



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**STRATEGIC VISION & OPERATIONAL EFFICIENCIES (SVOE)
QUARTERLY UPDATE FOR GOVERNOR AND EXECUTIVE COUNCIL**

April 2022

Executive Summary

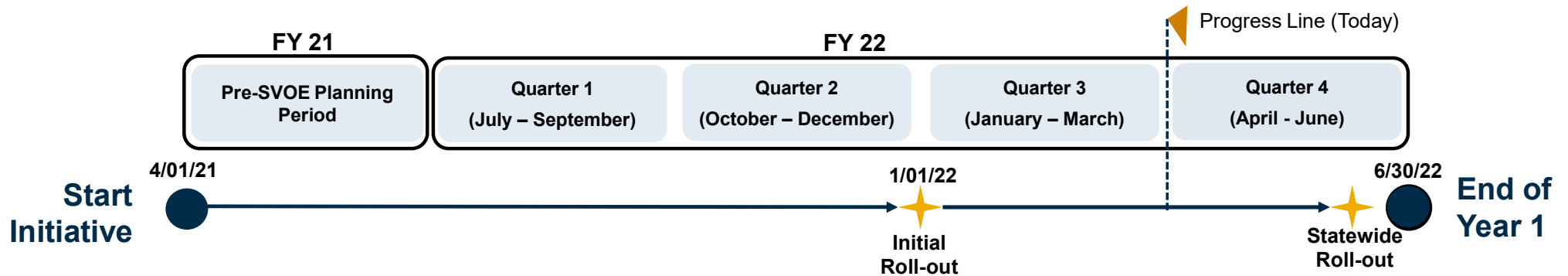
- 1. SVOE:** As of the end of Quarter 3, Year 1 of the SVOE contract, all four workstreams remain on-track with the shorter-term initiatives approaching significant milestones scheduled for July 1stst.
- 2. Shorter-term Initiative Progress:** (1) Critical Time Intervention (CTI) launched in January in partnership with select CMHCs; planning continues for the broader launch across all 10 CMHCs scheduled for July 1st. (2) Although the IMD Waiver amendment application is still awaiting CMS approval*; the team is operationalizing key areas of the workplan required for the July 1st implementation.
- 3. Longer-term Initiative Progress:** (3) The Developmental Disabilities (DD) Redesign initiative has increased focus on stakeholder meetings to ensure adequate communication across the network of providers, Area Agencies, advocates and participants; the team has made significant progress with the Waiver Workgroup (namely the development of service definitions) and Advisory Committee (namely strategic visioning for the system), and continues aligning the Department's various technology projects with the DD services strategy. (4) The MMIS Modernization initiative team has drafted the procurement strategy of bundling modules while continuing requirements development, particularly for System Integration and EVV; the team will baseline milestone dates coinciding with the strategy in Quarter 4.

** The team is in regular with communication with CMS regarding the status of waiver approval and is working through delayed guidance and feedback from CMS on the implementation plan; CMS guidance to date strongly indicates forthcoming approval pending resolution of feedback.*



Initiative Update – Year 1 Timeline (CTI)

The timeline below reflects the overall progress of the initiative to date as well as remaining goals for Year 1.



Year to Date Progress


- ✓ CTI launched across select CMHCs
- ✓ Data infrastructure and reporting is in-flight
- ✓ Contracting underway for statewide launch



Year-end Goals

- Complete contracting process with CMHCs (contracts anticipated at G&C 4.6.22)
- Operationalize reporting infrastructure
- Launch CTI statewide

Key

 = Major Milestone



Initiative Update – Progress (CTI)

Summary: The CTI program successfully launched with “Pilot CMHCs” in January. The team is collecting preliminary data, addressing expected early-stage challenges, and preparing for the broader program launch with all 10 CMHCs in July.

