

Redesigning Service Delivery

Planning for an Integrated Services Delivery System

A Report to the 2012 Minnesota Legislature



Minnesota Department of **Human Services**

January 2012

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EXECUTIVE SUMMARY

On August 1, 2011, the Minnesota Department of Human Services (DHS) published in the State Register a Notice of Availability of Request for Information (RFI) for an Integrated Services Delivery system that will:

- Make it easier for an individual to navigate what has historically been a fragmented and duplicative system.
- Increase the speed and accuracy of desired and mandated changes.
- Allow portability across platforms.
- Allow the externalizing of rules.
- Support a highly modularized approach to development and implementation.
- Support interoperability in a service oriented architecture.
- Reduce unnecessary administrative burdens and redirect resources to services that are essential to achieving better outcomes at lower cost. This is especially urgent at a time when State, local, and tribal governments face large budget shortfalls.
- Facilitate coordination across DHS divisions and across the agencies with which we work.
- Realize efficiency, promote program integrity, and improve program outcomes.
- Serve the full range of human need more effectively and efficiently.
- Support outcome measurement.

Twelve vendors responded to the Request for Information. DHS and County partners reviewed and rated the twelve responses and, based on the ratings, arranged on-site product demonstrations from five vendors. Department and County staff rated the five product suites and, as a result, determined that a competitive bid is appropriate for a new system to support required functionality.

Simultaneously, the Federal government has created an exception to cost allocation for development of Health Insurance Exchange (HIX) functions, allowing States to reuse HIX functions for other programs and purposes without having to allocate development costs to these other programs. Due to this limited time adjustment, Federal Financial Participation (FFP) is available at a ninety percent match rate for project planning of functions related to Medicaid, Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Child Care and Development Fund (CCDF), and the Supplemental Nutrition Assistance Program (SNAP).

The intent of the Department is to leverage these funds to plan for, and implement, a fully integrated Human Services Delivery System: a system that ensures interoperability across all human services programs and associated agencies, one that provides a 21st century service delivery experience for DHS clients.

On November 7, 2011, DHS submitted a request for Federal planning funds to evaluate how to approach the development of this enterprise-wide system and to ensure that Minnesota meets the timelines required by the Affordable Care Act. DHS received approval for this planning funding on December 30, 2011. The Centers for Medicare and Medicaid Services (CMS) is approving Title XIX costs of \$7,231,051 and Title XXI costs of \$20,306 for total Federal and State costs of \$7,251,357 for the planning project. Approved CMS FFP is \$6,158,201.

INTRODUCTION

This report is prepared for the Legislature pursuant to Laws 2011, Chapter 9, Article 9, Section 17 which directed the Commissioner of the Department of Human Services (DHS) to issue a Request for Information (RFI) for an integrated service delivery system for health care programs, food support, cash assistance, and child care (Appendix A).

The legislation also required the Commissioner to issue a final report regarding the RFI to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services.

The Department has met the legislative requirements and is submitting the report detailing the process and responses and subsequent actions taken to meet the listed requirements.

Responses to the RFI had to meet the following legislative requirements:

- Streamline eligibility determinations and case processing to support statewide eligibility processing;
- Enable interested persons to determine eligibility for each program, and to apply for programs; online in a manner that the applicant will be asked only those questions relevant to the programs for which the person is applying;
- Leverage technology that has been operational in other state environments with similar requirements, and;
- Include a web-based application, worker application processing support, and the opportunity for expansion.

This document was prepared by the Eligibility and Enrollment Systems Modernization Work Group.

REQUEST FOR INFORMATION

On August 1, 2011, the Minnesota Department of Human Services (DHS) published in the State Register a Notice of Availability of Request for Information (RFI) for an automated system (Appendix B). Included here is the key text of the announcement:

The Minnesota Department of Human Services is requesting responses to an RFI for an integrated Commercial Off-The-Shelf (COTS) software system to support Human Services programs throughout the Department. The stated goals of the new system:

- Make it easier for an individual to navigate what has historically been a fragmented and duplicative system.
- Increase the speed and accuracy of desired and mandated changes.
- Allow portability across platforms.
- Allow the externalizing of rules.
- Support a highly modularized approach to development and implementation.
- Support interoperability in a service oriented architecture.
- Reduce unnecessary administrative burdens and redirect resources to services that are essential to achieving better outcomes at lower cost. This is especially urgent at a time when State, local, and tribal governments face large budget shortfalls.
- Facilitate coordination across DHS divisions and across the agencies with which we work.
- Realize efficiency, promote program integrity, and improve program outcomes.
- Serve the full range of human need more effectively and efficiently.
- Support outcome measurement.

Responses from interested vendors are requested by August 29, 2011.

RFI RESPONSES AND DEMONSTRATIONS

Technical and policy staff from across DHS business areas and from several Minnesota counties participated in the review process, including Carver, Hennepin, Ramsey, Scott, Dakota, Olmsted, and Isanti.

The products/services were rated by participants using a 1 to 10 scale (where 1 = low; 10 = high) on the following features:

- Innovation
- Flexibility
- Meeting DHS/county business needs
- Speed of responding to needed changes
- Meeting the needs of self-service to clients
- Meeting the needs of those who offer services to/help clients
- Incorporating utility functions, such as eDocuments, call centers, interactive voice response (IVR)
- Reporting capabilities

Using the same scale, the products/services were rated on the following business functions:

- Child Support
- Home and Community Based Services (HCBS)
- Child Welfare
- Child Care (eligibility determination support and provider support)
- Health Care Eligibility
- Health Care Provider Enrollment
- Health Care Provider Payment
- Chemical and Mental Health Services
- Economic Assistance
- Minnesota Sex Offenders Program
- State Operated Services
- Social Services
- Ease in which DHS staff could learn to work with the product
- Ease in which county/tribal staff could learn to work with the product
- Ability to meet county needs

The graphs reflecting the vendor demonstration scores can be found in Appendix C.

CONCURRENT INITIATIVES – HEALTH INSURANCE EXCHANGE

Many of the provisions of the Affordable Care Act will affect the people served by other programs from the Department of Human Services, as well as traditional Medicaid:

Insurance Choices: The Affordable Care Act will require that a variety of alternatives be available to the individual private insurance market. If a consumer needs health insurance, these programs may be available.

Pre-Existing Condition Insurance Plan (PCIP): If a consumer is rejected for insurance due to a health condition or disability, the individual may be eligible for coverage through the Pre-Existing Condition Insurance Plan.

Young Adult Coverage: An individual under 26 may be eligible for health insurance coverage under a parent's plan.

Affordable Insurance Exchanges: Starting in 2014, a consumer may be able to shop for insurance and compare health plans in new state-based Affordable Insurance Exchanges.

CO-OP Insurance Plans: Starting in 2014, an individual or small business may be able to buy insurance from a new type of non-profit, consumer-run health insurer, called a Consumer Operated and Oriented Plan (CO-OP).

These changes to insurance purchasing will be especially important to consumers as they encounter life events that cause them to be eligible for a changing variety of programs over time. This is especially important as the Department looks to the goals defined in Chapter 9, Article 9, Section 17.:

- Streamline eligibility determinations and case processing to support statewide eligibility processing;
- Enable interested persons to determine eligibility for each program, and to apply for programs online in a manner that the applicant will be asked only those questions relevant to the programs for which the person is applying;
- Leverage technology that has been operational in other state environments with similar requirements; and
- Include a web-based application, worker application processing support, and the opportunity for expansion.

On June 20, 2011, the Minnesota Department of Commerce (MDOC) published a Notice of Request for Proposals (RFP) for Health Benefit Exchange Technical Infrastructure Prototypes. The key text of the notice:

The Minnesota Department of Commerce (MDOC) in collaboration with the Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH) is requesting proposals for Health Benefit Exchange ("Exchange") technical infrastructure prototypes. Minnesota is planning for the technical infrastructure of an Exchange and is seeking to obtain prototypes and detailed cost, work plan, and timeline proposals for evaluation of technical options and costs for an Exchange.

Mailed proposals are due by July 20, 2011.

The deadline was later extended to August 1, 2011.

As a result of the proposals, several vendors were selected to develop and demonstrate prototypes and submit cost proposals and work plans for seven Exchange modules, including individual eligibility and enrollment.

From the Exchange Request for Proposal:

Individuals are eligible to participate in the Exchange if they meet certain criteria. The Exchange needs to evaluate the criteria before allowing a participant to obtain coverage. Certain individuals are also eligible for Medicaid, CHIP, potentially a Basic Health Plan or other State health care program, or premium tax credits and cost-sharing reductions through the Exchange if they elect to have additional criteria evaluated for eligibility for this financial assistance. However, an individual may shop for health benefit plans or health care providers through the Exchange without determining eligibility. Individuals who have their eligibility determined should be provided with information and choices from the health benefit plan and Navigator/broker certification and display, provider display, and enrollment modules that reflect their eligibility determination. The eligibility module must also interface with the fund aggregation/payment and account administration modules.

The Exchange funding rules require that DHS participate in the cost of an Exchange to the extent that the Exchange benefits Medicaid recipients, thus recognizing the interconnectedness of programs. DHS is required to participate in the Exchange and to fund its planning and development according to an approved cost allocation formula. The funds are to be requested through the standard Planning-Advance Planning Document (P-APD) process used by CMS. The funding is available at an enhanced match rate of 90 percent Federal and 10 percent State.

