Legislative Report

Transformation for Delivery of Human Services Programs

October 2023

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $7,924.

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Contents

I. Executive summary

The Department of Human Services (DHS) and Minnesota IT Services (MNIT) share a vision for transformation of service delivery:

> *Service Delivery Transformation reinvents human services delivery by responding to the needs of people, Tribes, and counties to create a better, easier experience for everyone.*

DHS and MNIT decided to pursue a full transformation of service delivery to better meet the needs of Minnesotans and to create a model that centers on people instead of programs. The people who apply for and receive services, and the county and Tribal workers who provide services to communities, are the focus of our transformation work. Addressing people's needs and challenges is the driver of all Service Delivery Transformation (SDT) efforts. To address these needs and challenges, or "pain points," SDT aims to change outdated processes, improve service delivery and outcomes, and expand external data and visualizations to increase transparency. This shift enables DHS and its partners to think holistically about the services DHS provides. It also aligns people, processes, and technology to support families' and individuals' unique needs.

Multiple teams have started work to change the way that DHS delivers services. Many of these changes involve ongoing, iterative development of products that deliver value for the end user. A product could be an application, tool, or other solution that provides value. Product teams work to deliver products in a series of short iterations to create manageable, measurable goals. As of October 2023, nine product teams are working in new ways to allow a more customer-focused experience. One example of a current product is a tool that allows people to upload required documents online while they apply for benefits. Another example is a text message solution that provides people a status update after they submit their application for benefits.

Other efforts will be completed through traditional project-based approaches, delivering defined scope with timebound temporary teams. Both product and project-based SDT work contribute to developing and maintaining a person-centered human services system. The legislative funding received for SDT initiatives will support work that continues, expands, or builds upon several of these teams' efforts. The five initiatives included in the SDT funding are:

1. **Transforming Service Delivery:** The state will simplify and streamline IT delivery systems for clients, counties, Tribes, and providers. DHS and its partners will adopt evolving best practices and maintain program integrity during system modernization efforts.
2. **Integrated Services for Children and Families:** DHS will stabilize legacy systems responsible for delivering more than $1.9 billion in benefits to hundreds of thousands of Minnesotans. The state will focus on improving the experience of those who apply for safety-net programs.
3. **Medicaid Management Information System (MMIS) modernization:** The state will enhance, modernize, and stabilize the functionality of the Medicaid Management Information System (MMIS). MMIS ensures more than 1.4 million people on the medical assistance and MinnesotaCare programs get necessary services and benefits when they need them. MMIS also supports payments to health care providers and managed care organizations for these services.

4. **Provider Licensing and Reporting Hub:** A new provider licensing and reporting hub will create a unified licensing experience for all human services licensed programs. New staff will provide technical support, training, and communication with licensed programs. New resources will support an implementation vendor, software licensing costs, product maintenance and additional technology.

5. **Minnesota Eligibility Technology System (METS) functionality improvements:** Changes to the METS system will include short-term emergency fixes, ongoing sustainability efforts and future recommendations for improvement. Critical upgrades will be made to comply with the Centers for Medicare & Medicaid Services (CMS) eligibility and enrollment requirements. Investments will sustain current software and hardware functionality, while also addressing core functionality issues that result in incorrect determinations and administrative burden for the state, counties, and Tribes.

This report was created to provide the legislature with information on SDT efforts. DHS received legislative approval for strategic funding for the FY2024-25 biennium to enhance infrastructure, bring in expertise, and adjust DHS's approach to moving human services toward this new, shared vision. The allotted funding for SDT efforts will:

- Provide value to people being served, as well as county and Tribal workers.
- Mature DHS's enterprise architecture to support teams creating effective solutions.
- Enhance data management and analytics infrastructure to better measure outcomes.
- Develop and share visualizations and tools with partners to increase transparency and accountability.
- Support DHS and MNIT staff to develop practices of ongoing collaboration and continuous improvement of services.
- Stabilize the critical IT systems DHS has today.

This work will be ongoing. Measurements and outcomes will be adjusted periodically to reflect both external changes as well as changes in DHS's understanding of the needs of its partners and people being served. The performance indicators presented in this report represent the outcomes indicated in the final legislation. For all five initiatives, the performance indicators, metrics, and goals will be further refined as the work takes shape. Future reports may include new or revised performance indicators that are tailored to the efforts and intended outcomes for Minnesotans. All time-bound goals are dependent on DHS's success in attaining resources such as funding, contracts, consultants, vendors, and staff who can provide the deliverables needed to achieve the stated goals.

II. Legislation

Minnesota Session Laws 2023, Chapter 70--S.F.No. 2995, Article 15: **MISCELLANEOUS**

Section 10. INFORMATION TECHNOLOGY PROJECTS FOR SERVICE DELIVERY TRANSFORMATION.

Subdivision 1. Uses of appropriations.

Amounts appropriated to the commissioner of human services for subdivisions 3 to 7 must be expended only to achieve the outcomes identified in each subdivision. The commissioner must allocate available appropriations to maximize federal funding and achieve the outcomes specified in subdivisions 3 to 7.

Subd. 2. Reports required.

(a) The commissioner of human services, in consultation with the commissioner of information technology services, must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by October 1, 2023, that identifies:

(1) a schedule of planned completion dates for the projects included in subdivisions 3 to 7;

(2) the projected budget amount for each project included in subdivisions 3 to 7; and

(3) baseline metrics and other performance indicators against which progress will be measured so that the outcomes identified in subdivisions 3 to 7 are achieved.

(b) To the extent practicable, the metrics and performance indicators required under paragraph (a) must be specific and expressed in easily understood terms; measurable; achievable; relevant; and time bound. Any changes to the outcomes, metrics, or other performance indicators under this subdivision must be developed in consultation with the commissioner of information technology services and reported to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance in the report submitted under paragraph (c).

(c) By October 1, 2024, and each October 1 thereafter, until all funds are expended or all outcomes are achieved, whichever occurs first, the commissioner must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance that identifies the actual amounts expended for each project in subdivisions 3 to 7, including a description of the types and purposes of expenditures. The report must also describe progress toward achieving the outcomes for each project based on the baseline metrics and performance indicators established in the report required under paragraph (a) during the previous fiscal year.

Subd. 3. Transforming service delivery.

Any amount appropriated for this subdivision is to advance efforts to develop and maintain a person-centered human services system by increasing the ease, speed, and simplicity of accessing human services for Minnesotans, and for county, Tribal, and state human services workers. Outcomes to be achieved include:

(1) funding foundational work and persistent cross-functional product teams of business and technology resources to support ongoing iterative development that:

(i) improves the experience of Minnesotans interacting with the human services system, including reducing the overall time from an application to the determination of eligibility and receiving of benefits;

(ii) improves information technology delivery times and efficiency of software development by increasing business agility to respond to new or shifting needs; and

(iii) improves the experience of county and Tribal human services workers;

(2) developing and hosting dashboards, visualizations, or analytics that can be shared with external partners and the public to foster data-driven decision making; and

(3) other outcomes identified by the commissioner under subdivision 2, paragraph (b).

Subd. 4. Integrated services for children and families.