Overall Status
●

#	Task	Milestones	Progress	Status
1.	CTI Data	<ul style="list-style-type: none"> Received first Phoenix CTI dataset Continued to collect interim CTI data (weekly submission by CMHCs) 	<ul style="list-style-type: none"> Analysis of CTI data from Phoenix in progress. Developed report of CPI program performance based on interim data. 	●
2.	Program Implementation (Cohort 1)	<ul style="list-style-type: none"> Captured interim CTI data to measure progress during pilot period Held Community of Practice meetings Conducted site visits with DRFs and CMHCs to discuss progress and receive feedback 	<ul style="list-style-type: none"> As of 3.14.22, 47 referrals and 23 clients across three Cohort 1 CMHCs. Regularly scheduled meetings in place to share lessons among CTI staff, check in with DRF discharge management, and engage CMHC leadership. Developing process to share data on key performance indicators back to the DRF and CMHC teams. 	●
3.	Program Planning (Cohort 2)	<ul style="list-style-type: none"> Outlined onboarding timeline for Cohort 2 Collected feedback from CMHCs on early implementation successes / challenges Drafted invoice guidance documentation 	<ul style="list-style-type: none"> Developed timeline for July Cohort onboarding, to socialize with CMHCs. Solicited feedback from Cohort 1 CMHCs to make refinements to future CTI program implementation. Scheduling 1:1s and Knowledge Exchanges to prepare for July launch. 	●
4.	Program Overview	<ul style="list-style-type: none"> Developed CTI fidelity definition with Kim Livingstone and Program Quality team Begun CTI brand-building exercise Continued building relationships with CTI programs in other states 	<ul style="list-style-type: none"> Drafted CTI fidelity guide for CMHCs, based on CACTI best practices and feedback from Program Quality team. Reviewed proposals for CTI brand development. Proactively engaged with CTI programs in other states to share lessons learned and best practices with one another. 	●
5.	Contracting	<ul style="list-style-type: none"> Finalized Cohort 2 contracts for G&C in April Continued monitoring existing contracts 	<ul style="list-style-type: none"> Refined existing scope of work and developed new payment terms for the Cohort 2 contracts (i.e., for all 10 CMHCs). Secured support and signature of all 10 CMHCs for Cohort 2 contracts. 	●



Initiative Update – Risks and Dependencies (CTI)

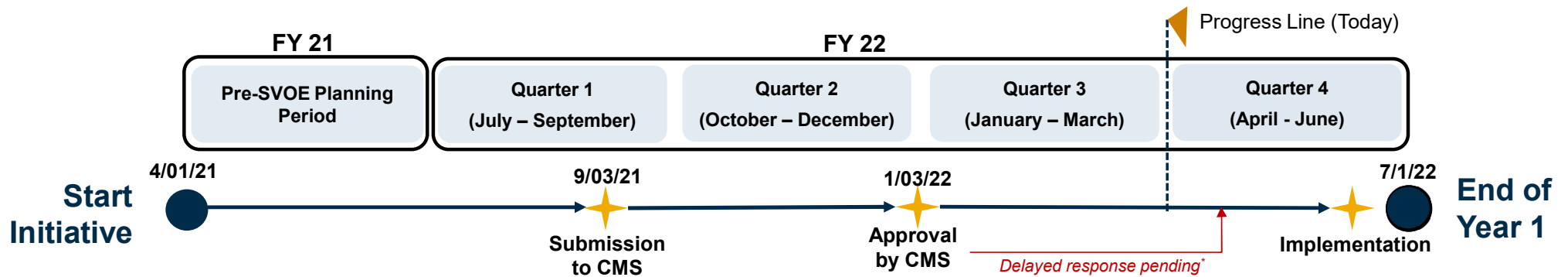
Summary: Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
1.	CTI Data	<ul style="list-style-type: none"> Initial data analysis may take longer than initially anticipated 	<ul style="list-style-type: none"> Ensure all correct processes and tools are in place to enable efficient data analysis.
2.	Program Implementation (Cohort 1)	<ul style="list-style-type: none"> Initial referrals may be less than anticipated or not enough to support projected CTI staffing levels. Workforce challenges may inhibit CMHCs' ability to staff CTI workers, thus limiting ability to deliver the service. 	<ul style="list-style-type: none"> Collect interim referral and enrollment data via weekly forms. Engage DRFs to identify and solve for referral bottlenecks or confusion on CTI eligibility. Agencies allowed to offer sign-on bonuses to attract workforce.
3.	Program Planning (Cohort 2)	<ul style="list-style-type: none"> Competing needs of near-term implementation and long-term strategic planning may limit focus on both. 	<ul style="list-style-type: none"> Maintain and regularly curate project workplan that enables line of sight into future program needs. Engage Cohort 2 early and often to maximize dialogue and runway ahead of July launch.
4.	Program Overview	<ul style="list-style-type: none"> CTI teams, adjusting to new program and roles, may stray from fidelity, compromising program quality. 	<ul style="list-style-type: none"> Develop clear and concise fidelity definition. Engage CTI teams early and often on fidelity, including having them conduct regular fidelity self-assessments.
5.	Contracting	<ul style="list-style-type: none"> Legislators may have material edits or concerns with the Cohort 2 contracts, potentially delaying approval and thus July launch. 	<ul style="list-style-type: none"> Ensure Cohort 2 contracts (and payment terms in particular) written to align with common legislative priorities.



Initiative Update – Year 1 Timeline (IMD Waiver)

The timeline below reflects the overall progress of the initiative to date as well as remaining goals for Year 1.



