**Exhibit A - Description of Goods & Services Specifications**

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# Overview of Exhibit A Requirements

The Connecticut Medicaid Enterprise Technology System (CT METS) Systems Integrator (SI) requirements are organized according to the two phases of the program and the two separate phases of the SI Scope of Work. Proposers must address each outlined Proposal Response (PR) item located under each requirement. The Deliverables outlined in each requirement section for Phase 1 will be required once the contractor has been selected and contract has been awarded. Upon successful completion of Phase 1, deliverables for Phase 2 will be established and outlined when the Option to Buy Phase 2 services are agreed upon and executed through a contractual Scope of Work.

The Phase 1 SI Scope of Work includes assessment and foundational groundwork to develop the new Connecticut Medicaid Enterprise Modular Conceptual Design, the new Modular Operating Model, and the Modular Roadmap (core modules, sequence of implementation, and estimated timeline). Phase 1 work will also include the design for the most effective modular technical computing infrastructure and hosting model, integration platform, support services required for Medicaid operations such as governance and systems development life cycle (SDLC) process, and the modular implementation strategy.

The Phase 2 SI Scope of Work begins the design, develop, and implementation (DDI) phase. Following completion of Phase 1, the State will have the “Option to Buy” further SI services and components that will be needed to move forward into DDI. Phase 2 includes acquiring the technical infrastructure/environment and integration platform to roll out and support the new modular Medicaid Enterprise.

**Phase 1** Foundational Work includes the following requirement items:

* 1. – SI Phase 1 Kickoff
  2. – SI Phase 1 Project Management Requirements

1.2.1 – Department of Social Services (DSS) Project Management Processes and Templates

1.2.2 – SI Phase 1 Project Management Plan (PMP)

1.2.3 – Integrated Master Project Plan Inputs and Support

1.2.4 – Other Project Management Artifacts

1.2.5 – Example Projected PMP for Phase 2 SI DDI and Services

* 1. – Business Visioning and Analysis for Program Modular Design

1.3.1 – Business Process Modeling Notation and Execution Language

1.3.2 – Requirements Elicitation for Module Procurements and Conceptual Design

1.3.3 – Connecticut IT Assets and Services Leverage Assessment Report

1.3.4 – Reference Data Management Analysis

1.3.5 – Modular Solutions Alternatives and Feasibility Assessment

1.3.6 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation

* 1. – CT METS Master Data Management Strategy
  2. – CT METS Technical Environment Design
  3. – CT METS Data Conversion Strategy
  4. – CT METS Privacy and Security Strategy
  5. – CT METS Business Continuity and Disaster Recovery Strategy
  6. – CT METS Modular Impact Assessment on Current Operations
  7. – CT METS SDLC and Program Governance Strategy
  8. – CT METS Medicaid Enterprise Certification Toolkit (MECT)/Medicaid Enterprise Certification Lifecycle (MECL) Compliance and CT METS Modular Certification Strategy
  9. – CT METS Assessment and Recommendations Report
  10. – CT METS Final Conceptual Design, Modular Operating Model, and Updated Modular Roadmap

**Phase 2** SI Technical Solution Components and Services:

2.1 - CT METS SI Phase 2 DDI for Medicaid modular technical architecture and environment, system solutions integration and management services

2.1.1 – Solution Infrastructure including Computing and Hosting Environment, Integration Platform, and Phase 2 SI Core DDI related services required when the State purchases SI computing environment

* 2.1.1.1 – SI Phase 2 Kickoff
* 2.1.1.2 – SI Phase 2 Project Management Plan (PMP) for DDI and Services
* 2.1.1.3 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation
* 2.1.1.4 – Business Process Modeling Notation and Execution Language
* 2.1.1.5 – Integration Platform Services - Module Integration, Interface, and File/Data Transfer (Enterprise and Program Architecture, Design, Tools, and Services)
* 2.1.1.6 – Data Conversion
* 2.1.1.7 – Operationalize SDLC Process, Governance, and Support Services as defined and approved during Phase 1
* 2.1.1.8 – Integration with the selected CT METS Security/Identity and Access Management Solution
* 2.1.1.9 – CT METS Privacy and Security Program
* 2.1.1.10 – Disaster Recovery and Business Continuity Failover Solution, Environment, Testing, and Training
* 2.1.1.11 – CT METS Certification
* 2.1.1.12 – Maintenance and Operations

Proposers must address each Proposal Response (PR) item as outlined below:

# 1. CT METS SI Phase 1 Requirements

## 1.1 – SI Phase 1 Kickoff

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| **1.1 – SI Phase 1 Kickoff** | |
| The SI contractor must outline the purpose and requirements of Phase 1 and prepare a presentation to conduct a kickoff meeting within 30 calendar days of the contract award.  The SI must work with DSS to identify stakeholder participants and conduct a kickoff meeting with the identified CT METS stakeholders. The kickoff meeting will set the stage for the project and communicate the upcoming activities and timeline for completing Phase 1 of the project. The kickoff meeting must be held in Hartford, Connecticut, and include identified staff from DSS executive and business units, Enterprise Program Management Office (EPMO) staff, Organizational Change Management (OCM), Independent Verification and Validation (IV&V), and other stakeholders as identified. All SI contractor key personnel must be present in person for the kickoff meeting. The agenda, presentation, and any other meeting materials will be developed with input from the CT METS Program Director and project staff upon contract signing. The final agenda, presentation, and meeting materials must be provided for review and approval of the CT METS Program Director at least five (5) business days prior to the scheduled meeting date.  The presentation must include, but not be limited to, the following:   * Welcome and Introductions * Review of SI Team Structure and Key Staff * Review of Project and SI Phase 1 Goals and Objectives * Project Approach * Project Activities and Artifacts * Project Timelines * Next Steps   Meeting notes, including attendee list, decisions, and action items, must be captured by the SI and provided to the Program Director to review and approve for distribution within two (2) business days of the kickoff meeting. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.1.1 | Proposers must describe approach and methodology to meet the Phase 1 kickoff requirement |
| PR A.1.1.2 | Proposers must describe prior experience with kickoff presentations for a project of similar size and complexity to CT METS |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.1.1 | CT METS Phase 1 kickoff materials including agenda and presentation |
| DEL 1.1.2 | Kickoff meeting notes, attendee list, decisions, and action items |
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## 1.2 – SI Phase 1 Project Management Requirements

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| **1.2 – SI Phase 1 Project Management Requirements**  1.2.1 – DSS Project Management Processes and Templates  1.2.2 – SI Phase 1 Project Management Plan (PMP)  1.2.3 – Integrated Master Project Plan Inputs and Support  1.2.4 – Other Project Management Artifacts  1.2.5 – Draft Project Management Plan for Phase 2 SI DDI and Services | | |
| 0B1.2.1 – DSS Project Management Processes and Templates | | |
| The SI contractor must manage the SI project in accordance with the Project Management Institute’s (PMI) Project Management Body of Knowledge (PMBOK), Sixth Edition or later versions as they are published. These standards are interpreted and refined to meet DSS needs in the DSS Project Management (PM) Processes included in the CT METS Bidders’ Library [33TUhttps://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library](https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library)U33T.  The DSS CT METS Program Director, supported by the EPMO, will work together with all CT METS Phase 1 participants including the SI, the IV&V and OCM contractors, DSS Executive Leadership, and Project Stakeholders to manage and oversee the successful execution of the CT METS project. The contractors must agree to maintain cooperation and collaboration among and with any and all other State contractors and State Agencies in the performance of the Contract.  The SI contractor must use the DSS Project Management (PM) Processes and Templates, or DSS-approved compatible alternatives, for all project management artifacts referenced in this RFP and any others used throughout the CT METS project engagement. In specific instances, DSS Project Management Processes and Templates are mandated, and the contractor will not have the option to submit alternatives for DSS approval (See Section 1.2.3).  DSS PM Processes and Templates are available in the CT METS Bidders’ Library. As with any EPMO or PMO operation, processes and templates may be amended from time to time to reflect process improvement or new guidance from the Centers for Medicare and Medicaid Services (CMS) or other industry standards. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.2.1.1 | | Proposers must describe approach and methodology to meet the DSS Project Management Processes and Templates requirement, including any deviations they propose from PMI/PMBOK or DSS PM Processes |
| PR A.1.2.1.2 | | Proposers must describe prior experience with similar projects and approach to working closely and cooperatively with States, other State Contractors such as IV&V, OCM, and the EPMO, ensuring progress on the project proceeds according to plan and is not impeded. |
| 1B1.2.2 – SI Phase 1 Project Management Plan (PMP) | | |
| The SI contractor must plan, coordinate, execute, and monitor its Phase 1 work on CT METS through thedevelopment, utilization, and maintenance of a comprehensive Project Management Plan (PMP).The PMP must also address contractor project startup activities including developing a staffing and resource roll-on plan and procedure with DSS input and approval. The plan and procedures must also include staff exit procedures.  The SI contractor must use the DSS PM Processes and Templates, or DSS-approved alternatives, for all project management artifacts referenced in this RFP and any others used throughout the CT METS project engagement. When a DSS PM Process or Template is not included in the CT METS Bidders’ Library, proposers must recommend a format and content that best fits the CT METS project. All processes, tools, and templates will be subject to DSS approval throughout the project.  The CT METS SI PMP must contain the following components at a minimum:   * Project Schedule for all Phase 1 tasks/activities * Work Breakdown Structure (WBS) * Change Management Plan * Scope Management Plan * Status Reporting Plan, including daily, weekly, monthly, and ad hoc reporting in both written and oral formats * Project Resource Management Plan * Project Organizational Structure * Risk Management Plan * Issue Management Plan * Deliverables Management Plan * Project Communication Plan * Quality Management Plan * Testing Strategy and Plan (includes testing environments, tools, and modular testing approach considering transitional operations inclusive of testing new modules with existing Medicaid Management Information System (MMIS) components/operations) * Document Management Plan (including naming, versioning, and style approved by DSS) * Knowledge Transfer Plan (for transferring the Phase 1 knowledge base and all project documentation and artifacts to DSS staff immediately following the conclusion of Phase 1) * Other content the contractor determines to be important in a project like CT METS   Due to the nature of the CT METS project, some components of the PMP described above may be constructed as standalone documents which are referenced within and comprise a comprehensive PMP.  An approved PMP must be deposited into the Project Artifact Repository (PAR) within 45 calendar days of the contract effective date.  Approved PMP amendments must be deposited into the PAR each time a version number changes, as described in the Document Management Plan contained within the PMP.  Emphasis will be placed on risk management and quality deliverables/deliverable management.  Risk Management and Mitigation  The complexity, size, scope, and duration of this project are expected to make risk management a critical dimension of CT METS project management. As identified by CMS in 42 CFR 433.112 (b) (18) and State Medicaid Director’s Letter (SMDL) #16-009, maintaining a risk mitigation plan is an industry standard best practice for any major IT project. Proposed mitigations should be commensurate with the nature and scope of the identified risks. The plan and strategy must also address minimum expected functionality, critical success factors, and risk factors including strategies to address risks that need to be considered early in the process that could affect the M&O phase of the project and/or operational costs down the road. CMS expects the mitigation plans to be revised and resubmitted to CMS through Advanced Planning Documents (APDs) and project reporting as risks and mitigations change along the system lifecycle. Risk management and mitigation plans will evolve throughout the life of the project, and documentation will be required for submittal to CMS via IAPD and project reporting.  The SI contractor must actively identify, manage, and review project risk throughout the life of the project and create robust risk management and risk mitigation strategies. The SI contractor must follow the DSS Risk Assessment Toolkit to assess, analyze, and calculate the exposure associated with each project risk as well as follow the defined escalation process.  Deliverables Management  The SI contractor must use a deliverable management approach that ensures the expectations, requirements, and content associated with each deliverable are clearly defined and agreed to in advance of actual delivery. The selected contractor must use Deliverable Expectation Documents (DED), which must be submitted to and reviewed by the State to ensure the selected contractor and the State have an agreed understanding of the expectations, requirements, review cycle, acceptance criteria, and contents of each deliverable. The DEDs must be designed to maximize the ability for deliverables to also serve as artifacts for required CMS certification reviews.  The selected contractor must be responsible for managing the schedule for all deliverables under the scope of work including the schedule for submission, review, updates, and final approval. The deliverable schedule must conform to milestones laid out by the CT METS integrated master project plan, Roadmap, and CMS milestone and certification reviews. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.2.2.1 | | Proposers must describe prior experience and approach, including methodology, to meet the PMP requirement |
| PR A.1.2.2.2 | | Proposers must describe how Phase 1 work will be coordinated, performed, monitored, controlled, and closed out |
| PR A.1.2.2.3 | | Proposers must describe prior experience, methods and processes for managing and organizing project documentation in a customer-provided repository as well as provide any other innovative ideas for maintaining project documentation and artifacts |
| PR A.1.2.2.4 | | Proposers must describe their approach to developing mitigation plans required by CMS and outlined at 42 CFR 433.112 (b) (18) and SMDL 16-009. Proposers will include the approach to address risks that could potentially affect the M&O phase and/or costs of the project down the road as well as approach to keeping mitigation plans updated and providing documentation needed for revised plans to be resubmitted to CMS through Advanced Planning Documents (APDs) and project reporting as risks and mitigations change along the system lifecycle |
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| **Deliverable** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.2.2.1 | SI Phase 1 Project Management Plan and contractor resource roll-on and exit procedures | |
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| 2B1.2.3–Integrated Master Project Plan Inputs and Support | | |
| The EPMO will create and maintain the Integrated Master Project Plan using components provided by the SI contractor, the IV&V contractor, the OCM contractor, DSS, the CT METS Project Team, and other key project participants. The SI contractor must provide the following input components, in the formats prescribed in the DSS EPMO PM Processes and Templates, to support the DSS EPMO in creating and maintaining the CT METS Integrated Master Project Plan**:**   * Decision Log * Change Log * Issue Log * Risk Log * Lessons Learned Log * Weekly Status Report * Monthly Status Report * Project Schedule (in .MPP format)   These components may change throughout the life of the project. The SI contractor must provide additional information if they are notified of the need for such.  Weekly updates of the components of the Integrated Master Project Plan, except the Lessons Learned Log and Monthly Status Report, will be deposited into the PAR. The Lessons Learned Log will be created on an as-needed basis, whereas the Monthly Status Report will be created within five (5) business days after the last day of the month. The DSS EPMO, the CT METS PM, and the CT METS Program Director or their designee may be notified via email when updates are placed in the PAR.  Lessons Learned Log  The DSS EPMO will capture lessons learned during the CT METS project to enhance PM and project execution practices throughout DSS. The SI contractor must track project lessons learned throughout the project using the Lessons Learned Log prescribed in the DSS PM Processes and Templates. The SI Lessons Learned Log must be deposited into the PAR, as needed, but no less than once each quarter. | | |
| **Proposal Response** | | |
| **Response Number** | | **Description** |
| PR A.1.2.3.1 | | Proposers must describe prior experience and approach including methodology to meet the Integrated Master Project Plan input and support requirement |
|  | | |
| 3B1.2.4– Other Project Management Artifacts | | |
| The following PM Artifacts, at a minimum, must be prepared and used throughout CT METS:   * Change Request Form * Deliverable Acceptance Document * Deliverable Review Log * Deliverable Expectation Document (DED) * Lessons Learned Report * Requirements Traceability Matrix (RTM) * RACI Chart, matrix which assigns responsibility for the entities which are Responsible, Accountable, Consulted, and Informed * Project Phase Closeout Report * Other PM artifacts recommended for a project like CT METS   The SI contractor must use the DSS PM Processes and Templates, or DSS-approved alternates, for all project management artifacts referenced in this RFP and any others used throughout the CT METS project engagement. When a DSS PM Process or Template is not included in the CT METS Bidders’ Library, the SI contractor must recommend a format and content that best fits the CT METS project. All processes and templates are subject to DSS approval. The PM artifacts must be created and deposited into the PAR, as described in the Document Management Plan contained within the PMP.  The Requirements Traceability Matrix (RTM) methodology, tools, and process utilized to develop the RTM artifacts are considered critical path that will span both Phase 1 and Phase 2 of the project.  The SI contractor will coordinate with the OCM contractor during Phase 1 of the project. At the conclusion of the OCM Phase 1 engagement, the SI contractor may incorporate where appropriate the OCM’s Control Book into the project artifacts and planning to inform future project phases.  The Control Book may contain the lessons learned, survey results and analysis, analysis of training, help desk analytics, checklist statistics, other evaluation metrics, and project management artifacts for the OCM project. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.2.4.1 | | Proposers must describe approach and methodology to meet the Project Management Artifacts requirement |
| PR A.1.2.4.2 | | Proposers must identify and describe any other project management artifacts not listed but recommended for a project like CT METS |
| PR A.1.2.4.3 | | Proposers must describe approach and methodology to develop and manage the RTMs during Phase 1 of the project. The process must produce all-encompassing requirements for the Medicaid Enterprise technical infrastructure, computing environment, security, supporting components, module requirements and the RTMs to be included in the module procurement solicitations/RFPs |
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| 4B1.2.5– Example Projected PMP for Phase 2 SI DDI and Services | | |
| Phase 2 activities will begin in the DDI phase of the project and will be predicated on the outcome of Phase 1 deliverables including the final Roadmap. Once a Scope of Work is developed and approved, the SI contractor must plan, coordinate, execute, and monitor the SI work on CT METS through the development, utilization, and maintenance of a comprehensive SI Phase 2 Project Management Plan (PMP).  In order to evaluate the proposer’s understanding and approach to project management in a rolling modular MMIS implementation with transitional operations and rolling certifications, an example and approach for the project management plan must be addressed and any unique needs must be outlined in the proposal.  The example Phase 2 Project Management Plan and project approach requirements must include, but not be limited to:   * Project Schedule for all Phase 2 tasks/activities * Work Breakdown Structure * Change Management Plan * Scope Management Plan * Status Reporting Plan, including daily, weekly, monthly, and ad hoc reporting in both written and oral formats * Project Resource Management Plan * Project Organizational Structure * Risk Management Plan * Deliverables Management Plan * Project Communication Plan * Quality Management Plan * Document Management Plan (including naming, versioning, and style guide) * Phase 2 Module Integration and Procurement Plan * Phase 2 Reuse plan * Phase 2 Implementation Plan (includes transition during the cut-over from the existing system functions to each new module) * Configuration Management Plan * Test Management Plan * Training Plan * Legacy System Sunset Plan (shutdown/retirement of existing systems and historical data preservation) * Knowledge Transfer and Turnover Plan (successful transition to the Agency or successor contractor) * Proposers must outline any other components for a Phase 2 project management plan that the proposer identifies as important for a project like CT METS   The Master Module Integration Plan must be the responsibility of SI. Unique to Phase 2 of CT METS, the SI contractor must be responsible for the design, development, and implementation of the technical infrastructure/computing environment as well as planning and managing the integration of the chosen module solutions and infrastructure into a seamless functional system.  The SI contractor must plan, execute, and monitor the integration activities of its system infrastructure and system modules throughout the life of the project and must ensure all PMP activities are in place for a smooth and successful implementation and operation. In addition to the PMP, the following PM and project artifacts, at a minimum, must be prepared and used throughout CT METS:   * Requirements Traceability Matrix (RTM) * RACI Chart * Change Request Form * Deliverable Expectation Document (DED) * Deliverable Review Log * Deliverable Acceptance Document * General and Detailed Design Documents * Configuration Management Plan * Security and Privacy Plan * Interface and Integration Plan * Infrastructure Capacity Plan * Implementation Plan * User and System Manuals * Relevant Training Plan and Materials * Operational Transition Plan * Lessons Learned Report * Project Phase Closeout Report * Other PM artifacts recommended for a project like CT METS   The SI must provide its approach and outlined level of effort for SI Phase 2 DDI activities. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.2.5.1 | | Proposers must describe approach and methodology to meet the example projected PMP and PM artifacts for Phase 2 and projected approach for DDI Project Management for the modular MMIS, including how the SI will handle the transitional state of the rolling modular implementation into operations |
| PR A.1.2.5.2 | | Proposers must provide prior experience with project management for a modular implementation. If proposers do not have this experience, proposers must address their understanding of the unique challenges and mitigation strategies needed for successful project management of a rolling modular implementation and transitional operations as modules are incrementally implemented |
| PR A.1.2.5.3 | | Proposers must describe approach, recommended tools, and methodology to manage an end-to-end requirements elicitation and RTM management process during Phase 2 of the project. The description must include how proposers recommend the RTM be managed and controlled during the DDI and Operations Phase and how that process is envisioned to fit into the overall SDLC process |
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| **Deliverables** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.2.5.1 | Example Projected Phase 2 PMP for SI DDI, infrastructure and solution integration for a rolling implementation of modules, including the services required to support project management of both DDI and operations during the modular transition | |
| DEL 1.2.5.2 | Documentation of methodology and tools for the end-to-end requirements management process and RTM which is incorporated into the overall SDLC | |
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## 1.3 Business Visioning and Analysis for Program Modular Design