(a) Any amount appropriated for this subdivision is to stabilize and update legacy information technology systems, modernize systems, and develop a plan for the future of information technology systems for the programs that serve children and families. Outcomes to be achieved include:

(1) reducing unscheduled downtime on Social Services Information System by at least 20 percent;

(2) completing the transition of automated child support systems from mainframe technology to a web-based environment;

(3) making information received regarding an individual's eligibility for benefits easier to understand;

(4) enhancing the child support participant portal to provide additional options for uploading and updating information, making payments, exchanging data securely, and providing other features requested by users of the portal; and

(5) other outcomes identified by the commissioner under subdivision 2, paragraph (b).

(b) The commissioner must contract with an independent consultant to perform a thorough evaluation of the SSIS, which supports the child protection system in Minnesota. The consultant must make recommendations for improving the current system for usability, system performance, and federal Comprehensive Child Welfare Information System compliance and must address technical problems and identify any unnecessary or unduly burdensome data entry requirements that have contributed to system capacity issues. The consultant must assist the commissioner with selecting a platform for future development of an information technology system for child protection.

(c) The commissioner of human services must conduct a study and develop recommendations to streamline and reduce SSIS data entry requirements for child protection cases. The study must be completed in partnership with local social services agencies and others, as determined by the commissioner. The study must review all input fields required on current reporting forms and determine which input fields and information are required under state or federal law. By June 30, 2024, the commissioner must provide a status report and an implementation timeline to the chairs and ranking minority members of the legislative committees with jurisdiction over child protection. The status report must include information about procedures for soliciting ongoing user input from stakeholders, progress on solicitation and hiring of a consultant to conduct the system evaluation required under paragraph (a), and a report on the progress and completed efforts to streamline data entry requirements and improve user experience.

Subd. 5. Medicaid Management Information System modernization.

Any amount appropriated for this subdivision is to meet federal compliance requirements and enhance, modernize, and stabilize the functionality of Minnesota's Medicaid Management Information System. Outcomes to be achieved include:

(1) reducing disruptions and delays in filling prescriptions for medical assistance and MinnesotaCare enrollees, and improving call center support for pharmacies and enrollees to ensure prompt resolution of issues;

(2) improving the timeliness and accuracy of claims processing and approval of prior authorization requests;

(3) advancing the exchange of health information between providers and trusted partners so that enrollee care is timely, coordinated, proactive, and reflects the preferences and culture of the enrollee and their family; and

(4) other outcomes identified by the commissioner under subdivision 2, paragraph (b).

Subd. 6. Provider licensing and reporting hub.

Any amount appropriated for this subdivision is to develop, implement, and support ongoing maintenance and operations of an integrated human services provider licensing and reporting hub. Outcomes to be achieved include:

(1) creating and maintaining user personas for all provider licensing and reporting hub users that document the unique requirements for each user;

(2) creating an electronic licensing application within the provider licensing and reporting hub to ensure efficient data collection and analysis;

(3) creating a persistent, cross-functional product team of business and technology resources to support the ongoing iterative development of the provider licensing and reporting hub; and

(4) other outcomes identified by the commissioner under subdivision 2, paragraph (b).

Subd. 7. Improving the Minnesota Eligibility Technology System functionality.

Any amount appropriated for this subdivision is to meet federal compliance requirements and for necessary repairs to improve the core functionality of the Minnesota Eligibility Technology System to improve the speed and accuracy of eligibility determinations and reduce the administrative burden for state, county, and Tribal workers. Outcomes to be achieved include:

(1) implementing the capability for medical assistance and MinnesotaCare enrollees to apply, renew, and make changes to their eligibility and select health plans online;

(2) reducing manual data entry and other steps taken by county and Tribal eligibility workers to improve the accuracy and timeliness of eligibility determinations;

(3) completing necessary changes to comply with federal requirements; and

(4) other outcomes identified by the commissioner under subdivision 2, paragraph (b).

https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/70/

III. Introduction

Purpose of report

The Department of Human Services (DHS) and Minnesota IT Services (MNIT) started modernization efforts to change outdated processes and tools over a decade ago, focusing on improving information technology to increase the effectiveness of DHS' services. To better meet the needs of Minnesotans, DHS and MNIT made the decision to pursue Service Delivery Transformation (SDT). SDT is transformative because it fundamentally shifts how services are provided, by prioritizing the experience of service applicants, service recipients, county workers, Tribal workers, and other providers. Their needs and challenges are identified and addressed using agile methodology. Agile is an ongoing, iterative process that improves the experience of interacting with DHS by making continuous, incremental changes. SDT staff are working in agile, person-centered ways in two different team configurations as an initiative requires: product teams and project teams. Ongoing product teams develop products—applications, tools, or other solutions—in a series of short iterations to create manageable, measurable goals. Temporary project teams work on initiatives with a defined, timebound scope and often necessarily take longer to release improvements to system users. With this framework, SDT efforts aim to change outdated processes, improve service delivery and outcomes, and expand external data and visualizations to increase transparency. This is a shift to thinking holistically about the services DHS provides by aligning staff, processes, and technology to support families' and individuals' unique needs.

In May 2023, the legislature passed, and the governor approved, SF 2995 – Omnibus Health appropriations Article 15 section 10, approving the use of state funds to support transforming service delivery. Pursuant to Minnesota SF No. 2995 Omnibus Health Appropriations Article 15 Section 10, Subd. 2, this report contains an overview of the person-centered approach to service delivery and thoroughly describes each of the five efforts funded in the legislation, including:
- what the current issues are,
- what DHS and MNIT will do to solve the issues,
- what outcomes or deliverables are expected as a result, and
- why these outcomes matter to DHS' partners and the people being served.

A schedule of planned completion dates and projected budgeted amounts for each of the five funded efforts are not yet available. For the past several months, many key DHS staff members needed to shift their attention to meeting unanticipated, urgent CMS requirements related to auto-renewals for Medical Assistance enrollees, which has caused necessary delay for planning in other areas. DHS staff are currently preparing the SDT budgets for internal approval. When they are ready, DHS will share the budgets with the legislature as an addendum. As DHS staff develop the plans for each of the efforts, DHS will develop timelines, refined performance measures, baseline metrics, benchmarks, and goals. These will also be shared with the legislature in future reports.

Report preparation

This report was prepared by DHS Office of Strategy and Performance staff members, in collaboration with DHS and MNIT staff.

IV. Background

DHS and MNIT have developed a vision for transforming service delivery:

> *Service Delivery Transformation reinvents human services delivery by responding to the needs of people, Tribes, and counties to create a better, easier experience for everyone.*

The vision for Service Delivery Transformation (SDT) was informed by input from state agencies, county and Tribal Nation partners, and the Governor's Blue-Ribbon Council on IT (now the Technology Advisory Council). It will be a multi-year effort to implement the full paradigm shift from the current approach of connecting Minnesotans to critical human services.

Historically, DHS has developed IT solutions slowly and without continuous input or involvement of the people most impacted by IT system changes – clients, counties, Tribal Nations, and service providers. Operating this way creates frustration for impacted communities, because they experience pain points that are unresolved or exacerbated, and improvements take too long to implement. Further, DHS programs have operated separately from one another, forcing Minnesotans to complete separate applications and provide the same information to multiple program areas. Counties, Tribal Nations, and service providers are put in a similar position, where they may be working with the same person but need to navigate multiple DHS IT systems, processes, and points of contact to manage the person's situation.