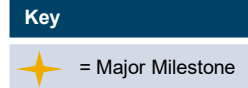
Year to Date Progress

- ✓ Waiver Application submitted
- ✓ Billing infrastructure changes documented
- ✓ Completing provider and facility guidance
- ✓ Established IMD PMO to manage 7/1 launch



Year-end Goals

- Confirm CMS Approval (STCs & Implementation Plan)
- Operationalize billing system changes
- Go-live 7/1
- Begin drafting extension request (beyond June 2023)



*CMS began targeting April as the earliest date for final approval in November 2021.



Initiative Update – Progress (IMD Waiver)

Summary: The application for the SMI Amendment to the SUD-TRA Demonstration, which is under CMS review. CMS is guiding toward draft Special Terms and Conditions (STCs)* by April 2022 (with approval to follow), and the team continues to execute on the project plan for implementation by July 1, 2022.

				Overall Status
#	Task	Milestones	Progress	Status
1.	Application Submission	<ul style="list-style-type: none"> Submitted application for the SMI Amendment following public comment period 	<ul style="list-style-type: none"> Submitted application to CMS on 9/3/21 Received CMS Notice of Completeness on 9/16/21 	●
2.	Workplan Development	<ul style="list-style-type: none"> Finalized workplan Converted workplan into Smartsheet Established recurring project plan check-ins with core subtask leads 	<ul style="list-style-type: none"> Mini kickoffs held with leaders for each core subtask to align on project management process and timelines; kickoffs completed 2/25/22 Holding <u>bi-weekly</u> check-ins with leaders of launch-critical project subtasks Holding <u>monthly</u> check-ins with leaders of other project subtasks Scheduling TA with CMS to clarify any outstanding questions and confirm assumptions for implementation 	●
3.	CMS Approval	<ul style="list-style-type: none"> Submitted second revised version of Implementation Plan Conferred with CMS regarding feedback 	<ul style="list-style-type: none"> Submitted second revised Implementation Plan to CMS on 2/28/22 Received third round of feedback re: Implementation Plan on 3/14/22; providing ongoing support for engagement with CMS CMS confirmed on 3/16/22 that Implementation Plan discussions will not impede drafting and negotiation of STCs (first draft expected in April) Scheduling live discussion with CMS SMEs to finalize Implementation Plan Prioritizing hospital level of care for 7/1/22 to streamline Implementation Plan 	●
4.	Demonstration Extension	<ul style="list-style-type: none"> Researched and developed request template Drafted TA (technical assistance) questions for CMS Developed hypothetical workplan options 	<ul style="list-style-type: none"> CMS articulated the need, as part of the extension, for robust HIT Plan related to the SUD portion of demonstration (e.g., PDMP) during 11/29/21 TA call Steering Committee discussed workplan options and constraints on 3/16/22 and agreed to target 9/30 subject to TA responses (scheduling in process) 	●
5.	Implementation	<ul style="list-style-type: none"> SMI Amendment is targeted to become effective on 7/1/22 	<ul style="list-style-type: none"> Operating under the assumption that CMS will approve, in order to mitigate risks for longer-lead time implementation activities (e.g., cap rate development, MMIS reconfiguration, MCO engagement, etc.) 	●



Initiative Update – Risks and Dependencies (IMD Waiver)

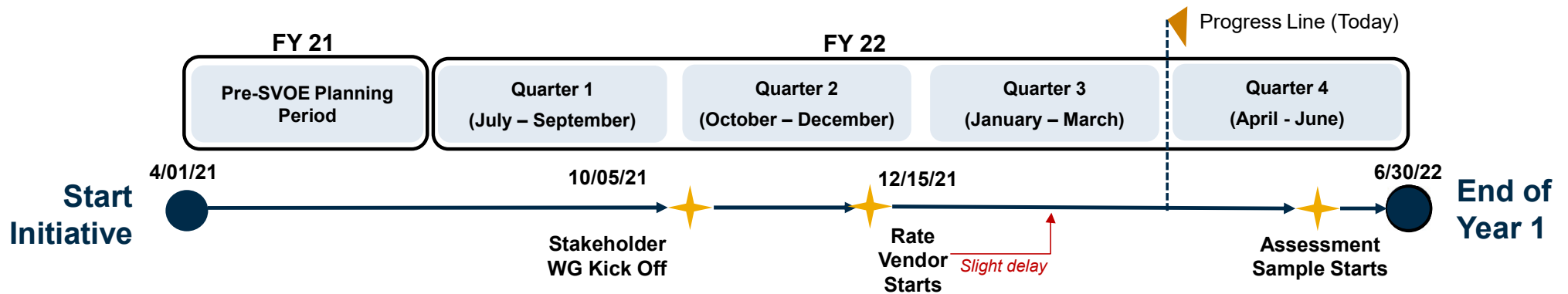
Summary: Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
1.	Application Submission	<ul style="list-style-type: none"> None to report – submitted to CMS 	<ul style="list-style-type: none"> N/A
2.	Workplan Development	<ul style="list-style-type: none"> None to report – workplan finalized 	<ul style="list-style-type: none"> N/A
3.	CMS Approval	<ul style="list-style-type: none"> CMS and OMB clearance capacity given ongoing Public Health Emergency (PHE) and planned PHE unwinding 	<ul style="list-style-type: none"> Continue communication with CMS to respond to questions and other feedback in a timely manner Monitor for potential impact or delays in the development of new private sector IMD capacity
4.	Demonstration Extension	<ul style="list-style-type: none"> Key SMEs (Subject Matter Experts) are already focused on SUD-TRA Amd #2 implementation, MCM Amd #8, PHE unwinding, acquisition of Hampstead Hospital, development of Forensic IMD, and early phases of biennial budgeting 	<ul style="list-style-type: none"> Clarify and streamline requirements of extension request with CMS Assign additional A&M resources for support if necessary Negotiate later date for submission with CMS as needed
5.	Implementation	<ul style="list-style-type: none"> MMIS and MCO billing & reimbursement changes require long lead-time and extensive TA from CMS 	<ul style="list-style-type: none"> Emphasize with CMS the need for timely TA based on mission-critical dependencies around 7/1/22 effective date like the MMIS reconfiguration and corresponding MCO readiness