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| **1.3 –** **Business Visioning and Analysis for Program Modular Design**  1.3.1 – Business Process Modeling Notation and Execution Language  1.3.2 – Requirements Elicitation for Module Procurements and Conceptual Design  1.3.3 – Connecticut IT Assets and Services Leverage Assessment  1.3.4 – Reference Management Analysis  1.3.5 – Modular Solutions Feasibility Assessment (requirements analysis, alternatives analysis, cost benefit analysis)  1.3.6 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation | | |
| 5B1.3.1 Business Process Modeling Notation and Execution Language | | |
| The SI must coordinate with the Organizational Change Management (OCM) contractor to conduct Business Process Modeling (BPM) activities for the Medicaid Enterprise – that is, the processes, data, and systems which enable the Connecticut Medicaid program or directly/indirectly affect service delivery to Medicaid recipients. DSS recognizes that it is an important business practice to define processes for the new modular enterprise and align technology to meet the needs of the business, both for their State Medicaid Agency responsibilities and their non-Medicaid functions. Medicaid cannot operate in a silo and an enterprise BPMN is required. CT METS Phase 1 activities will include formal mapping of business processes using DSS-approved Business Process Model and Notation 2.0 (BPMN) tools to create a graphical notation that can be communicated across the enterprise in a standard manner. This information paves the way for gathering the requirements for module selection, the new operating model design of the modular Medicaid, and development of the RFPs for the selected module solutions supporting Connecticut Medicaid.  The OCM contractor will be responsible for developing formal maps of all business processes starting with the Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A) documentation. The OCM contractor will propose the approach, timeline, and BPMN tool to be utilized for modeling, and upon approval by DSS, OCM staff will provide data visualization of MITA processes in the Department, working with DSS staff, and reflecting leadership input on the new business model. Based on the BPMN mapping, the OCM contractor will have initial responsibility for developing a reorganization plan for the Department. The solicitation for the OCM contractor, detailing the scope of work and BPMN requirements for that procurement, is located in BizNet [33Thttps://biznet.ct.gov/SCP\_Search/BidDetail.aspx?CID=48540](https://biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=48540)33T.  For the scope of this engagement, the OCM contractor is expected to propose an approach for mapping and aligning all DSS and Medicaid processes regardless of the domain – such as MITA, National Human Services Interoperability Architecture (NHSIA), and Substance Abuse and Mental Health Services Administration (SAMHSA) – including:   * Medicaid processes performed by DSS, its contractors, or both * Medicaid processes performed by sister agencies * Non-Medicaid HHS business processes performed by DSS * Other business processes (non-HHS) performed by DSS   “Other business processes” may be administrative processes which do not clearly fit into the Medicaid and HHS processes the OCM contractor will address. Examples include DSS administrative processes for overall budget creation and maintenance, human resources, and facilities management.  The SI must work closely with the OCM contractor to ensure completion of BPMN and to map each applicable business process to a module in the To-Be environment. Within one month of contract signing, a collaboration meeting will be held between the OCM, SI, and DSS to go over the work completed by the OCM contractor to date and to plan the coordination activities going forward regarding mapping the BPMN processes completed by the OCM to the anticipated module as well as agree on the BPMN. It is understood that not all BPMN processes will be associated with a module or be included in Phase 2 of this project. Based on the module assignments and design plans, the SI will provide a recommendation to DSS regarding the pros and cons of creating Business Process Execution Language (BPEL) for each business process in the Connecticut Medicaid Enterprise and DSS. If it is approved by DSS as part of the Phase 2 work, the SI must have the primary responsibility for generating BPEL, or ensuring that it is generated, for required business processes. The SI and module contractors will be the primary consumers of execution language to integrate the CT METS modules and other system components. The SI will create and maintain a repository for the BPMN/BPEL information.  For budgeting purposes, the SI should plan to provide adequate staffing estimated at two full time equivalent staff (with the required skillsets) to work on BPMN. The SI must assume responsibility for updates and maintenance of all BPMN later in the project when the OCM contractor concludes its contract with the State. Once the mapping process is established and performed for the Medicaid business areas and DSS business functions, the SI will develop a plan to transition ongoing work to DSS responsibility.  The primary responsibilities of the SI contractor will be as follows:   * DSS will assign the SI contractor responsibility for generating BPMN for any business processes not assigned by DSS to the OCM or a module contractor * SI will have overall responsibility for mapping approved processes to be assigned to modules and/or reused in the Medicaid enterprise for the benefit of DSS; it is understood that not all BPMN processes will be associated with a module or be included in Phase 2 of this project, but the SI will map each business process to a module in the To-Be environment where applicable to be designed, procured and/or developed, and implemented in Phase 2 * If recommended by the SI and approved by DSS to be part of the Phase 2 work, the SI will have the primary responsibility for generating BPEL, or ensuring that it is generated, for required business processes; the SI and module contractors will be the primary consumers of execution language to integrate the CT METS modules and other system components * SI will create and maintain a repository for the BPMN/BPEL information * SI will continue to assess and prioritize the business processes to be developed in Phase 2 with the OCM and module contractors and create a final report to catalog the Business Process Mapping for the entire Medicaid Enterprise, to ensure no functions are missed or orphaned in the modular approach * Once the mapping process is established and performed for the Medicaid business areas and some DSS business functions, the OCM contractor will collaborate with the SI to develop a plan to transition ongoing work and responsibility for updates and maintenance of all BPMN to the SI before the OCM contractor concludes its contract with the State   The table below is included to clarify primary responsibility for the various aspects of business process review and documentation.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Business Process Area** | **Business Process Review and**  **Reorganization** | **BPMN** | **Definition of Modules and Mapping or Reuse of Business Processes** | **Example Process** | | Medicaid processes performed by DSS or its contractors (MITA-defined) | OCM | OCM | SI | Update Medicaid Member information | | Medicaid processes performed by sister agencies (MITA-defined) | OCM | OCM | SI | Manage Immunization Registry and Tracking System | | Non-Medicaid HHS business processes performed by DSS (Non-MITA) | OCM | OCM | SI | Manage LIHEAP processes | | Other business processes (non-HHS) performed by DSS | OCM | OCM | SI | Manage office facilities for Social Services locations in CT | | Remaining prioritized business processes not accomplished within the active engagement of the OCM or module contractors | SI | SI | SI | Document any DSS or Medicaid processes which have not been assigned to OCM or module contractors | | Service Processes in new modules | Module Contractors | Module Contractors | Module Contractors | Generate compliance incident data for enterprise data warehouse | | | |
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| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.3.1.1 | | Proposers must provide a description of prior experience and approach including methodology to meet the Business Process Modeling Notation and Execution Language requirement |
| PR A.1.3.1.2 | | Proposers must describe approach and method for mapping all business processes to the appropriate modules based on BPMN generated and provided by the OCM and SI contractor |
| PR A.1.3.1.3 | | Proposers must describe approach, methods, tools, and processes for creating BPMN and BPEL for business processes not within the purview of the OCM contractor or module contractors |
| PR A.1.3.1.4 | | Proposers must describe the approach to transition future BPMN responsibility and maintenance to DSS after the process and tools are established for the CT METS project and initial mapping is complete |
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| **Deliverables** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.3.1.1 | An initial report outlining the Business Process Mapping to be cataloged for the entire Medicaid Enterprise, to ensure no functions are missed or orphaned in the modular approach; a plan for how the final report will be delivered to DSS | |
| DEL 1.3.1.2 | Module assignment of each business process where OCM contractor, module contractors, or SI have generated BPMN | |
| DEL 1.3.1.3 | A recommendation, including pros and cons, for performing BPEL for each business process, and the approach to completing BPMN and BPEL as required for business processes not addressed by OCM or module contractors | |
| DEL 1.3.1.4 | A plan outlining the transition and takeover of the BPMN responsibility from OCM contractor to SI contractor at the end of the OCM contract, and from the SI contractor to DSS for ongoing support of future needs after initial mapping for the project is complete | |
| DEL 1.3.1.5 | Report summarizing the completion of the BPMN for the Medicaid Enterprise with the module mapping for each business process including a master list, index, and location link of the documentation maintained in the repository | |
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| 6B1.3.2 – Requirements Elicitation for Module Procurements and Conceptual Design | | |
| Building on the Business Process Modeling efforts, the SI contractor must lead the efforts for the business visioning, requirements analysis and elicitation process. The SI is responsible for conducting requirement sessions with DSS and other identified stakeholders, capturing all meeting notes/decisions, documenting the requirements (business, functional, and nonfunctional requirements), and working with DSS to map and assign requirements to modules at a sufficient level to plan and develop the modular RFPs that will be completed for procurement as well as be included in an updated modular Roadmap.  The SI should use its experience, expertise, and understanding of the requirements to propose the solutions and roadmap. During the requirements elicitation process, the SI must focus on development of requirements that streamline and standardize operational approaches for the conceptional design and roadmap that minimize or eliminate customization demands on technology solutions and optimize business outcomes as well as provide for more efficient, economical, and effective administration of the State plan, establish the modular security framework, and pinpoint mechanisms or designs that lower operational costs.  The requirements gathered will, at a minimum, address the following and be sufficient to complete the module RFPs:   * *Business Requirement (BR)* – statement of the functions needed to accomplish the business objectives; the highest level of requirement, developed through the dictation of policy and process by the business owners * *Functional Requirement (FR)* – statement of an action or expectation of what the system will take or do; measured by concrete means like data values, decision-making logic, and algorithms * *Nonfunctional Requirement (NR)* – technical requirements that focus on the specific characteristics that must be addressed to be acceptable as an end product with a focus on messaging, security, system performance, and system interaction   The effort shall include validation that all Medicaid Enterprise functions and services are accounted for and there are not any orphaned functions, service components, or fiscal agent services. This will ensure there are not any orphaned functions currently supported by existing processes including manual processes that may be performed by the State, MMIS, Fiscal Agent, or other contractor personnel, or systems currently operated or delivered by another state agency such as the statewide accounting system known as Core-CT, or certain waiver services performed by other state agencies outside of DSS.  The contractor must ensure that all required modules, components, and operations of the entire Medicaid Enterprise are identified and addressed during the visioning and requirement elicitation sessions, and the requirements are documented in detail to include identification and mapping of the requirements for the full scope of each module.  The requirements elicitation sessions and documentation must include requirements for the infrastructure and integration platform components that will be provided by the SI, such as the Technical Infrastructure and Hosting environment, as well as the cross-cutting components such as single sign-on, security controls, and requirements for all support services (e.g., contact center, Governance/SDLC/IT Service Management (ITSM), fulfillment, etc.) needed for the overall Medicaid Enterprise.  The requirements elicitation sessions and documentation must also include the integration and interfacing with existing infrastructure that will make up the Medicaid Enterprise and must feature seamless coordination, integration, and operations where applicable with Connecticut’s state financial systems, the State Based Exchange/Marketplace, the Federal Data Services Hub, and must target interoperability with health information exchanges, public health agencies, other health and human services agencies and programs, as well as community organizations providing Medicaid and assistance services as applicable.  The requirements documentation must ensure the enterprise solution design is all-encompassing and that the Medicaid Enterprise transactions are designed for efficient, accurate, and seamless operations as they traverse multiple modules. In addition, any component, item, or process that does not fit within the scope of any module must be accounted for and planned for appropriately to ensure the new modular Medicaid Enterprise is documented and designed in its entirety and in the most efficient and effective manner.  The SI contractor must work through the Program Director and project team to identify the specific stakeholders, IT staff, and State Medicaid program staff that will be included in the requirement elicitation sessions. The comprehensive requirement elicitation will be gathered through a series of meetings and requirement sessions with input from Medicaid SMEs, Operations staff, Medicaid stakeholders and business partners (both internal and external), and the Agency executive leadership.  The SI contractor must serve in the key role of facilitating and leading the participants through appropriate avenues such as:   * Business Visioning Sessions (high priority needs, pain points, innovation opportunities, etc.) * Functional, Nonfunctional, and Technical Requirements workgroup sessions * Work sessions with CT METS Program Architecture and DSS Architecture Governance groups for Information Technology Standards and policy development required for inclusion in Module RFPs * Medicaid Operating Model and Business Conceptual Design Requirements Sessions * Workgroup sessions to determine each module’s Scope of Work for RFP requirements * Operational Support Services Requirement Sessions (e.g. SDLC, ITSM etc.) * Requirement validation and analysis sessions * Executive Direction sessions * Deliverable walkthrough sessions   The SI contractor must elicit and document any identified pain points, or areas of high priority needs, identified by DSS and the participants in the sessions and document challenges, opportunities, desired outcomes, and strategies for the new Modular Enterprise. As an example, high priority needs that have been previously identified by DSS include areas such as advanced data analytics capabilities and streamlined waiver management. In addition, the technical approach and requirements that are documented for each solution and component must include the CMS requirement of obtaining and maintaining documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.  These factors will become areas of consideration as the SI continues its work during Phase 1 to produce deliverables such as the Modular Solutions Alternatives and Feasibility Assessment, and the updated Modular Roadmap and Impact on Current Operations. The SI contractor will include the CMS MECT/MECL guidance, MMIS checklists, State Medicaid Manual, CMS Conditions and Standards and assure the pertinent CMS SMDLs are factored into the requirements gathering and elicitation process.  In conjunction with the OCM contractor, the SI must identify and document requirements addressing training needs and end-to-end operational performance metrics for the new Modular Medicaid Enterprise.  The requirements developed must describe how the SI infrastructure, business processes, and systems and/or services being procured must include Key Performance Indicators (KPI) and Service Level Agreements (SLA) that will clearly measure outcomes to determine if success is achieved. The performance metrics will take into consideration and address the transitional state of rolling modular implementations to identify any negative effect on existing operations so immediate steps can be taken to remedy the situation. The SI contractor must be responsible to develop strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality. The performance metrics developed must be sufficient for inclusion in the modular RFPs as well as the technical infrastructure, integration platform, and computing environment responsibilities, and will be quantifiable performance measures for all areas of the Medicaid enterprise operations encompassing end-to-end processing across the modular enterprise. The performance metrics requirements will address MITA compliance and state and federal regulations including how the solutions and technical platform will produce transaction data, reports, and performance information that will contribute to program evaluation, continuous improvement in business operations, transparency, and accountability.  The measures will address at a minimum:   * Timeliness of the process * Cost-effectiveness * Accuracy of results * Data access and data accuracy * Efficiency * Utility or value to stakeholders   DSS expects improvements in performance with a new modular MMIS. These performance measures will ensure the new operations meet or exceed current performance measures of the MMIS or if measures currently do not exist, requirements must be developed by the SI that meet industry standard and best practice for baseline measurements. The requirements developed should identify measurements that include both intra-agency and other entities and business partners (e.g., Administrative Service Organizations (ASO), contractors, providers).  The effort will be completed in three steps:  Step 1 – Define the performance measures  Step 2 – Develop the methods to track, record, and analyze performance measures  Step 3 – Phase 2 - Implement the performance measures that will identify issues and support improvements in the business processes and/or systems of the Modular Medicaid Enterprise  The documented results of requirements elicitation and analysis activities will serve multiple purposes including forming the basis for the new Conceptual Business Design and Modular Operating Model for the Enterprise and the updated Modular Roadmap, as well as providing requirements for the content of the RFPs to procure the core Medicaid Enterprise modules. The SI must also use requirements analysis to update the living documents that are listed in the MECT Appendix B including MMIS Concept of Operations (ConOps), Technical Management Strategy (TMS), and Data Management Strategy (DMS). The SI must develop the mechanism for mapping certification criteria to requirements and to the evidence including certification artifacts and deliverables. The SI will be responsible for generating a Requirements Traceability Matrix (RTM) on-demand that includes all aforementioned items. The SI shall participate in collaboration sessions with certification stakeholders including the IV&V to clarify ambiguous certification requirements from the five core checklists and publish supplemental guidance for module vendors. The procurement of modules must be aligned with the business needs and supported by the OCM organizational alignment work. In addition, the requirements analysis will inform the development of the implementation strategy and the plan for the business and systems transformation.  The contractor must utilize an approach which fosters best-of-breed solutions that are interoperable and must be MITA-compliant in accordance with CMS guidelines, MECT/MECL toolkit, and checklists, and supports the State’s MITA 3.0 SS-A to ensure the proposed solution(s) improve the state’s MITA maturity and that the procurement includes a sequencing plan that considers cost, benefit, schedule, and risk. In support of this effort, the contractor must produce “straw man” requirements to be used during the elicitation sessions to guide the discussions, permitting participants to discuss and modify as needed. The approach must also indicate the contractor’s plan for capturing, documenting, and addressing the assumptions, constraints, issues, and risks in relation to the requirements elicitation. The contractor must also document and complete the Requirements Traceability Matrix (RTM) to be used in the procurement solicitations for each identified module. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.3.2.1 | | Proposers must describe approach to identifying stakeholder participants for conducting Requirement Elicitation Sessions to ensure it is capturing all perspectives for user, technical, functional, and non-functional requirements, and modular cross-cutting dependency requirements in sufficient detail |
