

## Contents

Playbook : Connecting Systems to Improve Outcomes for People Experiencing Homelessness (ISDS IAPD).....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution?.....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : Home and Community Based Services Portal (ISDS IAPD).....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	2
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the	

source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
Playbook : Integrated Service Delivery Eligibility and Enrollment (ISDS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	1
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	3
Playbook : ISDS Project 0 (ISDS IAPD).....	4
<b>Effort Information</b> .....	4
Effort Description.....	4
Effort Business Value and Outcomes.....	4
Effort Scope and Approach.....	4
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	4
<b>Accomplishments &amp; Deliverables</b> .....	4
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	4
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	4
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	4
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	4
<b>M&amp;O Planning</b> .....	4

What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
<b>Benefitting Programs for Federal Fiscal Years: --</b> .....	2
Playbook : MAARC Modernization (ISDS IAPD).....	3
<b>Effort Information</b> .....	3
Effort Description.....	3
Effort Business Value and Outcomes.....	3
Effort Scope and Approach.....	3
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	3
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
Playbook : MnCHOICES Revision (ISDS IAPD).....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1

Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : Licensing-Foundation (SDT LIC IAPD).....	4
<b>Effort Information</b> .....	4
Effort Description.....	4
Effort Business Value and Outcomes.....	4
Effort Scope and Approach.....	4
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	4
<b>Accomplishments &amp; Deliverables</b> .....	4
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	4
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	4
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	4
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	4
<b>M&amp;O Planning</b> .....	4
What date does maintenance and operational (M&O) funding begin?.....	4
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	4
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
<b>Benefitting Programs for Federal Fiscal Years: --</b> .....	2
Playbook : Licensing-Medicaid & Foster Care (SDT LIC IAPD) .....	3
<b>Effort Information</b> .....	3
Effort Description.....	3
Effort Business Value and Outcomes.....	3
Effort Scope and Approach.....	3

Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	3
<b>Accomplishments &amp; Deliverables</b>	3
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?	2
<b>M&amp;O Planning</b>	2
What date does maintenance and operational (M&O) funding begin?	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution?	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?	2
<b>Operational Cost Projections</b>	2
<b>Benefitting Programs for Federal Fiscal Years: --</b>	2
Playbook : Expansion of MA for Former Foster Care Basis of Eligibility (METS IAPD)	1
<b>Effort Information</b>	1
Effort Description	1
Effort Business Value and Outcomes	1
Effort Scope and Approach	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	2
<b>Accomplishments &amp; Deliverables</b>	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?	3
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?	3
<b>M&amp;O Planning</b>	3
What date does maintenance and operational (M&O) funding begin?	3
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.	3
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution?	3
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?	3
<b>Operational Cost Projections</b>	3
Playbook : METS Enhancements: Allow for Special Cases (METS IAPD)	1

<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : METS Financial Verification (METS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	2
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new	

technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : METS Notices: Cancelling Notices (METS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description .....	1
Effort Business Value and Outcomes .....	1
Effort Scope and Approach .....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money) .....	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	1
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin? .....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : MNEIAM Modernization: METS (METS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description .....	1
Effort Business Value and Outcomes .....	1
Effort Scope and Approach .....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money) .....	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	1
<b>M&amp;O Planning</b> .....	1
What date does maintenance and operational (M&O) funding begin? .....	1

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	1
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
<b>Benefitting Programs for Federal Fiscal Years: --</b> .....	2
Playbook : MN Paid Family and Medical Leave METS Impacts (METS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description .....	1
Effort Business Value and Outcomes .....	1
Effort Scope and Approach .....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money) .....	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	1
<b>M&amp;O Planning</b> .....	1
What date does maintenance and operational (M&O) funding begin? .....	1
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	1
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : Permit Future Pregnancies (METS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description .....	1
Effort Business Value and Outcomes .....	1
Effort Scope and Approach .....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money) .....	1
<b>Accomplishments &amp; Deliverables</b> .....	1
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	1



Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	1
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	2
Playbook : Architecture & Security (Middleware) (MMIS IAPD).....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money).....	2
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	3
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	3
<b>Operational Cost Projections</b> .....	3
Playbook : Child Support System Migration (SDT PRISM OAPD) .....	4
<b>Effort Information</b> .....	4
Effort Description.....	4
Effort Business Value and Outcomes.....	4
Effort Scope and Approach.....	2
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money).....	2

<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	3
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	3
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	3
<b>M&amp;O Planning</b> .....	3
What date does maintenance and operational (M&O) funding begin?.....	3
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	3
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	3
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	3
<b>Operational Cost Projections</b> .....	3
Playbook : Claims Discovery: Inpatient (MMIS IAPD).....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money) .....	1
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	2
<b>M&amp;O Planning</b> .....	2
What date does maintenance and operational (M&O) funding begin?.....	2
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	2
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	2
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	2
<b>Operational Cost Projections</b> .....	3
Playbook : Medicaid Interoperability (MMIS IAPD).....	1
<b>Effort Information</b> .....	1
Effort Description.....	1

Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	2
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	2
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	3
<b>M&amp;O Planning</b> .....	3
What date does maintenance and operational (M&O) funding begin?.....	3
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	3
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution?.....	3
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	3
Playbook : MN Provider Screening and Enrollment Phase 3 (MMIS IAPD) .....	1
<b>Effort Information</b> .....	1
Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	1
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)	2
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	3
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	3
<b>M&amp;O Planning</b> .....	3
What date does maintenance and operational (M&O) funding begin?.....	3
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	3
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution?.....	3
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	3
Playbook : Redesign for an Agile Medicaid Program (MMIS IAPD).....	1
<b>Effort Information</b> .....	1

Effort Description.....	1
Effort Business Value and Outcomes.....	1
Effort Scope and Approach.....	2
Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money).....	2
<b>Accomplishments &amp; Deliverables</b> .....	2
Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)? .....	2
Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)? .....	3
<b>M&amp;O Planning</b> .....	3
What date does maintenance and operational (M&O) funding begin?.....	3
Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number. ....	3
How has the sponsor engaged the budget manager to plan for ongoing M&O costs for the solution? .....	3
What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology? .....	3
<b>Operational Cost Projections</b> .....	3

## ISDS IAPD Playbooks

### HMIS

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1262](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1262)

### HCBS (ISDS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1242](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1242)

### MAARC Modernization (ISDS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1243](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1243)

### ISD Project 0 (ISDS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,222](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,222)

### Integrated Service Delivery Eligibility and Enrollment (ISDS E&E) (ISDS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,222](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,222)

[Title]

[BP PROJECT:282,23](#)

MnChoices Revision (ISDS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP PROJECT:282,25](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,25)

### **Licensing IAPD**

Licensing – Foundation

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP PROJECT:282,1182](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1182)

Licensing-Medicaid & Foster Care

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP PROJECT:282,1002](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1002)

### **METS IAPD**

Mets Project 0 (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,30](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,30)

Expansion of MA for Former Foster Care Basis of Eligibility (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1102](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1102)

Permit Future Pregnancies (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1283](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1283)

METS Financial Verification (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1303](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1303)

METS Notices: Cancelling Notices (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1284](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1284)

METS Enhancements: Allow for Special Cases (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1285](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1285)

MN Paid Family and Medical Leave METS Impacts (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1282](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1282)

MNEIAM Modernization: METS (METS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1302](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1302)

## **MMIS IAPD**

Architecture & Security (Middleware) (MMIS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1)

Claims Discovery: Inpatient (MMIS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1322](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1322)

MN Provider Screening and Enrollment Phase 3 (MMIS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,201](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,201)

Redesign for an Agile Medicaid Program (MMIS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,82](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,82)

Medicaid Interoperability (MMIS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1183](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1183)

MMIS Project 0 (MMIS IAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,221](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,221)

## **PRISM OAPD**

Child Support System Migration (SDT PRISM OAPD)

[https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP\\_COLLECTION,PBP\\_PROJECT:282,1062](https://dctinreporting.dhs.int.state.mn.us/ords/f?p=177:1200:110519681050726:::Y,1200:PBP_COLLECTION,PBP_PROJECT:282,1062)

# Playbook : Connecting Systems to Improve Outcomes for People Experiencing Homelessness (ISDS IAPD)

**Effort Manager:** Nwala, Emmanuel N (DHS)

**Effort Start Date:** 2025-10-01

**Effort End Date:** 2026-09-30

## Effort Information

### Effort Description

Systems to administer human services programs, such as, the Homelessness Management Information System (HMIS), and other information systems, including systems managing eligibility for Minnesota Health Care Programs, contain data about people's eligibility for and access to services but are not connected to one another to facilitate access to services. Because of this issue DHS does not proactively identify services that would be better suited for meeting someone's needs. Hence, there is need to explore ways to improve and connect these systems to be more effective in serving this population of people experiencing homelessness.

### Effort Business Value and Outcomes

The health and wellbeing of people experiencing homelessness and housing instability could be improved with services that they are not currently receiving to help them meet their basic needs and thrive in their community. Minnesota would like to create a way for this population to receive outreach and connect them with information like referrals and potential program eligibility by developing an efficient and effective triage and referral process utilizing data from existing systems and processes. This potential entry into the human services landscape of services and programs should improve and streamline communication to help clients (both existing and potential) to better access services for which they may be eligible.

### Effort Scope and Approach

The scope of this planning effort is to identify and prioritize the most impactful system integrations, linkages, or other arrangements between Minnesota's data systems supporting people experiencing homelessness, identify solution(s) that support the stated outcome, and create a plan for implementation. These systems naturally involve many partners with many different perspectives, and both opportunities and constraints presented by our current information systems and resource environment. Consequently, the key outcome of this planning effort will be a prioritize list of next steps, deeply shaped by input from partners and impacted parties, and grounded in details about implementation costs, timing, and other considerations. The scope of specific planning activities for this effort will include: 1. Community and user engagement; 2. Assessing feasibility and alternatives for the specific projects and system linkages identified as part of the planning activities; 3. Cost benefit analysis for top priorities; 4. Requirements analysis; 5. Coordination/alignment with other efforts via an architectural review; 6. Data analysis; and 7. Existing system and application review.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

Not applicable

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

- Completed project charter and assembled initial project members
- Completed problem statement and State Office approval of the problem statement

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

Phase One: Engagement of partners and orientation

Phase Two: Initial identification of partner priorities or options



Phase Three: Prioritization of possibilities  
Phase Four: Cost benefit and other analysis of top priorities  
Phase Five: Build out implementation plans for top priorities, including identifying key requirements or go/no-go thresholds for implementation

Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>

Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

M&O Planning

What date does maintenance and operational (M&O) funding begin?

<no entry>

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

We are still exploring the use of HMIS funds appropriation. Part of the planning efforts is to identify funding source.

