
	Develop DOH/MMS Technical Specifications
	<b>DOH/OHIP DM</b>
	Complete DOH/OHIP DM Technical Design
	Develop DOH/OHIP DM Technical Specifications
	<b>Data Conversion Design</b>

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#	TASKS
	Complete Data Conversion Analysis
	Develop Data Conversion Plan and Specifications
2.3	<b>Construction &amp; Unit Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP DM
2.4	<b>Testing</b>
	<b>System Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP DM
	<b>Integration Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP DM
	<b>User Acceptance Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP DM
2.5	<b>Implementation</b>
	Complete Data Conversion
	<b>System Documentation</b>
	Draft & Test WMS Documentation
	Draft & Test CCRS Documentation
	Draft & Test CONNECTIONS Documentation
	Draft & Test MMIS Documentation
	Draft & Test OHIP DM Documentation

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#	TASKS
	<b>Training</b>
	<b>Training Materials</b>
	Draft & Test WMS Training Materials
	Draft & Test CCRS Training Materials
	Draft & Test CONNECTIONS Training Materials
	Draft & Test MMIS Training Materials
	Draft & Test OHIP DM Training Materials
	<b>Conduct User Training (OCFS, OTDA, DOH, VAs, Counties)</b>
2.6	<b>Production Cutover</b>
2.7	<b>Provide Implementation Support</b>

## **2.2 Child Welfare and Health Programmatic and Business Processes Considerations**

### **Organizational Impacts: Governance Structure**

As described in the overview and background section, the governance structures associated with three major organizational units (OCFS, OTDA and DOH) plus the ITS organization will remain the same. This presents many challenges to the project team as they analyze business processes and define requirements across multiple agencies supported by four IT systems. The primary question that must be addressed is: Who will be the project's executive sponsor and how will interagency coordination be managed?

### **Program Impacts: Business Process Analysis and Requirements Definition**

In addition to static governance structures, OTDA, OCFS, and DOH business processes will remain independent and 'siloed'. The project team must analyze business processes and define requirements for functions integral to gathering the most current foster care child health information that span multiple organizational units.

In addition to being 'siloed', many current business processes lack sufficient flexibility to support the timing necessary for the data availability required for the Children's Passport. For example, the OCFS CONNECTIONS child welfare information system is populated with partial health information gathered prior to the FC child's placement.

### **Staffing**

Staff supporting three major organizational units plus the ITS must be coordinated and trained in any business process changes and supporting system enhancements. Absent an attempt to fully analyze requirements to integrate functions across these organizational units, changes may lead to duplicative work for staff.

## **2.3 Data Source Considerations**

### **Data Silos**

Database structures for each IT system will remain the same. Since data is 'siloed' and cannot be changed, data dependencies will make it difficult for end users to understand foster care child health information. For example, as part of implementing the Children's Passport for the Juvenile Justice population, an extensive data analysis process was completed to make certain that Medicaid claims data (stored for the purpose of processing a claim for payment to providers) was meaningful to health care staff (interested in health information for clinical purposes). As a result, crosswalks to address these data dependencies were developed and implemented.

## **System of Record**

Identification of the system of record will be an issue. For example, the OTDA Welfare Management System currently serves as the system of record for Medicaid eligibility information. What if the DOH MMIS contains conflicting information? Will the current protocol of WMS as the system of record continue?

### **2.4 Information Technology Considerations**

By continuing to maintain aging IT systems, this alternative does not address the need to provide a path for future architectural upgrades. All agencies remain vulnerable to the sun-setting of non-supported platforms. This vulnerability will lead to the eventual inability to maintain and/or result in a higher cost of maintenance (e.g., staffing that have skills in obsolete technologies will be more expensive and difficult to locate).

Architectural changes will be more difficult and costly. Technical support resources will continue to be distributed across multiple legacy systems and enterprises. All IT systems maintenance environments will be more labor-intensive.

### **2.5 Privacy and Confidentiality Considerations**

The current environment is compliant with the Health Information Portability and Accountability Act (HIPAA) and all its Privacy and Security provisions. However, disparate security apparatus are in place across multiple platforms. This results in greater vulnerability to security and privacy breaches as well as a higher cost of maintenance.

### **2.6 Alternative 1 Feasibility Assessment and Summary**

This alternative fails to address the minimum requirements described in the Children's Passport system objectives and project's targeted outcomes on pages 1-2 and 1-3. By continuing to treat OCFS, OTDA and DOH business processes, data and IT systems as independent silos, this alternative is unlikely to support:

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

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

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

Since this alternative promotes State and Federal investment in a series of obsolete IT infrastructures, it is not considered a viable alternative and will be eliminated for further analysis as part of the development of the *Cost Benefit Analysis* deliverable.