DHS is addressing these issues by transforming the way IT solutions, policies, and business processes are developed. DHS is building toward integrated service delivery where program areas work together with clients, counties, Tribal Nations, and service providers, to center their experience and address their needs through a single interaction. An example of this person-centered, integrated service delivery is MNBenefits, an online solution implemented in 2020 by DHS where Minnesotans can apply for multiple support programs through one application, including food assistance, cash benefits, childcare support, emergency assistance, and/or some types of housing support. SDT moves toward a more holistic, person-centered model that addresses people's pain points and breaks down unnecessary separation between human services programs and systems. In addition to delivering person-centered services, this initiative will also transform the way DHS works with its stakeholders and partners, approaches policy, allocates legislative and other forms of funding, and conducts performance measurement.

DHS has received legislative approval for strategic funding to enhance infrastructure, bring in expertise, and adjust the approach to managing services to move the human services system toward this new shared, vision.

The overarching goals of SDT are to:

- Collaborate across teams and agencies to collectively deliver for the people DHS serves and meet the needs of all Minnesotans.
- Improve methods of measuring and tracking public outcomes through ongoing system and service enhancements.
- Support innovation and efficiency by providing stakeholders with more direct access to DHS systems and data.

- Support equity initiatives by listening to and acting on the needs expressed by impacted populations during the decision-making process including residents, providers, counties, Tribal Nations, and DHS staff.
- Investigate operational practices and digital service options to reduce administrative burden on all partners and customers.

This report focuses on the allotted funding for Service Delivery Transformation efforts that will:

- Reduce the time it takes for clients to apply for and receive services.
- Improve IT enterprise architecture to support teams creating effective solutions.
- Enhance data management and data analysis capacity so DHS can better measure outcomes.
- Develop data visualization tools to share with partners and the public for increased transparency and accountability.
- Bring in expertise to support staff in adopting new work approaches and mindsets that put the end-user first.
- Strategically invest in stabilizing the critical IT systems DHS has today.

Multiple teams have begun work on changes to DHS service delivery. The key transformation is a shift in DHS mindset to focus on the end user's experience and needs. These efforts involve ongoing iterative development of products—including IT tools, functionality, and applications—intended to develop and maintain a person-centered human services system. The product approach is designed to increase the ease, speed, and simplicity of accessing human services, by providing continuous improvements that are identified and prioritized by the systems' users. As of October 2023, DHS has nine product teams working in ways that are responsive to partners, programs, and those DHS serves. However, this shift to person-centered thinking is not limited to product teams; SDT's project teams are transforming their work to focus on value to people served and the workers that provide those services.

The initial work to transform service delivery using product teams started prior to receiving funding during the 2023 session; the results of those efforts showed promise of even greater outcomes with additional investments. The legislative funding received support SDT initiatives to continue, expand, or build upon several of these teams' efforts. This work will be ongoing, and measurements and outcomes for that work will be adjusted to reflect external changes and changes in understanding of the needs of partners and the people DHS serves. SDT is a full-scale change in the way DHS operates and will have ongoing costs. One-time funding is essential for launching the initial work, and transformation efforts will require sustained funding.

V. Service Delivery Transformation and product lines of focus for FY2024-2025

An integrated, person-centered human services system is simple to use, easy to access, has little duplication, and is delivered with modern tools like mobile-enabled applications. To achieve this transformative vision, DHS will use an agile approach to upgrading technology and business processes focusing on improving the experience one piece at a time. An agile approach involves breaking down a project or product development process into iterations, while emphasizing continuous collaboration and improvement. These changes will be guided by input from stakeholders including people DHS serves and their families, providers, counties, and Tribal Nations.

The nature of the person-centered human services system that DHS is working toward will require iteration, adaptation, and ongoing calibration. Metrics are subject to change as the needs of DHS' partners and the people being served change, or as portions of a project are completed. Fully transforming human services delivery is an ambitious, but necessary, goal, and the five key initiatives funded during the 2023 session are a small subset of all the products that will need to be part of DHS' final integrated service delivery system.

Key guiding principles for this work include racially and culturally appropriate efforts to support an equitable service delivery system. Diverse clients and partners are actively sought out and asked if they will share their perspectives and experiences, which are later incorporated in product development discussions at several decision-making points. Equity is considered throughout the design process, guided by resources such as the DHS Equity Assessment Tool and by measuring levels of disparities in outcomes. Planning for service delivery changes using a person-centered framework ensures that DHS' services are integrated and SDT meets its goal of equitably improving the experience of applying for or receiving services.

Timeline

Appropriations for transforming service delivery have been approved for FY2024 and FY2025. The work that has been funded includes:

1. Overarching efforts to transform service delivery;
2. Integrated services for children and families;
3. Medicaid Management Information System modernization;
4. Provider licensing and reporting hub; and
5. Improving the Minnesota Eligibility Technology System functionality.

Descriptions for these five initiatives are included in the following sections. Each project has its own outcomes and/or deliverables, also outlined below, that the project team will work toward during the funding period. Many of the outcomes and deliverables will be achieved in phases, with the initial phase taking place during the biennium. Sustained funding will be needed for the transformation to be successful.

Transforming Service Delivery

Description

The state will simplify and streamline IT delivery systems for clients, counties, Tribes, and providers. DHS and its partners will adopt evolving best practices and uphold program integrity during system modernization efforts. Operational funding will enable planning and implementation of an integrated, person-centered experience for individuals and families who access programs, allowing systems to adapt to ever-changing client needs. A sustained, long-term budget will establish foundational infrastructure improvements to stabilize and replace 20-year-old systems and ensure timely, data-driven decision making.

DHS is building toward integrated service delivery where multiple program areas work together to center the client and address their needs through a single interaction. MNBenefits is a key example of this, as an online solution where Minnesotans can complete one application for several support programs, including food assistance, cash benefits, childcare support, emergency assistance, and some types of housing support. DHS will continue to use and improve MNBenefits' person-centered service delivery application. Future improvements are planned to improve county and Tribal workers' experience by reducing the processing time for applications. This will be accomplished by streamlining the application process with enhancements or modifications that they have identified as important. This is an example of how using a person-centered approach creates open communication channels with clients, counties, Tribal Nations, and providers, enabling them to easily share challenges they are facing, and for DHS and MNIT to address those needs quickly and iteratively. Many of the future efforts that Service Delivery Transformation will move forward with will be included in multiple federal Advanced Planning Documents (APDs). These include planning APDs, Implementation APDs, and Operational APDs, all of which will be reviewed and approved by our federal partners.

Strategic internal changes are key to the success of Service Delivery Transformation. As DHS builds this transformation, DHS will continue to implement and mature the foundational frameworks that have been developed. Some of those frameworks include:

- Community and stakeholder engagement supports equity initiatives by listening to and acting on the wants and needs of impacted populations, including residents, providers, counties, Tribal Nations, and DHS staff.
- Change management resources and tools guide the agency through a successful transformation that will lead to person-centered, equitable decision making, and desired agency outcomes.
- Evaluation and performance measurement resources measure the outcomes and benefits that are delivered to achieve a more efficient and effective experience for clients, counties, Tribal Nations, providers, and DHS.
- Enterprise architecture guides and provides organizational structure to ensure products and projects align with the overall vision of integrated services.
- Finally, some existing systems will be maintained while larger transformation efforts are taking place; this allows DHS to address security vulnerabilities that are being found each day and prevent them from being exploited.