| PR A.1.3.2.2 | | Proposers must describe approach to conducting Requirement Elicitation Sessions and documenting the modular RTM to ensure the capturing of all business, functional, and non-functional requirements. The requirements should be all encompassing including performance metrics, MECT/MECL checklists/certification requirements, and modular cross-cutting dependency requirements including training needs in sufficient detail to map and develop the requirements to include in the component and module RFPs |
| PR A.1.3.2.3 | | Proposers must describe strategy for ensuring there are not any missed requirement areas leaving gaps such as orphaned functions or fiscal agent/service components, gaps in certification requirements, as well as demonstrate how the proposed solutions improve the state’s MITA maturity and how the mapping and sequencing of modular implementation/replacement modules considers cost, benefit, schedule, and risk |
| PR A.1.3.2.4 | | Proposers must describe prior experience gathering, documenting, and tracing requirements for a project of similar size and complexity as CT METS |
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| **Deliverables** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.3.2.1 | Requirements Elicitation Plan including approach to requirements elicitation process, RTM, schedule management, and documentation/mapping format | |
| DEL 1.3.2.2 | Report containing requirements elicitation documentation, RTM, and mapping/assignments of all requirements to modules and components that make up the Medicaid Enterprise. Report outlining operational performance metrics for the new Modular Medicaid Enterprise and the strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality | |
| DEL 1.3.2.3 | Requirements for the Connecticut Medicaid Modular Business Operating Model and Conceptual Design | |
| DEL 1.3.2.4 | Comprehensive requirements language for each Medicaid Enterprise module to be procured (will be used to create all module RFP procurement/solicitation documents) | |
| DEL 1.3.2.5 | Requirements for Privacy and Security Specifications to be included in procurement documents for each module | |
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| 7B1.3.3 – Connecticut IT Assets and Services Leverage Assessment | | |
| The SI contractor must assess Connecticut’s IT assets and services, including those currently operational and those that are under development, to ensure they are leveraged for reuse wherever feasible and sufficient for use within the CT METS modular Medicaid Enterprise. The analysis must include identifying and documenting the technical and functional dependencies and alignments between CT METS and Connecticut’s other assets and services. The analysis must specifically include assets and services such as Connecticut’s DAS/BEST administered Security Identity Manager/Security Access Manager (SIM/SAM), and assets and services acquired or developed through the “Shared Services Initiative” (SSI) project - the effort underway to build out a modular, integrated technology platform in support of a common intake process across the State’s Health and Human Services agencies, funded under a Medicaid Eligibility & Enrollment (E&E) IAPD. The centerpiece of the SSI project is the recently implemented E&E system called ImpaCT. The analysis must also specifically include assets and services acquired or supported through the Medicaid Health Information Technology (HIT) program. CMS describes the scope of the SI role to include the interoperable integration of the Health Information Exchange (HIE) activities in the Medicaid enterprise as described in State Medicaid Director’s letter #16-003.  The CT METS program will leverage, where feasible according to the SI assessment, existing or planned assets such as the identity and access management solution SIM/SAM, SSI, HIT, HIE and Medicaid capabilities that are in service, as well as those currently underway or currently being planned, to achieve a Connecticut DSS Service Oriented Architecture (SOA). Relevant content can be found in the Bidders’ Library [33Thttps://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library](https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library)33T. At the point in time that the selected contractor joins the project, the contractor will be provided with updates for each asset and its current status in the project lifecycle. The SI contractor will include in its analysis any asset or service that is operational, actively in development, or has established firm design requirements for development and is expected to be in development during the SI contractor’s tenure on the project. Refer to current/planned asset/services grid in Bidders’ Library.  The SI contractor’s leverage assessment must take into consideration the assessment by the OCM contractor of all DSS and Medicaid processes, and State-approved OCM recommendations for creating a MITA aligned organizational structure and business framework. The OCM assessment will extend across all DSS agencies and partners which are part of the Medicaid Enterprise, and the entire scope of the OCM assessment must be considered as the SI contractor evaluates existing and planned assets and services for potential reuse.  The SI contractor must develop an assessment document, including feasibility and recommendations on the leverage potential of the IT assets and services, for core MMIS system components as well as expectations for each module’s use. For each asset or service evaluated, the SI contractor must document its recommendations for reuse including any alterations or enhancements needed to facilitate reuse. If the SI contractor determines the asset or service is not appropriate for reuse, it must document the specific reasons for this conclusion.  The assessment must include, but not be limited to:  Active Services:   * Identity and Access Management Solution (SIM/SAM) * Enterprise Master Person Index (EMPI) * Enterprise Provider Registry (EPR) * Enterprise Service Bus (ESB) * Shared Rules Engine (Corticon) * ImpaCT & Access Health Contact Center * Electronic Visit Verification (EVV), telephonic and computer based in-home scheduling, tracking and billing system * Electronic Data Interchange (EDI) including the EDI Translator * Notice Engine (ImpaCT - encompassing notice generation and printing) * Electronic Document Management Solution (SharePoint SaaS, ImpaCT, Including Scanning and Imaging)   Actively being Developed:   * Integrated Mobile Platform   Health Information Technology (HIT)/Health Information Exchange (HIE) Services   * Project Notify – the Medicaid Provider Admit, Discharge, Transfer (ADT) Notification System (33T<https://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Project-Notify>)33T * Direct Messaging of Electronic Prescriptions of Medical Equipment Devises and Supplies (MEDS) * Health Information Services Provider (HISP) – For care coordination * Business Intelligence and Shared Analytics (BISA) Solution (Zato Health Platform)   + Electronic clinical quality measures (eCQMs)   + Population Health Analytic engines * **44TMedicaid Health Information Exchange Node (44T**[33Thttps://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Medicaid-HIE-Node](https://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Medicaid-HIE-Node)33T44T**) 44T**For care coordination * Personal Health Record (PHR)   DSS also currently utilizes tools and other technology products in other development projects and systems operations that the SI will need to consider for possible reuse/standards where appropriate as the new modular MMIS solution is designed and planned.  The SI contractor will work with DSS to identify and evaluate the assets from a strategic standpoint as well as a feasibility standpoint and in compliance with CMS guidance for reuse and leveragability initiative as well as DSS’s strategic goals. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.3.3.1 | | Proposers must describe approach and methodology to meet the Connecticut IT Assets and Services Leverage Assessment requirement |
| PR A.1.3.3.2 | | Proposers must describe prior experience with assessing leverage and reuse in the Medicaid Enterprise or in Health IT |
| PR A.1.3.3.3 | | Proposers must describe how they will address and meet all CMS leverage and re-use requirements and adhere to guidance and regulations such as those documented in38T 42 CFR 433.112(b)38T, State Medicaid Director’s letters, CMS Standards and Conditions, the State Medicaid Manuals, and the Office of the National Coordinator for Health Information Technology (ONC) standards |
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| **Deliverables** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.3.3.1 | Connecticut IT Assets and Services Leverage Assessment Report | |
| DEL 1.3.3.2 | Connecticut IT Assets and Services leverage and reuse strategy for each identified potential module and the SI technical environment components | |
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| 8B1.3.4 – Reference Data Management Analysis | | |
| The SI contractor must conduct an assessment and analysis to determine the need, approach, requirements, and options for implementing a centralized Reference Data Management solution within the new Connecticut design for a modular Medicaid Enterprise. Reference Data Management may be considered a key building block for improved Master Data Management within the Enterprise.  Areas of review may include, but will not be limited to:   * Types of reference data commonly used in multi-contractor, modular Medicaid Enterprise solutions * Integration challenges and benefits encountered when reference data is accessed external to functional modules * Impact of external reference data on system performance in a multi-contractor, modular solution * Effective governance structure(s) necessary for single point of storage and access for reference data vs. duplicative reference data storage and maintenance in Medicaid Enterprise System modules * Processes to review and test the accuracy of reference data changes throughout the Medicaid Enterprise solution * Recommended reference data management strategy and approach in a multi-contractor, modular solution * Other content pertinent to reference data location determination * A reference data component that will house controls such as valid values, edits and error messages, benefits plans, reimbursement rates, and handle rules-based information for storing and tracking common code tables. Examples include, but are not limited to:   + Policy   + Pricing   + Limitations   + Exclusions   + Benefit plans   + Filing deadlines   + Code sets   + Drug formulary   + Service code formulary   + Diagnosis Related Group (DRG)   + Clinical Risk Groups   + Ambulatory Payment Classification (APC)   + National Correct Coding Initiative (NCCI)   The SI contractor must make recommendations for placement and design of the reference management function according to the unique needs and best fit for the Connecticut enterprise environment. The design must address standard procedures and flexible workflows for module involvement and include detailed analysis that supports the necessary governance process recommendations and descriptions. The recommendations report must also include the approach to data architecture and business process modeling, data model diagram, external system interfaces, and the gathering of overall requirements for the reference data management solution. It must also address the anticipated challenges and guidelines for evaluating RDM products. | | |
| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.3.4.1 | | Proposers must describe approach and methodology to meet the Reference Data Management Analysis requirement |
| PR A.1.3.4.2 | | Proposers must describe prior experience and provide an example Reference Management Analysis Report Table of Contents including descriptions of the contents that would be developed for CT METS |
| PR A.1.3.4.3 | | Proposers must describe examples of various recommended sources of reference data that may be key for assessment of a potential Reference Data Management solution for the CT METS project. Proposers must describe factors to be considered when recommending placement and design of the reference data management function |
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| **Deliverable** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.3.4.1 | Reference Data Management Analysis Report and Recommendations | |
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| 9B1.3.5 – Modular Solutions Alternatives and Feasibility Assessment | | |
| Building on the results and conclusions of the business process modeling, modular requirements elicitation sessions, and Connecticut IT assets analysis, the SI contractor must complete an alternative considerations and feasibility study for each planned module prior to finalizing the recommended modular operating model, program conceptual design, and modular roadmap. The feasibility study process must include requirements analysis including pain points, high priority needs identified in requirements elicitation, and assessment of the reuse of Medicaid technologies and systems available within and among States. This will be followed by an alternatives analysis outlining alternatives the State considered, and cost benefit analysis for each module identified for the Connecticut Medicaid Enterprise with a justification of the approach/option that was ultimately selected. The work must be summarized in reports that outline how the envisioned module is technically, financially, and operationally viable specifically meeting the needs of the new Connecticut Modular Medicaid Enterprise.  During the analysis, the effort must follow CMS guidelines and encompass all modules and components necessary for the Medicaid Enterprise as a whole to ensure there are not any omissions or orphaned functions. Before considering alternatives, the SI contractor must lead the requirements sessions to assist DSS in determining all the capabilities and functions it needs to provide for the functional requirements of the ideal modular solutions. This effort must carefully define the criteria for the new system prior to performing the alternatives analysis. The requirements will establish the scope of the functional and technical capabilities needed and will take into account the high-level objectives identified during the needs assessment that have been further expanded to include primary requirement needs. The focus of this effort is to satisfy the defined business capabilities needed and will utilize the Requirements Documentation as a baseline to assess the ability of various alternative approaches to meet defined requirements.  The alternatives analysis will assist DSS in identifying the most likely modular solution candidates that can satisfy the scope and requirements for the Connecticut Medicaid Enterprise, efficiently address high priority needs, advance the use of SOA, and consider the risks and mitigation plans addressing minimum expected functionality, critical success factors and risks for the M&O phase of the project. These factors may include support issues, software upgrades, and architecture considerations for minimizing the costs and difficulty of operating the software on alternate hardware or operating systems. The analysis must also focus on reuse by determining the feasibility for transfer of existing modular systems in use or planned by another state or use of a CMS pre-certified module that the States can leverage for their Medicaid enterprise. CMS pre-certified modules will accelerate the move toward modularity and reuse and facilitate lower risk, more cost-effective, and technically successful IT solutions for Medicaid IT. Once a list of alternatives has been established that meet the functional requirements, the SI must evaluate and report on the solutions for technical, operational, functional suitability, and risk analysis. The analysis must consider strategies to minimize the ongoing operational costs. The result of the evaluation will eliminate those solutions that do not meet the needs, and must consider the transfer of an existing system or provide justification for excluding the transfer or reuse alternative from further consideration.  The SI must gather and develop cost estimate information and must compare the alternatives for each module, based on the estimated cost, to decide which alternatives provide the most benefits. This will be used for the SI to develop a Cost Benefit Analysis (CBA) that helps determine which alternative will provide the greatest benefits relative to its costs and will provide a meaningful comparison of the costs of the alternatives under consideration.  The feasibility study reports must be sufficient to serve two main purposes as follows:   * Ensure thorough alternatives analysis and cost benefit has been completed for consideration as the modular roadmap is developed * Create the level of detail needed for inclusion in the CT METS IAPD-U for the Alternatives and Feasibility section of the IAPD; as Connecticut moves forward with requesting funding for the modular solutions, the IAPD-U must include a statement of alternative considerations and a feasibility study that describes the various alternatives and approaches that were reviewed for each module with a description of each option, a justification for the approach/option that was ultimately selected, and the cost benefit analysis information   The report must present the results of the alternatives analysis, considering options on the acquisition of the module including the reuse and transfer of existing systems that may be available from other states or on the market, as well as CMS pre-certified modular solutions. | | |
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| **Proposal Responses** | | |
| **Response Number** | | **Description** |
| PR A.1.3.5.1 | | Proposers must describe approach and methodology to meet the Modular Solutions Alternatives and Feasibility Assessment requirement |
| PR A.1.3.5.2 | | Proposers must describe prior experience with feasibility study, requirements analysis, alternatives analysis, and cost benefit analysis |
| PR A.1.3.5.3 | | Proposers must describe how they will meet the requirements of providing the required content in the Alternatives Analysis section of the IAPD-U for each module and technical infrastructure components |
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| **Deliverables** | | |
| **Deliverable Number** | **Description** | |
| DEL 1.3.5.1 | Report containing each planned module and component Feasibility Assessment, alternatives analysis, and cost benefit analysis | |
| DEL 1.3.5.2 | Content for inputs to include in the IAPD-U for each module   * Requirements analysis * Feasibility study * Alternatives analysis, including use of Service Oriented Architecture (SOA), capabilities for implementation with alternate hardware and operating systems, and considerations of transfer of an existing system or CMS pre-certified solution * Cost Benefit Analysis * Key staffing needed * Mitigation Plans | |
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| 10B1.3.6 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation | | |
| The CT METS Program Enterprise Architecture, hereafter referred to as “Program Architecture”, will be based on the MITA Architecture Framework and aligned with applicable Connecticut Enterprise Architecture Standards. The SI contractor must participate in DSS Architecture Governance Board (AGB) and CT METS Program Architecture activities and working groups at DSS’s request to ensure the contractor work for CT METS is done in a manner that ensures all design work is in line with the DSS/CT METS Business Visioning and with consideration of industry standards. Industry standards includes but is not limited to standards adopted by the U.S. Digital Services Playbook, Office of the National Coordinator for Health Information Technology (ONC), industry leading practices such as The Open Group Architecture Forum (TOGAF), National Institute of Standards and Technology (NIST), and enterprise reference architectures that are based on MITA 3.0, National Human Services Interoperability Architecture (NHSIA), and CMS Federal Exchange Reference Architecture (CMS ERA). The SI contractor is not expected to be a voting member of the Architecture Governance Board (AGB) established by DSS, but a contributor and participant as required by DSS.  The SI contractor will work with the DSS AGB and CT METS Program Architecture Group to inform and establish consensus for emergent design as the work progresses, where the approach to design and development of the modular solutions can produce the best design for underlying system architecture and infrastructure. The participation with the established architecture groups should establish a common understanding of the architecture and infrastructure being designed, facilitate collaboration and steer the technical evolution of the CT METS systems to place DSS in an advantageous position for reuse. In addition, the SI contractor will collaborate with the architecture groups to ensure best practices and standards are constantly being researched and applied for innovation that will benefit the entire Connecticut HHS Enterprise. Areas of focus will include security, interfaces, integrations, and dependencies requiring certain patterns and standards to be followed by all modules. As the modular solutions evolve, the program architecture function must support the product selection process through market research, an assessment of architectural fit, risk, and impact on existing and future operations. A critical factor for the design will be the lowering of risk and future operations complexity and cost. | | |