There will be an overlap of Minnesota families and households served by the Health Insurance Exchange and those served by the Minnesota Health Care Programs. DHS recognizes these relationships and plans to develop a cost allocation document that reflects costs shared between the Exchange grants and Medicaid. CMS also strongly encourages the coordination of automation efforts and funding requests across the available funding sources.

In Minnesota, the Exchange itself is a cooperative effort across three State agencies: the Department of Health, the Department of Commerce and the Department of Human Services. Federal publications continue to encourage states to leverage funds to support the modernization of systems providing these services. The intent of DHS is to insure a seamless experience for consumers in need of services, and to promote a self-service approach to those services to the extent possible.

DHS is looking ahead to a highly integrated system that will allow a user to have an online account, to go to that account to record a life change (e.g., birth of a child, sudden unemployment, acquisition of a job), be able to accomplish the needed tasks to acquire insurance, have eligibility determined for food support, or enroll in an employer-funded insurance program by entering information once and seeing the results as quickly as possible given the necessary rules.

DHS recognizes that the decisions made in the cooperative effort to develop the Exchange will affect the decisions about how to leverage funds, and how to leverage the technologies that will support the Exchange.

Centers for Medicare and Medicaid Services

On August 10, 2011, DHS received a letter collectively from CMS, the U.S. Department of Agriculture, the Administration for Children and Families of the Department of Health and Human Services and the Center for Consumer Information and Insurance Oversight of the Department of Health and Human Services. The letter notified states of:

“a time-limited, specific exception to the cost allocation requirements set forth in OMB Circular A-87 (section C.3) to allow, at the option of the State, Federally funded human services programs to benefit from investments in State eligibility systems being made by State-operated Exchanges, Medicaid and the Children’s Health Insurance Program (CHIP). This exception allows States the opportunity to thoughtfully consider the benefits of integrating the eligibility determination functions across health and human services programs and the timing of any such integration.”

This initiative encourages states to realize the efficiencies and opportunities for improved customer services that system integration can offer, and supports “long-needed investments in eligibility systems”. It also reaffirms and recognizes the tight deadlines for completing the changes required by the Affordable Care Act health insurance changes, and offers coordinated Federal support and technical assistance throughout the process. Under this provision, states may reuse assets created using Exchange, Medicaid and CHIP funding for other programs and purposes without having to allocate development costs to those programs. Incremental costs for additional requirements must be charged entirely to the other benefitting programs, as appropriate. This exception will terminate December 21, 2015.

In April 2011, CMS also published seven conditions and standards for enhanced funding. In summary, for states requesting the enhanced funding described above, CMS:

- Requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (API); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats.
- Requires states to align to and advance increasingly in MITA (Medicaid Information Technology Architecture) maturity for business, architecture, and data.
- Mandates that states ensure alignment with, and incorporation of, industry standards; the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act, and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.
- Says states should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states.
- Requires systems to support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public as ultimately, the test of an effective and efficient system is whether it supports and enables an effective and efficient business process, producing and communicating the intended operational results with a high degree of reliability and accuracy, be highly automated; produce a 21st century customer and partner experience.

- Requires systems to produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.
- Requires systems to ensure seamless coordination and integration with the Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

These requirements are being pursued by DHS, along with all of the functional requirements.

CONCLUSION

The RFI process revealed a great deal about automation features currently supporting human services delivery systems throughout the country. Vendors responded with a wealth of information about both the technical and functional aspects of the systems offered and supported. Some vendors had very full-featured systems; others offered services ranging from the development of sophisticated front ends to the conversion of existing systems. The process was educational for participants and the information gathered useful as plans for modernizing DHS's large automated systems progress. Based on participant reaction to the RFI written responses and demonstrations, DHS has determined that competitive responses would be received if an RFP were published.

With the information DHS gained through the RFI process, the information available from the Exchange RFP process, and the new cost allocation approach and requirements announced by the Federal agencies, DHS submitted a Planning-Advance Planning Document (PAPD) to the required Federal agencies requesting funds to continue planning for the Health Insurance Exchange and to begin planning for systems modernization. Minnesota received approval of this request on December 30, 2011. DHS intends to leverage these funds to plan for a fully integrated Human Services Delivery System that ensures interoperability across all human services programs and associated agencies, one that provides a 21st century service delivery experience for DHS clients and service delivery partners. The funding will also insure that Minnesota meets the timelines required by the Affordable Care Act.

DHS expects to complete the planning process in the fall of 2012 and will assess the need for additional funding to implement system changes when initial plans are complete.

From <https://www.revisor.mn.gov/laws/?id=9&year=2011&type=1>
Minnesota Session Laws

Sec. 17. SIMPLIFICATION OF ELIGIBILITY AND ENROLLMENT PROCESS.

(a) The commissioner of human services shall issue a request for information for an integrated service delivery system for health care programs, food support, cash assistance, and child care. The commissioner shall determine, in consultation with partners in paragraph (c), if the products meet departments' and counties' functions. The request for information may incorporate a performance-based vendor financing option in which the vendor shares the risk of the project's success. The health care system must be developed in phases with the capacity to integrate food support, cash assistance, and child care programs as funds are available. The request for information must require that the system:

- (1) streamline eligibility determinations and case processing to support statewide eligibility processing;
- (2) enable interested persons to determine eligibility for each program, and to apply for programs online in a manner that the applicant will be asked only those questions relevant to the programs for which the person is applying;
- (3) leverage technology that has been operational in other state environments with similar requirements; and
- (4) include Web-based application, worker application processing support, and the opportunity for expansion.

(b) The commissioner shall issue a final report, including the implementation plan, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services no later than January 31, 2012.

(c) The commissioner shall partner with counties, a service delivery authority established under Minnesota Statutes, chapter 402A, the Office of Enterprise Technology, other state agencies, and service partners to develop an integrated service delivery framework, which will simplify and streamline human services eligibility and enrollment processes. The primary objectives for the simplification effort include significantly improved eligibility processing productivity resulting in reduced time for eligibility determination and enrollment, increased customer service for applicants and recipients of services, increased program integrity, and greater administrative flexibility.

(d) The commissioner, along with a county representative appointed by the Association of Minnesota Counties, shall report specific implementation progress to the legislature annually beginning May 15, 2012.

(e) The commissioner shall work with the Minnesota Association of County Social Service Administrators and the Office of Enterprise Technology to develop collaborative task forces, as necessary, to support implementation of the service delivery components under this paragraph. The commissioner must evaluate, develop, and include as part of the integrated eligibility and enrollment service delivery framework, the following minimum components:

- (1) screening tools for applicants to determine potential eligibility as part of an online application process;
- (2) the capacity to use databases to electronically verify application and renewal data as required by law;
- (3) online accounts accessible by applicants and enrollees;
- (4) an interactive voice response system, available statewide, that provides case information for applicants, enrollees, and authorized third parties;
- (5) an electronic document management system that provides electronic transfer of all documents required for eligibility and enrollment processes; and
- (6) a centralized customer contact center that applicants, enrollees, and authorized

third parties can use statewide to receive program information, application assistance, and case information, report changes, make cost-sharing payments, and conduct other eligibility and enrollment transactions.

(f) Subject to a legislative appropriation, the commissioner of human services shall issue a request for proposal for the appropriate phase of an integrated service delivery system for health care programs, food support, cash assistance, and child care.

EFFECTIVE DATE. This section is effective the day following its signing.

Appendix B – Request for Information

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MN DHS System RFI

Summary#

The Minnesota Department of Human Services (DHS) is interested in an integrated service delivery and payments system to support all DHS programs. As a first step in determining direction the Commissioner is issuing a Request for Information on available commercial-off-the-shelf software to provide a framework for an enterprise-wide system. Interested responders are asked to supply information in writing by August 29, 2011.

The contact person for questions and further information is Jennifer Trombley.

Jennifer.Trombley@state.mn.us

Department of Human Services
PO Box 64998
St. Paul, MN 55164-0998

Purpose#

Minnesota (MN) Department of Human Services (DHS) is issuing this Request for Information (RFI) related to the need to replace and integrate existing software applications that automate various functions throughout the Department. The goal of the Department is to implement an enterprise level product that will support automation of the many functions of the DHS enterprise using a single set of current technologies that allow us to be more agile in responding to the changing needs of our clients and partners, while continuing to meet Federal and legislative requirements. The desired goals of the new system will be to:

- Make it easier for an individual to navigate what has historically been a fragmented and duplicative system
- Increase the speed and accuracy of desired and mandated changes
- Allow portability across platforms
- Allow the externalizing of rules
- Support a highly modularized approach to development and implementation
- Support interoperability in a service oriented architecture
- Reduce unnecessary administrative burdens and redirect resources to services that are essential to achieving better outcomes at lower cost. This is especially urgent at a time when State, local, and tribal governments face large budget shortfalls.
- Facilitate coordination across DHS divisions and across the agencies with which we work
- Realize efficiency, promote program integrity, and improve program outcomes
- Serve the full range of human need more effectively and efficiently
- Support Outcome measurement

Minnesota (MN) Department of Human Services (DHS) is seeking information about commercial off-the-shelf (COTS) software to support case management, eligibility determination, benefit payment, provider payment, health care enrollment, Child Support Collections and payments functions, and all of the related functions involved in the delivery of these and other programs supervised by the Department. DHS seeks

a COTS (commercial off-the-shelf) product that can be used "as-is": designed to be easily installed and to interoperate with existing system components. This RFI is the first step in the possible development and implementation of a comprehensive, fully integrated human services delivery management system. Through this RFI, the State seeks information about any COTS software packages, composed of proven configurable application modules and domain modules (enterprise framework) and/or open source modules that would need minimal customization to support Human Services delivery functions. Such a