Initiative Update – Year 1 Timeline (DD)

The timeline below reflects the overall progress of the initiative to date as well as remaining goals for Year 1.



Year to Date Progress

- ✓ Launched stakeholder engagement efforts
- ✓ Onboarded rate vendor
- ✓ Service definition drafting underway
- ✓ Review of Rules and Policy underway



Year-end Goals

- Launch SIS assessment sample
- Distribute cost reports
- Phase 1 IT testing start

Key

★ = Major Milestone



Initiative Update – Progress (DD) (1/2)

Overall Status

Summary: Initiative workplan is tracking five key tasks and associated milestones; progress and efforts to date continue to emphasize stakeholder engagement and alignment with the MMIS and other technology projects.



#	Task	Milestones	Progress	Status
1.	Waiver Redesign	<ul style="list-style-type: none"> The Waiver Work Group has begun drafting service definitions A time-limited DSP Workforce development subcommittee has begun meeting weekly New resources for families have been posted publicly 	<ul style="list-style-type: none"> Continued communication with stakeholders using education materials* to outline overall initiative timelines and work streams Incorporating feedback from workgroup into our approach Stakeholder workgroup prioritizing services to support continued drafting of waiver service definitions 	
2.	Rate Development	<ul style="list-style-type: none"> Myers and Stauffer has begun facilitating the rate work group meetings Myers and Stauffer plans to develop a cost report template to release to all providers in May 	<ul style="list-style-type: none"> Shared materials with workgroup on assessment tools and processes to prepare for next steps Continued discussion with assessment vendor on timing and tool refinements underway Data gathering and analysis underway to support utilization review and initial rate work Training and technical support needs being identified to assist providers in cost report response 	
3.	IT Modernization	<ul style="list-style-type: none"> Met with AAs multiple times to discuss how the new system will support their operations Weekly JAD (design) sessions have been attended as Deloitte continues requirement gathering 	<ul style="list-style-type: none"> Deloitte, A&M, and BDS continue to collaborate on the implications of bringing the service agreement into New Heights Deloitte has continued work on gathering requirements for the intake process A&M is working to facilitate consensus among BDS about what components should be included in a revised service agreement 	



Initiative Update – Progress (DD) (2/2)

Summary: Initiative workplan is tracking five key tasks and associated milestones; progress and efforts to date continue to emphasize stakeholder engagement and alignment with the MMIS and other technology projects.