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### **3 Alternative 2: Build New Business Processes and IT Systems (No Multi-Agency Integration)**

#### **3.1 Alternative 2 Description**

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

#### **Alternative 2 Business Process Overview**

Alternative 2 must also address the three major business process workflows in the current child welfare operational environment summarized in the previous section. These workflows involve the gathering, processing and maintenance of foster child health information: 1) Identifying the foster child; 2) Establishing the foster child's eligibility status, placement and location; and, 3) Gathering, recording and maintaining the foster child's health information. Unlike alternative 1, this approach proposes the redefinition and replacement of these processes to support the capture of the most current FC children's health information.

Comprehensive requirements definition and business process analysis tasks will be required to: 1) clearly define user requirements associated with gathering of FC health information; and, 2) complete the reengineering of current business processes (or business process re-engineering (BPR)) to support these requirements.

Representative stakeholders from multiple agencies must participate in these tasks to ensure that the wide variety of casework activities are fully discussed and reflected in both the requirements and business process analysis and reengineering tasks.

#### **Alternative 2 Data Sources Overview**

Requirements definition, business process analysis and BPR tasks must also consider the data sources associated with each of the three (3) major business processes. However this alternative proposes the design, development and implementation (DDI) of a replacement, common database management (DBMS) structure that will support the Children's Passport system objectives to gather and store the most current health information. This will entail the DDI of a new DBMS that will meet the needs of the three organizations units, four supporting IT systems and the health and human services programs they support.

The same set of four major legacy IT systems and data sources presented in the previous section apply to each of the three major business process workflows. Technical staff with a working knowledge of the technical design of these systems and their data stores must be included in requirements definition, business process analysis and legacy system replacement design tasks. This effort will also require more specialized staff, including Data Architects to define the new common DBMS structure.

**Alternative 2 Technical Architecture Overview**

While alternative 1 proposed potential revisions to the technical architecture of the four legacy systems, alternative 2 entails the complete redefinition, redesign and replacement of these technical architectures.

Highly skilled Technical Architects must be retained to participate in comprehensive technical requirements definition tasks to support the concurrent DDI of four new technical architectures to support four replacement IT systems. These specialists will work with representative technology specialists from OTDA, OCFS and DOH to define these replacement environments.

These efforts will have far reaching implications as each agency must plan the wholesale replacement of their IT operational facilities and staff. Staff must also be available to support four concurrent, large scale IT systems construction, testing and implementation efforts.

**Alternative 2 Preliminary Project Plan**

Exhibit 3-1 presents a preliminary project plan for alternative 2 presented in sufficient detail to illustrate the level of effort and complexity of this approach so it can be readily compared with alternatives 1 and 3.

**Exhibit 3-1: Preliminary Project Plan for Alternative 2:  
Build New Business Processes & IT Systems**

#	TASKS
1	<b>Project Initiation</b>
	Establish Governance Structure
	Establish Project Management Office
	Establish Workgroups
	Select Central Office, LDSS & VA Representatives
	Select OCFS Program & Technical SMEs
	Select OTDA Program & Technical SMEs
	Select DOH Program & Technical SMEs
1.1	<b>Develop Project Plan and Schedule</b>
1.2	<b>Conduct Project Kickoff/Confirm Objectives</b>
2	<b>Project Execution</b>
2.1	<b>Requirements Definition &amp; Business Process Analysis</b>
	<b>Define Functional Requirements</b>
	Use Case 1: ID the FC Child

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#	TASKS
	OCFS
	OTDA
	DOH
	VAs
	Counties
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	OCFS
	OTDA
	DOH
	VAs
	Counties
	Use Case 3: Gather, Record & Maintain Health Information
	OCFS
	DOH
	VAs
	Counties
	<b>Complete Business Process Analysis</b>
	Use Case 1: ID the FC Child
	OCFS Business Process Workflows
	OTDA Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	OCFS Business Process Workflows
	OTDA Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Use Case 3: Gather, Record & Maintain Health Information
	OCFS Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	<b>Define Technical Requirements</b>
	Use Case 1: ID the FC Child
	WMS Replacement System