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MN DHS System RFI

solution could reduce the time, risk, and cost of delivering a system that provides support for both the current and future automation needs of DHS Chemical and Mental Health Services, Children and Family Services, Continuing Care, State Operated Services, MN Sex Offender Program and Health Care Administrations, as well as the 87 county departments of social services, MN Tribes, health care organizations and other entities who require automated support to deliver services to the clients of DHS. The Appendices of this document offer some detail about the programs administered by DHS and about the people we serve through those programs, as well as about existing automated systems. We are interested in an integrated human services delivery system that could cross program and organizational boundaries to provide a client-centric, outcome-based, holistic and integrated service delivery approach to managing the services we deliver. Responders should be able to offer support for and discuss at least two of the following major program areas:

- Children and Adult Services (Child Welfare, Vulnerable Adults, Home and Community Based Services)
- Child Support
- Health Care Eligibility Determination
- Chemical and Mental Health Services
- Health Care Provider Payment
- Economic Support Programs (Food Support, Child Care, Cash)
- Health Insurance Exchange

We are interested in products that have:

- already applied for and/or achieved Federal certification (e.g. SACWIS, FAMIS, MMIS) in other jurisdictions
- been implemented in a jurisdiction with characteristics similar to those of the State of Minnesota
- been upgraded for ICD-10
- demonstrable SOA compliance
- adherence to the MITA architecture
- a consistent framework for all components
- a defined business and technical architecture,
- externalized business rules or a rules engine
- potential for use with hand-held devices
- the potential for availability through the cloud
- demonstrable features complying with the HITECH Act

DHS is interested in hearing about a given product from the product vendor, and is interested in any offered demonstration of a given product only once. Product vendors may include Service Integrators (SI) at their discretion.

Vendors are encouraged to respond in writing and, if the vendor would be willing to show their product, to suggest an appropriate length of time for a demonstration of the major systems components offered. MN DHS at its discretion may request a demonstration of a vendor's offering.

The State has excluded Government Transfer Systems and new system development from this RFI.

Conditions of RFI#

The issuance of this RFI constitutes exclusively an invitation to submit information to the Department. Any information submitted as provided herein shall not be construed as an official and customary Request for Proposal, Request for Bid, or an offer for a future binding contract.

MN DHS System RFI

Nothing in this RFI should be construed to imply an obligation of any kind by the Department. At its sole and absolute discretion, the Department may decide to further pursue one or more solutions by methods including, but not limited to: solicit further information from one or more potential vendors; issue a Request for Proposals or Request for Bid as the Department shall deem appropriate; solicit information from non-responding vendors with or without reference to this RFI; or take no action at all. The Department reserves the right to evaluate, use and determine, in its sole and absolute discretion, whether any aspect of the Responder's information satisfies the purpose and intent of the RFI.

Under no circumstances shall the Department have any liability to any Respondent for any cost incurred in connection with this RFI or otherwise. The Department is not obligated to respond to any Respondent's information nor is it legally bound in any manner whatsoever by the submission of information.

The Department may, upon request, make all information in the responses available to the public shortly after the deadline for submitting responses. A responder should not submit information that it does not want to become public. Responder agrees as a condition of submitting information that the Department will not be held liable or accountable for any loss or damage that may result from the Department's public disclosure of information contained in a response.

The Department reserves the right to accept or reject late responses at its sole discretion. The Department reserves the right to cancel or amend this RFI at any time, either in part or in its entirety, and will notify all known RFI Responders accordingly. The Department further reserves the right to extend the RFI due date. If a Responder needs an extension of time to prepare their submission, a written or e-mail request should be submitted no later than seven (7) days prior to the due date of this RFI and addressed to contact information in Section 5. The Department reserves the right to extend the submission deadline at the sole discretion of the Department and not at the mere request of the Responder. The Responder will be notified of the Department's decision by letter or e-mail.

Deadline for Submission of RFI#

The Department prefers to receive the response no later than August 29 by 4:00PM.

Please send responses to:

Minnesota Department of Human Services

PO Box 64998

St. Paul, MN 55164-0998

Attention: Jennifer Trombley

Responders are encouraged to submit one original paper copy of their response, together with an electronic copy (MS Word or PDF) on computer disk.

Responses should be prepared in such a way as to provide a straightforward, concise explanation of the vendor's product. Published materials to support your response to the RFI may be included with your response. Demonstration or presentation of your proposed solution may be requested. If demonstration media of your proposed product is available, submit them with your response.

Questions about this RFI#

Questions regarding this RFI may be submitted by electronic mail or writing to the contact listed below, preferably by the questions due date.

Minnesota Department of Human Services

PO Box 64998

St. Paul, MN 55164-0998

MN DHS System RFI

Attention: Jennifer Trombley

The Department reserves the right to add, change, or delete any provision or statement in the RFI at any time prior to the requested due date. If it becomes necessary to revise any part of the RFI, addenda to the RFI will be provided to all known Responders who received a copy of the RFI. Addenda will be posted on the Department's website at http://www.dhs.state.mn.us/id_000102

Notice of Limitations on Available Resources

As a consequence of the current economic environment in Minnesota and the resulting fiscal/budgetary constraints, the Department of Human Services has limits on available resources.

- While no funds have been appropriated or committed for the Project, we anticipate that initial funding may become available. It is unknown if or when such funds will be available.
- Limitations exist on resources for additional staffing, if any, required for utilization, operation or maintenance of any technology that may be deployed by the Department.

RFI Submission Instruction

Target Dates

KEY ACTIVITY	DATE
Request for Information Issued	August 1, 2011
Written Questions Due	August 15, 2011
Agency Responses by	August 22, 2011
Responses Due	August 29, 2011
Presentations or demonstrations by Responders (if applicable)	September/October, 2011

Response Format

Responders to this RFI are encouraged to include the following information:

Description of the Responding Organization:

- Brief history of the organization and development of the product
- Experience and examples of product deployment in environments similar to that described in this RFI (Appendix A); including experience with other large organizations, especially including other states or major local governments

Information Requested

MN DHS System RFI

The Responder is urged to respond to the information requested below and in "Appendix B –Technical Checklist."The Department may make all information in the responses available to the public shortly after the deadline for submitting responses. A responder should not submit information that it does not want to become public.

General Questions#

What major components does your product support?

Is support available for components that, in Minnesota, might not be part of the Department of Human Services but would support programs that serve our clients?

Have you defined a complete business architecture that best matches your product's approach to service delivery?

What specific steps have been taken to insure simplicity in the architecture and design of the product?

How has your product conformed to the MITA architecture and requirements?

What is your approach to support of such changes as case-banking vs. case worker for a case, regionalization, or kiosk service delivery?

Are any interfaces standard with the product? (e.g., SSA, CS Interstate, Department of Labor)

How does your product integrate on- and off-line processing, e.g. using tablets, mobile phones, stand-alone devices?

Has your product been used in a multi-tenancy implementation?

Has the product vendor offered any/all functions as cloud services?

How does the product vendor approach customer enhancement requests? Bug fixes? Prioritization of enhancement requests and bug fixes?

What form(s) of customer relationship does the product vendor offer? Do customers sit on Advisory Boards? Do you support customer forums – such as periodic conferences or surveys? Other?

How does the product vendor respond to federal policy changes? To State policy changes? (assuming not all situations can be handled via customized business rules management)

Does the product use or allow use of any open-source technology? If so, what?

Will the product vendor require a loyalty fee after solution implementation? If so, how much and how frequently?

Is the solution dependent on other third party products? If so, will the MN Department of Human Services be obligated to pay for these products?

If the final solution is an amalgamation of multiple products, who will be responsible for identifying and resolving issues?

How is the product/solution upgraded when the next version emerges (additional licensing fees, new product agreement, etc.)?

Describe training approaches and frequencies.

Desired Functional Components#

If responding in writing, responders are encouraged to provide a short narrative for each functional component available in their software. MN DHS is interested in how the COTS component might meet our needs, which we have briefly described in this section. A narrative presentation or oral (on-site or online) demonstration is encouraged. The Vendor should also provide a list of its certified Software Integration (SI) partners who have implemented the Vendor's software product successfully, specifically including any public sector and human services implementations.

Response Definition#

Note: If responding specifically to any functionality definition, vendors are encouraged to use the following to help us understand the state of the functionality and to help us understand any planned direction for the product:

Included in base product (I). The business function is included in the base product(s) and is fully demonstrable.

Configuration required (CoR). The business function can be met by configuring the base product through use of a base product tool set(s). The Vendor may propose using alternate third party software to meet the business function.

Planned product release (PR) The business function is not included in the base product, but is planned for incorporation in a scheduled release of the base product.

Customization required (CuR) The business function requires customized changes to the base product or software development apart from the base product's design, process or structure.

Not in product scope (N) The business function is not included in the base product, the base product cannot be configured to meet the required functionality.