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

N/A

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

None at this time

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	Yes
Federal Children’s Health Insurance Program (CHIP)	Yes

Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	No
Federal Refugee	Yes
Federal Supplemental Nutrition Assistance Program (SNAP)	Yes
Federal Temporary Assistance for Needy Families (TANF)	Yes
Federal Title IV-D	Yes
Federal Title IV-E	Yes
General Assistance	Yes
Group Residential Housing	Yes
Minnesota Supplemental Assistance	Yes
Other MMIS Programs	Yes

# Playbook : Home and Community Based Services Portal (ISDS IAPD)

**Effort Manager:** DeZiel, Dan D (MNIT)

**Effort Start Date:** 2025-04-01

**Effort End Date:** 2028-09-30

## Effort Information

### Effort Description

Currently a person can access their Home and Community Based Services (HCBS) information, such as their MnCHOICES assessment, support planning documents, and other service information, through their lead agency (county, tribal nation, or managed care organization) case manager/care coordinator, or service provider. The person receives print-outs of the information at their annual reassessment or can request them via postal mail or via secure email if requested by the person or their representative. Over four years of stakeholder engagement in a related Waiver Reimagine project, we have heard from people and their families that the disability waiver programs are difficult to navigate and understand. Lead agency case managers, who serve an essential role in our system, also must act as "gatekeepers" of certain information.

To resolve these pain points, Minnesota is looking to offer secure, online access to the person's information, empowering them to participate in their support planning in a new way.

As a result, the HCBS Portal project is planning to leverage the platform that was built for MnCHOICES and add a customer facing solution to allow beneficiaries to access information about their eligibility for Medicaid funded Home and Community Based Services, including Disability and Elderly Waiver Services, Alternative Care, Housing Stabilization Services, Moving Home Minnesota and state plan services such as PCA and home care nursing. This effort is being driven by beneficiary and lead agency feedback that was received as part the Waiver Reimagine initiative. From that engagement, beneficiaries report that they need access to their budget for any of the four disability waived services for which they have been deemed eligible. The Centers for Medicare and Medicaid Services (CMS) is also providing the direction that DHS move toward self-directed services for our beneficiaries, and this would be a step in that direction.

### Effort Business Value and Outcomes

Add a customer facing solution to allow beneficiaries to access information about their eligibility for Medicaid funded Home and Community Based Services, including Disability and Elderly Waiver Services, Alternative Care, Housing Stabilization Services, Moving Home Minnesota, and state plan services such as PCA and home care nursing.

This effort is being driven by beneficiary and lead agency feedback.

Beneficiaries report that they need access to their budget for any of the four disability waived services for which they have been deemed eligible.

Offer views for the person's chosen support team, such as parents, family members, or guardians.

Offer current information about the person's assessment, support plan, budget (if available), details about their services including rates, and provider information.

The Centers for Medicare and Medicaid Services (CMS) is also providing the direction that DHS move toward self-directed services for our beneficiaries.

### Effort Scope and Approach

The HCBS Person Portal will initially launch as a Minimum Viable Product (MVP). While the HCBS Person Portal will be built with all Medicaid HCBS recipients in mind, the Department of Human Services (DHS) will take a phased approach to implementation, where the first set of users will be people receiving a disability waiver. A phased approach to implementation will gradually roll out services to end users.

The scope of the project is a solution that will provide beneficiaries access to the information that they need to know:

- Services they are eligible for based on their assessment.
- Budget for those services (if available).
- Current providers and information about where to find provider options in their area.

Both Medicaid HCBS waiver and state plan services are in-scope for this project, though they may be integrated

into the HCBS Person Portal at different intervals as the project progresses. The following Medicaid HCBS 1915c disability waiver services will immediately benefit from the HCBS Person Portal:

- Brain Injury (BI)
- Community Alternative Care (CAC)
- Community Access for Disability Inclusion (CADI)
- Developmental Disabilities (DD)

After the HCBS Person Portal initially launches, we will explore expanding the benefitting program list to the following Medicaid HCBS waiver and state plan services.

### **Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

In 2019, under Waiver Reimagine Phase 1, the legislature allocated funding for an "individual portal" for people to view their CSSP (MnCHOICES support plan) and individual budget (new policy under Waiver Reimagine Phase 2). The 2021 statute above expands the scope of the online support planning tool to include all Home and Community Based Services (HCBS) such as the Elderly Waiver, Alternative Care, Housing Stabilization Services, Moving Home Minnesota and state plan services such as PCA [CFSS] and home care nursing.

## **Accomplishments & Deliverables**

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

MVP Requirements, Stakeholder Engagement, Procurement, Project Charter.

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

Stakeholder Engagement, Signed Contract, MVP Requirements design with Vendor, Testing Plan, QA and UAT testing, Deployment of MVP.

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

Stakeholder Engagement, Phase 2 Requirements design with Vendor, Testing Plan, QA and UAT testing, Deployment of Phase 2.

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

Stakeholder Engagement, Phase 3 Requirements design with Vendor, Testing Plan, QA and UAT testing, Deployment of Phase 3. Project Closing documents, lessons Learned.

## **M&O Planning**

### **What date does maintenance and operational (M&O) funding begin?**

2028-09-29

### **Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

<no entry>

### **How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

<no entry>

### **What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

<no entry>

## Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
Personnel	DHS		Portal Staff (1 FTE)	0.00
Personnel	MNIT		OnGoing MNIT support with Data integration (.5 FTE)	0.00
Service Cost	Service Contracts		Vendor Contract (possible it is rolled into larger contract)	0.00

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	No
Federal Child Care and Development Fund (CCDF)	No
Federal Children's Health Insurance Program (CHIP)	No
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	No
Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No
Other MMIS Programs	No

# Playbook : Integrated Service Delivery Eligibility and Enrollment (ISDS IAPD)

**Effort Manager:** Barnidge, Lisa K (DHS)

**Effort Start Date:** 2022-10-01

**Effort End Date:** No End Date Set

## Effort Information

### Effort Description

The ISD Product Line is focuses on ensuring that applicants and beneficiaries have digital tools that support key functions required to apply, receive, and maintain benefits. The line is also working to create simplified and integrated tools and workflows that support state, county, and Tribal Nations staff in order to operate efficiently and best serve individuals and families. In FY25, 4 product reams were funded. These product teams are working in tandem to improve the eligibility and enrollment functions of Minnesota's human services programs. Adopting the product management mindset, this effort is focused on leveraging product teams to improve the experience for clients accessing our services and of local workers to ensure the path to benefits for human services programs is simple, welcoming, and quick for everybody every time.

In FY26, the ISD Product line structure will be adjusted in order to maximize resources allocation to the most critical and time sensitive needs of the product line. There will continue to be four state staffed agile delivery teams, as well as program leadership, planning, design and support resources. In order to support initial development needs for new capabilities, these teams may also work with supplemental external resources. Together, these teams will be accountable for planning and delivery of strategic items to support Digital Self Service and Workflow Modernization capabilities. These capabilities should support multiple human services programs, and be extensible to future program additions.

Digital Self Service will focus on creating a simple to use and comprehensive digital experience that supports key functions that applicants and beneficiaries need to in order to apply, receive, and maintain benefits. Workflow Modernization will work to create or update systems and workflows to support consistent, compliant, accurate, and timely completion of functions that Local workers (county and tribes) need to perform in order to accept applications, process applications, and make eligibility and benefit determinations for new and for updated cases.

### Effort Business Value and Outcomes

The ISD line efforts are centered around delivering flexible and scalable solutions that support expanding access, ensure accurate benefit determinations, reduce the time to benefits, and improve the ability of workers and customers to have modern digital access to the information they need.

Key outcomes include:

Increased Digital Self Service adoption and engagement, reduction of manual and duplicative tasks for workers, reduced time to benefits, improved data quality and accuracy.

### Effort Scope and Approach

Scope of this effort is centered around digital access to eligibility & enrollment capabilities including, but not limited to:

Program Awareness and Screening, Application Capture and transmission, Personal Data Management, Eligibility Determination, Digital Notices and communications, Account Maintenance, Renewal and Recertification.

Key efforts in FY26 will include automated data integrations between front end tools and MAXIS.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

<no entry>

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

Hosted community engagement events and County worker focus groups  
 Launch of customer facing basic status tracking tool  
 Expansion of Text message campaigns to additional counties and tribes  
 Completed "Working Backwards" visioning workshops with key internal and county partners  
 UXD Research and focus groups conducted on designs and web flows  
 Integration with SMI for access to key account and case status information  
 Pilot of first county to state data sharing for 2919 form information  
 Migration of Azure servers  
 Application Compliance Updates  
 Tribal Routing enhancements  
 Launch new email infrastructure to support customizable content  
 ISD E&E Strategic Roadmap has been updated based on learnings

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

Technical Solution Architecture Diagrams based on product vision map  
 Initial use case for data sharing between MNBenefits to and from MAXIS  
 Application updates for compliance, security, and completeness  
 Secure Account function  
 Detailed Status Tracker or Next Steps function  
 Electronic access to Notices  
 Basic Digital Renewal / Recertification support  
 Foundational Worker interface  
 Initial use case for Eligibility Determination

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

Worker Dashboard  
 Bi-directional secure communications  
 Integration with Verifications data sources

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

## M&O Planning

### What date does maintenance and operational (M&O) funding begin?

<no entry>

### Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

Yes, OP42

### How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

Unsure. Transition to DCYF and Product team growth requires additional conversations around this.

### What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

Unknown

## Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	No
Federal Child Care and Development Fund (CCDF)	Yes
Federal Children’s Health Insurance Program (CHIP)	No
Federal Medicaid	Yes
Federal Qualified Health Plan (MNSure)	No
Federal Refugee	Yes
Federal Supplemental Nutrition Assistance Program (SNAP)	Yes
Federal Temporary Assistance for Needy Families (TANF)	Yes
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	Yes
Group Residential Housing	Yes
Minnesota Supplemental Assistance	Yes
Other MMIS Programs	TBD



# Playbook : ISDS Project 0 (ISDS IAPD)

**Effort Manager:** Boen, Angela R (DHS)

**Effort Start Date:** No Start Date Set

**Effort End Date:** No End Date Set

## Effort Information

### Effort Description

Resources (both personnel and non-personnel) that support all efforts within an APD or the management of the APD itself.

Category: APD Administration - MNIT and DHS Finance, Funding Alignment Division APD Managers, APD Communications, Resource Manager, Federal Compliance (reviews).

Category: Enterprise Contracts - IBM ELA, Oracle, IV&V, etc.

Category: Technical Support/Infrastructure - Support of APD-funded efforts that cannot be attributed to projects, like: Testing region support, regression testing

### Effort Business Value and Outcomes

<no entry>

### Effort Scope and Approach

<no entry>

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

<no entry>

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

## M&O Planning

What date does maintenance and operational (M&O) funding begin?