Meaningful change is only possible by establishing an agency culture that prioritizes improving with and for people and communities directly impacted by the human services system.

Outcomes / Key Deliverables

Over FY2024 and FY2025, DHS will:

- *Improve the experience of Minnesotans interacting with the human services system.*

Service Delivery Transformation will continue to develop solutions in partnership with the Minnesotans served. This starts with the identified pain points in accessing human services guiding the direction of the product team's work. By investing in community engagement and building stakeholder relationships, product teams gain valuable insights and feedback that are incorporated into solution design throughout the development period. Service Delivery Transformation is then able to improve Minnesotans' experience interacting with human services solutions because they informed the solutions' design.

- *Improve information technology delivery times and efficiency of software development.*

By adopting an agile, product-focused approach to information technology development, Service Delivery Transformation produces solutions in iterative cycles. Instead of taking years to develop a full-scale change to a process or system, Service Delivery Transformation works to produce smaller, useable products that can be deployed quickly to clients, counties, Tribal Nations, and partners. This approach allows solutions to be immediately helpful to impacted populations.

- *Increase business agility to respond to new or shifting needs.*

The agile, product-focused approach allows developers to pivot work to address client needs as they arise. As an example, the MNBenefits product team recently made changes to their document upload function to allow healthcare renewals to be uploaded, which became a pressing need as the federal public health emergency ends in 2023.

SDT product teams work on large products in a series of short iterations called sprints to create manageable and measurable goals. At the end of each sprint, an informal sprint review meeting is held where the developers, stakeholders, and impacted populations ask questions and demonstrate new functionality or insights. During these sprint reviews, any new or shifting needs are discussed and then used to direct the product team's work for the next sprint.

- *Improve the experience of county and Tribal human services workers.*

Service Delivery Transformation is working to make interactions with DHS quicker and simpler for county and Tribal workers so that they have more time to focus on providing services to Minnesotans. By engaging with these workers, DHS product teams can learn the pain points they experience while providing services and then quickly address them. An example of one such effort is the Client Experience product team, which is working to reduce the call volume that workers receive from Minnesotans who are checking on their MNBenefits application status. This team is developing a technology solution that texts applicants pertinent information

about their application and next steps, which serves the dual purpose of both informing the client and reducing the number of calls to county and Tribal workers to check on application status.

- *Develop and host dashboards, visualizations, or analytics that can be shared with external partners and the public to foster data-driven decision making.*

As outcomes and performance indicators are further developed, Service Delivery Transformation will share its journey with external partners and the public. By creating dashboards, visualizations, or other analytic tools, SDT will share accurate and easy to understand results about its progress toward outcomes.

- *Fund foundational work by providing business and technology resources to persistent cross-functional product teams to support ongoing iterative development.*

Product teams are cross-functional groups that bring their skills and experience to the design, creation, and rollout of new IT solutions. Using product teams to create new IT products, such as tools and platforms, provides faster results because multiple roles collaborate in real time. This funding will support the development of the foundational frameworks Service Delivery Transformation product teams will use to continue building toward the vision of person-centered, integrated services. These frameworks will enhance product teams' ability to operate effectively as they build solutions that help DHS achieve the outcomes listed above.

Transforming Service Delivery Outcomes Table

This table describes the outcomes Transforming Service Delivery aims to achieve, why the outcome matters to Minnesotans, how success will be demonstrated (performance indicators), and what goal DHS expects to reach by the end of the biennium funding cycle. Baseline metrics and benchmarks could not be identified at this time; however, they will be presented with refined performance indicators in future reports.

Outcome	Why It Matters	Performance Indicator(s)	Goal
Improve the experience of Minnesotans interacting with the human services system.	It will be quicker and easier for Minnesotans to interact with the human services system	1. Overall time from an application to eligibility determination (MNBenefits) 2. Overall time from an application to receiving benefits for eligible applicants (MNBenefits)	By the end of this funding cycle: 1. Overall reduction in the number of days from MNBenefits application submission to eligibility determination 2. Overall reduction in the number of days from MNBenefits application to receiving benefits for eligible applicants

Outcome	Why It Matters	Performance Indicator(s)	Goal
Improve information technology delivery times and efficiency of software development	Shorter delivery times and efficient software development allows users to experience constantly improving IT products	Software development measures such as lead time and cycle time[1]	Measures will indicate a reduction in the amount of time it takes to produce new IT products, including tools, functionality, and applications.
Increase business agility to respond to new or shifting needs	Improving DHS' ability to pivot its work focus allows it to consistently prioritize user needs	Sprint reviews[2] are regularly held for each product team	By the end of this funding cycle, all product teams hold regular sprint review meetings to review efforts and get feedback to guide future work
Improve the experience of county and Tribal human services workers	It is quicker and simpler for county and Tribal workers to interact with DHS, allowing more time to focus on providing services to Minnesotans	Average amount of time needed for a county or Tribal worker to process a MNBenefits application	By the end of this funding cycle, there will be an overall reduction in the amount of time it takes for a county or Tribal worker to process a MNBenefits application

[1] Lead Time is the time from the customer's request to the delivery of a product. Cycle time is how long it takes to complete a software development task in agile product management.

[2] Sprint reviews are informal meetings held at the end of a work iteration, where the product team, users and others can ask questions, demonstrate and review developed features, and give feedback to guide the direction forward (Source: https://www.atlassian.com/agile/scrum/sprint-reviews)

Outcome	Why It Matters	Performance Indicator(s)	Goal
Develop and host dashboards, visualizations, or analytics that can be shared with external partners and the public to foster data-driven decision making	Accurate and easy to understand reports about SDT's progress toward outcomes are available to external partners and the public	1. Dashboards, visualizations, or analytics related to SDT exist 2. Above tool(s) are shared with external partners 3. Above tool(s) are shared with the public	By the end of this funding cycle, at least one tool documenting progress toward SDT outcomes is available to external partners and the public
Fund foundational work by providing business and technology resources to persistent cross-functional product teams to support ongoing, iterative development	Funding is used to improve how DHS performs its work for the people being served	Cross-functional product teams are operational and supported with foundational frameworks	By the end of this funding cycle, at least nine (9) teams continue to operate, and two (2) additional teams will be developed

Table 1 - Transforming Service Delivery Outcomes Table

Integrated Services for Children and Families

Description

New resources will stabilize legacy systems responsible for delivering more than $1.9 billion in benefits to hundreds of thousands of Minnesotans. The state will focus on improving the experience of clients who apply for safety-net programs.

With the distinct technology systems currently used to support Minnesota's safety-net programs for children and families, DHS is challenged to deliver services in a person-centered, holistic way. Improved service delivery for families and children will require moving to a more integrated technology system that supports key services for children and families, including child support, child welfare, childcare services, and economic assistance. This transformation design was developed in partnership with administrations across DHS and is assessed through regular feedback from frontline workers and audit findings.

The first step to improve the experience for families and providers is to stabilize DHS' legacy systems, ensuring that they are secure and perform well. Specific systems that will be stabilized are Social Services Information System (SSIS) and Providing Resources to Improve Support in Minnesota (PRISM). SSIS is a case management

and data collection system used by over 10,000 county and Tribal social workers supporting child protection, foster care, adoption, children's mental health and other child welfare programs[3]. PRISM is a federally mandated computer system that supports Minnesota's Child Support Enforcement program[4]. Communications from the legacy system MAXIS to applicants and recipients will also be included in the service delivery improvements to make information about their eligibility and benefits easier to understand.