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#	TASKS
	CCRS Replacement System
	CONNECTIONS Replacement System
	MMIS Replacement System
	OHIP DM Replacement System
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	WMS Replacement System
	CCRS Replacement System
	CONNECTIONS Replacement System
	MMIS Replacement System
	OHIP DM Replacement System
	Use Case 3: Gather, Record & Maintain Health Information
	CONNECTIONS Replacement System
	MMIS Replacement System
2.2	<b>Design</b>
	<b>Functional Design &amp; Business Process Re-engineering (BPR)</b>
	<b>OCFS/CONNECTIONS</b>
	Complete OCFS/Replacement System Functional Design & BPR
	Develop OCFS/Replacement System Functional Design & BPR
	<b>OTDA/WMS</b>
	Complete OTDA/Replacement System Functional Design & BPR
	Develop OTDA/Replacement System Functional Specifications & BPR
	<b>OTDA/CCRS</b>
	Complete OTDA/CCRS Replacement System Functional Design & BPR
	Develop OTDA/CCRS Replacement System Functional Specifications & BPR
	<b>DOH/MMIS</b>
	Complete DOH/MMIS Replacement System Functional Design & BPR
	Develop DOH/MMS Replacement System Functional Specifications & BPR
	<b>OHIP DM</b>
	Complete DOH/OHIP DM Replacement System Functional Design & BPR
	Develop DOH/OHIP DM Replacement System Functional Specifications & BPR
	<b>System Design</b>
	<b>OCFS/CONNECTIONS</b>
	Complete OCFS/Replacement System Technical Design
	Develop OCFS/Replacement System Technical Specifications

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#	TASKS
	<b>OTDA/WMS</b>
	Complete OTDA/WMS Replacement System Technical Design
	Develop OTDA/WMS Replacement System Technical Specifications
	<b>OTDA/CCRS</b>
	Complete OTDA/CCRS Replacement System Technical Design
	Develop OTDA/CCRS Replacement System Technical Specifications
	<b>DOH/MMIS</b>
	Complete DOH/MMIS Replacement System Technical Design
	Develop DOH/MMS Replacement System Technical Specifications
	<b>DOH/OHIP</b>
<b>DM</b>	Complete DOH/OHIP DM Replacement System Technical Design
	Develop DOH/OHIP DM Replacement System Technical Specifications
	<b>Data Conversion Design</b>
	Complete Data Conversion Analysis
	Develop Data Conversion Plan and Specifications
2.3	<b>Construction &amp; Unit Testing</b>
	WMS Replacement System
	CCRS Replacement System
	CONNECTIONS Replacement System
	MMIS Replacement System
	OHIP DM Replacement System
2.4	<b>Testing</b>
	<b>System Testing</b>
	WMS Replacement System
	CCRS Replacement System
	CONNECTIONS Replacement System
	MMIS Replacement System
	OHIP DM Replacement System
	<b>Integration Testing</b>
	WMS Replacement System
	CCRS Replacement System
	CONNECTIONS Replacement System
	MMIS Replacement System
	OHIP DM Replacement System
	<b>User Acceptance Testing</b>

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#	TASKS
	WMS Replacement System
	CCRS Replacement System
	CONNECTIONS Replacement System
	MMIS Replacement System
	OHIP DM Replacement System
2.5	<b>Implementation</b>
	Complete Data Conversion
	<b>System Documentation</b>
	Draft & Test WMS Replacement System Documentation
	Draft & Test CCRS Replacement System Documentation
	Draft & Test CONNECTIONS Replacement System Documentation
	Draft & Test MMIS Replacement System Documentation
	Draft & Test OHIP DM Replacement System Documentation
	<b>Training</b>
	<b>Training Materials</b>
	Draft & Test WMS Replacement System Training Materials
	Draft & Test CCRS Replacement System Training Materials
	Draft & Test CONNECTIONS Replacement System Training Materials
	Draft & Test MMIS Replacement System Training Materials
	Draft & Test OHIP DM Replacement System Training Materials
	<b>Conduct User Training (OCFS, OTDA, DOH, VAs, Counties)</b>
2.6	<b>Production Cutover</b>
2.7	<b>Provide Implementation Support</b>

### **3.2 Child Welfare and Health Programmatic and Business Processes Considerations**

#### **Organizational Impacts: Governance Structure**

Since this alternative entails the wholesale replacement of four major IT systems that support the programs of three health and human services organizational units, it will be imperative to define and implement a new governance structure. The ITS organization would likely play a major role in establishing this structure. However, these initiatives must be balanced with competing priorities and schedules described in the *Overview and Background* section of this document.