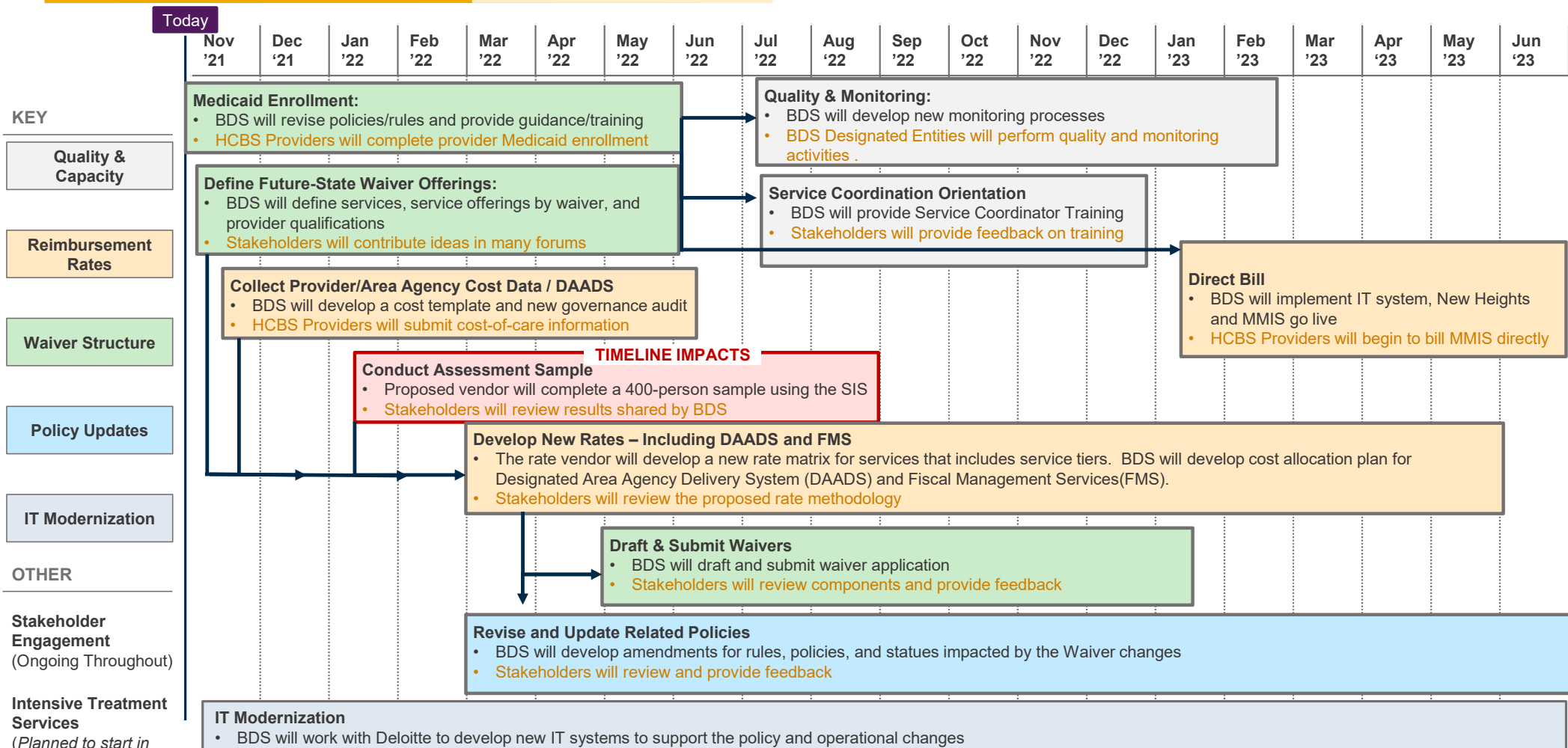
Overall Status



#	Task	Milestones	Progress	Status
4.	ITS Capacity Development	<ul style="list-style-type: none"> Started drafting a work plan to address ITS capacity development Conducted outreach with Area Agencies to begin identifying capacity needs 	<ul style="list-style-type: none"> Identified potential vendors to support immediate capacity development Began prioritizing for transition plan development Identified consultation and training resources to support Area Agencies to establish increased capacity 	
5.	Change Management / Stakeholder Engagement	<ul style="list-style-type: none"> The tone and perceived dissatisfaction from stakeholders has shifted significantly in recent weeks Clarification on past decisions made by DHHS, and areas for stakeholder input in remaining works was clearly presented and discussed Members of the three workgroups have moved into more active participation in the work Additional external content to explain the work to individuals and families has been developed and shared 	<ul style="list-style-type: none"> Continued workgroup meetings, including increased transparency and opportunities for input, are underway The Advisory Committee has engaged in a visioning session to support their values and voices being featured in the work underway Presentations with regional organizations have been increased Increased use of social media to highlight website updates and resources is planned 	



Timeline Overview



Note: The Conflict of Interest (COI)/Corrective Action Plan (CAP) Work Groups have been restructured to align with the overall Bureau of Developmental Services (BDS) System Work. BDS has used inputs from the COI/CAP Revised Timelines to finalize expected activities.