County and Tribal social workers depend on SSIS to conduct their child welfare work. When SSIS users experience unpredictable periods of downtime, it limits their ability to proactively plan their workload and productively serve clients. SSIS's aged technology cannot support the high user demand across the counties and Tribal Nations, which results in unscheduled down time. DHS recognizes the need to improve case management information systems' usability for social workers across the state and will start with repairing this issue in SSIS.

Beyond stabilization, the SSIS system will undergo reviews with independent consultants to address urgent user issues. These issues include burdensome and unnecessary data entry requirements as well as technical issues. The goal of these reviews is to develop strategies to modernize SSIS in ways that work better for county and Tribal workers and the families they serve.

The Child Welfare Data Integration and Exchange will be created to include cross-agency data sharing, promoting comprehensive and coordinated child welfare services to children and families, regardless of which agency or department is working with them. This change in operations will require a new process implementation for data collaboration and exchange across agencies that support child welfare, while complying with federal requirements and security protocols.

County, Tribal, and state child support workers use the Providing Resources to Improve Support in Minnesota (PRISM) information system to manage child support payments and services. PRISM is built on an outdated mainframe platform, which brings challenges to updating and improving the user experience. Like SSIS, the first step is to modernize PRISM's long-term platform. This change will allow for continued use of PRISM by child support workers, while setting the groundwork for future updates to DHS' child support information systems.

DHS will implement innovative, user-friendly updates to the client-facing child support system, Minnesota Child Support Online (MCSO). Currently, users can conduct some core functions such as making payments or viewing payment history. However, there is capacity to build many other features into this platform, making it more accessible and useful to child support clients. Providing additional self-service features into MCSO would reduce the workload of county and Tribal child support workers, as fewer clients would call for information that is accessible on the portal. Potential features include document uploading options and data exchange with child

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[3] Minnesota Department of Human Services. (2022). Social Services Information System - SSIS
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4994-ENG

[4] Minnesota Department of Human Services. (2013). PRISM (Providing Resources to Improve Support in Minnesota).
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_000403

support workers using PRISM. The app has the capability of being rolled out in several languages as well, which improves accessibility for child support clients.

For child protection workers, the quantity of case paperwork and large amount of time spent using antiquated technology takes time away from working with individuals and families. Burdensome administrative work also contributes to staff turnover among child protection workers. A recent Office of the Legislative Authority (OLA) report on child protection indicated a challenge for families in child protection matters is the long, administratively cumbersome, and complicated out-of-home placement plan, which is developed by DHS and required for all out-of-home placements where the human service agency has placing authority.[5] To assess the scope and solutions to paperwork issues, DHS will conduct a study in collaboration with social service providers, to develop recommendations to streamline and reduce SSIS data entry requirements for child protection cases.

Applicants and recipients of many forms of assistance receive system-generated paper and e-mail notices about their eligibility, enrollment, and benefit statuses. Recipients have found these notices confusing, with poor readability and little clarity on what to do next. The current notice templates also create challenges for DHS employees, as it is a cumbersome process to edit notices to meet recipients' information needs. DHS is working to correct this by improving notices, starting with a pilot initiative for Supplemental Nutrition Assistance Program (SNAP). Through this initiative, DHS aims to:

- Provide the flexibility for workers to create SNAP notice templates quickly and easily.
- Improve notices' readability; reduce client questions and confusion when reading a notice.
- Improve the specificity and accuracy of SNAP notice information.

Resources will be used to effectively take the next steps toward sustainable technology that improves the experience of children and families participating in human services programs while simultaneously enhancing program integrity and reducing the burden on providers.

Outcomes / Key Deliverables

Over FY2024 and FY2025, funding will:

- *Reduce unscheduled downtime on Social Services Information System by at least 20 percent.*

DHS will work to stabilize issues with Social Services Information System (SSIS) that produces unexpected periods of downtime. Because of the age of the system, maintaining the functionality of the system is complicated, but necessary for county and Tribal workers to be able to serve clients effectively. Reducing unscheduled downtime will give workers a more consistent experience, allowing them to plan workloads more proactively and better serve clients.

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[5] Minnesota Association of County Social Service Administrators. (2023). Position Statement For 2023 Session: Paperwork Reduction Modernization. http://cms5.revize.com/revize/macssa/Legislative%20Positions%202023/CS5%20-2023%20Paperwork%20Reduction%20Modernization%20leg%20position.pdf

- *Complete the transition of automated child support systems from mainframe technology to a web-based environment.*

Transitioning from mainframe technology to a web-based environment will stabilize PRISM's long-term platform, providing a consistent experience for current PRISM users. This will be accomplished by replatforming the system onto a web-based system, refactoring its code, and then launching the new system. The data will stay the same, but the code will be translated into a modern coding language. This change will allow for continued use by child support workers while making room for future updates to child support information systems.

- *Enhance the child support participant portal to provide additional options for uploading and updating information, making payments, exchanging data securely, and providing other features requested by users.*

User-friendly updates to Minnesota Child Support Online (MCSO) will be developed iteratively and guided by the needs of the client population. Providing features beyond the core functions of making and viewing child support payments will benefit both child support clients and workers. Child support clients will be able to better manage their experiences with the child support system when they are able to ask questions and conduct common tasks through a secure and centralized platform. This will also reduce burden on child support workers, as they will receive fewer calls about issues that can be resolved through MSCO.

- *Make information received regarding an individual's eligibility for benefits easier to understand.*

Through implementing the Adobe Experience Manager (AEM) application, the process for generating new notice templates and updating existing notices will be improved, beginning with SNAP benefits. Using AEM will allow DHS to make quick and easy edits to notices, which will allow workers to make timely updates, provide tailored information to clients, and improve notices' accuracy. Notice templates will be updated for readability, following plain language and standard formatting guidelines. Clear action items will be listed in the notice so the recipient will know what to do next. Improving benefits notices will allow individuals to better understand and manage their benefits or application status.

- *In addition to these outcomes, there is a requirement that the commissioner must contract with an independent consultant to evaluate SSIS, focused on the current system's usability, system performance, and federal compliance. The evaluation is expected to address data entry and system capacity issues, and the consultant must assist in selecting an IT system platform for child protection.*
- *Another requirement is for the commissioner to conduct a study in collaboration with social service providers, to develop recommendations to streamline and reduce SSIS data entry requirements for child protection cases.*

These two assessments are focused on different aspects of SSIS; the first is centered on the path forward for modernizing the child protection system platform, and the second is concerned with reducing paperwork for county and Tribal workers. Both are currently in a similar phase of development and DHS staff are conducting an environmental scan. This scan is to assist DHS staff consider what would be the best structure for these review processes, identify an appropriate vendor or evaluator type to conduct these reviews, and learn best practices from other states that have conducted similar studies. Child protection staff are collaborating across DHS

business areas for this work because any recommended changes to SSIS child protection policy will have implications for other programs and services across the human services landscape that use SSIS.