In addition to the challenges associated with planning and coordinating four large scale IT systems development efforts across OCFS, OTDA and DOH, the health and human services programs supported by these organizations are governed in part by regulations emanating from multiple Federal agencies: the Administration for Children and Families (OCFS and OTDA), the Department of Agriculture's Food and Nutrition Services (OTDA), and the Centers for Medicare and Medicaid Services (DOH and OTDA). In effect, the silos that exist in New York State's health and human services organizations are further constrained by companion Federal regulatory silos and supporting guidance that have evolved over many years along separate paths. This issue has major implications relative to the planning and funding of these initiatives.

#### **Program Impacts: Business Process Analysis and Requirements Definition**

In addition to challenge of establishing a new governance structure and coordinating Federal guidance across multiple agencies, the project team will be charged with the analysis and wholesale redefinition of business requirements and supporting business processes. While this will result in re-engineered business processes for each organizational unit, this alternative does not address integrating these improvements across the organizational units. As a result, there will be no improvements beyond the silos of OCFS, OTDA and DOH.

#### **Staffing**

This alternative will include a massive retraining of all staff across the three agencies and four supporting IT systems. Specialized staff such as Technical Architects and Data Architects will be required to complete the design of a new database management structure and technical architectures for the replacement IT systems.

While the replacement IT systems will be built on modern technical platforms resulting in a less labor intensive maintenance operation, the DDI phase will be much more labor intensive and costly. Further, during the transition and cutover periods of system implementation, each agency must maintain two sets of appropriately skilled staff to support both the legacy and replacement environments.

### **3.3 Data Source Considerations**

One major advantage of this alternative is the development of a single, common database structure capable of supporting all three agencies and their health and human services programs. However, the path to implementing this common database will be challenging. Multiple, complex data conversions must be planned and implemented. Data synchronization processes will be necessary to ensure a high degree of data integrity.

#### **System of Record**

While data silos will no longer be an issue, the question of identifying the system of record will remain. For example, is the OTDA update of the Medicaid eligibility field on the common database considered the only valid value? Can DOH or OCFS systems and workers change this field?

### **3.4 Information Technology Considerations**

Alternative 2 will require a massive investment of State and Federal funds to implement four new IT systems and establish new operational facilities. The migration path of these systems from development to production will be complex and extremely high risk. Legacy and replacement environments must be maintained during transition and cutover periods. While it is likely that maintaining and operating four modernized environments will be less labor intensive and costly, the DDI cost will be extremely high.

### **3.5 Privacy and Confidentiality Considerations**

This alternative offers improved directory management capabilities and uniform authentication processes to support the replacement IT systems. This should result in lower vulnerability to HIPAA Privacy and Security breaches as well as a lower cost of maintenance.

### 3.6 Alternative 2 Feasibility Assessment and Summary

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

While it may be operational feasible once the replacement systems are implemented, the migration path from development to production will be highly complex and introduce a high level of risk. Based upon previous attempts to replace these systems<sup>4</sup>, implementing this alternative will be costly and may take in excess of eight years.

While alternative 2 offers the latest technical innovations available, the potential to leverage other state's innovations and the opportunity to improve business processes, it will be very costly, take a longer time to market and will not fully address the issue of implementing data standards. However, based upon on the technical advantages this alternative offers, it will be included in the subsequent *Cost Benefit Analysis* deliverable.

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<sup>4</sup> Costs for the OCFS CONNECTIONS Child Welfare System integration project totaled \$750 million over 5 years. Approximately \$1.4 billion has been spent to replace the OTDA WMS over an 8 year period. Estimated costs to replace DOH's MMIS total \$800 million over 6 years and required a Federal Advance Planning Document funding request and a 2 year procurement cycle. Total estimated costs for all projects: \$2.7 billion over 8+ years. These estimated do not include the replacement of CCRS.

## **4 Alternative 3: Enhancement and Integration of Existing Business Processes and IT Systems (Full Multi-Agency Integration)**

### **4.1 Alternative 3 Description**

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

#### **Alternative 3 Business Process Overview**

As described in the *As-Is Assessment* deliverable, Section 2 Business Processes, there are three (3) major business process workflows in the current child welfare operational environment that involve the gathering, processing and maintenance of foster child health information: 1) Identifying the foster child; 2) Establishing the foster child's eligibility status, placement and location; and, 3) Gathering, recording and maintaining the foster child's health information. Similar to alternative 1, this alternative proposes the enhancement of these processes to support the capture of the most current FC children's health information with full integration across OCFS, OTDA and DOH.