Living Document Last Updated: Fall 2021

Initiative Update – Risks and Dependencies (DD) (1/2)

Summary: Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
1.	Waiver Redesign	<ul style="list-style-type: none"> Stakeholder concern around BDS approach to modernizing services through the waiver redesign The group is still reviewing a list of approximately 60 services; the pace of the workgroup in drafting definitions does not align with the workstream timeline 	<ul style="list-style-type: none"> Continue stakeholder engagement through the WG structures, website, townhalls and meetings with Area Agencies Increased public engagement and education sessions focusing change on opportunity to add new options and support families Communicated commitment to hold services constant for current waiver participants to reduce concerns of families of lost care/supports Send a select group of services for the group to review so that they can prepare in advance Consider adding additional time to the meeting schedule
2.	Rate Development	<ul style="list-style-type: none"> Unexpected training and scheduling complications have delayed the start of an assessment vendor, potentially compromising the rate development process Stakeholders were not initially supportive of planned assessment 2.5 months (as planned) of cost report development and vetting with stakeholders may not be sufficient to establish buy-in and understanding 	<ul style="list-style-type: none"> Review additional training and scheduling options to develop a new assessment approach Coordinate with the assessment vendor to shorten timelines Provide additional stakeholder education to mitigate concerns over use of standardized tool and proposed process Discuss options for additional stakeholder education related to the cost report template
3.	IT Modernization	<ul style="list-style-type: none"> Additional clarification on intake processes and steps may impact IT development timeline Unknown changes to process flow and content for the ISA could impact IT development timeline 	<ul style="list-style-type: none"> Hold monthly coordination meetings between vendors (in process). The team continues process mapping together in additional working sessions. Whiteboard with BDS team to identify ISA processes and content, and establish a targeted workgroup using the Advisory Committee to vet with community members



Initiative Update – Risks and Dependencies (DD) (2/2)

Summary: Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
4.	ITS Capacity Development	<ul style="list-style-type: none"> Growing pressure from stakeholders to establish actionable plans to transition people back from out-of-state placements or find alternative settings has increased 	<ul style="list-style-type: none"> Prioritize the ITS workstream to establish additional capacity with AAs & vendors Communicate steps being taken and the coinciding plan with stakeholders
5.	Operations	<ul style="list-style-type: none"> The timing of decisions for this work needs alignment with the CAP and other work efforts underway Area Agencies continue to question strategy changes perceived as impacting the role or scope of AA services or process control The format and content of the public information sessions has not been well received due to the virtual structure 	<ul style="list-style-type: none"> Coordinate plan and timeline to reduce impact to redesign work Work with individuals, families and private providers by providing additional education on the systems work and seek their input on design and development to empower their buy-in to change Clarification on anticipated future scope of AA work developed and is being shared with AAs for feedback. Quarterly meetings with project team and AA executives have been established to promote better communication and coordination The team is working on a new strategy for communicating with families that is focused on in-person interactions through existing venues



Initiative Update – Overview (MES)

Project Mission

The Department has initiated this program to replace the legacy platforms associated with Medicaid services with a modern, modular system that is certifiable by CMS for delivering Medicaid services to DHHS providers and clients. The following features associated with this program are: Claims processing and management services, Third Party Liability (TPL), Financial Management, Fiscal Intermediary, Prior Authorization, Pharmacy Benefits Management, Provider Management, Member Management, Encounter Processing, Program Integrity/Fraud, Waste and Abuse, Enterprise Business Intelligence, Developmental Disabilities and System Integrator (SI).

MMIS Core Team Accomplishments

1. Completed 84% of System Integration (SI) requirements to support RFP dev.
2. Made final edits and published the EVV RFP. Team is now reviewing responses.
3. Presented the MMIS procurement strategy to the Steering Committee. The SC made minor suggestions which have been incorporated in the timeline.
4. The SI APD draft is 65% complete. Planning to complete it in the next 3-4 weeks.
5. Assisting the department to draft APD for the Collective Management Technology (CMT) platform to share ADT data to providers statewide.

Risks

1. The team recognizes the opportunity to streamline requirements development process for MMIS modules to baseline against an optimal timeline for the procurement strategy
 - Mitigation: Review the process and streamline to focus on goals and desired outcomes before going down to details. The streamlined process will be used for future module procurements
2. Further development of a resourcing plan is required to align staffing with the emerging procurement strategy
 - Mitigation: The MES Team is actively interviewing applicants for business analysts, Assistant MMIS Director, and System Dev Specialist roles