MN DHS is interested in including the following cross-program functions:

- Online Screening and Application
- Client identity management and electronic signatures, with potential integration into the existing identity management architecture and tool suite
- User authentication and authorization (including clients) (Note: MN DHS has an existing identity management strategy and may be interested in using it.)
- Referral support both within the agency and to outside resources
- Intake Processing: Economic Support Programs, Health Care, Home and Community-Based Services (HCBS), Child and adult welfare/protection, foster care (FC), Child Support (CS) and other DHS programs, e.g. Chemical and Mental Health
- Verification support, including online verification interfaces for the Social Security Administration (SSA), MN Department of Employment and Economic Development (DEED) and many other organizations
- Assessment (child welfare, vulnerable adult, HCBS, etc.)
- Service Planning
- Service Authorization
- Eligibility Determination for Child Care (CC), Food Support (FS), Minnesota Family Investment Program (MFIP), other cash programs, health care (HC), HCBS.
- Benefit Issuance
- Payment Processing
- Payment issuance (e.g. child support)

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- Providerclaim processingand payment
 - Pharmacy Point-of-Saleclaims processing
 - Client, Partner, and Provider communication (mail, email, SMS, phone)
 - Document creation (court orders, client notices, provider communications, etc.)
 - ElectronicDocument Management
 - ServiceDelivery Management
 - Benefit Recovery
 - Case Management (including transfers)
 - Provider Payment
 - Service PriorAuthorization
 - Provider Management
 - Sanction management
 - Change reporting
 - Redetermination/recertification
 - Self-service,e.g. self-registration (authentication/authorization), integrated voiceresponse (IVR), call center, and online andeForms support, clientportal (for info exchange between client & DHS), account management, information updates,
 - Client representative/navigator support
 - Workflow support (alerts,case notes,ticklers,etc.)andprioritization
 - Outcome Measurement
 - Cross-program reporting (reporting in general)
 - Information for decision support at an enterprise level
 - Ask-once/enter-once philosophy for data
 - Support for retention policies to automatedata purging
 - Financial/accounting management
 - Fraud detection/prevention
 - Licensing (e.g. child care,fostercare)
-
- Quality Assurance controls
 - Healthcare premium processing
 - Claims/recoupment processing (as opposed to payingmedicalclaims) for overpayment of benefits
 - Automated trend analysis based on data held within the COTS
 - Ability to handle counties, county clusters, regionalization of counties, tribes, partners, voluntary agencies – recognizing thedifference between “servicing” and “financially responsible” with allthe appropriate security

The list of functions we want to support includes but is not limited to

- Reception
 - RegistrationandDemographics
 - Notificationtoworkerthatclientiswaiting
- Client/representativeself-servicescreeningandregistrationandaccountmanagement
- Calendaring
 - Scheduleappointments
 - Maintaincalendars
 - Capturesanddisplaysworklistsforstaff
 - PossibleintegrationwithCountycalendaringsystems(s)
- ClientSearch

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- Createclient/IDAssignment
- Findexistingclients
- Querywithmultiplesearchcriteria
- Relationshipmanagement
 - Withina case
 - Amongmultiplecases
 - Withpartners(e.g.countycourts,healthcareplanproviders,healthcareproviders)
- Screening/Intake
 - Screeningtoolforworkersorservicecustomersornon-profitagentstodetermine potentialeligibilityforclients
- WorkerNotification(Alerts/Tickers)
 - Notifyoneormanystaffmembersofagency,policy,orcase-relatedinformation
- Security
 - Authentication
 - Authorizationbyroles
 - Administrationassignsrolesandpermissionstousers
 - Assigncontactinformationforcounties
- Narrativesandcasenotes
 - Createautomatically
 - Createmanually
 - Query
- WaitingLists
 - Create
 - Update
 - Query
- ElectronicFormsandNoticesManagement
 - Automatedcompletionofformsandnoticesusingsystemdata.
 - Formsandnoticesavailableondemand
 - Queryhistoricalformsandnoticeswithmultiplesearchcriteria
- InterviewProcess(Application,Change,Review)
 - Displayinterviewquestionsbyprogramarea
 - Displaypreviousanswerstointerviewquestions
 - Intelligentscripting(including/excludingquestionsbasedonresponsestoprevious questions)
 - Singlepointofdataentrywithdatamadeavailableacrossprograms
- AdministrativeFunctionality
 - Defineandmaintaindate-drivenbusinessrules
 - Defineandmaintainbusinessworkflows
 - Masschanges
- CaseDisposition
 - Determine/Re-determineeligibilitybasedonprogramspecificrules
 - Linkeddisplayofpolicyreason(s)forineligibility
 - CaseTerminations
 - CaseRe-opening
- CaseMaintenance
 - Notificationtoworkerswhenchangein client'sinformationacrosstheenterprise
- CaseTransfers

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- Worker-to-Worker
- County-to-County
- State-to-county
- Massreassignments
- ProgramCategory-to-ProgramCategory
- IssuanceofBenefits
 - Automaticissuances
 - Manualissuances
- Queries/Ad-HocReporting
 - Createreportsandshowresults
- SupervisorFunctionality
 - WorkloadManagement
 - Administrativefunctionalityforcalendars,tasks,andworkloadsformultipleworkers
- ProviderFunctionality
 - Portalforprovidersand/orexternalstakeholders
- Financials(ClientPayment,Auditing,ControlReporting)
 - Auditsfinancialtransactionsandseparationofduties
 - Maintainsanddisplaysconfirmationofbenefitand/orpaymentsdelivery
 - Maintainsanddisplaysbenefitand/orpaymentstatus
 - Maintainsanddisplayshistoricalrecordsofbenefitsand/orpaymentsissuesforall programareas
- AssessmentsandServicePlans
 - Structuredintaketool
 - Serviceplans
 - Assessmenttools
 - StructuredDecisionMaking
- Documentation
 - BusinessProcessFlows
 - UserGuides
 - LinkedAccesstoRulesandPolicy
- Technical–County,DHSpartner,anduserissues
 - Countiesmayinvokeservicesofcasemanagementfunctionality(Integrationoptions withcounty-basedsystems)e.g.PersonSearchfunctionalityexposedasexternally availablewebservices.
 - Webpageswillbe USSection508andAmericanDisabilitiesAct(ADA)compliant
- Supportformajorbusinessprocessflows
- Supportfortrackingandmanagingoutcomesinhumanservices,especiallyforindividualsand familiesparticipatinginmultipleprograms
- Toolstofacilitateriskandsafetyassessmentsforfamilies,adults,andchildren
- MITAfunctionsasidentifiedinthearchitecture

AnyCountyConsiderationsforCaseManagement

- Considertheirneedtopurchaseanyproducts/toolstoensureintegrateduseofCOTSproduct forHumanServicesdelivery
- Considerationsforworkstationsneededforstaff
- Considerationforinternetbandwidth

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- Consideration for integration with county-based systems
- Consideration for support of multiple devices and off-line use of some/all functions

Technical Information#

DHS is interested in information about a detailed strategy for establishing the necessary hardware, system and network configuration for the installation of the base product software.

DHS is interested in the data design and architecture, supported database product(s), data synchronization, approaches to conversion, approach to data for analytics, and approach to master data management.

DHS is interested in your approach to rules management, the use of a rules engine, dated rules, dated data and how the product supports flexibility, scalability and ease of maintenance of complex rules.

DHS is interested in a Service Oriented Architecture which will make integration with existing functionality and enhancements and extensions easier.

Performance requirements and standards#

Performance requirements and standards must be included in our strategy for technical performance. We are interested in the approach taken by the product.

Baseline license options#

Please describe available licensing option, inclusive of all processing platforms and environments - licensing options include but are not limited to the following:

1. Single enterprise license (including any price reduction thresholds when upgrading from any other license option to an enterprise license)
2. Platform-based (e.g., server, CPUs, megahertz)
3. Utilization phases (e.g., limited configuration, development, system testing, user acceptance testing (UAT), pilot, rollout, user training, production)
4. Major system component, functional module, or tool
5. Progressive or tiered user seat acquisition by ranges (e.g., 1-500, 501-1000, etc.)
6. Active users
7. Role-based users
8. Named users
9. Floating seats

Optional technical support services#

If the product vendor offers support services, please outline your approach to the following:

1. Training for Department technical and business staff.
2. Consultation for training for end users, Department or Service Integration (SI) vendor training staff.
3. Assistance to DHS in reviewing the system analysis and design deliverables for SI vendor(s).
4. Assistance to DHS and SI vendor(s) in the use of configuration tools for the package software.
5. Consultation with the Department and SI vendor(s) in the planning for and implementation of legacy system replacement, integration and interfaces. This will include assistance in the use of any data interface, synchronization and conversion tools provided as part of the Vendor's base product solution, and the sequencing of conversion activities.

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6. Communication, cooperation, collaboration with and support of any and all SI vendor(s) selected by the State for subsequent projects, or assistance to the State if the State chooses to act as its own integrator, for the duration of the contract.
7. System maintenance services.
8. Help Desk.
9. Release support planning and implementation services.
10. Upgrade services. Please discuss the criteria for what the Vendor considers to be a new product offering vs. a software upgrade, as well as responsibilities for and experiences with problems occurring during integration phase, and which cannot be resolved by the integrator. Discuss/outline the history of the Vendor's product releases, including frequency and examples, as well as your strategy for future technical upgrades and function-based releases.

Architectural Consistency Checklist#

1. Scalability:

- a. Provide detailed diagrams with complementing narrative describing proposed technical solution.
- b. Describe the maximum capacity of the proposed technical solution upon which performance begins to degrade, including the results of any formal testing (e.g. Performance, Load, Stress).
- c. Describe the largest production implementation by an existing customer that uses the proposed technical solution.
- d. Describe the testing methodology used in the development of the proposed technical solution (E.g. Performance, Load, Stress, Security).
- e. Describe the ability of the proposed solution to scale both horizontally and vertically.
- f. Describe how the proposed solution can be scaled to manage pilot, rollout and growth rate requirements.