Comprehensive requirements definition and business process analysis tasks will be required to: 1) clearly define user requirements associated with gathering of FC health information; and, 2) determining what changes must be made to current business processes to support these requirements. Work products from the implementation of the Children's Passport for the JJ population as well as the MDM/MPI initiative will be available for leveraging.

Representative stakeholders from multiple agencies must participate in these tasks to ensure that the wide variety of casework activities are fully explored and reflected in both the requirements and business process analysis deliverables. From the earliest days of the project, these representatives will work closely with the project team to define paths to integrated processes across OCFS, OTDA and DOH.

### **Alternative 3 Data Sources Overview**

Requirements definition and business process analysis tasks must also consider the data sources associated with each of the three (3) major business processes and how best to integrate them across multiple agencies. This may result in the decision to enhance data stores to support the Children's Passport system objectives to gather and store the most current health information. In order to support full multi-agency integration, system enhancement design specifications relative to database modification will be required. Work products from the implementation of the Children's Passport for the JJ population as well as MDM/MPI initiative will be available for used in these tasks.

The same set of four major legacy IT systems and data sources presented in the *section 2, alternative 1*, apply to each of the three major business process workflows. Technical staff with a working knowledge of the technical design of these systems and their data stores must be included in requirements definition, business process analysis and legacy system enhancement design tasks.

### **Alternative 3 Technical Architecture Overview**

Similar to tasks associated with requirements definition and business process analysis discussed in the previous sections, alternative 3 will likely include revisions to the legacy technical architecture to support the capture the most current foster care children's health information and fully integrate functions across all three impacted agencies.

Comprehensive requirements definition and business process analysis tasks must include the clear definition of technical requirements needed to support user functional requirements and business process enhancements.

The framework needs to reusable and extensible and must incorporate the principles defined in the: 1) Federal Enterprise Architecture (FEA) and its five reference models; 2) Medicaid Information Technology Architecture (MITA); and, 3) National Human Services Interoperability Architecture (NHSIA).

Representative technology specialists from OTDA, OCFS and DOH must participate in these tasks to ensure that the any proposed changes are technically viable and feasible. Staff selected must be knowledgeable in the technical architecture illustrated in Exhibits 2-4, 2-5 and 2-6 and must also be available to support system construction, testing and implementation activities. Work products from the implementation of the Children's Passport for the JJ population as well as MDM initiative will be available for leveraging.

**Alternative 3 Preliminary Project Plan**

Exhibit 4-1 presents a preliminary project plan for alternative 1 presented in sufficient detail to illustrate the level of effort and complexity of this approach so it can be readily compared with alternatives 1 and 2.

**Exhibit 4-1: Preliminary Project Plan for Alternative 3:  
 Enhance & Integrate Existing Business Processes and  
 IT Systems (Full Multi-Agency Integration)**

#	TASKS
1	<b>Project Initiation</b>
	Establish Governance Structure
	Establish Project Management Office
	Establish Workgroups
	Select Central Office, LDSS & VA Representatives
	Select OCFS Program & Technical SMEs
	Select OTDA Program & Technical SMEs
	Select DOH Program & Technical SMEs
1.1	<b>Develop Project Plan and Schedule</b>
1.2	<b>Conduct Project Kickoff/Confirm Objectives</b>
2	<b>Project Execution</b>
2.1	<b>Requirements Definition &amp; Business Process Analysis</b>
	<b>Define Functional Requirements</b>
	Use Case 1: ID the FC Child
	OCFS
	OTDA
	DOH
	VAs
	Counties
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	OCFS
	OTDA
	DOH
	VAs
	Counties
	Use Case 3: Gather, Record & Maintain Health Information
	OCFS
	DOH

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#	TASKS
	VAs
	Counties
	Define Integrated Functional Requirements
	<b>Complete Business Process Analysis</b>
	Use Case 1: ID the FC Child
	OCFS Business Process Workflows
	OTDA Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	OCFS Business Process Workflows
	OTDA Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Use Case 3: Gather, Record & Maintain Health Information
	OCFS Business Process Workflows
	DOH Business Process Workflows
	VA Business Process Workflows
	Counties' Business Process Workflows
	Define Integrated Business Process Workflows
	<b>Define Technical Requirements</b>
	Use Case 1: ID the FC Child
	WMS Modifications
	CCRS Modifications
	CONNECTIONS Modifications
	MMIS Modifications
	OHIP DM Modifications
	Use Case 2: Establish Medicaid Eligibility, Placement & Location
	WMS Modifications
	CCRS Modifications
	CONNECTIONS Modifications
	MMIS Modifications
	OHIP DM Modifications
	Use Case 3: Gather, Record & Maintain Health Information
	CONNECTIONS Modifications