<no entry>

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

<no entry>

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
				<div></div>
				No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
<div><div></div></div>	
No Benefitting Programs Currently Listed	

# Playbook : MAARC Modernization (ISDS IAPD)

**Effort Manager:** McGurran, Mary A (DHS)

**Effort Start Date:** 2025-04-01

**Effort End Date:** No End Date Set

## Effort Information

### Effort Description

The Minnesota Adult Abuse Reporting Center (MAARC) is the state's 24/7 centralized common entry point for referrals related adults who are vulnerable and suspected of experiencing incidents of abuse (physical, sexual or emotional), financial exploitation, or neglect of the care or services necessary for the adult 's health or safety. It is utilized by mandated reporters and the general public. It is compliant with Minnesota's Vulnerable Adult Act (VAA). Any Minnesotan that has a diagnosis, is in need for assistance in meeting essential needs, or has an impaired ability to protect themselves from maltreatment may be a vulnerable adult regardless of their status related to Medical Assistance or public programs. Certain people are mandated to report suspected maltreatment of a vulnerable adults including, but not limited to, providers, educators, law enforcement, or case managers. MAARC is the tool that enables DHS to track from report to final disposition, remediation of maltreatment, and appeals for all adults reported as maltreated.

### Effort Business Value and Outcomes

Participants/providers/workers and support persons calling MAARC to report a critical incident of maltreatment have a person-centered, time efficient experience and state staff has available real-time information about the status of the report.

### Effort Scope and Approach

The project team's first priority will be to develop a solution to:

Reduce the number of technical failure points in the reporting system that result in risks to vulnerable adults and non-compliance for reports of suspected maltreatment not referred timely for the safety of adults who are vulnerable.

Improve experience for reporters entering reports on the MAARC web to encourage reporting and discovery of program participants experiencing maltreatment.

Improve efficiencies, reduce errors and delays to support timely investigation and remediation for the health and safety of program participants experiencing a reported incident of maltreatment through by introducing rules-based automation for determinations and referrals to the agencies responsible to respond rather than the manual processes that currently exist.

Improve efficiencies and user experience for reporters calling MAARC, and for DHS MAARC workers entering phone reports by decreasing delays, freezes, accessibility, and navigation issues that result in frustration to reporters and workers and costs to the State.

The project team will use an agile methodology to redesign and replatform the MAARC Report Intake functionality and add routing rules to ensure the appropriate lead investigative agency (LIA) receives the report. This will include integration to SWNDX and the bi-directional communications that are required to handle new reports, integration for law enforcement notification, and dashboard development. Out of scope for this project are any changes to the SSIS back-end functionality. This effort is only related to the entry of information and referral to the appropriate LIA.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

MAARC is Minnesota's solution to meet CMS CFR 42 441.302 Part 441 Subpart G requirements for an incident management system the identifies, reports, triages and tracks critical incidents of abuse, neglect, exploitation, misuse or unauthorized use of restrictive interventions and seclusions and death as a result of suspected abuse or neglect to assure the health and welfare of medical assistance participants.

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

Project initiation and resource project team and identify collaborative partners  
 Onboard project team  
 Create charter  
 Discovery work to determine scope and create a product roadmap  
 Identify goals, outcomes and metrics  
 Charter approval  
 Gather requirements determine an approach for the technical solution  
 Start creating backlog

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

Document business process for stakeholders, those entering reports etc. and add to backlog for sprint  
 Document data requirements  
 Finalize backlog  
 Start development/sprinting

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

Sprinting (development, testing, deployments)

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

Sprinting (development, testing, deployments)

## M&O Planning

### What date does maintenance and operational (M&O) funding begin?

<no entry>

### Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

There tails with this appropriation, AD-42 to fund the MNIT staff. DHS has an existing budget.

### How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

### What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

Sunset the entry application in SSIS, unsure of the amount that this will save.

## Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
Personnel	DHS		DHS will point 2.3 FTEs that currently support MAARC, 1.0 FTE will be allocated. - they will not use the tails. they are existing staff.	0.00
Personnel	MNIT		MNIT hiring staff to develop and then maintain this solution	0.00

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	No
Federal Child Care and Development Fund (CCDF)	No
Federal Children's Health Insurance Program (CHIP)	No
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	No
Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No
Other MMIS Programs	No

# Playbook : MnCHOICES Revision (ISDS IAPD)

**Effort Manager:** Mueller, John P (MNIT)

**Effort Start Date:** 2020-08-05

**Effort End Date:** 2026-09-30

## Effort Information

### Effort Description

MnCHOICES revision was fully launched on 10-1-24 and end users from counties, tribal nations and managed care organizations are using it.  
Legacy MnCHOICES 1.0 version was retired on 10-1-24.  
MnCHOICES revision was launched as a minimal viable product knowing that we would need to continue to make enhancements and correct defects after launch.

### Effort Business Value and Outcomes

The continued enhancement and correction of defects improves the end users experience and efficiencies. We needed to allow users to spend significant time in the system to learn the system and be able to make recommendations of improvements that would create increased efficiencies before we move into operations mode.

MnCHOICES is a universal and comprehensive tool used to assess all Minnesotans request Home and Community Based Service funded by Medicaid. People only need to have one assessment that informs them of all potential services they are eligible for to meet their needs.

### Effort Scope and Approach

Finish all systems change requests that are still refining the product before moving into operations mode on 10-1-26.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

It is a federal requirement that everyone accessing Medicaid funded Home and Community Based Services be assessed every year for level of care to be eligible for these services. MnCHOICES is the tool that is used to assess people and then create their services and support plan. Services cannot be authorized if a person does not go through the MnCHOICES assessment and support planning process.

End users are reporting efficiencies in the revised MnCHOICES system versus the legacy 1.0 system. They are reimbursed through a random moment time reporting study. If they are able to do the assessment in less time, there could be reduced costs to administer the program.

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

On 10-1-24 fully launched the revised MnCHOICES application for use by the counties, tribal nations and managed care organizations who conduct the assessment and complete the support plan with the person. With the 10-1-24 full launch, the legacy MnCHOICES 1.0 application was retired. Disassembly of MnCHOICES 1.0 infrastructure in progress. As of 3-31-25, 42 enhancements have been completed by the vendor during FFY25, out of 55 planned through June 2025. An additional 15 enhancements are pending for FFY25 Q4.

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

Continue implementation of the remaining enhancements in queue using the iterative development approach used to this point in the project, with the goal of completing at least 60 additional enhancements in FFY26. Work with the MnCHOICES Input Group and System Governance Group to prioritize and rank each of the

**Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

N/A will transition to operations on 10-1-27.

**Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

N/A

M&O Planning

**What date does maintenance and operational (M&O) funding begin?**

2026-10-01

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

Legislative Tracking Item number: 21. Funding was referred to as AD-69 when it was approved by the Legislature. Also, see BRP\_2025\_ADSA\_Additional Funding for MnCHOICES Operations document.

**How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

<no entry>

**What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

Servers and related infrastructure supporting the legacy MnCHOICES1.0 application have been sunset removing hardware and software costs, and associated personnel costs. Assessments and Support Plans in new system has enabled efficiencies for users.

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	No
Federal Child Care and Development Fund (CCDF)	No
Federal Children’s Health Insurance Program (CHIP)	No

Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	No
Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No
Other MMIS Programs	Yes



# Playbook : Licensing–Foundation (SDT LIC IAPD)

**Effort Manager:** Aadland, Elizabeth M  
(DHS)

**Effort Start Date:** 2025-04-01

**Effort End Date:** 2028-12-31

## Effort Information

### Effort Description

<no entry>

### Effort Business Value and Outcomes

<no entry>

### Effort Scope and Approach

<no entry>

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

<no entry>

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

## M&O Planning

### What date does maintenance and operational (M&O) funding begin?

<no entry>

### Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

<no entry>

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
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No Benefitting Programs Currently Liste

# Playbook : Licensing–Medicaid & Foster Care (SDT LIC IAPD)

**Effort Manager:** Aadland, Elizabeth M  
(DHS)

**Effort Start Date:** 2025-04-01

**Effort End Date:** 2028-12-31

## Effort Information

### Effort Description

DHS will form a persistent product team and engage with a vendor to design, develop, and implement the functionality required to incorporate Medicaid and Title IV-E Foster Care providers into the existing Software as a Service (SaaS) platform, Salesforce, utilizing an Agile methodology. The vendor will assist with the work and also educate the state-staffed product team so that the product can be turned over for ongoing maintenance, operations, and enhancement efforts after the deployment of the solution.

State staff will prepare a Request for Offer (RFO) for an implementation partner and the vendor will be procured via our master contracting process through MNSite. Appendix E: Master Contract Template is the contract that all vendors approved for consideration have already completed and executed with the State of Minnesota. DHS will prepare the RFO, post it, and negotiate with potential vendors that reply. A statement of work will be drafted and submitted for federal partner approval before execution.

Once onboard, the vendor will work with the product team to identify their minimum viable product, the product roadmap, backlog, and iterative development plan before they start sprinting. The product team will be given the high-level description of what they are to deliver: a digital provider licensing and renewal process, the licensing components of a wider provider management module, provider compliance monitoring, and provider reporting functions. This also includes completing the replacement of the Licensing Information Lookup, a public-facing website with the ability for consumers to look up provider information, compliance monitoring and licensing enforcement actions, and quality information when available.

Upon the initiation of the product team, a discovery phase will happen before sprinting begins. During this crucial phase of the effort, the product team will identify and engage stakeholders that are key to aligning the provider experience from licensing through enrollment. The licensing system will be the source of truth for licensing information, while the Minnesota Provider Screening and Enrollment module will be the source of truth for enrollment information. This is important as it is imperative to not limit the ability for beneficiaries to receive care while the state works with providers to obtain licensure and enroll. A piece of this will be to create a high-level roadmap for the development of the licensing system.

The product team will also be responsible for developing interfaces to other systems to send and receive the data necessary to ensure provider compliance management as well as ensuring the integrity and security of that data. They will also be responsible for ensuring the product gets certified by CMS when complete, in partnership with the overall MES certification plan within the MMIS Redesign for an Agile Medicaid Program (RAMP) effort.

### Effort Business Value and Outcomes

<no entry>

### Effort Scope and Approach

<no entry>

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

<no entry>

## Accomplishments & Deliverables

**Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

<no entry>

**Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

<no entry>

**Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

<no entry>

**Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

<no entry>

M&O Planning

**What date does maintenance and operational (M&O) funding begin?**

<no entry>

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

<no entry>

**How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

<no entry>

**What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
<div></div> <div>No Cost Projections have been entered.</div>				

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
<div></div>	



# Playbook : Expansion of MA for Former Foster Care Basis of Eligibility (METS IAPD)

**Effort Manager:** White, Katrina D (MNIT-Staff-Aug)

**Effort Start Date:** 2024-04-01

**Effort End Date:** 2026-03-30

## Effort Information

### Effort Description

Implement a change to Medical Assistance eligibility to provide Medical Assistance Former Foster Youth (MA-FFY) to youth who were in foster care and enrolled in Medicaid at age 18 or older (also known as aging out) in any state or United States territory and eliminate the requirement that a youth must first be determined not eligible for another mandatory basis of eligibility to be eligible for MA-FFY.

### Effort Business Value and Outcomes

Equity impact: improve access to health care coverage and services for former foster care youth.

Former foster care youth are more likely to be uninsured, have complex health issues, and face social and economic crises that compound health needs than those who have not interacted with the foster care system.