2. Adaptability:

- a. Describe the overall architectural approach used to design the proposed solution (e.g. Service Oriented, 3/NTier, Composite Application).
- b. Describe how the architectural approach and the technologies used enable solution adaptability.
- c. Describe the technology roadmap for the proposed solution.
- d. Describe how the solution will be capable of adapting to meet changing business requirements.

3. Secureability:

- a. Describe how the solution can be deployed to provide layered access controls.
- b. Describe how the solution can be deployed to accommodate both an integrated or externalized identity access and management solution.
- c. Describe the ability of the proposed solution to meet Federal and State regulatory requirements.

4. Availability:

- a. Describe the technologies and approach used to meet and/or exceed availability requirements.

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- b. Describe an acceptable backup and recovery approach to meet and/or exceed availability requirements

5. Manageability:

- a. Describe the versioning and patch management process for the proposed solution.
- b. Describe approaches that could be implemented to provide overall performance monitoring for the proposed solution.
- c. Describe the Quality Assurance (QA) measures that have been taken in the design, implementation and maintenance with respect to the proposed solution.
- d. Describe the management and monitoring tools that are supported by the proposed technologies.

6. Interoperability:

- a. Describe the programming language(s) and development framework(s) that are used in the design and implementation of the proposed solution.
- b. Describe any open (industry and/or de facto) standards used to ensure interoperability of this solution within a heterogeneous environment.
- c. Describe the available options, along with the preferred approach, for integrating the proposed solution with other intra/interagency systems.
- d. Describe the flexibility of this solution to meet future integration needs.
- e. Describe how the solution meets accessibility (i.e. W3C and/or 508) requirements.

7. Enterprise:

- a. Describe how your product solution can leverage Shared Services.
- b. Describe how consolidation of services and infrastructure can be accomplished.

System Design#

Describe whether/how your product:

- Provides an industry open standard development and runtime environment supported by a flexible application, business, and technical architecture (describe the architectures)
- Provides a Service Oriented Architecture (SOA) as validated and certified by a certification group
- Uses an Enterprise Java Beans (EJB)/J2EE architecture to enable horizontal and vertical scalability
- Supports a range of Relational Database Management Systems, operating systems and middleware products to provide platform independence
- Supports many deployment models, from simple to complex, and delivers the scalability required by social enterprises
- Supports off-line use and define any supported devices
- Incorporates the Medicaid Information Technology Architecture (MITA) and standards and expands MITA to other service delivery areas.
- Supports the addition of new programs without extensive coding to support state-only programs and new state initiatives
 - Provides regular maintenance releases for bug fixes and for upgrades and enhancements

Appendices#

Appendix A:Minnesota ClientBenefit Programs (Informational)#

Inthissectionwehaveincludedinformationaboutourprogramsandenrolleessothatinterested vendors hasomedetailaboutMNDHSandourclients.Theinformationisneithercomprehensivenor guaranteedtobeaccuratebutisprovidedasbackground.

MinnesotaHealthCarePrograms#

EligibilityGroup	Enrollment Jan 2011
1.Low-incomefamilies(\$1931)whowouldbeeligibleunderformerAidtoFamilies withDependentChildren(AFDC)program	105,606
1a.Low-incomefamilieswhowouldbeeligibleunderformerAFDCprogram (State-fundedeligibilityforNon-qualifiednoncitizens)	983
2.Pregnantwomen	16,954
3.AutoNewborns	29,369
4.Infants<2	29,078
5.Children2 –5	72,273
6.Children6 –18	164,751
7.TransitionalMedicalAssistance	15,358
7a.TransitionalMedicalAssistance (State-fundedeligibilityforNon-qualifiednoncitizenparents)	136
8.EmergencyMedicalAssistance(EMA)	1,941
9.RefugeeMedicalAssistance	456
10.ChildrenreceivingIV-Efostercarebenefits	2,186
11.ChildrenreceivingIV-Eadoptionassistance	5,487
12.Children19,20	10,808
13.Medicallyneedyfamiliesandchildren	2,547
13a.Medicallyneedyfamiliesandchildren (State-fundedeligibilityforNon-qualifiednoncitizenparents)	20
14.Individualswhoneedtreatmentforbreastorcervicalcancer	457
14a.Individualswhoneedtreatmentforbreastorcervicalcancer (State-fundedeligibilityforNon-qualifiednoncitizens)	4
15.TargetedLowIncomeChildren–Infantsunder2withincomebetween275% and280% Minnesota’sCHIPStatePlanpopulation	39
16.Childrenreceivingnon-IV-Eadoptionassistance	2,050
17.Prenatalcarefornoncitizenpregnantwomenwithoutotherhealthinsurance CHIPstateplanpopulation	2,119
18.AdultswithoutChildren	50,802

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18a. Adults without Children (State-funded eligibility for Non-qualified noncitizens)	???
19. Auto Newborns & Infants <2	2,686
19a. Infants <2	0
20. Children 2–21	44,167
20a. Children 2–21	285
21. Pregnant women	1,062
21a. Pregnant women	31
22. Parents and Relative Caretakers	37,274
22a. Parents and Relative Caretakers	606
23. MN Family Planning Program Section 1115 Demonstration Project – Individuals between ages 15-50 in need of family planning services, and not enrolled in any other Minnesota Health Care Program	4,363 Presumptive Eligibility 17,173 ongoing
24. State-funded MA (Program IM) for individuals ineligible for federally-funded MA due to residence in an Institution of Mental Diseases (IMD)	830
25. State-funded MA for individuals receiving services at the Center for Victims of Torture (CVT)	124

Health Insurance Exchange#

Minnesota DHS is interested in whether the vendor product supports a Health Insurance Exchange (HIE) or interacts with an existing HIE, or is planning an integration with a particular Exchange.

Economic Support#

The Minnesota Family Investment Program (MFIP) The Minnesota Family Investment Program (MFIP) is the state's welfare reform program for low-income families with children. MFIP helps families move to work and focuses on helping families become self-sufficient. It includes both cash and food assistance. When most families first apply for cash assistance, they will participate in the Diversionary Work Program (DWP). Parents go immediately to work rather than receive welfare but may receive help with shelter and utilities and some living expenses for up to four months. Some families may be referred to MFIP when they first apply for assistance or after they receive DWP. MFIP helps families transition to economic stability. Parents are expected to work and are supported in working. Most families can get cash assistance for only 60 months.

Diversionary Work Program and Work Benefit Program

DWP helps low-income Minnesota families find work. The goal of DWP is to help parents immediately go to work rather than go on welfare. Parents are expected to sign an employment plan before their family is approved for DWP. After families have an employment plan, they can receive financial assistance to meet their basic needs for up to four months and get other supports, such as food support and child and health care assistance. When most families first apply for cash assistance, they will participate in DWP. Some families may be referred to the Minnesota Family Investment Program. DWP began in July 2004. The Work Benefit Program, implemented in 2009, is available to families who have left MFIP or DWP in the last 30 days and have at least one caregiver working a required number of hours. It provides a monthly cash grant incentive.

Minnesota Food Assistance Programs

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The Food Support [Supplemental Nutrition Assistance Program (SNAP)] program is a federal program that helps Minnesotans with low incomes get the food they need for sound nutrition and well-balanced meals. The program issues electronic food support benefits that can help stretch the household food budget.

The Minnesota Food Assistance Program (MFAP) was created by the Minnesota Legislature in response to federal law changes which made certain noncitizens ineligible for federally funded Food Support. MFAP uses state funds to replace the benefits lost when federal Food Support eligibility ends. MFAP is only available to noncitizens 50 years of age or older. People apply for MFAP as they would for Food Support at county offices.

Refugee Assistance

Most of the refugees who are resettled in Minnesota are members of families with minor children who qualify for the same cash and medical assistance programs available to other low-income state residents through county human service agencies. They are predominately two-parent families.

Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) are provided to needy refugees who do not have minor children in the home. These benefits, which are federally funded, are available for the first eight months after a refugee arrives in the country. These benefits are provided through county human service agencies and voluntary resettlement agencies (for refugees in the Twin Cities metro area and Olmsted County.)

Services are also provided to assist unaccompanied minors without a responsible adult relative resettle into a foster home placement. The federal government reimburses the state for these services, which are provided until the minors are emancipated or reunited with their parents.

Adult Supports

DHS oversees economic assistance programs that provide a safety net for the elderly and people with disabilities.

The **General Assistance (GA)** program provides cash assistance for single, unemployed adults without children, including people who are elderly, ill, injured or otherwise incapacitated.

Minnesota Supplemental Aid (MSA) is a state-funded supplement for people who receive Supplemental Security Income (SSI).

Group Residential Housing (GRH) grants provides income supplements for room, board, and other related housing services for people whose illnesses or disabilities prevent them from living independently.

Minnesota's **Child Care Assistance Program (CCAP)** can help to make quality child care affordable for income-eligible families. All families will have a copayment based on their gross income and family size. Child Care Assistance is available to:

- Families participating in MFIP
- Families that had an MFIP case close within the last 12 months
- Low-income families that may be eligible for the Basic Sliding Fee program

CCAP can help families pay child care costs for children up to age 12, and for children with special needs up to age 14. Child care costs may be paid for qualifying families while they go to work, look for work or attend school. To qualify for CCAP, families must comply with child support enforcement if applicable for all children in the family. Care must be provided by a legal child care provider over the age of 18. An annual summary of statistical information about families and children participating in CCAP is available in the Child Care Assistance Program Family Profile.