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#	TASKS
	MMIS Modifications
	Define Integration Technical Requirements
2.2	<b>Design</b>
	Confirm Required BP & System Modifications
	<b>Functional &amp; Business Process Design</b>
	<b>OCFS/CONNECTIONS</b>
	Complete OCFS/CONNECTIONS Functional Design
	Develop OCFS/CONNECTIONS Functional Specifications
	<b>OTDA/WMS</b>
	Complete OTDA/WMS Functional Design
	Develop OTDA/WMS Functional Specifications
	<b>OTDA/CCRS</b>
	Complete OTDA/CCRS Functional Design
	Develop OTDA/CCRS Functional Specifications
	<b>DOH/MMIS</b>
	Complete DOH/MMIS Functional Design
	Develop DOH/MMS Functional Specifications
	<b>DOH/OHIP DM</b>
	Complete DOH/OHIP DM Functional Design
	Develop DOH/OHIP DM Functional Specifications
	<b>Integration</b>
	Complete Multi-agency Functional Design
	Develop Multi-agency Functional Specifications
	<b>System Modification Design</b>
	<b>OCFS/CONNECTIONS</b>
	Complete OCFS/CONNECTIONS Technical Design
	Develop OCFS/CONNECTIONS Technical Specifications
	<b>OTDA/WMS</b>
	Complete OTDA/WMS Technical Design
	Develop OTDA/WMS Technical Specifications
	<b>OTDA/CCRS</b>
	Complete OTDA/CCRS Technical Design
	Develop OTDA/CCRS Technical Specifications
	<b>DOH/MMIS</b>
	Complete DOH/MMIS Technical Design
	Develop DOH/MMS Technical Specifications

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#	TASKS
	<b>DOH/OHIP DM</b>
	Complete DOH/OHIP DM Technical Design
	Develop DOH/OHIP DM Technical Specifications
	<b>Integration</b>
	Complete Multi-agency Technical Design
	Develop Multi-agency Technical Specifications
	<b>Data Conversion Design</b>
	Complete Data Conversion Analysis
	Develop Data Conversion Plan and Specifications
2.3	<b>Construction &amp; Unit Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP
	DM
2.4	<b>Testing</b>
	<b>System Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP DM
	<b>Integration Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS
	OHIP DM
	<b>User Acceptance Testing</b>
	WMS
	CCRS
	CONNECTIONS
	MMIS

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#	TASKS
	OHIP DM
2.5	<b>Implementation</b>
	Complete Data Conversion
	<b>System Documentation</b>
	Draft & Test WMS Documentation
	Draft & Test CCRS Documentation
	Draft & Test CONNECTIONS Documentation
	Draft & Test MMIS Documentation
	Draft & Test OHIP DM Documentation
	<b>Training</b>
	<b>Training Materials</b>
	Draft & Test WMS Training Materials
	Draft & Test CCRS Training Materials
	Draft & Test CONNECTIONS Training Materials
	Draft & Test MMIS Training Materials
	Draft & Test OHIP DM Training Materials
	<b>Conduct User Training (OCFS, OTDA, DOH, VAs, Counties)</b>
2.6	<b>Production Cutover</b>
2.7	<b>Provide Implementation Support</b>

## **4.2 Child Welfare and Health Programmatic and Business Processes Considerations**

### **Organizational Impacts: Governance Structure**

Since this alternative will enhance existing business processes and IT systems and address multi-agency integration, it will be imperative to define a new governance structure. Work completed as part of the implementation of the Children's Passport for the JJ population included the execution of an MOU between OCFS and DOH. This MOU could serve a starting point for discussions required to establish a multi-agency governance structure. Activities to define a governance structure should include the appointment of the project's executive sponsor(s) and definition of approaches to interagency coordination and issue resolution.

### **Program Impacts: Business Process Analysis and Requirements Definition**

In addition to a newly defined governance structure, alternative 3 will work to integrate OTDA, OCFS, and DOH business processes, thereby breaking down the organizational silos with respect to foster care children's health information. New business requirements will be defined along with supporting business processes.

### **Staffing**

This alternative will identify enhancements to existing IT systems taking staffing constraints into consideration. While business process and systems changes will be introduced, a wholesale retraining of all staff across all three agencies will not be required.