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| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.1.3.6.1 | Proposers must provide a description of approach and methodology to meet all DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation requirements and provide SI staffing recommendations. Proposers must outline a vision for the role of the CT METS Program Architecture Group in assisting with the design of the CT METS technology infrastructure, integration platform, and operational planning during Phase 1. It is expected that critical design and infrastructure decisions will be made with input from these groups and considerations of critical factors such as the lowering of risks and future operations complexity and cost will be addressed during Phase 1 |

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## 1.4 - CT METS Master Data Management Strategy

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| **1.4 – CT METS Master Data Management Strategy** | |
| The SI contractor must conduct an analysis and assessment to determine the approach, requirements, and options for a Master Data Management (MDM) strategy in the CT METS program and provide recommendations.    The analysis must include a scan and review of other data management strategies being implemented in other states pursuing Medicaid modularity and existing or planned within the State, such as those planned for HIE functions within the HIT Initiative and the current data governance and data management maturity level. The recommendation will detail the data rules and standards, metadata repository, and operational data store (ODS) that must be addressed by every CT METS modular contractor and reflect industry best practices as well as provide recommendations for the steps and mechanisms needed to fully support enterprise data management and data analytics within the envisioned Modular Medicaid Enterprise. A critical component to achieving Medicaid delivery system reform is MDM and data analytic capacity.  Recommendations must include, but are not limited to:   * An approach to data architecture conducive to re-use of data, while minimizing redundancies * An approach to data governance * An approach to metadata management and mechanisms such as common repositories, or use of Extensible Markup Language (XML), or similar technologies * An approach to modeling of data relationships and business processes, which includes promoting an understanding of the relationships by non-technical users, e.g., policy staff * An approach to close the gaps in data governance and data management maturity level * An approach to data integration, data analytics, and data reporting within the MDM strategy | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.4.1 | Proposers must describe approach and methodology to meet the CT METS Master Data Management Strategy requirement |
| PR A.1.4.2 | Proposers must describe prior experience with Master Data Management approaches and implementations |
| PR A.1.4.3 | Proposers must describe prior experience and approaches with Data Governance in a health and human services and/or state government environment or comparable enterprise environment |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.4.1 | CT METS Master Data Management Assessment and Recommendations Report |
| DEL 1.4.2 | Report of the Assessment and Analysis of existing or planned data management initiatives and approaches within Connecticut State government related to DSS or HHS domain |
| DEL 1.4.3 | CT METS Data Governance Assessment and Recommendations |
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## 1.5 - CT METS Technical Environment Design

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| **1.5 – CT METS Technical Environment Design** | |
| Building on the information gathered during the business process modeling, the requirements elicitation process, the leverage assessments of Connecticut’s existing or planned capabilities and assets, the Data Management assessment, and the Modular Solution Alternatives and Feasibility Assessment, the SI contractor must analyze, design, and propose options for the CT METS technical infrastructure, computing environment, and integration platform that will fully provide and support secure data exchange between all components and application modules of the modular Medicaid Enterprise.  Since the SI contractor must be responsible for successful integration of the chosen solutions and infrastructure into a seamless functional system, DSS seeks an SI contractor that will enable the State to achieve advanced technical capabilities in the hosting environment that are cost effective, provide superior performance, and support modularity, scalability, re-usability, adaptability, and use of open interfaces and APIs. The contractor must also concentrate on the required use of standards to ensure the solutions utilize only standard transactions. As an example, solutions should use all available X12 standards, to the extent possible, including transactions for Prior Authorization (PA) or claim attachments.  The following outlines some of the technical infrastructure and computing environment design areas that the contractor must address at a minimum:  **Technical Approach**  The Connecticut Medicaid Enterprise will be a collection of loosely connected, highly integrated services and modules. With this modern approach, DSS will be able to replace modules without impacting the rest of CT METS, or (more importantly) without disrupting Medicaid processing. In addition, the technical approach and requirements must place special consideration on obtaining and maintaining documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.  DSS expects the SI contractor to develop **strategies**, **options**, and **plans** for the following major areas:   * Hosting * Technical Environments * Unified Portals for members and providers * Identity management and access control * Technical Infrastructure Management * Shared Services – SOA * Integration Hub * Enterprise data management * Technical Management Services * Test Environment and Management * Transaction Data, Reports and Performance   **Hosting**  The SI contractor must analyze current hosting alternatives to develop a hosting strategy with hosting options and provide an options and recommendations report to DSS. DSS would prefer the proposed solution to be hosted in a FedRAMP certified government cloud. However, DSS will consider proposals for infrastructure components being available for on-premises or hybrid implementation.  DSS requires that the proposed solution be scalable, i.e., automatically monitor applications and automatically adjust capacity to maintain steady, predictable performance at the lowest possible cost. The solution must include tools and utilities for future demand analysis and planning. In addition, strategies and options must include the requirement to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.  **Environments**  Multiple legacy system components may be simultaneously replaced and migrated to modular solutions during the CT METS project. To ensure seamless transitions from legacy to CT METS modules with minimal downtime, the SI contractor’s solution must comprise the necessary environments and possess the ability to quickly start up additional environments as needed. The SI contractor must, at a minimum, plan for multiple instances of the following environments:   * Development and Unit Test * Model Office (Simulation and Modeling) * System Test and Integration Test * Full Regression Test * Release Packaging and Test (User Acceptance) * Preproduction (Release Staging) * Production Operations (Final Acceptance) * Production Reporting * Product Training   **Unified Portals**  The SI contractor must analyze and develop a strategy to provide a unified member web portal solution for the Connecticut Medicaid Enterprise with common web portal protocols and standards. This may include integrating information from multiple member portals, for easy, safe, and secure access to up-to-date information. The strategy must address the ability to support multiple platforms for member engagement and must support user experience standards and a seamless look and feel for all forms of member interaction. These must include, but not be limited to, program application and other self-service eligibility functions and personal health records (PHR).  The SI contractor must also analyze and develop a strategy to provide a unified web-based provider portal solution, integrating information and functions from multiple portals and information sources, which increases automation. In addition to integration, the strategy must describe how the solution must feature enhanced online support of the provider enrollment/credentialing process (e.g., electronic interfaces for license verification, board certification, and Drug Enforcement Administration (DEA) resulting in reduced manual processes).  Common branding for all CT METS portals must be required and provided. Each portal must direct relevant system modules, content, and information to individual users, groups, and roles, adapting page content based on user attributes. The portals must be geared toward self-service capabilities for beneficiaries and providers.  To ensure secure, authorized access, the CT METS portals must facilitate user requests, interact with the CT METS identity management solution to manage access rights and privileges, and provide single sign-on for services accessed via the integration hub. Critical components of the portals include:   * Identity federation for organizational, non-organizational, and public identities * Self-service profile management solutions to meet non-organizational and public security standards * Common branding to provide a unified user experience for consumers * Seamless user experience served by a robust, open integration framework * Personalized and contextualized content delivery for critical MMIS content, such as fee schedules and operational manuals   The CT METS portal standards must provide the framework for this common user experience by defining:   * Compliance requirements for Section 508 of the Rehabilitation Act * Responsive design considerations * Styling and branding * Page layout * Modal and non-modal behavior * Navigation elements * Graphical components * Scripting   **Identity management and access control**  The SI contractor must conduct an assessment of the existing IT assets with special consideration of the existing IBM Security Identity and Access Manager (SIM/SAM) which is currently Connecticut’s enterprise identity management and access control solution, managed by the Department of Administrative Services’ Bureau of Enterprise Systems & Technology (DAS/BEST). Based on the assessment and analysis, the SI contractor will provide recommendations and options for extending the use of the existing solution for CT METS and provide considerations for other solutions available on the market or in use by another state that may provide Connecticut with upgrades or advanced technology options for the CT METS program as well as the other Connecticut systems currently utilizing the existing SIM/SAM enterprise solution.  **Technical Infrastructure Management**  The SI contractor must analyze and develop the architectural overview and management plan for the CT METS technical infrastructure. The plan must summarize security controls and segmentation of the network and the access control mechanisms utilized to authenticate users, systems, and components.  **Service Oriented Architecture (SOA)**  The SI contractor must analyze and develop the strategy for CT METS SOA. This strategy must include details regarding services and governance including APIs and interfaces.  **Integration Hub**  The SI contractor must analyze and develop the strategy for a central integration point for web services, messaging, and file exchanges utilizing an enterprise service bus (ESB) to facilitate loose coupling of components and modules. The strategy must address, at a minimum, the integration hub, the ESB, enterprise services, logging, error response handling, architecture, publishing, and discovery. The systems must be built with the appropriate architecture and use standardized messaging and communication protocols to preserve the ability to exchange data efficiently, effectively, and appropriately with other participants in the health and human services enterprise.  The capabilities that the integration hub will expose to the CT METS portal, module solutions, and trading partner systems include, but are not limited to:   * Identity management and authentication * Access to system services, which perform small system functions such as creating, retrieving, updating, and deleting data records * Access to process services, which perform business functions such as submission of a claim for processing, determination of eligibility, or provider enrollment * Mediation and synchronization of service requests * Interface Control documentation * Batch processes * File exchanges – File-based exchanges require a high level of security, both at the source and the destination; to ensure appropriate protection of sensitive data, CT METS must use secure file transfer protocol (SFTP) for files such as:   + Electronic data interchange (EDI) file transfers (encoded in the HL7, X12 formats) between DSS and its trading partners   + Delimited- and fixed-width file exchanges between legacy systems and components of CT METS   + Structured files such as JSON and XML received from web services or systems   **Enterprise Data Management**  The SI contractor must analyze and develop a data management strategy for CT METS. This strategy must detail the data rules and standards, metadata repository, and operational data store (ODS) that must be followed by every CT METS contractor.  A fully operational data management program must include, but is not limited to:   * An approach to data architecture conducive to re-use of data, while minimizing redundancies * Demonstrated commitment to metadata management (metadata = data about data), through mechanisms such as common repositories, or use of Extensible Markup Language or similar technologies * Commitment to modeling of data relationships and business processes, which is focused on promoting an understanding of the relationships by non-technical users, e.g., policy staff * Addresses Information Architecture including Conceptual Data Model, Logical Data Model, Data Standards, and Data Management Strategy.   **Technical Management Services**  The SI contractor must analyze and define its strategy to provide or leverage the tools and technologies that drive optimization of business area processes. The general tools and technologies that are defined within MMIS enterprise (shared) services must include:   * Call Center and ITSM Technology * Print Center Technology, including outbound mail * Workflow Automation Technology * Record Management Technology * Performance Management Technology * Performance Management Standards (Operations) * General Technical Standards * SOA Standards * Record Retention Standards * Rules Engine concepts and requirements * Configuration Requirements * Environmental Requirements * Network Requirements * Usability and Accessibility Requirements * Health Insurance Portability and Accountability Act (HIPAA) Translator Requirements * Fulfillment Services technology and services   **Test Environment and Management**  The SI contractor must provide the necessary testing environments and infrastructure for the Medicaid Enterprise and develop and provide recommendations for the CT METS test strategy and framework, the standards for test management, and the tools and technologies used to perform test management. The strategy and plan developed will outline how it fits within the overall SDLC process and supports all testing phases, roles, and responsibilities needed. The SI must provide to DSS for approval the testing strategy and test management framework and plan including the roles of the SI, Testing Contractor, the State, the IV&V, and the Module contractors in the overall test management framework and approach. The test management framework will include, at a minimum:   * Testing Strategic Approach * Testing Standards including Test Phase Definitions and Testing Metrics * Test Tools and Storage Standards * Modular Test Coordination Strategy * Defect Management * Defect Categorization * Defect Lifecycle * Defect Resolution Review and Approval Process * Test Status Reporting * Standard Test Phase-related Entrance and Exit Criteria * Test Management Meeting Requirements * Test Environment Requirements and Definitions * Test Case and Data Management   The SI contractor will assist DSS with development of RFP requirements for a testing contractor and will work with the testing contractor once on board to coordinate all testing efforts. The Testing contractor is expected to further develop detailed test plans, perform testing, and provide test management. The developed plans must provide specifications for the creation of each module contractor test management plan that is to be performed by the applicable module contractors. All test and training plans must fit within the overall SDLC process.  **Transaction Data, Reports, and Performance**  The SI is responsible to assure all CT METS systems developed and procured produce transaction data, reports, and performance information that will contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.5.1 | Proposers must describe approach and methodology to meet all the CT METS Technical Environment Design requirements including how the CMS MECT Checklists and Conditions and Standards will be specifically addressed and factored into the design |
| PR A.1.5.2 | Proposers must describe prior experience with designing a technical infrastructure for a successful modular Medicaid Enterprise or closely related health or human services enterprise of similar size and complexity to CT METS |
| PR A.1.5.3 | Proposers must describe any additional components or items that may be needed for a state-of-the-art modern Medicaid modular technical infrastructure and computing environment not listed or discussed in this RFP |
| PR A.1.5.4 | Proposers must describe approach to providing the CT METS testing infrastructure and CT METS test management framework, the standards for test management, and the approach to development of an RFP for a testing contractor |
| PR A.1.5.5 | Proposers must describe approach to ensuring the CT METS technical architecture, infrastructure, and solutions are planned and designed to produce the needed transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, transparency and accountability |
| PR A.1.5.6 | Proposers must describe approach to the program architecture and infrastructure design that ensures integration and interoperability will be achieved between existing systems and new modules and system components that are implemented as a state-built solution, commercial off-the-shelf (COTS), or reused from another state’s solution |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.5.1 | Technical Infrastructure Assessment, Options, and Recommendations Report |
| DEL 1.5.2 | Technical Infrastructure Design Strategy, Approach, and Options |
| DEL 1.5.3 | Testing Infrastructure and test management framework approach including testing contractor RFP requirements and language |
| DEL 1.5.4 | Technical and Program Architecture and Infrastructure design strategy and capability for capturing performance transactions/data and reports for continuous improvement in Medicaid business operations including pinpointing integration and interoperability issues so necessary corrective actions and improvements can be addressed |
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## 1.6 – CT METS Data Conversion Strategy