Integrated Services for Children and Families Outcomes Table

This table describes the outcomes Integrated Services for Children and Families aims to achieve, why the outcome matters to Minnesotans, how success will be demonstrated (performance indicators), and what goal DHS expects to reach by the end of the biennium funding cycle or other indicated date. Baseline metrics and benchmarks could not be identified for most indicators at this time; however, they will be presented with refined performance indicators in future reports.

Outcome	Why It Matters	Performance Indicator(s)	Goal
Reduce unscheduled downtime on Social Services Information System by at least 20 percent	The Social Services Information System is consistently available for county and Tribal social workers. Consistent access to SSIS will increase productivity, ability to plan workloads, and to serve clients in a timely manner	Number of hours-of-service impact (down time) annually	By the end of the biennium, reduce by 20% from baseline of 107 hours 35 minutes in 2022
Complete the transition of automated child support systems from mainframe technology to a web-based environment	Child support system's technology will be stabilized, ensuring a consistent experience for county and Tribal workers now, with the ability to improve the system in the future	1. The replatform occurs 2. The code is refactored and tested 3. The new platform is launched	By mid-FY2026, complete all deliverables listed in the performance indicators

Outcome	Why It Matters	Performance Indicator(s)	Goal
Make information received regarding an individual's eligibility for benefits easier to understand	Benefit applicants and recipients will receive notices that are clear, accurate, and provide actionable next steps. Workers will be able to make necessary updates to notices quickly and easily	1. An improved notice creation and management system is developed 2. Number of notice types that are updated to a new, readable format	By the end of the biennium, 1. An improved notice creation and management system will be developed, starting with SNAP 2. Increase the number of notices that are updated to a new, readable format
Enhance the child support participant portal to provide additional options for uploading and updating information, making payments, exchanging data securely, and providing other features requested by users of the portal	Child support participants can quickly and easily access information and complete tasks. This self-service option will reduce burden on county and Tribal child support workers	1. Number of new, usable features added to the child support participant portal 2. Number of child support clients actively using the participant portal	By the end of the biennium, 1. Increase the number of new features available in the child support participant portal 2. Increase the number of child support clients using the participant portal

Outcome	Why It Matters	Performance Indicator(s)	Goal
Contract with an independent consultant to evaluate SSIS, focused on the current system's usability, system performance, and federal compliance. The evaluation is expected to address data entry and system capacity issues, and the consultant must assist in selecting an IT system platform for child protection.	Assessing the current system's usability, system performance and federal compliance will provide a baseline from which DHS can identify how to build a more user friendly, better performing, federally compliant child protection system	1. Completion of an independent evaluation of SSIS 2. Recommendations for child protection system platform are developed	By the end of the current biennium, 1. The independent evaluation is complete 2. Recommendations are provided for child protection system platform
Conduct a study in collaboration with social service providers, to develop recommendations to streamline and reduce SSIS data entry requirements for child protection cases	By reducing paperwork and enhancing technology, county and Tribal workers will be able to spend more time serving their clients	1. Completion of a study to review federal, state, and DHS paperwork and data entry requirements 2. Recommendations for streamlining and reducing SSIS data entry requirements for child protection cases are made	By the end of the biennium, 1. Paperwork and data entry requirements study is completed 2. Recommendations for streamlining and reducing data entry requirements are completed

Table 2 - Integrated Services for Children and Families Outcomes Table

Medicaid Management Information System Modernization

Description

The state will enhance, modernize, and stabilize the functionality of the Medicaid Management Information System (MMIS). MMIS ensures more than 1.4 million people on the medical assistance and MinnesotaCare programs get necessary services and benefits when they need them and supports payments to health care providers and managed care organizations for these services.

The aging Medicaid Management Information System (MMIS) supports the delivery of health care to more than 1.4 million recipients of Minnesota's Medicaid program, medical assistance, and MinnesotaCare. Hailing from 1994, years before MinnesotaCare was created, MMIS has had numerous modifications to incorporate new payment rules and evolving processes. These many updates have resulted in a system that lacks the agility to respond to frequently changing standards within health care delivery, which increases the risk for inaccurate payments, raises administrative costs for providers, and contributes to delays in access to critical health care services and benefits for the people being served.

MMIS manages at least 13 critical, and often distinct, functions as defined by the U.S. Centers for Medicare and Medicaid Services (CMS) for the Medicaid program. By modernizing MMIS through a planned systems improvement process, DHS can navigate this complexity using an agile, modular, and integrated approach to carefully design the layers and components to align with one another. System modernization will give DHS a strong tool to better meet federal compliance requirements and improve business processes, such as enabling more timely and responsive communication with providers, payers, and the people being served, and simplifying and integrating payments for Medicaid benefits.

This initiative will produce outcome-driven results, which are both required by CMS to obtain and maintain DHS' current high rate of federal funding for MMIS improvements and are also deeply beneficial for delivering meaningful benefits to people and providers quickly as pieces are finished instead of waiting for a fully completed product. CMS has instituted a thorough outcomes-based certification process for all MMIS modernization projects that receive federal funds, and Minnesota engages in planning and tracking throughout the life of all MMIS projects to ensure readiness for CMS's rigorous certification reviews. DHS can provide a comprehensive report to the legislature on the MMIS initiative and module outcomes. The outcomes and performance indicators outlined in this document overlap somewhat with the outcomes required by CMS but are less detailed.

Functions associated with the pharmacy benefit are a key focus for the MMIS modernization initiative at this time, which is apparent in the outcomes and performance indicators listed below. Analysis indicated that modernizing these functions would result in a high return on investment in terms of benefits and value for the people being served. As the MMIS modernization initiative progresses, other functions will be addressed, and performance indicators and outcomes will be identified.

Outcomes / Key Deliverables

Over FY2024 and FY2025, funding will:

- *Reduce disruptions and delays in filling prescriptions for medical assistance and MinnesotaCare enrollees and improving call center support for pharmacies and enrollees to ensure prompt resolution of issues.*

The MMIS Pharmacy Module Modernization initiative will contract with a vendor to process outpatient pharmacy claims and manage the outpatient fee-for-service pharmacy benefit for recipients of medical assistance, Minnesota's version of Medicaid. The vendor will use technologies which are configurable, compliant with industry standards, certifiable by CMS to qualify for the enhanced federal match, and flexible enough to interface with future modernization efforts.

This initiative will reduce client frustrations due to delayed access to prescriptions and limited customer support. Call center support for both members and providers will be enhanced with 24/7 operations to align with typical pharmacy hours, with response times of 60 seconds or less.

- *Improve the timeliness and accuracy of claims processing and approval of prior authorization requests.*

Pharmacy Module Modernization will improve prior authorization functionality so that it is member-focused and fully integrated into outpatient claims processing. MMIS currently requires the prescriber to submit a new authorization request if the member attempts to fill a prescription at a pharmacy other than the one assigned to their existing prior authorization. This module will improve the service plan process to allow more flexibility with different modes of prescriptions and different providers, which should reduce or eliminate the significant, and unacceptable, delays members can experience with current MMIS limitations.