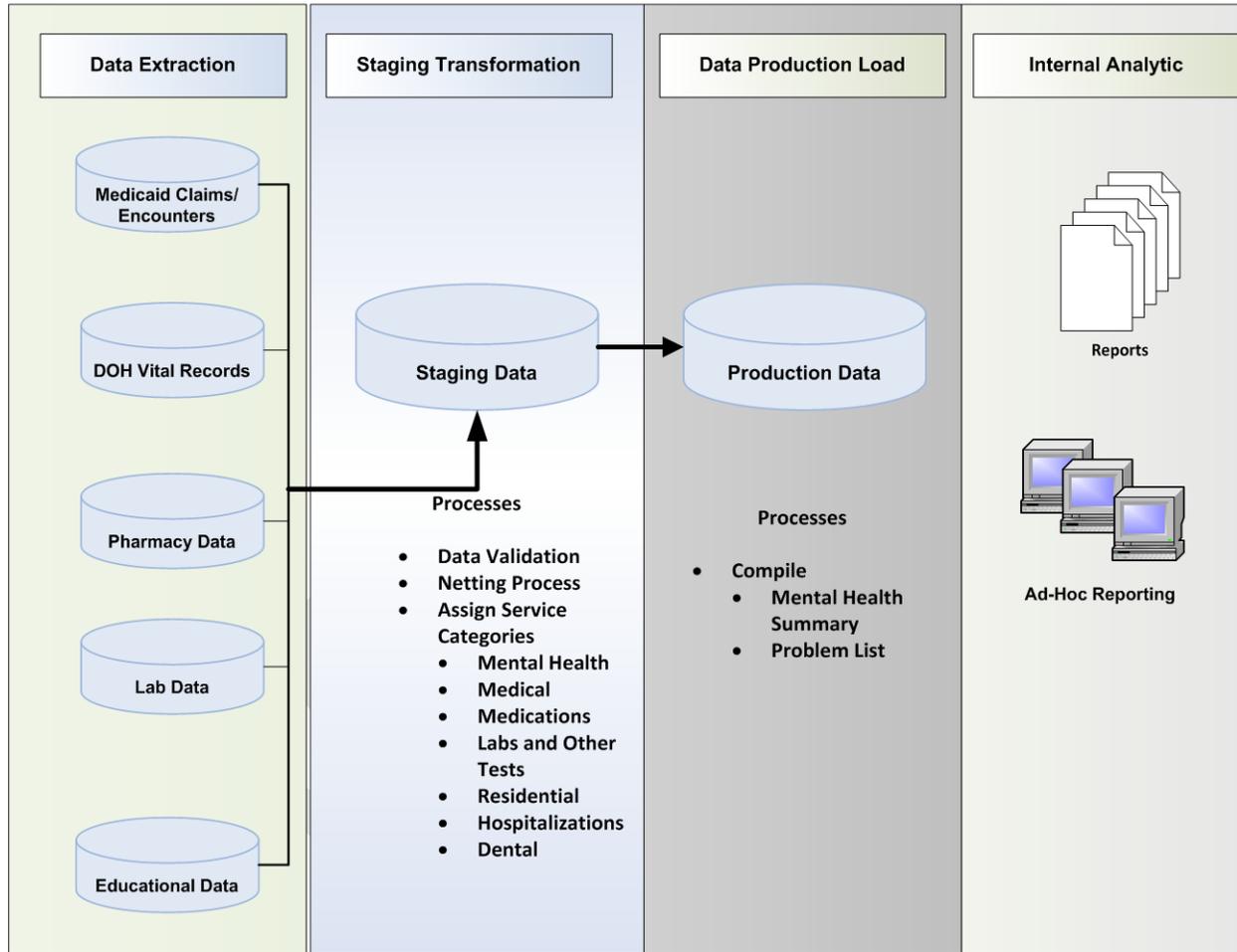
## **4.3 Data Source Considerations**

While this alternative will not provide a common database structure, it will make certain that data standards will be employed as part of all data analysis, design and implementation tasks.

While some data may remain 'siloe'd', data dependencies will be addressed via the leveraging of the extensive data analysis process employed as part of the Children's Passport for the Juvenile Justice project depicted in Exhibit 4-2, below. Data passes to the transformation layer via one of a variety of secure protocols and proceeds through a series of processes that manipulate and categorize the Medicaid payment data.

This data analysis effort was required to make certain that Medicaid claims data (stored for the purpose of processing a claim for payment to providers) was meaningful to medical, mental health and case workers (interested in health information for clinical purposes). Crosswalks to address these data dependencies will be available for use as part of alternative 3 DDI activities.