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| **1.6 – CT METS Data Conversion Strategy** | |
| The SI contractor must be responsible for supporting data conversion and migration from legacy systems to new Connecticut Medicaid Enterprise modules and services. The SI contractor must describe its strategy for converting and validating the accuracy of all legacy Medicaid and health data, including clinical data from Health Information Exchange functions and administrative data from contractors such as the ASOs, into the new Connecticut Modular Medicaid Enterprise. The strategy must include how all data transfers and interfaces must be streamlined and implemented. Additionally, in Phase 2, the SI contractor must provide a robust, yet secure, environment for migrating data from source and legacy systems into the Connecticut Medicaid Enterprise.  DSS considers the following as essential strategies that must be applied to ensure the success of data conversion:   1. Proper Planning   The SI contractor must ensure that data conversion efforts start with defining the data boundaries and data types to be converted and the strategy for a phased rolling implementation of modules and required data conversion efforts from legacy systems. In addition to defining the scope of conversion in detail, proper planning requires asking a variety of questions to define boundaries. These include:   * What type of data needs to be converted? * What is the quality of data and its availability? Does it require full or partial conversion? * Which data should be moved to the new database? Which data should not be moved? * What kinds of formats are needed for data conversion? * What is the original data format and what is the final format? * What are the data conversion standards to be used? * What are the guidelines for the process? * What would be the tentative duration of the project? * How frequently would data conversion need to be conducted?  1. Business Engagement   The SI contractor must ensure the engagement of DSS business owners and ensure their buy-in about how the quality of data conversion can affect subsequent processes that make use of this data. Data conversion is a critical task from both business and technical perspectives.     1. Implementation of Data Standards   Defining and implementing data quality standards helps to ensure consistency during conversion. The SI contractor must consistently measure and track data quality and constantly check the effect on the business value.   1. Data Profiling and Cleansing   To streamline subsequent data conversion procedures, the SI contractor must ensure that proper data profiling and data cleansing procedures are in place so that the original data is of high quality.   1. Rigorous Testing and Validation Plan   The SI contractor must define the testing and validation strategy and the scope of different phases of validation to include testing and validation being performed by the conversion team and the Subject Matter Expert (SME) team to allow a comprehensive approach to validation of data from multiple points of view. The SI contractor must perform statistic gathering and planning for the timing of the conversion process prior to the Go-Live.   1. Data Management and Data Governance Following data conversion, the SI contractor must ensure that the duplicate master data is eliminated, reducing the risk of incorrect transactions and unreliable reports. The data conversion project must satisfy all principles of data management and data governance.   **Approach to Developing the Data Conversion Strategy**  The SI contractor must describe the general approach to document and communicate the data conversion scope, objectives, approach, and requirements to complete the data conversion processes for the new Connecticut Medicaid Enterprise. The strategy must address all data conversion requirements, regardless of whether an automated or manual method is recommended.  DSS believes that data conversion deserves a special standing of its own as a separate strategic initiative as part of the whole data management process. The quality of historical data conversion plays a crucial role in determining the quality and availability of Medicaid data accumulated over time. The strategy must also discuss and address the following:   * Determine whether any portion of the conversion process should be performed manually * Determine whether the legacy system and new module should be required to run in parallel during the conversion process * Determine if the data function in the legacy system should be used in the same manner or used differently in the new Connecticut Medicaid Enterprise * Determine the order that data should be processed in the two systems * Volume considerations, such as the size of the database and the amount of data to be converted, the number of reads, and the time required for conversions * User work and delivery schedules and timeframe for reports * Determine task dependencies * Determine whether data availability and use should be limited during the conversion process * Determine the plan for handling obsolete or unused data that is not converted * Determine the plan for cleansing data from the legacy to the new Connecticut Medicaid Enterprise * Determine critical factors, assumptions, constraints, risks, and issues that could affect the conversion process * Determine if a clear disposition path exists for every business object/data element   **Scope Planning**  The SI contractor must provide a general description of the scope of the data conversion effort including how it will be managed in an incremental process as the various modules are implemented in different timeframes. Include discussion on how the conversion process will be handled and implemented in phases. This section must address the following:   * Conversion objectives, impact, and resources * Files/data that should be converted or linked to the new system as an interface * Plans for normalization of data to be converted * Evaluation of DSS ad hoc databases that facilitate Medicaid processes and whether their data needs to be converted and incorporated into CT METS * Processes that should be used to complete the conversion including verification procedures and acceptance responsibilities * Conversion support requirements including use of the system, policy issues, and hardware * List of conversion tools * Schedule for completing the conversion processes * Conversion preparation task outline * Plans for necessary manual conversion and data cleanup activities * Approach to ensure the accuracy of the converted data * Plans for ensuring that legacy MMIS data is continually updated with changes from interfacing systems and new modules, until all modules and components of the new Connecticut Medicaid Enterprise have been implemented   **Data Conversion and Migration Repository Strategy**  In Phase 2, the SI contractor must create a Data Conversion and Migration Repository (DCMR) that will provide a robust, yet secure, environment for migrating data from source and legacy systems into the Connecticut Medicaid Enterprise. To do that, it will consume copies of entire databases, files, and other types of extracted data, put those data into repositories, measure and improve data quality, and make those data available in an approved format (schema) to the modules inside the CT METS.  The DCMR must maintain the appropriate metadata necessary for identification of the original system and data format. The DCMR is only meant to facilitate data/system migration. It is not meant to be a transactional source of data, nor is it meant to be the ongoing source for an Enterprise Data Warehouse (EDW), although the EDW contractor may use the DCMR as a source for initial creation and population of an EDW or equivalent, just as other Enterprise Module Contractors will use it to populate their private data stores. However, the DCMR is meant to serve future projects that will use the SI platform after CT METS is completed. The SI contractor must propose a solution that can be used for future data conversion and system migrations that go beyond the CT METS program, along with repeatable processes, policies, and procedures for using the DCMR for future migration projects. The SI contractor’s proposed DCMR Solution must:   * Preserve the integrity of source systems’ data (structure, constraints, keys, and values), and employ processes and tools that stage, cleanse, and organize data before it is made available to other Connecticut Medicaid Enterprise Modules and services. Once in the DCMR, data integrity, including referential and foreign integrity, must be maintained. * Comply with all applicable business, federal, and State security requirements * Include a metadata repository that provides descriptions of source data structures, formats and definitions, and mappings to target CT METS Information Architecture schemas * Use effective-dated transactions and table updates, either future dated or retroactive, with the ability to specify data edits by transaction type as required to maintain data and transaction integrity within the DCMR * Audit and reconcile all imported and exported data and provide automatic program checks to verify correct processing and data integrity * Support physical-to-logical model mapping and rationalization and provide ability to define model-to-model relationships among repository objects, data models, and data flows via graphical, attribute-level mapping * Extend and share metadata bi-directionally with other tools and through automated synchronization of metadata across multiple instances of the tools * Enable role-based security, security to the attribute level of the database, audit trails, and safe storage and handling of data in accordance with all applicable security requirements   DSS expects that the following kinds of tools will be required for the DCMR:   * Extract/Transform/Load (ETL /ELT) tools to extract data from source/legacy systems, load into the DCMR, and move data within the DCMR * Data Profiling tools to evaluate the quality of data within and across source data sets * Data Quality Management tools to update data and restructure data for consumption by CT METS modules * Data Modeling tools to model and maintain the CT METS Information Architecture (IA) models * Metadata Repository tool to manage the source metadata as well as the metadata for the CT METS IA schemas and data rules   The SI contractor must acquire all hardware and software needed to implement, maintain, and operate the DCMR, configure the infrastructure, design and develop the DCMR, secure access to the platform, perform data conversion, and load and maintain the DCMR throughout the life of the contract. The SI will work with the module contractors and legacy contractors to assure the proper planning and infrastructure is in place for successful data conversion.  The SI contractor must perform all work required to plan, design, create, manage, maintain, monitor, back up, and modify the DCMR to support the migration of data from legacy to the CT METS modules. In addition, the SI contractor must assess current and future data conversion and migration needs to size the DCMR appropriately and to provide an ongoing DCMR for future projects.  **Data Conversion Testing Strategy**  The SI contractor must ensure that comprehensive Data Conversion testing is conducted so that data migrated from legacy systems is brought across to the new module in a usable, complete, correct, and expected state, as applicable. The Data Conversion Testing must use automated tools, where possible, to test that all data converted in the conversion test environment complies with the standards set out in the Data Conversion Plan. The Data Conversion tools must be adjusted, depending on the test results, until all migrated data passes the appropriate tests.    Data Conversion exception tolerance levels must be agreed to and approved by DSS prior to the commencement of conversion testing. Test results, scripts, and/or use cases must be approved by DSS prior to commencement of production data conversion, as applicable. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.6.1 | Proposers must describe approach and methodology to meet all the CT METS Data Conversion Strategy requirements |
| PR A.1.6.2 | Proposers must describe strategy for converting and validating the accuracy of all legacy Medicaid and health data into the new Connecticut Medicaid Enterprise |
| PR A.1.6.3 | Proposers must describe prior experience with data conversion for a modular Medicaid Enterprise Solution or a project of similar size and complexity to CT METS |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.6.1 | Data Conversion Assessment and Recommendations Report |
| DEL 1.6.2 | Data Conversion Strategy, Approach, and Design Options |
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## 1.7 - CT METS Privacy and Security Strategy

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| **1.7 –** **CT METS Privacy and Security Strategy** | |
| The SI contractor must develop a Privacy and Security Strategy including a Privacy Impact Assessments (PIA) Strategy to perform a PIA for each modular system. The Privacy and Security Strategy Plan must address all Federal and State privacy and security requirements and account for the increased number of networked systems and contractors involved in data exchanges and cohesive security controls, protocols, and compliance with a modular Medicaid. Proposers must describe how they will lead the effort and work closely with the State and its security officers, and technical and business staff to maintain compliance with these important requirements.  Key security and privacy considerations to be addressed or factored in the Privacy and Security Strategy Plan include but are not limited to:   * Existing State and Federal policies, law, guidance, standards and requirements (including CMS MECL/MECT and MMIS checklist criteria) * How the PIA will be conducted for the solutions that will store Personal Health Information (PHI) and Personally Identifiable Information (PII) * Portals or other components that will have public facing Internet access * Data exchanges between several state and federal data sources * Risks and challenges presented by an increased number of networked systems and contractors involved in security controls and compliance in a modular Medicaid system * Approach to management of consent for use/release of sensitive data (e.g., substance abuse, HIV-related) * Approach to Security assessments of potential leverage or reuse components or cloud services * Approach to third party security assessments * Approach to Security for Business Associate and Contractor Agreements   The SI contractor must ensure the Privacy and Security Strategy and Plan adheres to all federal guidance, laws and regulations including, but not limited to, the National Institute of Standards and Technology (NIST) Special Publication 800-53, Federal Information Security Management Act (FISMA), Federal Risk and Authorization Management Program (FedRAMP), Federal Information Processing Standards (FIPS), Security and Privacy Controls for Federal Information Systems and Organizations in compliance with IRS Publication 1075, CMS Minimum Acceptable Risk Standards for Exchanges (MARS-E), and HIPAA. The SI contractor must ensure the Privacy and Security Strategy Plan aligns with DSS Policy and other state-specific privacy and security laws and regulations.  The SI contractor must provide a Privacy Impact Assessment Strategy for how the SI will conduct PIAs for each module and any other system that is part of CT METS in conformance with CMS Standards and all relevant privacy laws, regulations, and guidance such as Title II, Section 208 of the E-Government Act of 2002. Proposers must demonstrate knowledge of the requirements for PIAs, and how the overall strategy and plan will be developed and executed by the SI contractor to perform a PIA for each system and/or module to comply with federal and state requirements.  The SI contractor will be required to work closely with DSS, the incumbent contractor(s), and module and service providers throughout the transition period, during which legacy functionality and modular functionality will coexist, to ensure that adherence to all security and privacy requirements is maintained. Proposers must describe how the SI plans to prevent gaps or disruptions in privacy and security protocols and mitigate the potential risk of disruptions.  The SI contractor must provide a risk-based assessment and approach to integrate security into all DSS initiatives. It must include a role-based, least-privileged approach to controlling access to the Medicaid Enterprise and business critical, confidential, protected, private, or otherwise sensitive data. Proposers must specify how they will address privacy and security and develop and maintain appropriate Medicaid Enterprise documents and artifacts for State and federal compliance requirements such as those required for MARS-E, system security audits, security controls assessments, and distributed testing activities.  Proposers must include their approach for security assessments that are required to be conducted on a regular basis, including vulnerability scans to be performed at least once a month or according to NIST standards, and the reporting of findings. Proposers must also indicate their approach to identify, detect, and report other known or suspected security incidents in the modular environment.  Proposers must demonstrate in the proposal that they have staff who are well qualified security experts; such as a certified security architect, certified penetration tester, compliance resource, and an incident response resource on the CT METS project through the life of the contract, and available to State security staff at all times.  Proposers must confirm that they can obtain and maintain Information Security Privacy Insurance policies during Phase 2. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.7.1 | Proposers must describe approach and methodology to meet all the CT METS Privacy and Security Strategy requirements, including key privacy and security considerations described in Section 1.7 |
| PR A.1.7.2 | Proposers must describe prior experience with implementing successful Medicaid Enterprise or other health or human services systems which are fully compliant with federal privacy and security standards, including their experience performing PIAs |
| PR A.1.7.3 | Proposers must describe approach to meeting the unique privacy and security challenges presented by the modular structure and rolling implementation of the CT METS project |
| PR A.1.7.4 | Proposers must describe the roles and qualifications of staff who will be performing key security and privacy tasks during the project |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.7.1 | Privacy and Security Strategy |
| DEL 1.7.2 | Privacy Impact Assessment Strategy |
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## 1.8 - CT METS Business Continuity and Disaster Recovery Strategy

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| **1.8 – CT METS** **Business Continuity and Disaster Recovery Strategy** | |
| The SI contractor must develop a strategy for Business Continuity and Disaster Recovery (BC/DR) plans for both the technical infrastructure components and the business areas for the entire modular solution. The SI contractor must define the framework for BC/DR design, testing, and deployment that will be required to guide the development of each individual component or module’s BC/DR that fits within an overarching plan. The strategy must encompass building a comprehensive contingency plan including policies and procedures and must follow standards, best practices, and state and federal requirements and guidance such as those listed in the following:   * 45 CFR 164.308(7)(i) and (ii) * Guidance listed in the CMS Medicaid Enterprise Certification Life Cycle (MECL) and the Medicaid Enterprise Certification Toolkit (MECT) and related checklists   Guidance listed in the National Institute of Standards and Technology (NIST) and most specifically with the most recent NIST Special Publication (SP) 800-34 which outlines 7 steps designed to be integrated into each stage of the system development life cycle. The SI contractor is required to work closely with DSS, the incumbent contractor(s), and module and service providers throughout the transition period, during which some legacy functionality and some modular functionality will coexist, to ensure the BC/DR plans remain viable. The proposal must describe how the SI contractor plans to adapt the BC/DR during transitions to mitigate the potential risk of business disruptions and ensure workable BC/DR strategies remain in place.  The document must include, but not be limited to, the strategy encompassing unavailability of individual and multiple modules, and how the BC/DR plan will be updated to include individual modules and contractors as they are implemented on a rolling basis. The SI contractor must develop the metrics, testing schedules, and acceptance criteria for each BC/DR plan applied to the individual modules and contractors. The SI contractor must also define the BC/DR specifications for inclusion in the individual module RFPs to ensure the technology solution and design provided represents industry leading standards and is appropriate for CT METS.  The strategy must include the proposed plans to maintain the means to recover and restore system availability within the required time parameters such as file replication methods, back up procedures, alternate business area site(s), and the “hot sites,” or alternate data centers proposed to maintain operations. As it is likely there will be multiple hosting sites, the BC/DR will need to address the possibility of a single module becoming unavailable and plans to allow the remaining modules to continue functioning. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.8.1 | Proposers must describe prior experience in developing Business Continuity and Disaster Recovery Strategy and requirements |
| PR A.1.8.2 | Proposers must describe the approach and methodology they will use to develop a strategy and plan BC/DR requirements and deliverables that includes at a minimum:  • Framework for BC/DR design, testing, and deployment  • Approach that outlines process requirements and elements that will drive an enterprise approach to the modular BC/DR design, testing, and deployment, including the unique challenges presented during the transition period when modules are being implemented incrementally  • Approach to Metrics and acceptance criteria for each module’s BC/DR plan |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.8.1 | Business Continuity and Disaster Recovery Strategy specific to the Medicaid Enterprise as a whole, and addressing the rolling implementations of modular solutions into the environment |
| DEL 1.8.2 | Framework for BC/DR design, testing, and deployment including process requirements and elements that will drive an enterprise approach to the Modular BC/DR design, testing, and deployment, including the unique challenges presented during the transition period |
| DEL 1.8.3 | Proposed metrics and acceptance criteria for each module’s BC/DR plan |
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## 1.9 – CT METS Modular Impact Assessment on Current Operations