Core Team Work - in Progress and Upcoming

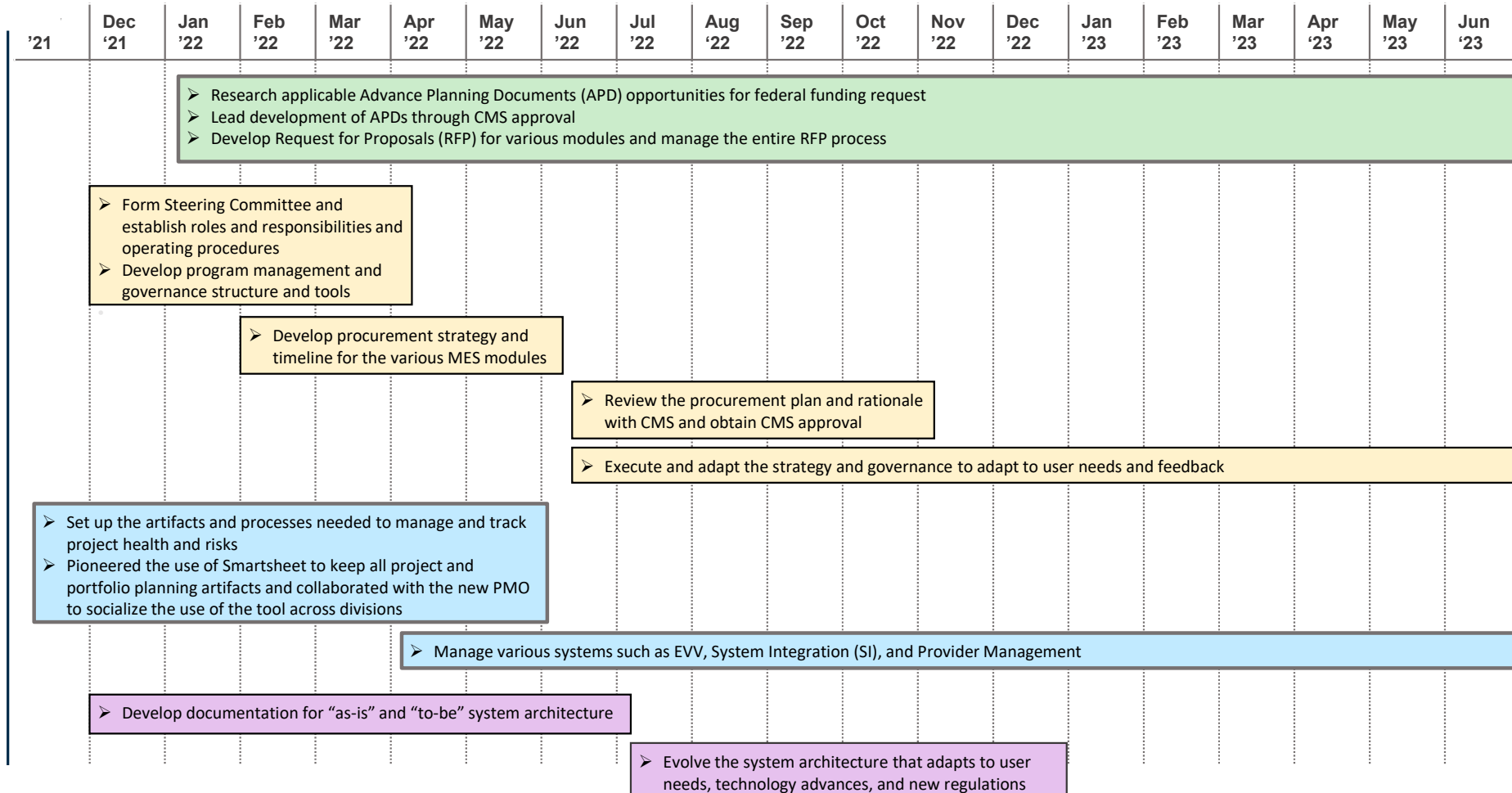
1. SI APD – Complete development and submit to CMS for approval.
2. Continue working on the detailed SI requirements.
3. Event Notification System APD – Complete development/submit to CMS.
4. Closed Loop Referral APD – Complete development/submit to CMS.
5. EVV RFP – complete evaluation and scoring of RFP vendor responses.
6. Develop the overall MES architecture.
7. Start the planning and process mapping for MMIS Provider Mgmt system.

Decisions Needed / Next Steps

1. Procurement Strategy - need to present our proposed bundling and procurement strategy to CMS for confirmation.
2. Need a decision on whether to allow SI vendors to bid for MMIS business modules.



MES Modernization Timeline



...the development from the ... Review timeline to include expected activities.

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Appendix



**State of New Hampshire
Department of Health and Human Services**

DHHS Strategic Initiatives Contract

June 2021

DHHS Strategic Initiatives Contract

The Executive Council has requested a summation of what will be achieved in partnership with A&M as part of the Strategic Initiatives Contract.

1. A detailed description of the five initiatives, and the activities for which A&M will be responsible is contained in Exhibit B of the proposed contract between the Department and A&M.
2. As part of the contractor's project management responsibilities, A&M will develop workplans that outline milestones and timelines for each initiative; this task is already underway for the CTI and IMD initiative.
3. The Department has provided a chart depicting milestones and timelines within the 2-year scope for each initiative (see slides 3-4) which reflect current estimates; milestones and timelines are subject to change based on completion of workplans, and milestones reflect contributions from all necessary stakeholders, inclusive but not limited to or exclusively dependent upon, the A&M activities and responsibilities, as laid out in Exhibit B.
4. The June milestone list did not include timeline estimates for the MMIS modernization given that the budget had not yet been approved and significant planning exercises had not yet kicked-off. Additionally, the main tasks and workstreams around which we have oriented our initiative workplans may have changed since the pre-planning period in June, however, the overall progress we committed to has been achieved.