Youth in foster care have an uninsurance rate of 2-5%, while former foster care youth at age 19 have an uninsurance rate of 16-35%, which shows how important it is to connect this vulnerable population with health care.

Younger children, children from rural counties, and children of color and American Indian descent are disproportionately represented in the foster care system in Minnesota. These changes will prevent gaps in access to vital health care services after these children age out of foster care.

Streamlining the application, renewal and redetermination processes for former foster care youth allows them to quickly be determined eligible for MA and access services promptly.

Aligns with the One Minnesota Plan, DHS Strategic Plan and Modernization Strategic Plan.

Failure to implement these changes may result in the loss of federal funding for MA, as they are required under federal law.

### Effort Scope and Approach

In-Scope

1. Revise the existing online application questions to gather whether an applicant aged out of foster care in Minnesota, another US territory or state or D.C.
2. Streamline the online application so that if an applicant attests to being enrolled in Minnesota MA or another US state or territory Medicaid program and ages out it does not require income and other non-required questions when the former foster youth is the only applicant since there is no MA income limit for this basis of eligibility.
3. If former foster care youth is in a household with other members applying for coverage, continue to ask income questions to determine eligibility for anyone whose household composition includes the former foster care youth.
4. Modify current METS MA hierarchy to move MA-FFY as the highest priority in the eligibility determination (even over pregnancy).
5. For MA-FFY enrollees who are eligible for Home and Community-Based Services (also known as "HCBS" or "waivered services), develop process and system support for their access to those services. (There may be some limitations to the technical component).
6. Implement a procedure to provide verification of former foster care youth status to other states requesting verification. (This will likely be a business process, not a technical solution.)

7. A release of information (ROI) will need to be developed release information to other states seeking to verify Minnesota foster care status with the format of proof provided yet to be decided. (This will likely be a business process, not a technical solution).
8. Business will develop and/or update procedures to ensure that foster youth are transitioned from MAXIS to METS without requiring a new application. This will include updates to ONEsource, instructions for case managers/eligibility workers who will need to ensure MA continues until age 26 for youth aging out of foster care, and communications to former foster youth and their families about continued MA eligibility until age 26.
9. Report identifying current foster care youth who are aging out of foster care to alert workers to transition them to MA-FFY and to identify youth who are eligible for MA-FFY due to the 1115 waiver demonstration.
10. Create a notice/supplement form to be sent 60 days prior to losing MA-FFY eligibility. Other notice triggers may need to be initiated for existing notices.

There will be not changes to the MAXIS system as a part of this project.

Temporary business workarounds will be required until these changes can be implemented.

### **Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

This change is mandated by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Sec 1002 (2018).

In addition, a state law conforming with the federal requirements passed in the 2023 legislative session that authorizes Minnesota to enact this change effective May 25, 2023, and directs the commissioner to seek the 1115 demonstration approval to extend these changes to all former foster care youth, regardless of date of birth. See Laws of Minnesota 2023, Chapter 70, Article 1, Sec. 9.

## **Accomplishments & Deliverables**

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

Build the Team of Resources - Staffing Plan  
 Project Preparations, and early Planning  
 Project Kickoff  
 Business Requirements and Business Requirements Document  
 Project Charter  
 Stakeholder Requirements  
 Project Scope Statement  
 Project Schedule  
 Business Analysis Approach  
 Project Management Plan  
 Communications Plan  
 Fit/Gap Analysis  
 Solution Selection  
 Solution Requirements  
 Functional Specifications Design  
 Joint Application Design Sessions  
 Design  
 Test Planning  
 Test Scenarios  
 Development  
 Some Development Integration Testing  
 Project Sponsor Meetings  
 Team Meetings  
 Status Reporting  
 Risk Documentation and Management  
 Issue Management

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

Continued Development Integration Testing  
 Some Development of Reports is Expected to Continue

- Training
- System Integration Testing
- Regression Testing
- Performance Testing - As Needed and Appropriate
- Accessibility Testing
- User Acceptance Testing
- Implementation
- Closing Activities and Reporting
- Closing Warranty Period
- Project Sponsor Meetings
- Team Meetings
- Status Reporting
- Risk Documentation and Management
- Issue Management

**Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

No deliverables

**Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

No deliverables

**M&O Planning**

**What date does maintenance and operational (M&O) funding begin?**

2026-02-22

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

No. This will flow with the normal operational costs and processes.

**How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

Originally, there was going to be a cost for Business FTEs but that ended up being separate outside this project.

**What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

This effort won't be sunseting an old system, but efficiencies will be gained through fewer workarounds that are currently manually performed.

**Operational Cost Projections**

Need	Cost Category	Start Date	Description of Need	Amount
<div><div></div><div>No Cost Projections have been entered.</div></div>				



## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	TBD
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children's Health Insurance Program (CHIP)	TBD
Federal Medicaid	TBD
Federal Qualified Health Plan (MNsure)	TBD
Federal Refugee	TBD
Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD
Federal Title IV-D	TBD
Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD

# Playbook : METS Enhancements: Allow for Special Cases (METS IAPD)

**Effort Manager:** Giusto, Karen J (DHS)

**Effort Start Date:** 2025-10-01

**Effort End Date:** 2027-09-30

## Effort Information

### Effort Description

This effort is to implement METS enhancements to fully carry out the Medicaid safety net eligibility rules. In certain situations, an applicant or enrollee's current income as calculated for Medicaid and CHIP may be above the relative income limit, but their projected annual income as calculated for the Basic Health Program is lower than 100% FPG. When this happens, financial eligibility for Medicaid or CHIP eligibility must be determined using the household size and projected annual income as calculated for the BHP. For all other individuals who have current income as calculated for Medicaid and CHIP above the relative income limit, but their projected annual income as calculated for the BHP is at or below 200% FPG, they must be determined financially eligible for the BHP.

Medicaid or CHIP safety net eligibility must be redetermined prior to January 1 of the next calendar year, for affected enrollees who do not have continuous eligibility beyond January.

### Effort Business Value and Outcomes

- Medicaid and CHIP eligibility will be determined correctly, for individuals whose circumstances meet the requirements for the Medicaid or CHIP safety net.
- Applicants and enrollees who qualify for Medicaid or CHIP due to the safety net provisions will receive accurate eligibility notices.
- Eligibility for the Medicaid or CHIP safety net will be automatically redetermined prior to January 1 of the next calendar year, for affected enrollees.
- Eligibility workers will not need to manually intervene to get the correct eligibility outcome for MA or CHIP safety net cases.

### Effort Scope and Approach

This effort will include:

- changes to eligibility rules. eligibility processes and eligibility notices,
- new automated safety net eligibility tracking, with requests for information generated in advance of January 1 of the next calendar year to gather data needed to redetermine eligibility, and automatic redetermination of eligibility when additional information is not received prior to advance notice cutoff in December.

Out of scope for this effort:

- changes to eligibility rules not related to the safety net provision

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

Federal mandate as part of ACA.

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

NA, not active until 10/1

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

- Discovery Documentation
- Project Charter and Scope
- Project Schedule
- Business and Stakeholder Requirements Documentation

**Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

- System Requirements Documentation
- QA and UAT Test Plans
- Deployment
- Closing and Operational Support Documentation

**Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

NA

M&O Planning

**What date does maintenance and operational (M&O) funding begin?**

2027-09-30

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

NA

**How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

NA

**What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

NA

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	No
Federal Child Care and Development Fund (CCDF)	No

Federal Children's Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	No
Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No
Other MMIS Programs	No

# Playbook : METS Financial Verification (METS IAPD)

**Effort Manager:** Anderson, Jason D (DHS)

**Effort Start Date:** 2025-10-01

**Effort End Date:** 2027-09-03

## Effort Information

### Effort Description

Recent federal guidance clarified financial eligibility verification requirements for MAGI-based beneficiaries. CMS noted in their guidance that states may need to make changes to their eligibility systems to ensure compliance with the requirements, and costs may be eligible for enhanced federal financial participation (FFP) through an Advanced Planning Document (APD).

It is unclear how METS currently verifies attested financial information using electronic data sources or how it determines when to raise a verification item for paper proof. This “behind-the-scenes” functionality was never reviewed or validated by DHS. Based on audit and case reviews it is not always clear how verifications work in METS.

This initiative will review and update the MA and MinnesotaCare financial verification processes at application, renewal and changes in circumstances. Scope is limited to the “behind-the-scenes” verification functionality, specifically:

- A. Use of existing electronic data sources—when information is gathered, what information is received, and when ES evidence is created.
- B. Logic for when attested information is considered verified by electronic data sources and when a verification item is raised for paper proof.
- C. How the verification process is documented in the system for business visibility.

This initiative is not adding any new electronic data source into METS; nor is it reviewing/updating any downstream system processes or worker procedures associated with actions taken after a verification item has been raised.

### Effort Business Value and Outcomes

As a result of this initiative, DHS will have a clear understanding of how financial verification occurs in METS, with assurance that it’s in alignment with the state’s verification plan and federal requirements. The verification process is essential to program integrity efforts by providing efficient and appropriate use of tax dollars to enable eligible individuals to enroll and retain coverage while ineligible individuals are directed to other programs. In addition, maximizing use of electronic data sources eases administrative burden by reducing the need to process paper documentation and reducing denial and termination of coverage for procedural reasons when an individual has not provided the requested documentation.

### Effort Scope and Approach

Following a similar approach successfully used for the Auto Renew Future State initiative, this initiative will consist of two phases:

1. Establish Vision: A small Business Team will define the “future state” vision. Business team will need help from 1-2 Merative staff to research/explain how things work in METS and answer questions. This phase will take approximately 6–8 weeks.

2. Implementation: The “future state” vision will guide efforts and determine the changes needed, with implementation following a similar approach used for the Auto Renew Strategy:

A. Merative responsible to implement the changes in METS, following a “Soup-to-SIT” approach and coordinating with MNIT on the release to the production environment.

B. Business Team works directly with Merative to answer questions, resolve issues and validate the functionality.

**Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

Center for Medicaid and CHIP Services (CMCS) Informational Bulletin (CIB): Financial Eligibility Verification Requirements and Flexibilities Issued November 20, 2024.

Accomplishments & Deliverables

**Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

<no entry>

**Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

Project initiation charter, requirements gathering and design

**Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

Development, testing and deployment

**Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

<no entry>

M&O Planning

**What date does maintenance and operational (M&O) funding begin?**

<no entry>

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

METS has an established operating budget. This effort will not add any additional functionality to be supported.

**How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

<no entry>

**What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children's Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNSure)	TBD
Federal Refugee	TBD
Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD
Federal Title IV-D	TBD
Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD

# Playbook : METS Notices: Cancelling Notices (METS IAPD)

**Effort Manager:** Nefer-Ra, Nekheti (DHS)

**Effort Start Date:** 2025-10-01

**Effort End Date:** 2027-09-30

## Effort Information

### Effort Description

The absence of a mechanism to cancel incorrect notices can result in significant challenges for both workers and consumers. For workers, issuing inaccurate notices damages the organization's credibility and demands additional time and resources to address the resulting errors. This includes managing complaints, reissuing corrected notices, clarifying confusion, and handling an increased volume of filed appeals,

For consumers, incorrect notices can lead to stress and confusion. Acting on faulty information may cause missed deadlines or misinterpretations of their obligations and benefits. In online systems like METS, repeated errors diminish user trust and confidence in the system's reliability.