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| **1.9 –** **CT METS Modular Impact Assessment on Current Operations** | |
| The SI contractor must have lead responsibility for the planning, coordination, and integration of each of the selected module implementations and the transition from the current systems and processes in a rolling incremental modular transformation. To properly prepare for the modular implementations, an assessment must be conducted by the SI contractor to determine the impact on the current Medicaid operations. The assessment will include identifying and addressing all in-flight, pending, or upcoming initiatives or projects within the Medicaid program, and State and/or federal mandated changes. An orderly transition between current business processes and MMIS operations, and the new Medicaid Enterprise System, is critical and essential to Medicaid providers, beneficiaries, business associates/partners, and DSS.  To ensure efficient and well-organized integration of the new modular functionality, the SI contractor will be required to work closely with DSS, DAS/BEST, the incumbent contractor(s), and module and service providers throughout these transitions. The SI contractor must provide a comprehensive assessment and analysis of all business and technical impacts on all dimensions of Medicaid and Medicaid-related current operations, including all contracted functions and business partners, as part of Phase 1 of this project. This includes, but is not limited to, existing Medicaid and Medicaid-related programmatic operation, oversight, and reporting; Medicaid Providers; business operations across DSS and sister state agencies included in the Enterprise; technical operations within DSS, DAS/BEST, and existing business partners; and, most importantly, the beneficiaries served by Medicaid Enterprise services.  The assessment must describe the SI contractor’s plans to mitigate the potential risks associated with the new technology changes and the rolling implementation of the modular solutions. These include, but are not limited to, service disruptions, unintended orphaned functions, operational cost impacts, changes to contractual relationships including timely identification and execution of contract amendments, modifications to existing systems and infrastructure to account for the incremental rollout of modules, and staffing adequacy to support the modular environment and manage the new infrastructure.  The assessment must use documentation created as part of Phase 1 to inform the content of the impact assessment. As an example, the SI contractor will have conducted analysis to specifically address high priority needs identified in requirements elicitations. The SI contractor may also consider and incorporate its analysis and recommendations from the Modular Solution Alternatives and Feasibility Assessment into the impact assessment. The assessment must also cover staffing capacity impacts (determine adequacy of the staff complement and appropriate skills in both business and technical arenas) to DSS, DAS/BEST, HHS sister agencies, and business partners by considering the conclusions in the OCM contractor’s assessment and recommended implementation plans for any DSS re-organization or re-alignment plans. The OCM contractor may have input into the impact assessment with projected benefits, risks, costs, and level of resources necessary for transformation as well as the identified risks regarding the lack of readiness in the organization or staffing. The SI contractor must factor this work into its document.  The SI contractor must document the Impact Assessment for Current Operations, based on analysis of the business transformation from the existing Medicaid Enterprise processes and systems to the new modular-based enterprise and operating model. The SI contractor must factor in the effect of the transition on the modular-based enterprise and operating model considering the DSS Goals and Objectives and the CT METS Goals and Objectives as well as the current MMIS fiscal agent functions and identifying impact on other areas of DSS operations that need to be considered and planned for. The assessment must also include an impact risk mitigation strategy approach as described in CMS guidance and State Medicaid Director’s Letter. In addition, the impact assessment must inform areas of needed transitional operations planning and recommendations for determining operational readiness as well as determine how best to manage the needed updates to the detailed operational procedures including the Desk Level Procedures (DLP) for Medicaid Operations. A strategy for identifying these DLP changes and managing changes through each modular implementation will be required to avoid service and or operational disruptions. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.9.1 | Proposers must describe approach and methodology to meet all the CT METS Modular Impact Assessment on Current Operations requirements and deliverables including methods, processes, and target areas for conducting the Modular Implementation Impact Assessment on current operations |
| PR A.1.9.2 | Proposers must describe prior experience in conducting impact assessments and impact risk mitigation strategies |
| PR A.1.9.3 | Proposers must describe approach to the impact risk mitigation strategy/plan and provide an outline of a representative example |
| PR A.1.9.4 | Proposers must describe approach to identify transitional operations changes to Desk Level Procedures (DLP) for Medicaid Operations and determine operational readiness for each modular implementation to avoid service disruptions, delays, and negative impacts to the Connecticut Medicaid program |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.9.1 | CT METS Impact Assessment Report and Recommendations |
| DEL 1.9.2 | Operational transition strategy, tailored to the expected transition between current operations and each module |
| DEL 1.9.3 | Impact risk mitigation approach and strategy |
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## 1.10 - CT METS SDLC and Program Governance Strategy

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| **1.10 – CT METS SDLC and Program Governance Strategy** | |
| The SI contractor must develop the Systems Development Lifecycle (SDLC) and IT Service Management (ITSM) strategy and a comprehensive framework and plan including the governance strategy and process for the CT METS program, hereafter called SDLC framework. The SDLC framework will be critical for managing a successful modular Medicaid Enterprise implementation, certification, and ongoing maintenance and operations. The SDLC framework strategy must demonstrate the contractor’s clear understanding of the entire phased modular implementation needs and how the SDLC and related processes will be executed including incorporation of the CMS milestone reviews and the CMS certification reviews as outlined in the CMS MECT/MECL. To best support the modular approach and implementation, the State desires an agile or hybrid SDLC methodology and framework. The SDLC methodology will be addressed in collaboration with CMS as part of the approved CMS Project Partnership Understanding.  The SDLC framework including ITSM and Governance process deliverables must be authored by the SI contractor and approved by the State that defines the standard CT METS SDLC framework to be used across all project components, contractors, and SDLC phases for CT METS. It must encompass coordinated efforts across and among the other contractors, state personnel, state contractors, and solutions/systems that will make up the Medicaid Enterprise. The modular testing strategy defined in the SDLC framework for the testing phases should be addressed with special consideration due to the unique challenges inherent in the modular approach. Multiple contractors and rolling incremental implementation of modules to replace existing MMIS system functions within the current operations will create a transitional Medicaid operational environment of new modular components and existing MMIS system components until all the planned modules are implemented and replace all functions of the existing system and operations. The SDLC framework must provide a standardized approach to development and governance of a multi-system and multi-module environment and must ensure that all related project deliverables and work efforts take into consideration the relative impact on the whole program. The methodology and processes are required to be all encompassing, from end-to-end, including establishing the ITSM and ongoing governance process for maintenance and operations.  The SI contractor must outline the strategy to develop, communicate, administer, and enforce the approved CT METS SDLC framework, ITSM process, and governance method with all module contractors as approved by the State (DSS and DAS/BEST). The SI contractor must identify the strategy to work with DSS and DAS/BEST leadership and project staff to implement standards and policies (including Security), and DAS/BEST IT standards that need to be reflected in the SDLC framework, and must evaluate and consider the practical realities of multiple module and component projects being planned for systems DDI activities simultaneously. All module contractors must deliver their individual duties and obligations required by their contract with the state under the governance of the SDLC framework and ITSM process developed and managed by the SI contractor as approved by the State. In addition, the module contractors must work with the SI contractor, state security personnel, and any supporting contracted security resources to ensure appropriate inclusion of security policy, security architecture, and security reviews occur and that the overall architectural design of CT METS systems and components are developed according to the SDLC framework and are compliant with security policy and guidelines according to federal and State regulations, CMS guidance, and national standards such as NIST.  The SDLC framework, strategy, and plan must identify, describe, and recommend the tools and technologies that will be needed to manage the SDLC and ITSM processes and support the governance structure.  The CT METS SDLC framework, strategy, and plan must detail the roles of the SI contractor, the module contractors, the State, state contractors, IV&V, and any bodies pertinent to the process (such as the DSS AGB and CT METS Program Architecture groups) in the overall CT METS SDLC management design. The SI contractor must consider and document the State’s organizational capacity to support the recommended SDLC framework and ITSM approach from multiple perspectives. The analysis and documentation of the State’s capacity must include, but not be limited to, resources for technical service calls and ITSM including problem triage, analysis, testing, and governance activities.  The SDLC framework, strategy, and plan must specify details for the SI contractor and each module contractor's role in the preparation, documentation, and execution of each State and Federal milestone review and the certification review process. The plan must enforce timely updates of all certification artifacts required and systems metadata such as interfaces, reports, data elements, etc. The plan must also outline project and SDLC related metrics and the subsequent monitoring of those metrics. The plan must also indicate milestone reviews which will be conducted internally by the State in addition to the reviews required and conducted by CMS. The plan must describe the entrance and exit criteria for each review, define the roles and responsibilities for each contractor in the milestone review activities, and the CMS certification review activities needed to ultimately gain full certification of the entire modular Medicaid Enterprise.  The SDLC framework, strategy, and plan must describe the SI contractor’s plans to develop, collect, provide, and maintain extensive documentation throughout the project demonstrating that design and development standards and requirements for each phase and module have been met. These include, but are not limited to, configuration management, incident management, defect management, change control process/change management, and governance model plans. Development of these features specifically require input and approval from DSS and must be developed during Phase 1. Various documentation provided by the SI contractor will be intended for reuse as specifications in the RFPs for module procurement in Phase 2, as well as artifacts for CMS MECL reviews.  The SDLC framework, strategy, and plan developed will leverage existing work, where practical, including national standards and CMS guidance and governance processes (such as the CMS XLC process as an example) including:   * Initiation, Concept, and Planning * Architecture Review * Requirements Analysis and Design * Requirements Review * Preliminary Design Review * Detailed Design Review * Development * Testing including Integration Testing, Test Management, and Reporting * Environment Readiness Review * Implementation Management * Operational Readiness Review * Maintenance and Operations/Disposition * Post-Implementation Review     For each SDLC related category and phase, the strategy must outline the recommended implementation process with details on how to operationalize the approved process prior to any DDI efforts beginning in Phase 2. As an example, the System Implementation Management Plan must provide clear direction for the system implementation processes for all projects and modules. It must define the framework under which all systems implementations will be managed that will be inclusive of all State enterprise and business actors and architectural elements. This includes the criteria for implementing the system in the production environment and necessary documentation required from the SI to proceed with the implementation process. The System Implementation Management Plan will be used by the various module contractors to manage their specific System Implementation Plans. The plan shall describe how each project and module contractor will address:   1. Testing Validation and Test Management 2. Deployment plan and support activities and services 3. Systems Operational Readiness 4. Implementation and operations management resources and support services   The Integrated Systems Implementation Management Plan must also include the definition of the specific roles, activities, services, and deliverables the SI contractor and module contractors will provide for CT METS over the lifecycle of each project and how the Go/No Go and Go-Live process will be conducted.  In preparation for Go-Live and on-going operations, the SI contractor must define and develop the ITSM and software problem resolution standards/procedures, technologies and tools, and governance plan for DSS approval which must also detail the roles of the SI contractor, the State, existing contractors with systems still being utilized in the transitional Medicaid Enterprise and the new CT METS module contractors in the overall software problem resolution and ITSM standards/procedures framework. This framework and plan must also serve as specifications for the creation of each module RFP for the contractor’s processes and plans such as Change Management Plan, Incident Management, Testing Plan execution, etc.  The SDLC framework and processes must provide DSS assurances for success in managing the analysis, design, testing, deployment, and maintenance and operations of the Medicaid Enterprise solutions and services to quality standards and expectations of excellence.  The State's governance process, including the role the SI will have in managing these processes with current and future module contractors, must be clearly defined. Documentation and descriptions of the process will be developed by the SI and will be detailed such that it can easily be followed as well as be utilized to describe the process in all future RFPs so that all parties understand the SI's role and how each party will interact with the SI and the State. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.10.1 | Proposers must describe approach and methodology to meet all the CT METS SDLC Framework, ITSM, and Program Governance strategy and plan requirements and deliverables |
| PR A.1.10.2 | Proposers must describe prior experience developing and implementing Agile or hybrid SDLC framework and processes, ITSM, and the tools and technologies used to manage them for a modular Medicaid Enterprise system or another project of similar size and complexity to CT METS |
| PR A.1.10.3 | Proposers must provide a representative table of contents and brief description of the contents for an SDLC and ITSM strategy and framework for CT METS |
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| **Deliverable** | |
| **Deliverable Number** | **Description** |
| DEL 1.10.1 | CT METS SDLC framework, strategy, and plan including ITSM and governance to be used across all project and SDLC phases. Documentation and descriptions of all processes must be detailed so all process steps are clear and governance can be implemented efficiently. The documentation must also be outlined in a way that it can be utilized for inclusion in all future module RFPs so that all parties understand the SI's role and how each party will interact with the SI and the State |
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## 1.11 - CT METS MECT/MECL Compliance and CT METS Modular Certification Strategy

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| **1.11 – CT METS MECT/MECL Compliance and CT METS Modular Certification Strategy** | |
| The SI contractor must document its strategy and approach to ensuring the CT METS solution will meet the guidance and requirements of the most current versions of the MECT/MECL and gain CMS certification. The SI contractor must define a strategy to assist and coordinate the activities of multiple module contractors for the successful integration of all modules into a fully functional seamless system that works securely with external systems. The certification strategy must satisfy all conditions contained in the CT METS chosen checklist set (which may include a modified version of the MMIS Module Checklist Set based on the selection of modules) and meet all the guidance and requirements of the most current CMS MECT and MECL. The strategy documentation must include, but not be limited to, how the SI contractor will:   * Work with each module contractor for integration * Develop templates for applicable certification artifacts that are required from all contractors * Approach to and coordination of each specific module certification process * Account for the rolling certifications of modules to a final Medicaid Enterprise Certification * Avoid gaps in roles and responsibilities among multiple contractors * Ensure orphaned functionality does not occur from the modular approach   The plan must describe an organized and coordinated approach to analyze, align, and track project activities and requirements through the entire project to MMIS critical success factors and certification checklist criteria as contained in the most current MECT MMIS Module Checklist Set (with CMS approved CT METS modifications), and programmatic critical success factors (as contained in the most current MMIS IV&V Progress Report template). The plan will require each module contractor to use SI provided templates for any applicable certification artifacts listed in Appendix B of the MECT. The plan must also describe how the SI contractor will document and track any potential gaps through a mitigation plan that will address minimum expected functionality, identify key events and dates that would trigger the mitigation, and projected timeframe for mitigation sunset.  The SI contractor must fully support the State in the MECL process and activities, including preparation for, and support during, certification lifecycle milestone reviews held between the State and CMS. In a timely manner as directed by the State or CMS, the SI contractor will:   * Provide required information and documentation for certification progress reports and checklists * Provide required artifacts for milestone reviews * Perform risk identification and issue mitigation relating to the certification process   For Phase 1, the SI contractor must document the strategy and overall plan to achieve MMIS certification and ensure the State meets the criteria for the Project Implementation Milestone Review(s).  For Phase 2, the SI contractor will begin certification activities with the initiation of each module and build out of technical infrastructure and computing environments, preparing a certification plan with traceability matrix to MMIS critical success factors, certification checklist criteria, and programmatic critical success factors. The SI contractor must ensure the State meets the criteria for all milestone reviews. The SI contractor must also assist with logistics for the reviews as required by the State. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.1.11.1 | Proposers must describe approach and methodology to meet all the CT METS MECT/MECL Compliance and CT METS Modular Certification Strategy requirements and deliverables |
| PR A.1.11.2 | Proposers must describe approach to CMS modular MMIS certification process, including creating artifacts and documentation necessary for CMS review and progress reports |
| PR A.1.11.3 | Proposers must describe prior experience coordinating the efforts of multiple module contractors in preparation for and support during CMS milestone and certification reviews |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.11.1 | Strategy for meeting MECT/MECL Guidelines |
| DEL 1.11.2 | Strategy for the Modular Project Certification Plan |
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## 1.12 - CT METS Assessment and Recommendations Report

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| **1.12 – CT METS Assessment and Recommendations Report** | |
| The SI contractor must deliver the results of its Phase 1 research and analysis as a coordinated and aligned compilation of documents which, as a whole, describe the basis and recommendations for the optimal blueprint for CT METS in Phase 2. This comprehensive examination must provide a clear explanation of the options examined, the analysis performed, the resulting recommendations, and how the contractor arrived at its conclusions. The report must encompass the Medicaid Enterprise Conceptual Design and an updated module Roadmap specifying the core modules. The Assessment and Recommendations Report will include specific standalone documents and updated documents including:   * The new Medicaid Enterprise Operating Model and Modular Enterprise Conceptual Design (must account for all Fiscal Agent and Medicaid Enterprise functions leaving no orphaned functions out of the operating model) * Updated Modular Roadmap (core modules, sequence for implementation, and projected timeline) * Updated MITA documentation for MMIS Concept of Operations, Data Management Strategy, and Technical Management Strategy * Shared assets and services Recommendations Report for each individual recommended module * Strategy for Customer Relationship Management, including Contact Center Design (Members, Workers and Providers) in conjunction with the OCM contractor and its recommendations for a new process-oriented organization structure including processes and interactions with IT Service Management (ITSM) that the SI will design in conjunction with the SDLC * Strategy for the Medicaid Enterprise Fulfillment Services * Strategy for Implementation including a report and strategy on state plan amendments or other regulatory changes that potentially will be necessary   The CT METS Implementation Strategy including the technical infrastructure (computing and hosting environment, integration platform) and modular solutions procurements and implementation deployment will be sequenced based on unique Connecticut needs. In addition, the SI contractor must demonstrate how the proposed solution(s) improve the state’s MITA maturity and the sequencing of the modular implementation/replacement and procurement approach considers cost, benefit, schedule, and risk. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.1.12.1 | Proposers must describe approach and methodology to meet all the CT METS Assessment and Recommendations Report requirements |
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| **Deliverable** | |
| **Deliverable Number** | **Description** |
| DEL 1.12.1 | CT METS Assessment and Recommendations Report |
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## 1.13 - CT METS Final Conceptual Design, Modular Operating Model, and Updated Modular Roadmap