- *Advance the exchange of health information between providers and trusted partners so that enrollee care is timely, coordinated, proactive, and reflects the preferences and culture of the enrollee and their family.*

The Medicaid Interoperability initiative will procure a solution to enable meeting standards set forth by CMS and as exist in the health information exchange environment. CMS and state Medicaid agencies continue to build upon a roadmap to improve interoperability and health information access for patients, providers, and payers. When implemented effectively, health information exchange (interoperability) can also reduce the burden of certain administrative processes, such as prior authorization. This procurement would mark a critical milestone in enabling the exchange of data between payers, providers, and members, demonstrate continuous organizational flexibility, and respond to ever-evolving CMS regulations. The procurement must be preceded with rigorous planning efforts that reflect a strategy for sharing and using data in a meaningful way.

Medicaid Management Information System Modernization Outcomes Table

This table describes the outcomes the Medicaid Management Information System Modernization efforts aims to achieve, why the outcome matters to Minnesotans, how success will be demonstrated (performance indicators), and what goal DHS expects to reach by the end of the biennium funding cycle. Baseline metrics and benchmarks could not be identified at this time; however, they will be presented with refined performance indicators in future reports.

Outcome	Why It Matters	Performance Indicator(s)	Goal
Reduce disruptions and delays in filling prescriptions for medical assistance and MinnesotaCare enrollees and improving call center support for pharmacies and enrollees to ensure prompt resolution of issues	Medical assistance and MinnesotaCare enrollees have consistent access to filled prescriptions Medical assistance and MinnesotaCare enrollees can quickly have any issues resolved through call center support	1. The contractor's call center is in operation 24/7 2. Monthly reports of average speed of answer for call center support	By the end of the biennium, call center offerings will be improved with an established 24/7 hours of operation and report of 60 seconds or less for average speed of answer
Improve the timeliness and accuracy of claims processing and approval of prior authorization requests	Medical assistance and MinnesotaCare enrollees experience quick and accurate claims and prior authorization processing	1. Monthly reports of time to respond to prior authorization requests (Respond = approve, deny, change in therapy, or request additional information) to requests within twenty-four (24) hours following receipt 2. Respond to a minimum of 75% of prior authorization requests within eight (8) business hours 3. Service Plan Process is established that allows more flexibility with different modes of prescriptions and different providers based on processing requirements	By the end of the biennium, response time to prior authorization requests will reduce and the number of unnecessary, repeat prior authorization requests will decrease

Outcome	Why It Matters	Performance Indicator(s)	Goal
Advance the exchange of health information between providers and trusted partners so that enrollee care is timely, coordinated, proactive, and reflects the preferences and culture of the enrollee and their family.	Medical assistance and MinnesotaCare enrollees and their providers are more informed, which can support timely, coordinated, and culturally responsive services	1. A plan that establishes the interoperability, architectural and data strategies for the overall modernized MMIS that supports a set of value-based outcomes for Medicaid service delivery is created 2. The strategic plan for interoperability, architecture, and data with sets of requirements the vendor must meet is operationalized 3. A Request for Proposals for a solution that represents the strategies and requirements is written and published	By the end of the biennium, the initiative will be positioned to procure and implement a vendor solution that can deliver interoperability solutions that meet the architectural and data strategies, along with advancing the exchange of health information, to deliver value-based outcomes for Medicaid service delivery

Table 3 – Medicaid Management Information System Modernization Outcomes Table

Provider Licensing and Reporting Hub for DHS providers

Description

A new provider licensing and reporting hub will create a unified licensing experience for all human services licensed programs. New staff will provide technical support, training, and communication with licensed programs. New resources will support an implementation vendor, software licensing costs, product maintenance and additional technology.

Minnesota is home to approximately 20,000 licensed service providers, offering childcare, adult day care, and several other care services[6]. Historically, these Minnesota providers have had to apply and conduct basic license maintenance reporting tasks through a cumbersome variety of paper forms and other methods. This creates excessive administrative burden for providers, taking their time and attention away from serving their clients. To address this issue, DHS is developing a licensing and reporting hub that will provide a centralized, electronic location to complete licensing and reporting tasks efficiently.

The Provider Licensing and Reporting Hub is being developed in an agile, product-focused manner. This approach allows DHS to be responsive to providers' diverse and changing needs. Ongoing engagement with representative providers, the ability to pivot and prioritize emerging user needs, and consistent delivery of product improvements are fundamental components to the agile way of working. As efforts to improve the provider experience using agile methodology begins, the focus of this funding period is to set the foundation of the Provider Licensing and Reporting Hub work.

Outcomes / Key Deliverables

Over FY2024 and FY2025, funding will:

- *Create and maintain user personas for all Provider Licensing and Reporting Hub users that document the unique requirements for each user.*

DHS recognizes that there is a wide variety of providers that will use the Provider Licensing and Reporting Hub with different training and functionality requirements. To tailor portal users' experience to unique licensing and reporting needs and realities, DHS must first understand what those needs are. Meaningful collaboration with a representative sample of providers is occurring to create a positive and efficient user experience. Through this collaboration, distinct provider type profiles known as user personas will be developed with the specific requirements for each type of licensed service provider, which will inform future products.

- *Create an electronic licensing application within the Provider Licensing and Reporting Hub to ensure efficient data collection and analysis.*

The features of the Provider Licensing and Reporting Hub will be continuously and incrementally released to users, so new products can be used by providers as soon as possible. During this funding cycle, at least one licensing application type will be fully available electronically, replacing existing paper applications and reducing administrative burden. License types that are overseen by county partners are prioritized in the timeline. Beyond reducing administrative burden for providers, this transformation of service delivery will also reduce the workload of county partners during the review and approval process.

- *Create a persistent, cross-functional product team of business and technology resources to support the ongoing iterative development of the provider licensing and reporting.*

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[6] Minnesota Department of Human Services. (2023). Licensed Programs. https://mn.gov/dhs/partners-and-providers/licensing/

To create an effective Provider Licensing and Reporting Hub with continuously updated and tailored products, DHS needs a product team trained in agile product development. By the end of this funding cycle, a product team will be established, staffed, and supported that can iteratively develop and release features to improve providers' experiences applying for licenses and completing reporting requirements.

Provider Licensing and Reporting Hub Outcomes Table

This table describes the outcomes the Provider Licensing and Reporting Hub aims to achieve, why the outcome matters to Minnesotans, how success will be demonstrated (performance indicators), and what goal DHS expects to reach by the end of the biennium funding cycle. Baseline metrics and benchmarks could not be identified at this time; however, they will be presented with refined performance indicators in future reports.

Outcome	Why It Matters	Performance Indicator(s)	Goal
Create and maintain user personas for all Provider Licensing and Reporting Hub users that document the unique requirements for each user.	DHS understands the unique needs of each provider type DHS is poised to create a tailored experience for each type of provider	1. A user persona for each provider type is created 2. Each persona outlines the requirements for the given user	By the end of this funding cycle, all provider types will have a user persona documenting the user's requirements
Create an electronic licensing application within the Provider Licensing and Reporting Hub to ensure efficient data collection and analysis.	One licensing application type is fully available electronically, replacing the paper application and reducing administrative burden on providers	At least one (1) complete licensing application is available electronically	By the end of this funding cycle, at least one (1) of the license types will be fully available to providers as an electronic licensing application
Create a persistent, cross-functional product team of business and technology resources to support the ongoing iterative development of the Provider Licensing and Reporting Hub.	The user experience is constantly improving, as DHS staff are in place to make needed/requested features and system modifications on an ongoing basis	Product team focused on Provider Licensing and Reporting Hub is established and fully staffed	By the end of this funding cycle: 1. The Provider Licensing and Reporting Hub Product Team is established and operational 2. Product Team is fully staffed (on par with staffing rates across DHS)

Table 4 - Licensing and Reporting Hub Outcomes Table

Improving the Minnesota Eligibility Technology System functionality

Description

Changes to the METS system will include short-term emergency fixes, ongoing sustainability efforts and future recommendations for improvement. Critical upgrades will be made to comply with the Centers for Medicare & Medicaid Services (CMS) eligibility and enrollment requirements. Investments will sustain current software and hardware functionality, while addressing core functionality issues that result in incorrect determinations and administrative burden for the state, counties, and Tribes.