To address these challenges, enhance METS functionality to empower workers to identify incorrect notices and cancel them before they are mailed or displayed in consumers' online METS accounts.

### Effort Business Value and Outcomes

Preventing incorrect notices from being mailed or displayed in consumers' online accounts delivers several key benefits. It significantly reduces operational costs by eliminating the need for managing complaints, reissuing corrected notices, and handling appeals. This enhancement also improves overall efficiency by streamlining workflows and allowing workers to focus on more critical tasks. Additionally, it alleviates administrative burdens, freeing up resources and reducing the strain on staff. Overall, this functionality leads to a more reliable system, improved organizational credibility, and better experiences for both workers and consumers.

### Effort Scope and Approach

The scope of this effort includes Medicaid and MinnesotaCare. The approach will be developed collaboratively with Merative and MNIT to achieve the desired outcome.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

Save money by reducing mailing and administrative costs, streamlining operations, and alleviating administrative burdens, organizations can achieve improved efficiency and allocate resources more effectively.

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

Project initiation charter, requirements gathering and design

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

Development, testing and deployment

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?



<no entry>

## M&O Planning

What date does maintenance and operational (M&O) funding begin?

<no entry>

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

METS has an established operating budget. This effort will not add any additional functionality to be supported.

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

What cost savings have been identified as a result of sunsetting an old system or efficiencies gained by the new technology?

<no entry>

## Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children’s Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	TBD
Federal Refugee	TBD
Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD
Federal Title IV-D	TBD

Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD

# Playbook : MNEIAM Modernization: METS (METS IAPD)

**Effort Manager:** Sittarich, Brian D (MNIT)

**Effort Start Date:** 2025-07-01

**Effort End Date:** No End Date Set

## Effort Information

### Effort Description

<no entry>

### Effort Business Value and Outcomes

<no entry>

### Effort Scope and Approach

<no entry>

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

<no entry>

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

## M&O Planning

### What date does maintenance and operational (M&O) funding begin?

<no entry>

### Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

<no entry>

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
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No Benefitting Programs Currently Liste

# Playbook : MN Paid Family and Medical Leave METS Impacts (METS IAPD)

**Effort Manager:** Chinnam, Joseph (MNIT)

**Effort Start Date:** 2025-04-01

**Effort End Date:** 2026-03-01

## Effort Information

### Effort Description

<no entry>

### Effort Business Value and Outcomes

<no entry>

### Effort Scope and Approach

<no entry>

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

<no entry>

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

## M&O Planning

### What date does maintenance and operational (M&O) funding begin?

<no entry>

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

<no entry>

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
<div><div></div><div>No Cost Projections have been entered.</div></div>				

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	TBD
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children’s Health Insurance Program (CHIP)	TBD
Federal Medicaid	TBD
Federal Qualified Health Plan (MNSure)	TBD
Federal Refugee	TBD
Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD
Federal Title IV-D	TBD
Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD



# Playbook : Permit Future Pregnancies (METS IAPD)

**Effort Manager:** Nefer-Ra, Nekheti (DHS)

**Effort Start Date:** 2025-10-01

**Effort End Date:** 2027-09-30

## Effort Information

### Effort Description

Currently, METS allows workers to record only one pregnancy event per member in a case. When a member reports a second or subsequent pregnancy, workers must implement complicated workarounds to ensure accurate eligibility determinations and appropriate coverage for all members involved.

Enhance METS functionality to allow workers to efficiently update or add subsequent pregnancies. This enhancement should integrate the capability to include an auto newborn in the case whenever a subsequent pregnancy is reported, ensuring accurate eligibility determinations and consistent outcomes for all family members, regardless of the timing of updates in METS.

### Effort Business Value and Outcomes

Addressing subsequent pregnancies in METS is crucial to reducing inefficiencies and alleviating strain on processing agency resources. By transitioning the existing close-and-reentry process—currently taking over an hour—to an updated approach requiring only 5–10 minutes, significant workflow improvements can be achieved.

This enhancement would eliminate issues such as altered application dates, inaccurate renewal schedules, and delays in timely eligibility determinations. Critical outcomes, including accurate pregnancy start dates, auto newborn results, and eligibility determinations for current auto newborns, could be ensured without extensive manual intervention. Resolving these challenges would streamline operations, enhance accuracy, and improve overall service delivery.

### Effort Scope and Approach

The scope of this effort includes Medicaid and MinnesotaCare. The approach will be developed collaboratively with Merative and MNIT to achieve the desired outcome.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

Enhanced system support ensures accurate eligibility determinations for pregnant people and newborns. By eliminating time-consuming manual workarounds, it reduces costs, improves efficiency, and lessens administrative burdens.

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

<no entry>

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>



Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

M&O Planning

What date does maintenance and operational (M&O) funding begin?

<no entry>

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

METS has an established operating budget. This effort will not add any additional functionality to be supported.

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

<no entry>

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children’s Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	TBD
Federal Refugee	TBD
Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD

Federal Title IV-D	TBD
Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD

# Playbook : Architecture & Security (Middleware) (MMIS IAPD)

**Effort Manager:** Fortune-Stiffin, Wanda  
(MNIT)

**Effort Start Date:** 2017-08-01

**Effort End Date:** 2026-09-30

## Effort Information

### Effort Description

This project is responsible to migrate MMIS subsystems to the new server technology in order to ensure that the foundational infrastructure has what is required to support MMIS Modernization and the modular development that is underway. A modernized MMIS must be constructed in a way that continues the transition toward service-oriented architecture while also taking an incremental migration approach that aligns with business priorities. It will also be necessary to consider and plan for the support required for the interfaces between the existing system and the new server technology.

### Effort Business Value and Outcomes

This project impacts the processes that support internal DHS processes as well as processes that support external stakeholders who provide services to enrollees. For the Medicaid program, the project modernizes the underlying systems that support provider communications and federally mandated enrollment and claims functions.

Completion of the project results in:

- Ability to modernize
- More efficient current processes
- Improved security with fewer opportunities for intrusion to protect the citizens' data
- More opportunities to incorporate a wider variety of technical solutions

Business Value (include who is impacted program beneficiaries, providers, agency, etc.)

DHS and providers (including tribal and non-tribal providers as well as counties that provide covered services will experience:

- Ability to modernize
- More efficient current processes
- Improved security with fewer opportunities for intrusion to protect the citizens' data
- More opportunities to incorporate a wider variety of technical solutions

Outcome - Example: Reduction of the application renewal backlog

- System Stability - providers will experience fewer disruptions

Metric - Example: Average ongoing backlog, checked at monthly intervals

- Average downtime tracked monthly

How it will be reported - example: reports will be compiled monthly and results will be reported in annual IAPDU/OAPDU.

- Information will be tracked monthly and reported in the APD annually

Medicaid Program Goal Alignment (1-7) - Indicate which goal this aligns with

- 3 - Improve the Medicaid provider eligibility, enrollment and customer service processes to ensure that every eligible provider can enroll, deliver high quality, well-coordinated care to our Medicaid beneficiaries and get paid promptly and accurately.

- 7 - Use change management methods to refine our approach to modernization and improve the delivery of Medicaid services.

### Effort Scope and Approach

BPM to ACE - last 7 webservice

- in release 25.3.1

ActiveVOS Replacement with ACE technology (Informatica ActiveVOS is a business process management (BPM) tool that helps automate business processes, integrate people, processes, and systems, and ensure updated

entity data goes through a change-approval workflow before contributing to Best Version of the Truth (BVT) records.)

- plan is to rewrite all processes as webservices (about 48)
- start including the webservices in Release 26.2.1

### **Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

Due to security regulations on unsupported technology, there is a need to replace ActiveVOS(Informatica ActiveVOS is a business process management (BPM) tool that helps automate business processes, integrate people, processes, and systems, and ensure updated entity data goes through a change-approval workflow before contributing to Best Version of the Truth (BVT) records. ):

Impact if Project is Stopped

- Limits the potential technical solutions that may be identified by business and MNIT
- Without vendor support of the current applications, it would be costly to obtain resources to fix anything that needs support
- There are beneficial security fixes in these upgrades

## **Accomplishments & Deliverables**

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

BPM to ACE -

- 5 webservices in Release 24.4.1 - completed
- 7 webservices in Release 25.3.1- plan to deploy to Prod on 8/17/2025

Active VOS Replacement -

- Research completed
- Replacement chose --ACE (IBM App Connect Enterprise (ACE) is a platform that combines IBM Integration Bus technologies with cloud-native technologies to facilitate integration across modern digital enterprises, connecting applications regardless of their message formats or protocols.
- Technical Document for 48 webservices

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

- 8 webservices Release 26.2
- 20 webservices Release 26.3
- 20 webservices Release 26.4
- Closing activities, lessons learned,

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

<no entry>

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

<no entry>

## **M&O Planning**

### **What date does maintenance and operational (M&O) funding begin?**

2027-01-01

### **Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

Waiting on MNIT Sponsor

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

waiting on MNIT Sponsor

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

None.

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
Personnel	MNIT	2027-01-01	2 FTE for Support	0.00
Service Cost	Service Contracts	2027-01-01	Vendor Support ACE	0.00
Service Cost	Service Contracts	2027-01-01	Licenses for ACE	0.00
Service Cost	Hardware/Software	2027-01-01	ACE Upgrades	0.00

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping ☐

Directly Benefits

No Benefitting Programs Currently Liste

# Playbook : Child Support System Migration (SDT PRISM OAPD)

**Effort Manager:** Moertel, Steve (DHS)

**Effort Start Date:** 2024-01-01

**Effort End Date:** 2027-09-30

## Effort Information

### Effort Description

The PRISM Systems Modernization effort is an existing state mandated effort, with legislation passed during the 2023 legislative session. The specific statute is in Section 10, Subd. 4- Integrated Services for children and families. The statute cites two specific outcomes:  
completing the transition of automated child support systems from mainframe technology to a web-based environment and  
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.

The statute also has broad language that funding in this section can be used to modernize technology. Any remaining budget will be used to identify and implement further enhancements to the child support systems.

How the modernization effort will take shape is under consideration by CSD and MNIT and will require ongoing collaborative effort between CSD, MNIT and vendor(s). To that end, MNIT has assigned a Digital Services Portfolio Manager to support CSD in navigating the best approach, while keeping a steady eye on MNIT capacity and resources for the needs at hand.

Because the project has funding from the State of Minnesota there is an anticipated 66% match by OCSS for eligible costs, consistent with the federal definitions of modernization efforts.

In addition, the project will work to address ongoing enhancements to PRISM or MCSO that will improve case worker, county courts, and participant experiences with the state-run system.