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| **1.13.CT METS** **Final Conceptual Design, Modular Operating Model, and Updated Modular Roadmap** | |
| The SI contractor must deliver for DSS approval the final Phase 1 deliverables containing the documentation of the path forward to a modular Medicaid Enterprise based on the DSS final feedback and additions/changes from the Assessments Recommendations Report. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.1.13.1 | Proposers must describe approach and methodology to meet all the CT METS Final Conceptual Design, Modular Operating Model, and Updated Modular Roadmap requirements and deliverables |
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| **Deliverables** | |
| **Deliverable Number** | **Description** |
| DEL 1.13.1 | The new Medicaid Enterprise Operating Model and Modular Enterprise Conceptual Design (must account for all Fiscal Agent and Medicaid Enterprise functions leaving no orphaned functions out of the design or operating model) |
| DEL 1.13.2 | Updated Modular Roadmap (core modules, sequence for implementation, and projected timeline) |
| DEL 1.13.3 | Updated MITA documentation for MMIS Concept of Operations, Data Management Strategy, and Technical Management Strategy |
| DEL 1.13.4 | Shared assets and services Recommendations Report for each individual recommended module |
| DEL 1.13.5 | Strategy for CT METS Customer Relationship Management, including Contact Center Design (Members and Providers) in conjunction with the OCM contractor as recommendations are developed for a new process-oriented organization structure |
| DEL 1.13.6 | Strategy for the Medicaid Enterprise Fulfillment Services |
| DEL 1.13.7 | The CT METS Implementation Strategy including:   * The technical infrastructure (computing and Hosting Environment, Integration Platform) * Modular solutions procurements and implementation/deployment sequence based on the unique Connecticut needs * Medicaid Operational considerations and prerequisite activities ahead of the new modular operating model implementation (updates to state plan or regulations needed, cost containment, conversion preparation, governance). |
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**Phase 2 - SI Technical Solution Components and Services**

During Phase 2 of the project, the role of the chosen SI contractor includes responsibility for implementing the Medicaid Enterprise technical Infrastructure, hosted computing environment, and the integration platform. In addition, the full complement of SDLC/ITSM/Governance and other compulsory services performed to support the infrastructure and administer the Medicaid Enterprise and integration functions will be obligatory as a fundamental function of the SI contractor providing the computing environment. These SI services and components are needed to move forward into the DDI phase (Phase 2) of the program. The DSS option of procurement includes implementation of:

* + Critical infrastructure components
  + Computing environment, integration platform, and services for the modular integration
  + Systems and information architecture (including Program and Security Architecture)
  + Systems governance and management and performance of SDLC/ITSM controls, tools and processes

The Phase 2 approach for the SI contractor is structured as an “option to buy” through a scope of work (SOW) contracting process that can be executed against the SI master services contract resulting from this solicitation.

Phase 2 work will not begin until the successful conclusion of the Phase 1 deliverables. Following Phase 1, if the State and contractor reach an agreement on the scope of work for Phase 2, the specific contract agreement will first be submitted to CMS for review and approval prior to execution. The Phase 1 deliverables will provide the building blocks, roadmap, and design materials that allow for the Phase 2 scope of work to be outlined, contracted, and implemented. Phase 2 will begin the procurements of the selected modular solutions and build out of the technical infrastructure for the computing environment, including the integration platform and DDI of the selected modules once the module contractor procurements are complete.

The SI components and services ultimately will provide the critical foundation for the core modules to be implemented and operate as a cohesive MMIS for the Medicaid Enterprise. Further detail of the SI Phase 2 includes the following requirements and core components:

# **2. -** Phase 2 - SI Technical Solution Components and Services:

# 2.1 - CT METS SI Phase 2 DDI for Medicaid modular technical architecture and environment, system solutions integration and management services

2.1.1 - Solution Infrastructure including Computing and Hosting Environment, Integration Platform, and Phase 2 SI Core DDI related services required when the State purchases SI computing environment

* 2.1.1.1 – SI Phase 2 Kickoff
* 2.1.1.2 – SI Phase 2 Project Management Plan (PMP) for DDI
* 2.1.1.3 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation
* 2.1.1.4 – Business Process Modeling Notation and Execution Language
* 2.1.1.5 – Integration Platform Services – Module Integration, Interface, and File/Data Transfer (Architecture, Design, Tools, and Services)
* 2.1.1.6 – Data Conversion
* 2.1.1.7 – Operationalize SDLC Process, Governance, and Support Services as defined and approved during Phase 1
* 2.1.1.8 – Integration with the selected CT METS Security/Identity and Access Management Solution
* 2.1.1.9 – CT METS Privacy and Security Program
* 2.1.1.10 – Business Continuity and Disaster Recovery Failover Solution, Environment, Testing, and Training
* 2.1.1.11 – CT METS Certification
* 2.1.1.12 – Maintenance and Operations

Proposers must address each Proposal Response (PR) item as outlined below:

## 2.1.1 – CT METS Computing Environment and Services

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| **2.1.1 – CT METS Computing Environment and Services**   * **Technical Infrastructure** * **Integration Platform** * **Hosted Computing Environment** * **Maintenance and Operations (M&O)** * **Operational Performance Metrics** | |
| Based on the Technical Infrastructure, Integration Platform, and Hosted Computing Environment Strategy and Design outlined during Phase 1, DSS and the SI contractor will work to further define and develop a detailed SOW that can be executed against the established master agreement for Phase 2 DDI work. Once the SOW is agreed upon between DSS and the SI contractor, DSS will have the option to obtain CMS approval and execute the SOW against the contract.  The SI contractor must be responsible for successful integration of the chosen solutions and infrastructure into a seamless functional system with advanced technical capabilities in the hosting environment that are cost effective; provide superior performance; and support modularity, scalability, re-usability, adaptability, and use of open interfaces and APIs.  The following includes, but is not limited to the work and functions that DSS and the contractor will address in the SOW at a minimum:   * Hosted Computing Environments * Technical Infrastructure Components * Unified Portals for members and providers * Identity management and access control solution and integration * Technical Infrastructure Management * Service Oriented Architecture (SOA) * Shared Services and Existing Assets Integration * Enterprise Service Bus (ESB); Integration HUB * Enterprise data management * Technical Management Services * Maintenance and Operations * Performance Metrics * Training for SI related systems and services as necessary   The information below provides further details of the expected scope:  **Hosting**  Computing environment should be hosted in a FedRAMP certified cloud or other DSS and DAS/BEST approved hosting environment that is scalable, allows for automatic adjustments to capacity, and maintains steady, predictable performance at the lowest possible cost. The solution must include tools and utilities for future demand analysis and planning. The hosting arrangement include strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.  **Environments**  A technical environment must be provided that will support multiple legacy systems and functions that may be simultaneously migrated during the CT METS project and ensure seamless transitions from legacy to CT METS modules with minimal downtime. The SI contractor’s solution must comprise the necessary environments and possess the ability to quickly spin up additional environments as needed.  The SI contractor must, at a minimum, support the following environments as necessary to support a rolling modular implementation:   * Development and Unit Test * Model Office (Simulation and Modeling) * System Test and Integration Test * Full Regression Test * Release Packaging and Test (User Acceptance) * Pre-production (Release Staging) * Production Operations (Final Acceptance) * Production Reporting * Product Training   **Unified Portals**  The SI contractor must have responsibility to ensure the CT METS program and the module contractors deploy unified member web portals with common branding and a seamless look and feel or integrated information from multiple member portals, for easy, safe, and secure access to up-to-date information. The work must include the ability to support multiple platforms for member engagement and must support user experience standards and a seamless look and feel for all forms of member interaction. These will include, but not be limited to, program application and other self-service eligibility functions and personal health records (PHR).  The SI contractor must also ensure the CT METS program provides a unified web-based provider portal with common branding and a seamless look and feel or integrated information and functions from multiple portals and information sources, which increases automation. In addition to integration, the solution must feature enhanced online support of the provider enrollment/credentialing process (i.e., electronic interfaces for license verification, board certification, DEA), resulting in reduced manual processes.  Common branding for all CT METS portal users must be directed and managed by the SI contractor as part of the integration platform and services. Each portal must direct relevant system modules, content, and information to individual users, groups, and roles, adapting page content based on user attributes. The portals must be geared toward self-service capabilities for beneficiaries and providers.  To ensure secure, authorized access, the CT METS portals must facilitate user requests, interact with the identity management solution to manage access rights and privileges, and provide single sign-on for services accessed via the integration hub. Critical components of the portals include:   * Identity federation for organizational, non-organizational, and public identities * Self-service profile management solutions to meet non-organizational and public security standards * Common branding to provide a unified user experience for consumers * Seamless user experience served by a robust, open integration framework * Personalized and contextualized content delivery for critical MMIS content, such as fee schedules and operational manuals   The CT METS portal standards must provide the framework for this common user experience by defining:   * Compliance requirements for Section 508 of the Rehabilitation Act * Responsive design considerations * Styling and Branding * Page layout * Modal and non-modal behavior * Navigation elements * Graphical components * Scripting   **Identity management and access control**  The SI contractor must be responsible for ensuring the selected Security Identity and Access Management solution is planned and implemented based on the SI’s assessment during phase 1 and the DSS/BEST approved recommendations.  **Technical Infrastructure Management**  The SI contractor must provide all architectural overview and management of all the CT METS technical infrastructure and computing environment. The responsibility must include network and the access control mechanisms utilized to authenticate users, systems, and components.  **Service Oriented Architecture (SOA)**  The SI contractor must ensure CT METS utilizes SOA and must address all services and interface/API governance.  **Integration Hub**  The SI contractor must be responsible for a central integration point for web services, module integration, interfaces, messaging, and file exchanges utilizing an ESB to facilitate loose coupling of components. The SI contractor must provide the integration hub, the ESB, enterprise services, security, logging, error response handling, architecture, publishing, and discovery.  The capabilities that the integration hub will expose to the CT METS portal and trading partner systems include, but are not limited to:   * Identity management and authentication * Access to system services, which perform small system functions such as creating, retrieving, updating, and deleting data records * Access to process services, which perform business functions such as submission of a claim for processing, determination of eligibility, or provider enrollment * Mediation and synchronization of service requests * Interface Control documentation * Batch processes * File exchanges – File-based exchanges require a high level of security, both at the source and the destination; to ensure appropriate protection of sensitive data, CT METS must use secure file transfer protocol (SFTP)for such files as:   + Electronic data interchange (EDI) file transfers (encoded in the HL7, X12 formats) between DSS and its trading partners   + Delimited- and fixed-width file exchanges between legacy systems and components of CT METS   + Structured files such as JSON and XML received from web services or systems   **Enterprise Data Management**  The SI contractor must provide data management for CT METS including the data rules and standards, metadata repository, and operational data store (ODS) that must be followed by all CT METS module contractors.  A fully operational data management program as outlined and defined during Phase 1 must include, but is not limited to:   * An approach to data architecture conducive to re-use of data, while minimizing redundancies * Demonstrated commitment to metadata management, through mechanisms such as common repositories, or use of Extensible Markup Language (XML) or similar technologies * Commitment to modeling of data relationships and business processes, which is focused on promoting an understanding of the relationships by non-technical users, e.g., policy staff   **Technical Management Services**  The SI contractor must provide and leverage the tools and technologies that drive optimization of business area processes. The general tools and technologies that are defined within an MMIS enterprise (shared) services must include:   * Call Center Technology * Print Center Technology * Workflow Automation Technology * Record Management Technology * Performance Management Technology * Performance Management Standards (Operations) * General Technical Standards * SOA Standards * Record Retention Standards * Rules Engine concepts * Configuration Requirements * Environmental Requirements * Network Requirements * Usability and Accessibility Requirements * HIPAA Translator Requirements   **Test Environment and Management**  The SI contractor must provide for the necessary testing environments and infrastructure for the Medicaid Enterprise and the CT METS test management framework, test management services, and the technologies used to perform test management. The SI will work with the Testing contractor to coordinate all testing efforts and will work with the Testing contractor to develop detailed test plans that will serve as specifications for the creation of each module’s Test Management Plan that is to be performed by the applicable Module contractors. The test plans and services must fit within the overall SDLC process.  **Maintenance and Operations (M&O)**  The SI will be responsible for M&O as the technical infrastructure, components and modules go-live in production and receive certification. M&O will be part of the negotiations of the SOW for Phase 2 and will be predicated on the rate catalog included as part of this proposal response and any resulting contract. M&O cost will be addressed at the time DDI scope and cost is being developed and negotiated.  Due to the rolling implementations of modules and components, the solution will be in a transitional state with M&O and DDI as modules come online and are certified on an incremental basis. Once all components are integrated and the solution as a whole is fully certified, the new solution will be considered in full M&O as a Modular Medicaid Enterprise. The transitional period of the system, during the interval when new modules roll on and the existing MMIS system will remove like functionality from its operation, will require expert planning and execution to ensure operations are not negatively affected. In addition, each solution and component must include the CMS requirement of obtaining and maintaining documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.  **Operational Performance Metrics**  Performance metrics will be established as part of the Phase 2 SOW and will be based on Phase 1 artifacts related to performance metrics. SI Operational Performance Metrics will be determined in advance of DDI activities and monitored beginning with the implementation of the first components of the new system. It is imperative the business operations of the Medicaid Enterprise not be negatively affected by either the rolling modular implementation or the execution of the SI activities to merge all components into a seamless system. The SI is responsible to assure all CT METS systems developed and procured produce transaction data, reports, and performance information that will contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. The SI and module contractors will have outlined Key Performance Indicators and the Service Level Agreements (SLAs) that will be used to measure outcomes to determine if successful outcomes are achieved. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.2.1.1.1 | Proposers must provide an approach and methodology to developing and executing SOWs for SI Phase 2 DDI efforts |
| PR A.2.1.1.2 | Proposers must provide a Rate Catalog sufficient to cover all activities and personnel that may be needed for Phase 2 including operations; this will be used during Phase 2 DDI and for operations support and M&O Scopes of Work cost calculations |

### 2.1.1.1 – SI Phase 2 Kickoff

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| **2.1.1.1 – SI Phase 2 Kickoff** | |
| Upon execution of the CT METS Computing Environment and Services SOW, the SI contractor must prepare a presentation to conduct a kickoff meeting for SI Phase 2 work within 30 days of the SOW execution.  The SI contractor must work with DSS to identify stakeholder participants and conduct a kickoff meeting with the identified CT METS stakeholders. The kickoff meeting will set the stage for the work to be conducted in Phase 2 and communicate the upcoming activities and timeline for implementation. The kickoff meeting must be held in Hartford, Connecticut and include DSS staff, EPMO staff, BEST, IV&V, and other stakeholders as identified. The agenda, presentation, and any other meeting materials will be developed with input from the Program Director and CT METS project staff upon completion of SOW. The final agenda, presentation and meeting materials must be provided for review and approval from the Program Director at least five (5) business days prior to the scheduled meeting date.  The presentation must include, but not be limited to, the following:   * Welcome and Introductions * Review of SI Team Structure and Key Staff * Review of SI Phase 2 Activities * Implementation Approach * Implementation Timelines * Next Steps | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.1.1 | Proposers must provide a description of approach and methodology to meet the SI Phase 2 kickoff requirement |
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### 2.1.1.2 – SI Phase 2 Project Management Plan for DDI and Services