**Exhibit 4-2: Children's Passport Data Analysis Capability**



## **System of Record**

While determining system of record will remain an issue, it will be addressed as part of tasks associated with addressing requirements for full multi-agency integration.

### **4.4 Information Technology Considerations**

Alternative 3 will leverage work completed to define the Children's Passport IT solution for the JJ population as well as the MDM/MPI work products. The resulting technical architecture will offer a Service Oriented architecture (SOA) based interoperable platform, employing an Enterprise Service Bus (ESB) that will provide all agencies with a path to future technological advancements while not disturbing legacy operations. Incremental investment in these new technologies will be promoted.

### **4.5 Privacy and Confidentiality Considerations**

HIPAA compliance of the current environment will be maintained. Enhancements will promote uniform authentication processes to lower vulnerability of disparate security apparatuses now in place across multiple platforms.

### **4.6 Alternative 3 Feasibility Assessment and Summary**

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

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

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

While part of the proposed technology solution will remain in the legacy technical architecture and staff with skills in new technologies may be required, this alternative remains viable and will be fully analyzed as part of the development of the *Cost Benefit Analysis* deliverable.

5 Summary

**Exhibit 5-1 Alternatives Analysis Summary**

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

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	<b>Alternative 1: Enhance Existing Business Processes and IT Systems</b>	<b>Alternative 2: Build New Business Processes and IT Systems (No Multi-Agency Integration)</b>	<b>Alternative 3: Enhancement and Integration of Existing Business Processes and IT Systems (Full Multi-Agency Integration)</b>
		(e.g., Technical and Data Architects)	
<b>Privacy and Security</b>	<ul style="list-style-type: none"> <li>• HIPAA compliant</li> <li>• Compounds current issues</li> <li>• Disaggregated disaster recovery server creates vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>• Uniform security infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Full integration</li> <li>• Promotes shared responsibility for data</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Requires training targeted groups of users</li> </ul>	<ul style="list-style-type: none"> <li>• Massive retraining for all users rather than a targeted group</li> </ul>	<ul style="list-style-type: none"> <li>• Requires training targeted groups of users</li> </ul>
<b>Cost and Schedule</b>	<ul style="list-style-type: none"> <li>• Most expensive to maintain</li> <li>• Sun setting could cause major disruption to the CP project</li> </ul>	<ul style="list-style-type: none"> <li>• Replace eMedNY MMIS (5-6 years, APD process; \$800m PLUS 2 year procurement cycle)</li> <li>• Replace WMS (7-8+ years; \$1.2-1.4b)</li> <li>• CONNX integration (3-5 years and \$750m)</li> <li>• Total Cost: \$2.7 billion; Duration: 8+ years</li> <li>• Cost and schedule prohibitive</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage existing Web services</li> <li>• Relatively low cost</li> <li>• Legacy technical architecture can be replaced as needed without disrupting the CP project due to sun setting</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Shorter time to market</li> <li>• Current staff knowledgeable in embedded technologies</li> </ul>	<ul style="list-style-type: none"> <li>• Latest technical innovations available</li> <li>• Potential to leverage other State's innovations</li> <li>• Opportunity to improve business processes</li> </ul>	<ul style="list-style-type: none"> <li>• Shorter time to market</li> <li>• Latest technical innovations available</li> <li>• Opportunity to leverage existing applicable functionality (e.g., CP/JJ project)</li> </ul>

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	<b>Alternative 1: Enhance Existing Business Processes and IT Systems</b>	<b>Alternative 2: Build New Business Processes and IT Systems (No Multi-Agency Integration)</b>	<b>Alternative 3: Enhancement and Integration of Existing Business Processes and IT Systems (Full Multi-Agency Integration)</b>
			<ul style="list-style-type: none"> <li>• Opportunity to enhance technical architecture (e.g., Service Oriented architecture (SOA) and Enterprise Service Bus (ESB))</li> <li>• Opportunity to standardize data sources (i.e., X12 standards); and, 3) opportunity to integrate data silos (initial integration: child welfare and Medicaid/health data)</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Limited technical options to develop interoperable information exchange</li> <li>• Does not support innovations</li> <li>• No/limited benefits to other states/not transferable</li> </ul>	<ul style="list-style-type: none"> <li>• Longer time to market</li> <li>• No effect on current silos of agency data</li> <li>• Data standards will remain a challenge</li> </ul>	<ul style="list-style-type: none"> <li>• Parts of the technology solution will still be the legacy technical architecture</li> <li>• Staff may lack new technical skills</li> </ul>

# **Appendix A: As-Is Assessment of the Foster Care Health Information Environment**