Currently DCYF-CSD and MNIT are evaluating multiple approaches to modernizing PRISM, including:

Refactor/Replatform approach: an extensive in-house project requiring vendor support, ultimately maintaining full ownership and maintenance of the final solution within MNIT.

Enhancing Existing Solution Architecture: this effort would be initiated through encapsulation of certain services to be taken off the mainframe and moved into web-based, vendor-provided, integrated services. This also presents an opportunity to move the database under the MNIT CloudRAMP initiative and into the State of MN FedRAMP certified infrastructure.

CSD and MNIT are working towards a decision on the most viable modernization path by Summer of 2025.

CSD would not need to conduct a Feasibility Study if the Refactor/Replatform or Enhancing Existing Solution Architecture approaches are chosen.

PCG, an independent consultant firm, is assisting in the evaluation of the Refactor/Replatform and Enhancing approaches, looking at other state's experiences and current State of Minnesota capabilities to evaluate the effectiveness, viability and distinct opportunities of each approach.

CSD has and is continuing conversations with states that have implemented or are implementing GOTS and COTS solutions. MNIT is actively working to understand these solutions in more depth in partnership with CSD.

### Effort Business Value and Outcomes

PRISM was transferred from Arizona in 1997 and continues to be the State of Minnesota's system of record for child support services and enforcement. Since then, many patches and enhancements have been made to the mainframe system, to ensure PRISM federally mandated requirements are upheld and functional. In the last decade, there have been significant advancements to the flexibility, interoperability and web-based integration opportunities of the Adabas database and Natural programming language that combined are our PRISM mainframe solution. A modernization approach that capitalizes on new services to increase compliance and align with policies and enforcement strategies, will bring significant value to our partners and families across Minnesota.

This modernization effort should be intentionally fiscally responsible, and bring increased value to our

constituents that ensures legal compliance, risk-awareness and accountability, and human-centered design elements in all operational functions. To further clarify:

**Fiscal Responsibility:** in line with MNIT Enterprise goals of moving away from custom-build, and MNIT supported solutions, this effort will actively vet and identify vendors to perform specific services, and to integrate with our infrastructure to perform functions that are currently managed holistically by MNIT staff. This has the added benefit of reducing the risk on our diminishing workforce, which currently requires a highly specialized skillset in an uncommon programming language.

**Legal Compliance:** some functions and compliance statutes are inhibited by the county workers navigating directly on the mainframe. To ensure compliance, this effort must introduce a new interface for county workers to perform their work. Additionally, we have complicated and outdated document creation and workflow functionality. This modernization effort must introduce a compliant, scalable document management solution, which will remove the document management function from our mainframe and into a web-based solution.

**Risk Awareness and Accountability:** The Adabas (database) non-relational data structure has enabled powerful, stable and scalable Financial Management functionality within PRISM. There is significant risk in moving to a new data structure specific to the Financial Management functions. This effort must focus on increasing the stability of services and should avoid high-risk data migrations.

**Human-Centered Design:** CSD is committed to increasing the ease of use and accessibility of services to align to the Governor's One Minnesota vision.

The value of introducing a modern user interface to our county workers cannot be overstated. It is well-documented that our county child support offices spend extensive time and energy navigating PRISM's outdated interface, rather than focusing on the relationship elements of child support to maximize collections and build upon the whole family approach.

### **Effort Scope and Approach**

The full scope of the modernization effort is still under consideration by DCYF-CSD and MNIT as we perform extensive due diligence and analysis on the best modernization plan for our state staff, county partners and program participants. However, the scope will inevitably impact each functional requirement of our federally mandated system, which includes Case Initiation, Locate, Establishment, Case Management, Enforcement, Document Management, and Financial Management. We are working to fully understand, document, and analyze the impact to each functional area before proceeding with a set modernization plan.

The scope also includes:

Maintaining the 70+ interfaces and integrations PRISM has with internal and external systems.

Maintaining the ability to process the large volume of financial transactions, totaling over \$50 million dollars per month.

Maintaining without interruption the connection of PRISM with the java front-end website and interface for participants and employers, MCSO.

Introducing enhancements and user-centric functionality to MCSO through consistent support and prioritization of requests.

### **Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

The PRISM Systems Modernization effort is a state mandated effort, with legislation passed during the 2023 legislative session. The specific statute is in Section 10, Subd. 4- Integrated Services for children and families. The statute cites two specific outcomes:

Completing the transition of automated child support systems from mainframe technology to a web-based environment and

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.

The statute also has broad language that funding in this section can be used to modernize technology. Any remaining budget will be used to identify and implement further enhancements to the child support systems. It is also understood that the Minnesota state mandate allows CSD to access federal funds for system modernization efforts. The date of those funds becoming available are dependent on identifying a modernization plan, and that the plan aligns to federal requirements, scope and support.

## **Accomplishments & Deliverables**

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

3/31/25, 8:09 AM

Playbook Display

CSD has worked with PCG to complete an analysis of the Refactor/Replatform approach and are also working with them to complete an analysis of the Encapsulation approach, which falls into the Enhance Existing Architecture Modernization path. The intent with these two analyses is to compare the risks, impacts, opportunities and timelines for each approach. CSD is targeting a decision on the modernization plan by Summer 2025, to then proceed with full scale planning in the Fall of 2025.

CSD has also conducted 40 interviews with state, county and tribal nation staff regularly interfacing with PRISM to understand success criteria, pain points, and document management practices to help inform modernization decisions and risks.

MNIT has engage

**Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

FFY 2026 will be devoted to formally kicking off the PRISM Modernization Project plan. This includes finalizing our modernization effort and impacts, internal and external requirements gathering, services prioritization and architecture planning, RFP initiation(s) and project feedback from OCSS.

**Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

Priority services modernized

**Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

Deliverable on other services identified to be lifted from the mainframe  
Close Modernization Effort\*

\*These plans are subject to change and may require additional steps depending on the selected approach.

M&O Planning

**What date does maintenance and operational (M&O) funding begin?**

<no entry>

**Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

<no entry>

**How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

<no entry>

**What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?**

<no entry>

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.



## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	TBD
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children's Health Insurance Program (CHIP)	TBD
Federal Medicaid	TBD
Federal Qualified Health Plan (MNSure)	TBD
Federal Refugee	TBD
Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD
Federal Title IV-D	TBD
Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD

# Playbook : Claims Discovery: Inpatient (MMIS IAPD)

**Effort Manager:** Shimon, Lori (DHS)

**Effort Start Date:** 2025-10-01

**Effort End Date:** 2026-09-30

## Effort Information

### Effort Description

Minnesota's MMIS was first developed in the early 1970s and then updated in the 1990s using a computer programming language (COBOL) that has been considered obsolete for well over a decade. Aging technology coupled with years of obsolete payment rules and processes results in a system that now lacks the agility to make changes needed to support the delivery of various health care modalities, increases risk for inaccurate payments, increases administrative costs for providers, and contributes to delays in accessing critical health care services and benefits, which can disproportionately impact certain racial and geographic groups.

The costs for design, development, and implementation of new MMIS components that adapt to provider needs and responds to emerging federal and state requirements have grown past what the Department is currently able to sustain within existing funding. Providers are spending more funds trying to get correct payments from DHS, which takes resources away from patient care and creates incentives for providers to do less business with Medicaid and serve fewer people on the Medicaid program.

DHS has modernized some subsystems and functions, including the provider subsystem (now MPSE), and the pharmacy point-of-sale system (now a modernized and outsourced pharmacy system). However, both of these modernized modules still must interface with the outdated claims subsystem, and we cannot sever these interfaces until we modernize the claims subsystem. This discovery project is the first step to modernizing our claims subsystem.

It is past time to modernize the MMIS claims subsystem, which is a backbone of this department's key responsibility: to pay the right amount to the right provider for serving the right client(s).

### Effort Business Value and Outcomes

The current MMIS claims subsystem does not fully support business needs, requires too many manual workarounds, and requires significant resources to update the system based on changes to state and federal laws. Recent audit findings, Operation Swiss Watch findings and media stories reflecting outdated government IT systems illustrate the results of failing health care payment systems.

Stabilizing and improving Minnesota's MMIS provides an opportunity to enhance the future of MA service delivery for our citizens, DHS partners, and workers who assist our members to manage their Medicaid benefits.

Every year that passes without the proper progress on modernization means that Minnesota is less and less prepared in the eventuality that our current and outdated system will stop functioning in one or several ways. Lack of a functioning Medicaid claims subsystem means we will be unable to properly serve people and pay providers. Additionally, Minnesota would be further out of compliance on several policies, and it will endanger federal funding for MA.

### Effort Scope and Approach

This discovery project will aid in mapping a modernized claims system's functionality and integration with other MMIS subsystems. This module will begin to develop priority functionalities of a modernized claims system that will optimize other modernized modules and contribute to greater automation, flexibility, and program integrity.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

If we don't modernize our MMIS claims subsystem, we will not be able to accomplish our intended outcomes outlined above and will lose out on federal enhanced match.

CMS supports federal funding opportunities for modernization of the state's MMIS. The state is able to claim a 90% federal match for systems design, development, and implementation activities for Medicaid IT systems, meaning the state only has to cover 10% of costs.

MMIS modernization also allows the Department to claim a higher match for sustaining certified MMIS components, thus decreasing our ongoing cost of ownership. This project would be the start of an effort to federally certify Minnesota's MMIS claims subsystem, resulting in improved business outcomes, technical solutions and enhanced funding for ongoing operations at the 75% level. This enhanced funding will sustain the agency's key claims functions (staff, equipment, etc.) as well as MNIT technical staffing and ongoing support for this functionality.

## Accomplishments & Deliverables

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

Convene staff from across the department to capture and document known deficiencies of the current claims subsystem.

Engage a vendor to facilitate this team through the discovery process and initiate them in the Medicaid Enterprise System (MES) modernization strategic framework and approach.  
(We can engage Kevin here to further outline this part of the business case.)

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

Convene staff from across the department to capture and document known deficiencies of the current claims subsystem.

Engage a vendor to facilitate this team through the discovery process and initiate them in the Medicaid Enterprise System (MES) modernization strategic framework and approach.  
(We can engage Kevin here to further outline this part of the business case.)

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

tbd

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

tbd

## M&O Planning

### **What date does maintenance and operational (M&O) funding begin?**

<no entry>

### **Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

Ongoing M&O for MMIS is outlined in the existing O-APD.

### **How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

This is a discovery project that may span two years, and will result in new implementation projects with tails/M&O determined at that point.

### **What cost savings have been identified as a result of sunsetting an old system or efficiencies gained by the new technology?**

There are dependencies between the existing MMIS claims subsystem and newer modernized MMIS modules, which prevent us from shutting off current modules until we replace our claims subsystem. We are maintaining multiple MMIS modules.

# Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
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No Cost Projections have been entered.