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Family size, family income and participation in authorized activities are considered. The amount of available funding also may be a factor. In some Minnesota counties there is a waiting list for access to day care under the Basic Sliding Fee program.

CCAP has two types of rates that are used to determine the maximum amount for reimbursement to child care providers who serve CCAP families:

Current maximum rates

Current maximum rates with accreditation/credential differential

For additional information on the programs currently supported by our integrated eligibility system (MAXIS/MEC2), see below. Caseloads are recent but changing rapidly. The level of support for eligibility determination varies from fully automated to minimally automated.

Program	Description	Time Limit	Funding	Total Cases	Total Persons
MFIP	Cash and food benefits for families	60 month lifetime limit (with exceptions)	Federal (TANF) and State	35,452	94,123
DWP	Cash benefit for families	4 months	Federal (TANF) and State	3134	9403
Work Benefit	Cash benefit for families	24 months	State	1487	5009
MSA	Cash benefit for persons receiving SSI	None	State	28,883	
GA	Cash benefit for single, unemployed adults without minor children	None	State	19,053	19141
RCA	Cash benefit for refugees without minor children	8 months including the month of arrival in the US	Federal	241	253
EA	Cash benefit for families in a crisis situation	varies	State	1421	4855
EMSA	Cash benefit for MSA person in a crisis situation	1 time per 12 months	State and County, Optional County	2, See GA cases	
EGA	Cash benefit for persons in a crisis situation	1 time per 12 months	State and County, Optional County	55, see MSA cases	

GRH	Room and board payment, and in some cases services payments, for person residing in GRH	None	State (some County)	17,638	
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IV-E FC	Payment for child in fostercare	None	Federal and State	2084	
FS	Food Benefit	ABAWD 3-month out of 36-month	Federal and State	165,749	317,797
BSF- Basic Sliding Fee	Childcare payment for families not eligible for MFIP or DWP	None	State (Capped annual allocation)	11,090	20,604
PP	Childcare payment for families who had received BSF	6 months	State	37	60
MFIP CC (CM)	Childcare payment for families eligible for MFIP or DWP	None	Federal (Fully funded)	7961	14434
TY	Childcare payment for families when MFIP or DWP has closed	12 months	Federal (Fully funded)	3328	5808
TYE	Childcare payment for families when TY has ended	None	Federal (Fully funded)	159	295
MA	Medical payment to provider	None	Federal and State	311,989	582,862
EMA	Medical payment to provider	None	Federal and State	1520	1634
RMA	Medical payment to provider	8 months after arrival in US	Federal	237	248
IMD	Medical payment to provider	None	State	730	
GAMC	Payments made to CCDSs (Coordinated Care Delivery Systems)	None	State	45,000	45,459
QMB	Payment of Medicare-related expenses	None	Federal	67,735	68,423
SLMB	Payment of Medicare-related expenses	None	Federal	16,004	16,497
QI	Payment of Medicare-related expenses	None	Federal	3507	3854
NMED	Medical payment	None	State		

	to provider			
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Child Safety and Permanency and Adult Protection #

The division administers a number of federal funding programs that are important to ensuring safety, permanency and well-being for children, youth and their families. These federal programs, along with state and local funding, support a comprehensive continuum of services from child abuse/neglect prevention through adoption and other permanency supports: Title IV-E Foster Care; Title IV-E Adoption Assistance, Chafee Foster Care Independence Program (CFCIP), Education and Training Vouchers (ETV), Title IV-

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B,1 ChildWelfare Services, Title IV-B,2 Promoting Safe and Stable Families, Child Abuse Prevention and Treatment Act (CAPTA), Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP), Children's Justice Act (CJA), and Title XX Block Grant.

Social Service Information System (SSIS)

MN currently has a federally required case management system offering functionality for county and tribal social workers supporting child protection, foster care, adoption, children's mental health, and other child welfare programs. The system also supports adult maltreatment reporting, waiver claiming, MMIS billing and other adult services. Approximately 6,000 users including county social workers, fiscal workers, administrative staff, eligibility workers, managers, case aides and DHS staff, use SSIS to track cases involving more than 270,000 individuals annually. SSIS documentation includes Intake, Assessment and Investigation modules for child and adult maltreatment reporting; social services case management; time tracking; service plans; case notes; vendor payments; Medicaid claiming, state outcome reporting and federal AFCARS and CAPTA outcome reporting, case notes, letters, documents and notices.

Child Safety and Prevention Programs

- 22,312 children were subjects of a family assessment or investigation in response to a report of abuse/neglect in 2009.
- Parent Support Outreach Program - Over 3000 children per year and their families receive services through Parent Support Outreach Program, a voluntary, early intervention pilot program operating in 30 counties since 2005.
- Protective or supportive services were required or offered to 6,516 families, the outcome in 39 percent of family assessments or investigations. Services most often recommended: mental health/counseling, parenting education, family counseling, chemical dependency services, family support and preservation, foster care, and miscellaneous other services.
- Children's Justice Act - Grants under this program supported training for 177 law enforcement, county attorney and child protection professionals in forensic interviewing and investigation skills.
- Children's Trust Fund – State trust and federal CBCAP funds support grants to 16 community-based providers, local child abuse prevention councils in 60 counties, and statewide prevention activities through a contract with Prevent Child Abuse Minnesota (PCAMN).
- Constituent Services – 1813 consults in 2010 from counties, community members, families and other states.

Child Placement and Permanency Programs

- 11,699 children/youth were in foster care in 2009. 6,036 children/youth entered and 6,557 children/youth left.
- Family Support and Preservation Services – Family Group Decision Making brings together children and their extended families, with a skilled facilitator to develop plans for placement prevention, reunification, permanency, placement transition or youth independent living. FGDM is supported through grants to counties and tribes and 2,588 children were served in 2009
- Relative Care Assistance - Between 1,850 and 1,950 relative custody assistance grants are paid each month to support children in permanent relative custody.
- Adolescent Services - CFCIP - Nearly 800 foster care youth were served in programs delivered by counties, community-based organizations and tribes that provide assistance and Independent Living Programs. Education and Training Voucher Program - 188 former foster care youth were awarded an education voucher grant to help defray the costs of post-secondary education. Transition Supports - Over 1000 youth preparing to leave long-term foster care, or who have

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recently left fostercare received transitional planning and housing assistance services through community-based providers. National Youth in Transition Database- A new requirement effective October 1, 2010. The state will be responsible for tracking the independent living services provided to youth and to measure outcomes for youth leaving foster care to independent living. States will be expected to survey certain youth at ages 17, 19 and 21 about the following outcomes: financial self-sufficiency, experience with homelessness, educational attainment, positive adult connections, high-risk behavior, access to health insurance.

- Oversight on federal compliance for Title IV-E.
- Interstate Compact on the Placement of Children (ICPC) – ICPC is responsible for the oversight of children/youth leaving and entering the state for purposes of adoption/foster care. In 2009 774 children were sent from MN to foster care/adoption locations in other states; 943 children were received in MN.
- Adoption Services for Children Under State Guardianship – In 2009 652 children entered state guardianship,
- Public Private Adoption Initiative/Adoption Incentive – Grants to 8 providers for recruitment of foster and adoptive families and efforts to place children under state guardianship in adoptive homes. Approximately 400 children and 650 families are served through these grants.
- Adoption Assistance - Approximately 7,500 subsidized adoption grants are paid each month to support special needs children in adoptive homes.
- Adoption Records Management - Maintain 1.7 – 2.0 million adoption records that must be retained permanently. The oldest records are on microfilm; the rest are in SSIS/EDMS P8. DHS maintains physical and electronic storage capacity.

Coordination with Tribes

- Indian Child Welfare – The state is required to consult and coordinate with Tribes to develop specific measures for complying with the Indian Child Welfare Act and make arrangements for the provision of child welfare services and protections to Indian children
- Indian Child Welfare Grants fund 19 tribal and urban Indian social service agencies to provide a continuum of services. Over 2800 children were served under these grants in 2009.
- American Indian Child Welfare Initiative - \$4.7 million state funds are granted to Leech Lake and White Earth Bands of Ojibwe to provide the full continuum of child welfare services to children and families residing on the reservations. 3000 children and families have been served through this Initiative which was authorized by the 2005 legislature. Outcomes for Indian children served through the Initiative will be tracked to demonstrate the impact on disparities.

Child Welfare Training

- Child Welfare Training – The Child Welfare Training System is supported through federal Title IV-E, county contribution and state general fund. The training system provides pre-service and ongoing training to child welfare staff in county and tribal agencies. In 2009 the training system conducted 114 training events with 1505 participating trainees.
- Foster, Adoptive and Kinship (FAK) Training – County and tribal foster, adoptive and kinship care providers receive pre-service and ongoing training through the Child Welfare Training System. In 2009 323 training events were conducted, with 3086 participating trainees.
- Social Service Information System Training – SSIS Training supports County, tribal and DHS users through classroom, web-based, and self-directed training modules to accomplish proficient use of

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SSIS, important to federal reporting and performance monitoring. In 2009, 51 training events were conducted with 1389 participating trainees.