DHHS Strategic Initiatives Contract

Initiative Milestone Notes

1. Exhibit B of the proposed contract with A&M contains detailed activities outlining the support which A&M will provide in order to achieve the milestones above.
2. CTI and IMD workstreams have begun hitting initiative milestones during the current contract and will continue progress along established work plans.
3. Workstreams will reevaluate pre-established works (1 - 2) and establish workplans as necessary (3 - 5) as outlined in Exhibit B.

DHHS Strategic Initiative Milestone Estimates

Initiative	Milestone	Year 1				Year 2				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1. CTI	Facilitate stakeholder engagement	X	X	X	X	X	X	X	X	
	Develop initial CTI rollout strategy and budget	<i>On track to complete by 6/30/21</i>								
	Support CTI training and education for DHHS and providers	X	X	X	X	X				
	Advise on CTI governance at DHHS and between providers	X	X	X	X	X				
	Support the establishment and evaluation of CTI provider teams		X	X	X	X	X			
	Develop CTI data reporting infrastructure and analysis	X	X			X	X			
	Identify potential future funding strategies for CTI			X	X	X	X	X	X	
	Support State CTI team with project management needs	X	X	X	X	X	X	X	X	
	Assist with CTI program evaluation				X	X	X	X	X	
2. IMD Waiver	Submit Draft Demonstration Waiver Application for Public Comment	<i>On track to complete by 6/30/21</i>								
	Submit Draft IMD Waiver Submission to CMS and Secure Approval	X	X	X	X	X	X			
	Support Waiver Implementation and Operationalization		X	X	X	X	X	X	X	
	Assess MCO and HIT Readiness			X	X	X	X	X	X	
	Support Quarterly Evaluation Reports					X	X	X	X	
	Assist in Renewal / Expansion of dual SUD and SMI IMD waiver					X	X	X	X	
	Implement Alternatives for psychiatric inpatient capacity (support)								X	
3. DD Redesign <i>(continued on next page)</i>	Facilitate stakeholder engagement	X	X	X	X	X	X	X	X	
	Establish Comprehensive Cross-Stream Workplan	X								
	Develop 1915(c) Waiver Application(s)		X	X	X	X				
	Submit final waiver application(s) to CMS and Secure Approval						X	X	X	
	Assess waiver eligibility processes and reconcile with draft waiver application(s)			X						
	Review and Select Assessment Tool for Level of Need and Rate-Setting	X	X	X						
	Advise on the Procurement of a Rate Setting Vendor	X	X							
	Initiate Case Management Process Review				X	X	X			
	Review Individual Support Plan processes and inputs		X	X	X					



DHHS Strategic Initiatives Contract

Initiative Milestone Notes

1. Exhibit B of the proposed contract with A&M contains detailed activities outlining the support which A&M will provide in order to achieve the milestones above.
2. CTI and IMD workstreams have begun hitting initiative milestones during the current contract and will continue progress along established work plans.
3. Workstreams will reevaluate pre-established works (1 - 2) and establish workplans as necessary (3 - 5) as outlined in Exhibit B.

DHHS Strategic Initiative Milestone Estimates

Initiative	Milestone	Year 1				Year 2			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3. DD Redesign (cont.)	Support Development of Grant Program for ITS Transition							X	X
	Finalize review / reconciliation of operations under new waiver and rate structures				X	X	X		
	Support the Redesign and Testing of Waiver Rates			X	X	X	X	X	
	Develop / Plan Implementation Strategy given established rates and waiver modifications							X	X
	Monitor and Finalize IT Requirements			X	X	X	X		
4. MMIS Modernization	Establish roadmap and workplan	Quarterly milestones and timelines will be established during Y1 Q1							
	Map As-Is and To-Be architecture								
	Develop a governance and PM Structure								
	Develop a procurement strategy								
	Draft/vet/issue series of RFP/APD per the roadmap, including CMS approval								
	Draft/test/refine metrics for project development and operations								
	Develop requirements for various MMIS modules								
	Establish/refine procedures for collecting metrics regarding project performance								
	Manage project risks and action items								
Develop user training plan and artifacts									
5. Organizational Change Management	Conduct SWOT analysis & strategic planning	X							
	Review/refine organizational structure/functions to support transformation	X	X						
	Review/develop Key Performance Indicators (KPI)		X	X					
	Review leadership performance management protocols			X	X				
	Assess organizational change readiness and risk	X							
	Develop/implement change management plans		X	X	X	X	X	X	
	Collect and analyze change related feedback				X	X			
	Assess/manage change resistance					X	X		
	Evaluate change KPI, refine change strategy as needed							X	X