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	No
Federal Children’s Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNSure)	No
Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No
Other MMIS Programs	TBD

# Playbook : Medicaid Interoperability (MMIS IAPD)

**Effort Manager:** DeZiel, Dan D (MNIT)

**Effort Start Date:** 2025-04-01

**Effort End Date:** 2026-06-26

## Effort Information

### Effort Description

The Department of Human Services has begun the process of modernizing our Medicaid Enterprise System. CMS is asking State Medicaid Agencies to decouple the existing business functions from our current solution and determine what the best future state would be for these functions.

To improve the enrollment into and delivery of Medicaid services and meet requirements for health data interoperability, DHS needs to modernize our Medicaid Enterprise Systems, and a Medicaid Interoperability solution is part of that foundation.

CMS is requiring that State Medicaid Agencies to decouple their Medicaid systems and CMS wants states to move away from centralized solutions where all Medicaid functionality resides in one platform. To accomplish this, State Medicaid Agencies are implementing a Hub and Spoke architecture.

Over the years there have been many integration projects extracting data from the Medicaid systems including MMIS, MPSE, METS, and MAXIS. These integrations were implemented as point-to-point solutions. Creating a tightly coupled systems making re-platforming of Medicaid functionality difficult.

Each of these integrations are separate, costly, and time-consuming efforts adding layers of integration complexity. The legacy systems were not designed for easy integration.

### Effort Business Value and Outcomes

The Medicaid Interoperability modernization is under the oversight of the RAMP leadership team. The RAMP leadership team has decided to adopt the Rent, Buy, or Build model for the procurement of each of the CMS modules. This decision leads us to look for an iPaaS platform in support of a Hub and Spoke architecture. RAMP leaders have also decided that it would be most efficient to implement one interoperability solution for DHS Medicaid. This platform will focus on the Medicaid organization but is capable of expanding to other organizations. We want to avoid the costs and complexity of multiple interoperability solutions.

#### Platform Expansion

We need a solution that has the technical capabilities to support a Medicaid interoperability solution and expand to fully support the Medicaid interoperability strategy.

Medicaid Interoperability Architecture Strategy.

- We want to avoid obtaining several interoperability architectures and tools.
- We want to obtain one architecture platform and toolset that works for Interoperability and expands to fully support Medicaid modernization.

#### Vendor Knowledge/Technology Solution

A vendor with deep knowledge and experience of implementing interoperability for various State Medicaid Agencies along with the experience of enterprise interoperability would be helpful in developing an effective strategy for larger enterprise interoperability along with supporting technology that aligns to this strategy.

1. Ability to exchange health information and make health information more available for Medicaid enrollees and their providers, which in turn improves opportunity for Medicaid Enterprise System modernization, care coordination, person-centered care, and beneficiary engagement in their own health care.
2. Compliance with federal regulations.
3. Improved quality and consistency of Medicaid data, which makes data more reliable for analysis, decision-making, research and reporting.
4. Reduced cost and administrative burden due to less staff time spent on manual data exchange and reconciliation.
5. Preparation for continued progression in federal and state requirements for health information.
6. Data security by aligning with the best data security and exchange protocols included in the FHIR

implementation guides.

7. Procure and implement a Data Hub and the technical capabilities.

### Effort Scope and Approach

The project approach will involve research, learning available marketplace solutions, procurement and implementation of vendor(s) solutions. The approach direction continues to be impacted by the yield of the study of the RFI vendor responses. The Interoperability procurement of a vendor solution will happen in the project execution phase of the Pharmacy project and not in the planning phase.

Scope:

Medicaid Interoperability approach and research.

Draft Medicaid Interoperability solution.

Talk with vendors and run short solution trial(s) of available solutions.

Procure the Medicaid Interoperability solution.

Implement the Medicaid Interoperability solution.

A Data Hub is a data exchange with frictionless data flow at its core. It can be described as a solution consisting of different technologies. Define the data hub as an Interoperability hub.

The technical capabilities needed for a successful modernized MI Hub solution.

### Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)

Compliance with the provisions of the Interoperability and Patient Access final rule will be assessed in accordance with the oversight policies of each impacted program. The Medicare Advantage and Medicaid managed care programs each have programs in place to evaluate compliance of contracted entities. Issuers of Qualified Health Plans (QHPs) on the Federally-Facilitated Exchanges (FfEs) will be evaluated through the annual QHP certification application process, and in the final rule we indicated that we would provide additional guidance to QHP issuers on how they would demonstrate compliance (85 FR 25553). Medicare Advantage plans will be evaluated using annual survey instruments. Similarly, the States will use their contract vehicle to complete assessments. Each program will provide information about evaluation mechanisms at a later date.

If stopped:

- Absence of data integration continues to add technical debt.
- Lack of MI Hub adds to costly setup and maintenance of point-to-point with Vendors.
- Insufficiency visibility on data impacts data quality.
- Breaking the data into multiple data structures in multiple solutions will make integration difficult. Could lead to issues with data quality and integrity.

## Accomplishments & Deliverables

### Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?

Medicaid Interoperability approach and research.

Draft Medicaid Interoperability solution.

Discussions with vendors.

Vendor demonstrations.

Run short solution trial(s) of Vendor solutions.

Begin procurement of the Medicaid Interoperability solution.

### Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?

Complete procurement of the Medicaid Interoperability solution.

Implement the Medicaid Interoperability solution.

Plan process of onboarding of data approach.

Begin onboarding of data approach.

Hand-off operations to onboarding data integration team.

### Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?

<no entry>

Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

<no entry>

M&O Planning

What date does maintenance and operational (M&O) funding begin?

2026-06-29

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

<no entry>

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

No, not yet.

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

Unsure how to calculate: cost of legacy Point-to-Point connections.  
Cost to new projects of Point-to-Point connections with vendor. There is the planning, setup, staffing and maintenace plus the impacts to the source systems.

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
Personnel	MNIT		MNIT Admin working with Vendor solution (1.5 FTE once fully integrated)	0.00
Service Cost	Enterprise Services		Azure for Data Lake (cost unknown)	0.00
Service Cost	Enterprise Services		VM server for vendor agent (Cost unknown)	0.00
Service Cost	Service Contracts		Hosted Vendor solution (TBD)	0.00

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	No
Federal Children’s Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	No

Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No
Other MMIS Programs	No



# Playbook : MN Provider Screening and Enrollment Phase 3 (MMIS IAPD)

**Effort Manager:** Nnaji, Chibuzor O (MNIT)

**Effort Start Date:** 2023-10-01

**Effort End Date:** 2028-10-31

## Effort Information

### Effort Description

This project has been identified as the final phase to create a provider screening and enrollment system that puts the enrollment process online, automates processes, and enhance the provider experience. It will also be used by beneficiaries to access data about providers. MPSE Phase 3 completes the requirements necessary to obtain certification of the MPSE system and the new modernized provider management module. Phase 3 will support a beneficiaries' ability to find providers and access care by addressing compliance with the Provider API (Application Programming Interface) requirements in the Patient Access and Interoperability rule. Over the course of the project schedule, the following will be delivered:

- Expand automatic licensing jobs.
- Identify provider updates that do not need the enrollment team review & allow those to post.
- Licensing database integration.
- Office of Inspector General access.
- Application fee interface.
- Link to NetStudy 2.0 (DHS's background study application).
- End User Communication.
- SMARTY Address validation.
- MPSE will support MI Hub project work to develop an API/FHIR Compliant Provider Directory. All data and configuration requirements will be built in accordance with CMS Interoperability Rule.
- Certification.

### Effort Business Value and Outcomes

Each MPSE phase improves our compliance with Affordable Care Act (ACA) provider screening and enrollment requirements (42 Code of Federal Regulations, section 455 subpart E; effective March 25, 2011). This allows us to collect data for the enhanced provider directory required by the 21st Century Cures Act (provider directory (42CFR438.10; effective July 1, 2017) and requirement to enroll and screen all health plan in-network providers (42CFR438.602; effective July 1, 2018). This resolves multiple levels of compliance with each of these rules. Further automation allows for interfaces to other areas for real-time transactions.

All data and configuration requirements will be built in accordance with CMS Interoperability Rule.

MPSE will support MI Hub project work to develop an API/FHIR Compliant Provider Directory

Data:

- Develop data development requirements / mapping
- Develop business rules for use of data

API Strategy:

- Develop technical strategy
- API solution development

MPSE will also promote efficient compliance with state laws like the home and community-based settings rules and Home & Community Based Services (HCBS) waiver rate setting efforts.

### Effort Scope and Approach

This is a multi-phase project. Phase 1 was completed in FFY19 and focused on deploying a web-based enrollment application. Phase 2 automated the screening process and reporting and moved currently automated provider-related work out of the MMIS system into the MPSE system.

Phase 3 (current and final phase) focuses on enhancing workflow processes and interfaces with additional DHS systems, CMS and other external agencies. Phase 3 will support a beneficiaries' ability to find providers and

access care by addressing compliance with the Provider API (Application Programming Interface) requirements in the Patient Access and Interoperability rule. This phase is also delivered using an iterative approach and deploys layers of functionalities quarterly (every 3 months).

Phase 3 scope includes:

- Expand automatic licensing jobs
  - Updates not needing review
  - Licensing database integration
  - Office of Inspector General access
  - Application fee interface.
  - Link to NetStudy 2.0 (DHS's background study application)
  - End user communications.
  - SMARTY Address Validation.
  - MPSE will support MI Hub project work to develop an API/FHIR Compliant Provider Directory
- All data and configuration requirements will be built in accordance with CMS Interoperability Rule.
- CMS Certification.

### **Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

Each MPSE phase improves our compliance with Affordable Care Act (ACA) provider screening and enrollment requirements (42 Code of Federal Regulations, section 455 subpart E; effective March 25, 2011). This allows us to collect data for the enhanced provider directory required by the 21st Century Cures Act (provider directory (42CFR438.10; effective July 1, 2017) and requirement to enroll and screen all health plan in-network providers (42CFR438.602; effective July 1, 2018). This resolves multiple levels of compliance with each of these rules. Further automation allows for interfaces to other areas for real-time transactions.

All data and configuration requirements will be built in accordance with CMS Interoperability Rule.

Data:

- Develop data development requirements / mapping
- Develop business rules for use of data

API Strategy:

- Develop technical strategy
- API solution development

MPSE will also promote efficient compliance with state laws like the home and community-based settings rules and Home & Community Based Services (HCBS) waiver rate setting efforts.

Stopping this project would stop efforts to improve oversight capabilities, automation to streamline service delivery, compliance with the provider directory regulations within the CMS Interoperability Rule, better program integrity, improved administration, improved experience for beneficiaries by improving their access to needed information about providers in their care networks and a comprehensive self-service portal for providers. In addition, this project increases alignment to the MITA Framework and strengthens DHS's ability to reduce fraud and abuse. All of these benefits will be lost.

## **Accomplishments & Deliverables**

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

1. Expand automatic licensing jobs to other licensing boards. This will help with updating licenses for over 32,000 providers (not including Minnesota Department of Health licensed providers), reducing the need for manual work.... In progress.
2. Identify provider updates that do not need the enrollment team review and allow those items to post automatically. Planned to be completed in 25.3.1.
3. Health licensing updates.....In progress
4. MPSE will support MI Hub project work to develop an API/FHIR Compliant Provider Directory. All data and configuration requirements will be built in accordance with CMS Interoperability Rule.
5. Certification. In progress.
6. Smarty Address Validation....In progress.