Child Welfare Quality Assurance and Performance Monitoring

- Quality Assurance – The federal Children’s Bureau carries out a program of Child and Family Service Review (CFSR) which periodically evaluates the state’s performance on 17 National Data Standards, 23 child welfare practice items, and 7 systemic factors. CFSR’s have been completed in Minnesota in 2001 and 2007. Following both reviews the state has been required to develop a Program Improvement Plan (PIP), and demonstrate improvement on areas needing improvement to avoid fiscal sanctions. The state successfully completed the first PIP in 2004; the current PIP is in the first year of implementation.

Since 1998 CSP has carried out a quality assurance review program of county child welfare agencies. Since 2003 CSP has conducted quality assurance reviews using the same metrics and protocols applied by the federal CFSR. Approximately 20 counties per year are reviewed and develop a Program Improvement Plan to address those performance factors needing improvement. County PIPs are aligned with the state PIP in those areas needing improvement in common.

- Child Mortality Review - Multidisciplinary panel review at the local and state level of child fatalities and near fatalities of children/youth resulting from child maltreatment. In 2009, there were 21 child fatalities and 44 life-threatening injuries as a result of maltreatment by a caretaker reported. Local and state panels make recommendations for improvements to the child protection system to prevent future deaths/near fatal injuries. The number of child fatality/near fatality has been rising since 2004.
- Citizen Review Panels - Citizen review panels are a requirement under the CAPTA program. Minnesota supports the work of 5 panels in Hennepin, Ramsey, Washington, Winona and Chisago Counties.
- Oversight for CW-TCM compliance.
- Grants and contract management - \$19 million dollars distributed through approximately 200 grants/contracts.
- Federal Planning and Performance Reporting – The department is required to develop a Child and Family Service Plan every 5 years that describes and integrates the service continuum supported by the array of federal funds that support child welfare services. Annual Progress and Services Reports are required to report the state’s compliance with federal regulations and to assess progress toward meeting the goals and objectives set out in the plan. Currently CSP is

required to provide quarterly reports to the Administration of Children and Families to document progress on the PIP.

The CSP Research Unit publishes an annual Report to the Legislature on child maltreatment and on children in out-of-home care as required by Minnesota Statute, section 257.0725, in addition to evaluating performance, supporting policy analysis and reporting on areas of priority in CSP.

- Child and Community Services Act (CCSA) – CCSA created a consolidated fund in 2003 to fund an array of social services to children, adolescents, and adults within the county who experience dependency, abuse, neglect, poverty, disability, chronic health conditions, or other factors, including ethnicity and race, that may result in poor outcomes or disparities, as well as services for family members to support such individuals. Allocations are made to county agencies have an approved biennial plan. Under these grants, county agencies provide services to approximately 350,000 people.

MN DHS System RFI

ChildSupport#

Minnesota's current system for child support services includes

- Locating parents
- Establishing parentage
- Establishing and enforcing court orders for child support, medical support and child care support
- Collecting and processing payments
- Reviewing and modifying court orders for child support, medical support and child care support
- Adjusting court orders based on the cost of living index
- Working with other states to enforce support when one parent does not live in Minnesota.

A portion (FY2010 approximately 18%) of program funding comes from Minnesota counties who have been very influential in determining system functions for the 243,000 open cases in Minnesota. The current system has 4500 registered users and typically has about 1700 simultaneous online users. 85% of our online cases have support orders and our child support guidelines determine support amounts based on:

- The income of both parents
- The number of children
- The cost of raising a child at different income levels and
- The availability and cost of medical support
- Child Care Support

In FFY 2009 Minnesota:

Collected \$598.1 million

Spent \$166.3 million to fund child support services

Served 245,695 Title IV-D child support cases

CDCS-Consumer Directed Community Supports#

Consumer Directed Community Supports (CDCS) is a unique service option that gives persons more flexibility and responsibility for directing their services and supports, including hiring and managing direct care staff. CDCS may include services, support and/or items currently available through the Medical

Assistance waivers, as well as additional allowable services that provide needed support to persons. CDCS is a service option under several home and community-based programs. CDCS is available as a statewide service for persons enrolled in one of the following programs:

- Alternative Care (AC) Program
- Community Alternative Care (CAC) Waiver
- Community Alternatives for Disabled individuals (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)
- Minnesota Senior Health Options (MSHO)
- Traumatic Brain Injury (TBI) Waiver

The range of allowable CDCS services and supports can be tailored to meet a person's needs. The flexibility built into CDCS allows a person to describe the services and supports in ways that are meaningful to the person. A person's plan can include a mix of required and optional services and supports.

MN DHS System RFI

- Community Support Plan (includes budget methodology)
- Fiscal support entity services
- Support Planner Person-centered planning

MMIS#

MMIS is Minnesota's automated system for payment of medical claims and capitation payments for Minnesota Health Care Programs (MHCP) which include MinnesotaCare, MA, GAMC, and Medicare Supplement Programs. Some support for eligibility for MinnesotaCare is on our MMIS system.

SMI-Shared Master Index#

The SMI is a web-based system that interacts with DHS and County service entity systems, creating a common client identifier as well as maintaining a cross-reference of client identifiers in the various systems. This master identifier assists workers, analysts, researchers and others in tracking clients across systems and provides a mechanism for synchronizing client data across DHS systems. The SMI provides functionality (search, match, merge) for the ongoing management of this single client identifier. In addition, the SMI provides workers across systems view of client participation through real time web service integration with major DHS systems.

Appendix B: Technical Checklist (Optional)#

Vendor System Design Checklist Response (Optional) - Select all that apply - Indicate all items checked for which the Vendor software is certified.

Architectural Approach

SOA

3/N Tier

Other (specify):

Processing Type

OLTP

OLAP

Other (specify):

Development Platform

J2EE

.NET

Other (specify):

Architectural Framework(s)

STRUTS

JATO

JSF

Other (specify):

Architectural Pattern(s)

MVC

Factory

Controller

Data Access Object

Other (specify):

Application Communication Technologies

Service Interface:

Web Services (HTTP, XML, SOAP, WSDL, UDDI)

Public Facing

Internal Facing

Messaging

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PlatformSpecific:

.NET Remoting
EJB/RMI
IIOP
Other (specify):

System Integration Technologies

XML
Web Services
Messaging
EDI
CORBA
IIOP
Adaptors
Secure FTP
Other (specify):

Software Testing General:

Functional
Regression
System
Integration

Specialized:

Performance
Load
Stress
Error Handling
Security
Platform

Accessibility:

WCAGV1.0
Priority 1
Priority 2
Priority 3
WCAG V2.0 (Draft): Level 1 Level 2 Level 3
Section 508

User-Participation:

Beta
User Acceptance
Other (specify):

Vendor System Design Checklist Response - Select all that apply

Security Technologies

Identity and Access Management
Integrated
Externalizable
Externalized
SSL/TLS

Data Encryption

Level Supported: Column Row Table _____

Database

Cookie Encryption

MN DHS System RFI

DES
3DES
AES
Other (specify):
Other (specify):

Client Operating Systems

Apple
Microsoft
Linux
UNIX
Palm
Microsoft PocketPC
Other (specify):

Client Platforms

Desktop/Laptop
Tablet
PDA
Smart Phone
Other (specify):

Client Footprint by Platform Specify size of footprint in KB or MB:

Desktop/Laptop: ____

Tablet: ____

PDA: ____

Smart Phone: ____

Other (specify): ____

Client Connection Speed Specify speed in kbps or mbps:

Minimum: _____

Recommended: _____

Client Richness

Browser-Based
Rich Client
Rich Internet (AJAX)

Browsers and Versions Supported

Internet Explorer (specify versions):

Netscape Navigator (specify versions):

Other (specify product and versions):

Presentation- Client Side Languages

HTML
_ DHTML
_ XML
XHTML
VB.NET
C#
ActiveX Controls
Java Applets
Java
JVM (specify details):
JavaScript
VBScript
C++
Other (specify):

MN DHS System RFI

Application State

Cookies:

Non-Persistent Cookies

Persistent Cookies

Session Ids

State Stored in HiddenFields

Other (specify):

Web Server Location Public Facing Internal Facing

Web Server Operating System Windows Linux UNIX Other (specify): Specify Version:

Web Server Software

Apache

Microsoft

Sun

Oracle

Other (specify):

Specify Edition and Version:

Web Server - High Availability Load Balancing Supported: Yes No

64 Bit Processors Supported: Yes No

DualCore Processors Supported: Yes No

Other (specify):

Presentation

– Server Side

Languages

ASP.NET

VB.NET

__C#

JSP

Servlets

Java

JVM (specify details):

Server Side Includes (SSI)

C++

Other (specify):

Application Server Operating System Windows Linux UNIX Other (specify): Specify Version:

Application Server Software Microsoft IBM Sun Oracle BEA Other (specify):

Specify Edition and Version:

Application Server –HighAvailability 64 Bit Processors Supported:Yes No

DualCore Processors Supported: Yes No

RAID Supported: Yes No SAN

Supported: Yes No Mirroring

Supported: Yes No Clustering

Supported: Yes No

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Grid/On Demand Supported: Yes No

Other (specify):

Business Rule – Application Languages

VB.NET

C#

Java (J2SE)

Java/EJB(J2EE)

JVM (specify details):

C++

Other (specify):

Database Server OperatingSystem Windows Linux UNIX Other (specify): Specify Version:

Database Server Software Microsoft IBM Oracle Other (specify): Specify Version:

Database Server – High Availability 64 Bit ProcessorsSupported: Yes No

DualCore Processors Supported: Yes No

RAID Supported: Yes No SAN Supported:

Yes No Mirroring Supported: Yes No

Clustering Supported: Yes No

Grid/On Demand Supported: Yes No

Other (specify):

Data Access– Connectivity Methods

ADO.NET

ODBC

OLE/DB

JDBC

JDO

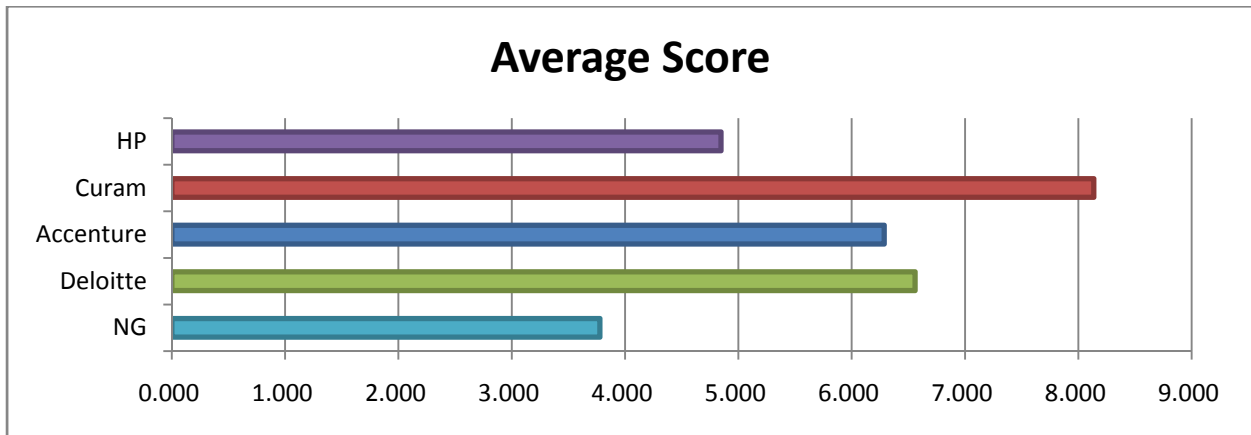
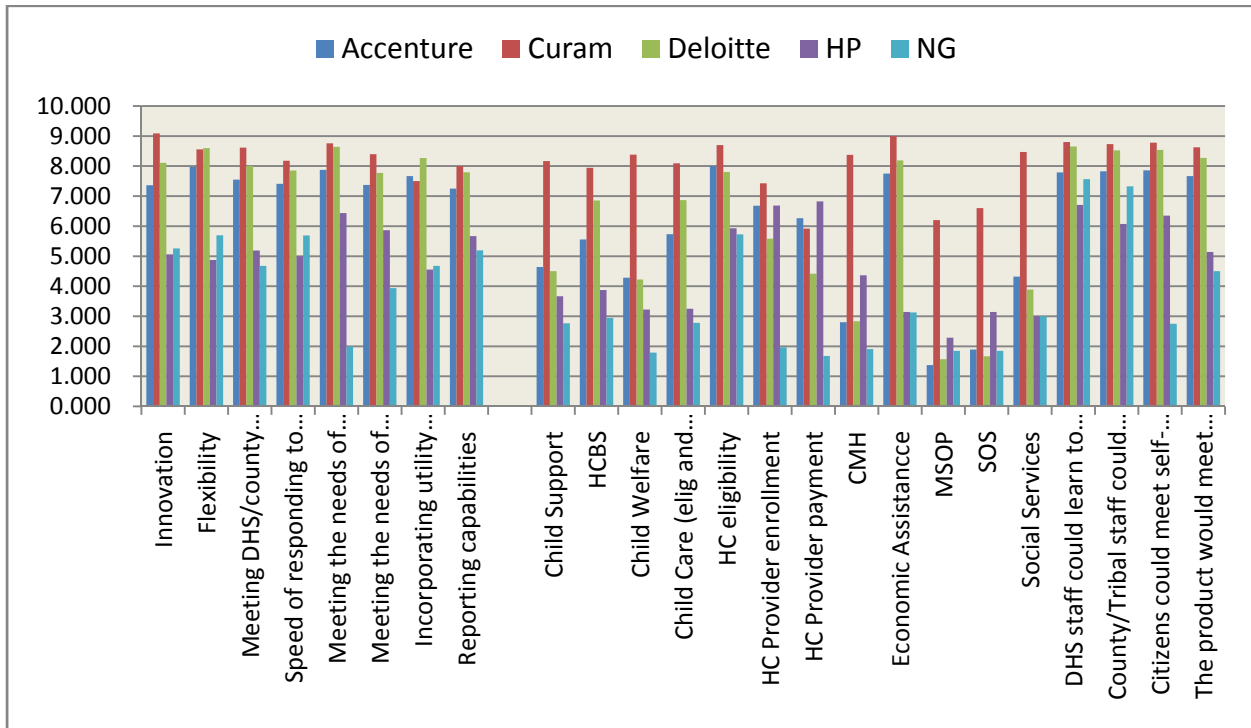
DB2 Connect

Other (specify):

SQL Languages T/SQL PL/SQL Other (specify):

Stored Procedures Utilization Data Access Business Rules

Appendix C – Vendor Demonstration Scores



Appendix D – Planning-Advance Planning Document Table of Deliverables

The deliverables developed as a result of the planning process will require approval by Federal agencies. The PAPD submitted to CMS in December included the following table:

Task/Activity	Rationale and Method	Deliverables
Procurement and Solicitation Activities	Minnesota plans to contract with one or more vendors experienced with financial analysis for large IT projects in order to assist with an alternatives assessment, cost/benefit analysis and buy/build decision, as well as assistance with feasibility study and high level requirements. Specific work with tribal jurisdictions will likely be included in the contract, though some or all of the work will be accomplished by MN DHS staff. A vendor or vendors will be contracted through the state master contract list (Minnesota’s Buy IT program), with the hope of allowing work to begin immediately to build on the information gained through the RFI. Alternatively, the MN DHS may need to issue an RFP for this service. MN will draft an RFP for IV&V services and will submit for prior approval.	<ul style="list-style-type: none"> • Procurement plan • Vendor contract(s) • IV & V RFP
Needs Assessment	The project will conduct a needs assessment including high-level requirements analysis, feasibility study, alternatives assessment and cost/benefit analysis. The Needs Assessment will include county and tribal needs as they are our partners in service delivery. DHS will seek to identify leveraging opportunities to improve our MITA maturity level and to streamline and modernize all aspects of the human services delivery system.	<ul style="list-style-type: none"> • Requirements Analysis • Feasibility Study • Alternatives Assessment • Cost/Benefit Analysis
Project Initiation and Planning	<p>Establish a Modernization Project within the Department of Human Services Project Portfolio ensuring its alignment with Federal, State, Agency and Division strategies and goals and ensuring the proper support of the project and its success. Standard project planning documents will be completed, including but not limited to, those noted under “Deliverables.”</p> <p>The planning phase of the Modernization Project will involve a collaborative approach with all human services systems, business and end user participants to ensure</p>	<ul style="list-style-type: none"> • Project Charter • Scope Document • Comprehensive Project Plan • Project Schedule • Change Management • Issue Management • Risk Management

	decisions are made through a collaborative partnership. The infrastructure developed or purchased for the Exchange and its eligibility functions needs to support further human services systems modernization for increased efficiency and effectiveness in delivering human service programs to citizens.	<p>Plan</p> <ul style="list-style-type: none"> • Communication Plan • Governance Structure/Steering Committee
Funding Plan	Establish a financial management and oversight group as a subgroup of the Financial Architecture Domain Team. In the planning phase, this group will define available resources and project the funding through the various phases of the overall project. The team will consist of experts in the various funding areas and will be responsible for all aspects of cost allocation planning and project funding throughout the long-term project. DHS anticipates that the cost allocation will vary throughout the life of the project, based on the work being implemented. The cost allocation plan changes will be managed through as needed APD-Us.	Cost Allocation Plan
Buy/Build Decision	Using the information from the Human Services systems RFI responses and the needs, requirements and alternatives analyses, project leadership will facilitate the buy/build decision with the Enterprise Architecture Board. If the decision is to procure a commercial off the shelf (COTS) solution, a plan, purchasing and funding approach will be drafted to facilitate smaller, incremental deliverables and installations.	<ul style="list-style-type: none"> • Buy/build decision • Finalize purchasing/funding approach
Define Approach to System Modernization	Using the needs assessment and funding plan information, the approach to the Exchange implementation and systems modernization will be developed and planned. The plan will document the mechanics of an agile approach which will connect frequent deliverables to appropriate funding streams. The approach will likely include: <ul style="list-style-type: none"> • Product purchase plan • IT services purchase plan 	<ul style="list-style-type: none"> • RFP Outline • SOW Template • Approach Document

	<ul style="list-style-type: none"> • Modular delivery of functional components • Frequent deliverables • Multiple services vendors 	
Implementation APD	Develop, draft and submit Implementation Advance Planning Documents to CMS which will include information about the functionality to be implemented and the projected cost allocation of the functions. It is our expectation that CMS will coordinate the review of all APDs with other agencies, as appropriate.	Implementation Advance Planning Document
CMS Approval for Implementation APD	<p>Complete necessary updates per CCIIO/CMS/coordinated review</p> <p>Receive CCIIO/CMS/other-agency approval</p> <p>(Exchange Gate Review documents and APDs for the Exchange will be submitted together as appropriate.)</p>	Final Implementation Advance Planning Documents