The Minnesota Eligibility Technology System (METS) was developed a decade ago as an enrollment and eligibility determination system that Minnesotans can access through an online portal, MNSure, to apply for public health care programs. Unfortunately, METS does not interface with MAXIS, the eligibility determination system used prior to METS and still used by county, Tribal, and state workers to determine eligibility for public assistance programs and health care eligibility for people who are blind, have a disability, or are over 65. The use of two separate systems causes inefficiencies and may require county and Tribal workers to duplicate client information across multiple data entry points. To address these challenges, DHS will identify and implement health care application solutions that are secure, compliant with federal requirements, and reduce burden on county and Tribal workers. Updating the online MNSure self-service user portal that allows applicants and enrollees to manage their applications, renewals, information, and health plan is key to improving client and case worker experiences.

While self-service is the overarching long-term vision for public health care program applications, DHS must more immediately address the ongoing need to maintain compliance with evolving regulations from the Centers for Medicare & Medicaid Services (CMS). Public health care application and maintenance requirements are updated regularly, and METS' technology and policy must be updated accordingly.

Outcomes / Key Deliverables

Over FY2024 and FY2025, funding will move DHS toward the ability to:

- *Complete necessary changes to comply with federal requirements.*

The key priority for these improvements to METS functionality, and for all public health care applications used by DHS, is that they comply with federal requirements. Many of these requirements focus on health care renewals and beneficiary protections, which are of utmost importance for Minnesotans. As CMS regularly updates their requirements, there is an ongoing need to review and make changes to METS functionality.

- *Implement the capability for medical assistance and MinnesotaCare enrollees to apply, renew, and make changes to their eligibility and select health plans online.*
- *Reduce manual data entry and redundancies in other steps taken by county and Tribal eligibility workers to improve the accuracy and timeliness of eligibility determinations.*

The first step DHS will take to address these two outcomes is to conduct a scan to learn more about what solutions or models exist that can meet these needs. This is based on recommendations from the Gartner Report to better understand what is available for integrating health care applications with other core functions of public health care administration. Assessing the feasibility and utility of available options will provide the data needed to ensure the solution adopted will address the long-term needs of Minnesotans, county and Tribal workers, and DHS. Software options must be evaluated for their flexibility; CMS frequently changes compliance requirements, so DHS must be able to quickly respond and easily update the system. Further, systems must be able to produce reports for CMS and DHS oversight without creating undue burden on workers.

The findings of this scan will guide a plan to move forward with ensuring public health care applicants and enrollees can quickly and easily manage their health care profile and plan online, and that county and Tribal workers are able to interact with DHS to provide fast, accurate eligibility determinations and services to Minnesotans.

Minnesota Eligibility Technology System Outcomes Table

This table describes the outcomes the Minnesota Eligibility Technology System aims to achieve, why the outcome matters to Minnesotans, how success will be demonstrated (performance indicators), and what goal DHS expects to reach by the end of the biennium funding cycle. Baseline metrics and benchmarks could not be identified at this time; however, they will be presented with refined performance indicators in future reports.

Outcome	Why It Matters	Performance Indicator(s)	Goal
Complete necessary changes to comply with federal requirements.	DHS' systems are fully compliant with requirements issued by the Centers for Medicare & Medicaid Services (CMS)	General compliance with CMS requirements exists	By the end of this funding cycle, DHS' health care solutions are generally compliant with CMS renewal requirements
Implement the capability for medical assistance and MinnesotaCare enrollees to apply, renew, and make changes to their eligibility and select health plans online.	Medical Assistance and MinnesotaCare applicants and enrollees can quickly and easily manage their health care profile and plan online	1. Review of solutions available for public health care eligibility and enrollment and ongoing enrollee self-management is conducted 2. Exploratory solutions toward achieving these outcomes are proposed	In this funding cycle, a review of solutions available for public health care will be completed and exploratory solutions will be proposed

Outcome	Why It Matters	Performance Indicator(s)	Goal
Reduce manual data entry and other steps taken by county and Tribal eligibility workers to improve the accuracy and timeliness of eligibility determinations.	It is quicker and easier for county and Tribal workers to make eligibility determinations, allowing Minnesotans to receive health care coverage faster	The review of public health care solutions (noted above) is conducted with consideration of the data entry burden on county and Tribal eligibility workers	(Joined with the goal above) In this funding cycle, a review of solutions available for public health care will be completed and exploratory solutions will be proposed, including data entry considerations

Table 5 - Minnesota Eligibility Technology System Outcomes Table

VI. Report Next Steps

DHS staff are currently preparing the SDT budgets for internal approval. When they are ready, DHS will share the budgets with the legislature as an addendum.

As DHS staff develop the plans for each of the efforts, DHS will develop timelines, refined performance measures, baseline metrics, benchmarks, and goals. These will also be shared with the legislature in future reports. The performance indicators presented in this report represent the outcomes indicated in the final legislation. For all five initiatives, performance indicators, metrics, and goals will be further refined as the work takes shape. Future reports may include new or revised performance indicators that are tailored to the efforts and the intended outcomes for Minnesotans. All time-bound goals are dependent on the success of DHS in gaining resources such as funding, contracts, consultants, vendors, and staff, who can then provide the deliverables needed to achieve stated goals.

Transforming Service Delivery: The performance indicators included in this report reflect specific areas where Service Delivery Transformation currently has focused energy. Performance indicators and corresponding goals will be further developed and become more robust as this work moves forward.

Integrated Services for Children and Families: Several of the outcomes listed in the report are deliverables or efforts that DHS will accomplish. As the work moves along, particularly as the studies get underway and the work plan moves forward in stabilization efforts, the changes DHS hopes to influence for the technology user communities will be defined as measurable outcomes.

Medicaid Management Information System modernization: The performance indicators and goals listed in this report are subject to change as the initiatives move forward. Specifically, as work is conducted in an

agile and iterative manner, the short-term objectives of this work may shift, and measurement will need to change accordingly to provide accurate accounting of the initiative's results.

Provider Licensing and Reporting Hub: The outcomes listed in this report are in the form of deliverables or efforts that DHS will accomplish. As this work gets underway, especially after the product team is established and the users' needs are further defined, the changes DHS hopes to influence for the provider community will be articulated as measurable outcomes. Measurement will expand from looking at progress on creating the deliverables to measuring how they impact the provider community.

Minnesota Eligibility Technology System functionality: The outcomes listed in this report are dependent on the completion of the initial action steps of assessing the health care solutions landscape and developing a plan accordingly. The performance indicators and goals reflect these initial steps. As the plan further develops, the indicators and goals will be updated correspondingly.