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

1. Build access for Office of the Inspector General staff, as well as the ability for them to store documents and enrollment records (role creation, identity work).
2. Link up to the Application Fee interface to allow providers to pay the screening fee during the enrollment workflow process.
3. SMARTY Address Validation.
4. Expand automatic licensing jobs to other licensing boards. This will help with updating licenses for over 32,000 providers (not including Minnesota Department of Health licensed providers), reducing the need for manual work.

#### **Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

1. Database Integration with Department of health and DHS.
2. Link up to NETStudy 2.0 to integrate background study information. This will allow for one database usage and help with identifying if a provider is no longer eligible faster.

#### **Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?**

1. New communication functionality that will alert users to new options/functionality within the port

## M&O Planning

#### **What date does maintenance and operational (M&O) funding begin?**

<no entry>

#### **Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.**

DHS and MNIT to support and operationalize a CMS-certified (modernized) module of MMIS to continue to receive 75% FFP. If discontinued, and certification does not happen, this percentage drops to 50%, forcing DHS to support this out of base budget.

#### **How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?**

The costs for staffing this function will be captured in an Operational APD.

#### **What cost savings have been identified as a result of sunsetting an old system or efficiencies gained by the new technology?**

That will be part of MMIS Modernization.

## Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
Personnel	MNIT	2025-10-01	(Technical FTEs) MPSE will need to continue to be updated as legislative changes occur, new provider types or service level coding are needed, new interfaces with other DHS systems as we modernize claims, rates, prior authorization/service agreement	0.00
Personnel	MNIT	2025-10-01	Staffing for testing and development	0.00
Personnel	DHS	2025-10-01	1 FTE - Ongoing training needed as new staff onboard; training of new providers, user manual updates, on-demand videos, etc. Need for 4 FTEs to continue to support the MPSE user support function of the provider resource center. These staff will take	0.00

Personnel	MNIT	2025-10-01	(Technical FTEs) MPSE will need to continue to be updated as legislative changes occur, new provider types or service level coding are needed, new interfaces with other DHS systems as we modernize claims, rates, prior authorization/service agreement	0.00
Personnel	MNIT	2025-10-01	Define and implement a plan that supports resiliency and disaster recovery needs of MPSE and core dependent applications to ensure system can be recovered in accordance with the business defined recovery objectives. Retirement of old system	0.00
Personnel	DHS-Staff-Aug	2025-10-01	Datalist changes, other operational changes such as provider codes, etc.	0.00
Service Cost	Service Contracts	2025-10-01	System Service Box (Ongoing subscriptions, contracts, licenses)	50,000.00
Service Cost	Service Contracts		Smarty Street subscription	10,000.00
Service Cost	Service Contracts	2025-10-01	Independent Penetration Testing is required annually.	50,000.00
Service Cost	Service Contracts	2025-10-01	Independent Security Assessment is required bi-annually.	100,000.00

## Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	No
Federal Children's Health Insurance Program (CHIP)	Yes
Federal Medicaid	No
Federal Qualified Health Plan (MNSure)	No
Federal Refugee	No
Federal Supplemental Nutrition Assistance Program (SNAP)	No
Federal Temporary Assistance for Needy Families (TANF)	No
Federal Title IV-D	No
Federal Title IV-E	No
General Assistance	No
Group Residential Housing	No
Minnesota Supplemental Assistance	No

Other MMIS Programs	Yes
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# Playbook : Redesign for an Agile Medicaid Program (MMIS IAPD)

**Effort Manager:** Siegel, Lauren E (DHS)

**Effort Start Date:** 2020-05-04

**Effort End Date:** 2027-09-30

## Effort Information

### Effort Description

RAMP provides the strategic oversight, leadership accountability and dedicated discovery and planning resources for modernization efforts aimed at improving our state's Medicaid Enterprise Systems. RAMP's oversight of MES is end-to-end, from eligibility determination through receiving covered benefits and services, as well as payment and reporting. This work is driven by meaningful outcomes that benefit the people served by Medicaid and the workers who support them.

RAMP oversees and continually refines Minnesota's MES roadmap to reflect a shared strategic direction fully informed by technical considerations but driven by business needs and program outcomes. This project ensures MES Modernization drivers and projects strategically align at the business, technical, and financial levels ensuring that Minnesota identifies opportunities for alignment that drive improved outcomes and cost efficiency. Finally, the project will advance and promote MES certification necessary for the state to receive enhanced federal funding supporting Medicaid program development and future operations.

The intent of RAMP is to develop and maintain a strategic roadmap and governance infrastructure for Minnesota's MES that aligns with local and federal program goals. RAMP has already connected and provided strategic direction to the current complement of MMIS modernization projects and enhanced the shared understanding across DHS business and MNIT to position those projects for success, certification as applicable, and integration with existing and future system capabilities. As MMIS and Eligibility and Enrollment Modernization system and data integration plans and artifacts are developed and implemented RAMP will ensure that plans are informed by business process maps, value stream mapping, data architecture, Medicaid industry drivers, and input from existing legacy systems that garner a great amount of system change requests or are particularly challenging areas to modify.

Objectives for the RAMP project include:

- Strategically align the scope of an interoperability, data management, and/or system integration procurement and implementation for MES modernization.
- Develop and oversee an outcomes-based approach to formulating incremental initiatives to contribute to the MES modernization vision and direction.
- Complete business process redesign and organizational alignment of prioritized business functions to leverage value streams, as part of a broader MES modernization effort for those business functions.
- Document, analyze and propose organizational strategies, practices, and rules that support effective procurement and retention of vendors offering modernized MES solutions.

### Effort Business Value and Outcomes

The composition of the RAMP project team and contributors, paired with its priorities and focus, have proven to be an effective environment for analyzing federal Medicaid IT guidelines and requirements to apply to MMIS modernization efforts. A plan and roadmap for a modernized MES in Minnesota requires a robust oversight structure and will result in higher payment accuracy, reduced fraud, waste and abuse, enhanced privacy and security improved data quality and reporting, and ultimately improved quality and equity of health services and outcomes for Minnesota Medicaid beneficiaries.

Outcome #1 is Minnesota has a modernized, modular MES built with service-oriented architecture that better supports the Medicaid program into the future. The metric used to measure this will be roadmap progress reports included in annual implementation APD updates.

Outcome #2 is business process mapping drives Minnesota Medicaid transformation and MES modernization and

informs overarching data governance. The metric used to measure this outcome is business process mapping activities and artifacts will be reflected in project documentation of all MMIS and METS APD projects.

### **Effort Scope and Approach**

RAMP creates a plan for Minnesota's MES modernization that ensures the proper foundation, planning, boundaries, frameworks and guidelines.

- Foundation: Oversight to the evolving MES governance, sufficient understanding of current situation, and understanding of expected outcomes
- Planning: Bringing the modernization discovery and planning activities for eligibility & enrollment together with the similar discovery and planning activities for coverage, payment and reporting, so we are strategic and comprehensive with end-to-end data and technology platforms which robustly support the enterprise
- Boundaries: What is and isn't in scope for MES modernization
- Frameworks: Which technologies to consider, what order to tackle modernization projects, which business areas to include
- Guidelines: Rules and principles to guide action

### **Effort Mandate Details & Date (also include dependencies, impacts if stopped, if Effort generates or saves money)**

This project will support the Medicaid business in delivering on statutory outcomes outlined in Chapter 70, Article 15, Section 10 of Minnesota statutes. The 2023 legislature funded IT modernization work contingent on the creation and achievement of outcomes set in statute. The Department must report to the state legislature on an annual basis the progress made toward these outcomes until all funding expended. The following outcomes relate to MES:

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 implementing the capability for medical assistance and MinnesotaCare enrollees to apply, renew, and make changes to their eligibility and select health plans online;
4. reducing manual data entry and other steps taken by county and Tribal eligibility workers to improve the accuracy and timeliness of eligibility determinations;
5. completing necessary changes to comply with federal requirements;

## **Accomplishments & Deliverables**

### **Current Federal Fiscal Year Accomplishments (10/1 through 9/30) - What was or will be delivered?**

1. Solidified and started implementation of an MES modernization strategy, which includes the Medicaid function of Eligibility and Enrollment.
2. Created a decision-making process for positioning modernization work into alignment the MES modernization strategy and approach to Enterprise Architecture.
3. Established a replicable change management sub-strategy into the MES modernization strategy
4. Created an on-going constituent and end user engagement effort for early implementation of the MES modernization strategy
5. Steered the formation of data management and governance processes for the Medicaid Interoperability hub.

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 1 (10/1 to 9/30)?**

1. Advance the adoption of the MES modernization strategic framework and additional focused action planning teams within the Medicaid Enterprise, for the benefit of developing the ever-evolving Medicaid Enterprise Architecture
2. Direct the adoption and early implementation of business priorities using the Medicaid Interoperability project's procured solution
3. Recalibrate the Medicaid Enterprise System Modernization initiative, to ensure that necessary resources align with the development and sustainability of the evolving Medicaid Enterprise Architecture

### **Planned Deliverables - What will be delivered in Federal Fiscal Year 2 (10/1 to 9/30)?**

Develop the scope and approach for modernizing the next highest priority business function, after system integration.

Planned Deliverables - What will be delivered in Federal Fiscal Year 3 (10/1 to 9/30)?

N/A

M&O Planning

What date does maintenance and operational (M&O) funding begin?

2027-10-01

Are you or the sponsor aware of any existing funding resources to pay for the ongoing M&O? If yes, provide the source. If legislative, provide the BLWG number.

No - possibly HC-63

How has the sponsor engaged the budget manger to plan for ongoing M&O costs for the solution?

M&O costs for RAMP will be minimal, as they will mostly go to the operational costs for specific projects launched by RAMP and funded in the APDs

What cost savings have been identified as a result of sunseting an old system or efficiencies gained by the new technology?

These cost savings are calculated and communicated in specific projects launched by RAMP

Operational Cost Projections

Need	Cost Category	Start Date	Description of Need	Amount
<div><div></div><div>No Cost Projections have been entered.</div></div>				

Benefitting Programs for Federal Fiscal Years: --

DHS Program or Program Grouping <input type="checkbox"/>	Directly Benefits
Federal Basic Health Plan (MinnesotaCare)	Yes
Federal Child Care and Development Fund (CCDF)	TBD
Federal Children’s Health Insurance Program (CHIP)	Yes
Federal Medicaid	Yes
Federal Qualified Health Plan (MNsure)	TBD
Federal Refugee	TBD



Federal Supplemental Nutrition Assistance Program (SNAP)	TBD
Federal Temporary Assistance for Needy Families (TANF)	TBD
Federal Title IV-D	TBD
Federal Title IV-E	TBD
General Assistance	TBD
Group Residential Housing	TBD
Minnesota Supplemental Assistance	TBD
Other MMIS Programs	TBD