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| **2.1.1.2 – SI Phase 2 Project Management Plan for DDI and Services** | |
| The SI contractor must plan, coordinate, execute, and monitor the SI work on CT METS through the development, utilization, and maintenance of a comprehensive Phase 2 Project Management Plan (PMP).  The SI Phase 2 PMP must include, but not be limited to:   * Project Schedule for all Phase 2 tasks/activities * Work Breakdown Structure * Change Management Plan * Scope Management Plan * Status Reporting Plan including daily, weekly, monthly, and ad hoc reporting in both written and oral formats * Project Resource Management Plan * Project Organizational Structure * Risk Management Plan * Deliverables Management Plan * Project Communication Plan * Quality Management Plan * Document Management Plan (including naming, versioning, and style guide) * Phase 2 Module Integration and Procurement Plan * Phase 2 Reuse plan * Phase 2 Implementation Plan * Configuration Management Plan * Test Management Plan * Other components of Phase 2 preparation that the proposer identifies as important for a project like CT METS   The SI contractor must plan, execute, and monitor the integration activities of its system infrastructure and system modules throughout the life of the project and must ensure all PMP activities are in place for a smooth and successful implementation and operation. In addition to the PMP, the following PM and project artifacts, at a minimum, must be prepared and used throughout CT METS:   * Requirements Traceability Matrix (RTM) * RACI Chart * Change Request Form * Deliverable Expectation Document (DED) * Deliverable Review Log * Deliverable Acceptance Document * General and Detailed Design Documents * Security Plan * Interface and Integration Plan * Infrastructure Capacity Plan * Implementation Plan * Legacy System Sunset Plan (shutdown/retirement of existing systems and historical data preservation) * User and System Manuals * Relevant Training Plan and Materials * Operational Transition and Turnover Plan (Knowledge transfer and successful transition to DSS and/or the successor contractor) * Lessons Learned Report * Project Phase Closeout Report * Other PM artifacts recommended for a project like CT METS   The SI contractor must use the DSS PM Processes and Templates, or DSS-approved alternates, for all project management artifacts referenced in this RFP and any others used throughout the CT METS project engagement. When a DSS PM Process or Template is not included in the CT METS Bidders’ Library [33Thttps://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library](https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library)33T, the SI contractor must recommend a format and content that best fits the CT METS project. The Risk Management Plan must include and address the Mitigation Plans requirement described at 42 CFR 433.112 (b) (18) and SMDL 16-009.    These PM artifacts must be created and deposited into the PAR, as described in the Document Management Plan contained within the PMP.  Unique to Phase 2 of CT METS, the SI contractor will be responsible for planning and managing the integration of the chosen solutions and infrastructure into a seamless functional system and the Master Module PMP for program interface, integration, and schedule will be the responsibility of the SI contractor. The SI will be responsible for the module integration project sub-plan and will work with the individual module contractors to consolidate integration activities with dependencies.  The SI contractor must also provide input in the formats prescribed in the DSS EPMO PM Processes and Templates to support the DSS EPMO in creating and maintaining the CT METS Integrated Master Project Plan. The inputs for the CT METS Integrated Master Project Plan include but are not limited to:   * Decision Log * Change Log * Issue Log * Risk Log * Lessons Learned Log * Weekly Status Report * Monthly Status Report * Project Schedule (in .MPP format)   During the module procurements, at DSS’s request, the SI contractor will serve in an advisory role and provide support to DSS for the modular procurements. These activities must be accounted for in the SI’s project schedule.  The SI contractor must plan, execute, and monitor integration activities of its system infrastructure and system modules throughout the life of the project.  The SI contractor must provide the approach and outlined level of effort for SI Phase 2 DDI activities in the PMP. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.2.1 | Proposers must provide a description of their approach and methodology to meet all of the SI Phase 2 Project Management Plan components, artifacts, and required responsibilities |
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### 2.1.1.3 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation

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| **2.1.1.3 – DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance Participation** | |
| The SI contractor will be required to participate in the DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group Governance activities and working groups at DSS’s request, to ensure the contractor work for CT METS is done in a manner that ensures all design work is in line with the DSS/CT METS Business Visioning and with consideration of industry standards adopted by the Office of the National Coordinator for Health Information Technology (ONC), industry leading practices, such as The Open Group Architecture Forum (TOGAF), National Institute of Standards and Technology (NIST), and enterprise reference architectures that are based on MITA 3.0, National Human Services Interoperability Architecture (NHSIA), and CMS Federal Exchange Reference Architecture (CMS ERA). The SI contractor is not expected to be a voting member of the group, but a contributor and participant as required by the group.  The SI contractor will work with the established DSS Architecture Governance Board (AGB) and CT METS Program Architecture Group to inform and gain consensus for emergent design as the work progresses, where the approach to design and development of the modular solutions can produce the best design for underlying system architecture and infrastructure. The participation with the established program architecture groups should also establish understanding of the architecture and infrastructure being designed, facilitate collaboration, steer the technical evolution of the CT METS systems to place DSS in an advantageous position for reuse, and ensure best practices and standards are constantly being researched and applied for innovation that will benefit the entire Connecticut HHS Enterprise. There should be focus on the interfaces, integrations, and dependencies requiring certain patterns and standards to be followed by all modules. As the modular solutions evolve, the architecture function must support the product selection process through market research, an assessment of architectural fit, risk, and impact on existing and future operations. A critical factor for the design will be the lowering of risk and future operations complexity and cost. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.3.1 | Proposers must provide a description of their approach for SI participation in the DSS AGB and Program Architecture group during Phase 2 (DDI) of the project. Proposers must describe how the DSS AGB and CT METS Program Architecture group should be utilized to assist the CT METS technology infrastructure development, module component development, integration platform development, computing environment and hosting set up, and operations execution phase with the focus on lowering risks and future operations complexity and cost |

### 2.1.1.4 – Business Process Modeling Notation and Execution Language

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| **2.1.1.4 – Business Process Modeling Notation and Execution Language** | |
| Following the SI’s work with the OCM contractor to ensure completion of Business Process Modeling Notation (BPMN) in Phase 1, the SI will have overall responsibility for selecting processes to be assigned to modules and/or reused in the Medicaid enterprise for the benefit of DSS. It is understood that not all BPMN processes will be associated with a module or be included in Phase 2 of this project. The SI will map each business process to a module in the To-Be environment to be designed, procured, and/or developed, and implemented in Phase 2. BPMN may also be required during Phase 2 as processes may be discovered or changes require re-mapping.  If recommended by the SI and approved by DSS to be part of the Phase 2 work, the SI will have the primary responsibility for generating BPEL, or ensuring that it is generated, for required business processes. The SI and module contractors will be the primary consumers of execution language to integrate the CT METS modules and other system components. The SI will create and maintain a repository for the BPMN/BPEL information.  The SI will continue to assess and prioritize the business processes to be developed in Phase 2 with the OCM (until the end of the OCM engagement) and with the module contractors. The SI will create a final report to catalog the Business Process Mapping for the entire Medicaid Enterprise, to ensure there are not any functions missed or orphaned in the modular approach.  The SI contractor will provide adequate staffing estimated at two full time equivalent staff to work on BPMN through Phase 2. The SI will assume responsibility of updates and maintenance of all BPMN during Phase 2 when the OCM contractor concludes its contract with the State. Once the mapping process is established and performed for the Medicaid business areas and DSS business functions, the SI will develop a plan to transition ongoing work to DSS responsibility. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.4.1 | Proposers must provide a description of their approach and methodology to meet all the Business Process Modeling Notation and Execution Language requirements during Phase 2 |

### 2.1.1.5 – Integration Platform Services – Module Integration, Interface, and File/Data Transfer

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| **2.1.1.5 – Integration Platform Services – Module Integration, Interface, and File/Data Transfer (Architecture, Design, Tools, and Services)** | |
| The SI contractor must establish a Master Integration Plan and Platform during the Phase 2 DDI and support the staggered modular implementations.  During the module procurements, the SI will serve in an advisory role and provide support to DSS for the modular procurements upon DSS request.  The Integration Platform and Services will address at a minimum:  **Integration Hub**  The SI contractor must be responsible for a central integration point for web services, module integration, interfaces, messaging, and file exchanges utilizing an ESB to facilitate loose coupling of components. The contractor will provide the integration hub, the ESB, enterprise services, logging, error response handling, architecture, publishing, and discovery.  The capabilities that the integration hub will expose to the CT METS portal and trading partner systems include, but are not limited to:   * Identity management and authentication * Access to system services, which perform small system functions such as creating, retrieving, updating, and deleting data records * Access to process services, which perform business functions such as submission of a claim for processing, determination of eligibility, or provider enrollment * Mediation and synchronization of service requests * Interface Control documentation * Batch processes * File exchanges – File-based exchanges require a high level of security, both at the source and the destination; to ensure appropriate protection of sensitive data, CT METS must use secure file transfer protocol (SFTP) for:   + Electronic data interchange (EDI) file transfers (encoded in the HL7, X12 formats) between DSS and its trading partners   + Delimited- and fixed-width file exchanges between legacy systems and components of CT METS   + Structured files such as JSON and XML received from web services or systems   In addition, the SI contractor will:   * Provide project leadership as a single point of contact who will own all issues related to integration of all systems/solutions. Coordinate with other contractors or sub-contractors to ensure actions and issues are taken all the way through closure or resolution within agreed upon project timelines. * Provide necessary training for SI related systems and services * Provide for secure data exchange between the application modules within an agreed-upon service level, using established data format, standards, and protocols * Ensure real-time and batch services to exchange HIPAA transactions, HL7, Provider, Member, Claims, Encounter, Financial, Pharmacy, and Reference data between the modular source systems and the contractors (who utilize the services), data exchanges, and EDWs as applicable * Facilitate the exchange of data through files, message queues, and Web services * Convert the format of the data exchanged based on the needs of the producer/consumer of the data by using industry standards * Maintain the service contracts of all the real-time and batch services hosted in the integration platform * Retain application and transactional data traversing through the platform, as per security guidelines for a stipulated period for audit purposes   + Provide post-implementation support | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.5.1 | Proposers must provide a description of their approach and methodology to meet all the integration platform requirements - module integration, interface, and file transferrequirements and all related services |

### 2.1.1.6 – Data Conversion

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| **2.1.1.6 – Data Conversion** | |
| The SI contractor must be responsible for supporting data conversion and migration from legacy systems to new Connecticut Medicaid Enterprise modules and services as they are incrementally implemented on a rolling basis. The SI contractor must work with the current MMIS contractor to convert and validate the accuracy of all legacy MMIS data into the new Connecticut Modular Medicaid Enterprise. The SI contractor must provide a robust, yet secure, environment for migrating data from source and legacy systems into the Connecticut Medicaid Enterprise.  The SI contractor must conduct the following steps:  1. Proper Planning  The SI contractor must begin with the strategy outlined during Phase 1.  2. Business Engagement  The SI contractor must ensure the engagement of DSS business owners and their buy-in about how the quality of data conversion can affect subsequent processes that make use of this data. Data conversion is a critical task from both business and technical perspectives.    3. Implement Data Standards  Defining and implementing data quality standards helps to ensure consistency during conversion. The SI contractor must consistently measure and track data quality and constantly check the effect on the business value.  4. Data Profiling and Cleansing  To streamline subsequent data conversion procedures, the SI contractor must ensure that proper data profiling and data cleansing procedures are in place so that the original data is of high quality.  5. Rigorous Testing and Validation Plan  The SI contractor must define the testing and validation strategy and the scope of different phases of validation to include testing and validation being performed by the conversion and SME teams to allow a comprehensive approach to validation of data from multiple points of view. The SI contractor must perform statistics gathering and planning for the timing of the conversion process prior to the Go-Live.  6. Data Management and Data Governance  Following data conversion, the SI contractor must ensure that the duplicate master data is eliminated, reducing the risk of incorrect transactions and unreliable reports. The data conversion project must satisfy all principles of data management and data governance.  The SI contractor will manage the data conversion in an incremental process as the various modules are implemented in different timeframes and ensure the conversion process will be managed and implemented in phases and will address the following:   * Conversion objectives, impact, and resources * Files/data that should be converted or linked to the new system as an interface * Plans for normalization of data to be converted * Evaluation of DSS ad hoc databases that facilitate Medicaid processes and whether their data needs to be converted and incorporated into CT METS * Processes that should be used to complete the conversion including verification procedures and acceptance responsibilities * Conversion support requirements including use of the system, policy issues, and hardware * List of conversion tools * Schedule for completing the conversion processes * Conversion preparation task outline * Plans for necessary manual conversion and data cleanup activities * Approach to ensure the accuracy of the converted data * Plans for ensuring that legacy MMIS data should be continually updated with changes from interfacing systems and new modules until all modules and components of the new Connecticut Medicaid Enterprise have been implemented   **Data Conversion and Migration Repository**  The SI contractor will create a Data Conversion and Migration Repository (DCMR) that will provide a robust, yet secure, environment for migrating data from source and legacy systems into the Connecticut Medicaid Enterprise. To do that, it will consume copies of entire databases, files, and other types of extracted data, put those data into repositories, measure and improve data quality, and make those data available in an approved format (schema) to the modules inside the CT METS.  The DCMR must maintain the appropriate metadata necessary for identification of the original system and data format. The DCMR is only meant to facilitate data/system migration and is not meant to be a transactional source of data, nor is it meant to be the ongoing source for an EDW, although the EDW contractor may use the DCMR as a source for initial creation and population of an EDW or equivalent, just as other Enterprise module contractors will use it to populate their private data stores. However, the DCMR is meant to serve future projects that will use the SI platform after CT METS is completed. The SI contractor must propose a solution that can be used for future data conversion and system migrations that go beyond the CT METS program, along with repeatable processes, policies, and procedures for using the DCMR for future migration projects. The SI contractor’s proposed DCMR solution must:   * Preserve the integrity of source systems’ data (structure, constraints, keys, and values), and employ processes and tools that stage, cleanse, and organize data before it is made available to other Connecticut Medicaid Enterprise Modules and services. Once in the DCMR, data integrity, including referential and foreign integrity must be maintained * Comply with all applicable business, Federal, and State security requirements * Include a metadata repository that provides descriptions of source data structures, formats and definitions, and mappings to target CT METS Information Architecture schemas * Use effective-dated transactions and table updates, either future dated or retroactive, with the ability to specify data edits by transaction type as required to maintain data and transaction integrity within the DCMR * Audit and reconcile all imported and exported data and provide automatic program checks to verify correct processing and data integrity * Support physical-to-logical model mapping and rationalization and provide ability to define model-to-model relationships among repository objects, data models, and data flows via graphical, attribute-level mapping * Extend and share metadata bi-directionally with other tools and through automated synchronization of metadata across multiple instances of the tools * Enable role-based security, security to the attribute level of the database, audit trails, and safe storage and handling of data in accordance with all applicable security requirements   DSS expects that the following kinds of tools will be required for the DCMR:   * + - * ETL/ELT tools to extract data from source/legacy systems, load into the DCMR, and move data within the DCMR       * Data Profiling tools to evaluate the quality of data within and across source data sets       * Data Quality Management tools to update data and restructure data for consumption by CT METS modules       * Data Modeling tools to model and maintain the CT METS Information Architecture models       * Metadata Repository tool to manage the source metadata as well as the metadata for the CT METS IA schemas and data rules   The SI contractor will acquire all necessary hardware and software needed to implement, maintain, and operate the DCMR, configure the infrastructure, design and develop the DCMR, secure access to the platform, perform data conversion, load, and maintain the DCMR throughout the life of the contract. The SI contractor must perform all work required to plan, design, create, manage, maintain, monitor, back up, and modify the DCMR to support the migration of data from legacy to the CT METS modules. In addition, the SI contractor must assess current and future data conversion and migration needs to size the DCMR appropriately and to provide an ongoing DCMR for future projects.  **Data Conversion Testing**  The SI contractor must ensure that comprehensive Data Conversion testing is conducted to ensure that data migrated from legacy systems is brought across to the new module in a usable, complete, correct, and expected state, as applicable. The Data Conversion Testing must use automated tools, where possible, to test that all data converted in the conversion test environment complies with the standards set out in the Data Conversion Plan. The Data Conversion tools must be adjusted, depending on the test results, until all migrated data passes the appropriate tests.  Data Conversion exception tolerance levels must be agreed to and approved by DSS prior to the commencement of conversion testing. Test results, scripts, and/or use cases must be approved by DSS prior to commencement of production Data Conversion, as applicable. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.6.1 | Proposers must provide a description of their approach and methodology to meet all the Data Conversion requirements |

### 2.1.1.7 – Operationalize SDLC Process, Governance, and Support Services

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| **2.1.1.7 – Operationalize SDLC Process, Governance, and Support Services as Defined and Approved during Phase 1** | |
| The SI contractor will operationalize the comprehensive SDLC framework, ITSM, and Governance process beginning with executing processes approved from the deliverables developed during Phase 1 for the entire phased modular implementation and ongoing operations. The SI will provide the necessary guidance and training for the process.  The SDLC framework and ITSM methodology and processes must encompass coordinated efforts across and among the other contractors, state personnel, state contractors, and systems that will make up the Medicaid Enterprise. The framework must provide a standardized approach to a multi-system and multi-module environment and must ensure that all related project deliverables and work efforts take into consideration the relative impact on the whole program. The process and methodology are required to be all encompassing, from end-to-end, including all operations.  The SI contractor will develop, communicate, administer, and enforce the CT METS SDLC framework, ITSM, and governance process, including security and testing procedures with all module contractors as approved by the State (DSS and BEST) and must adequately address Incident Management, Defect Management, Change Management, and Release Management as well as ensure there is a reporting path to the Program Director and EPMO. All module contractors will deliver their individual duties and obligations required by their contract with the State under the governance of the SDLC framework, developed and managed by the SI contractor as approved by the State.  The CT METS SDLC framework, ITSM, and governance will be operationalized for the roles of the SI contractor, the module contractors, the State, state contractors, existing contractors with systems still being utilized in the transitional Medicaid Enterprise, IV&V, and any bodies pertinent to the process (such as the DSS AGB and the Program Architecture groups) in the overall CT METS SDLC Management. The SI contractor must implement the tools and technologies needed to manage the SDLC and ITSM process and the governance structure. The SI contractor will incorporate the appropriate State and Federal milestone and certification reviews including the entrance and exit criteria for each review and define the roles, responsibilities, and artifact requirements for each contractor in the CMS milestone review activities and certification review activities to ultimately gain full certification of the solutions and systems as scheduled.  The SI contractor must develop, collect, provide, and maintain extensive documentation throughout the project demonstrating that design and development standards and requirements for each phase and module have been met and CMS review and certification artifact requirements are satisfied. All SDLC artifact requirements for the CMS milestone and certification reviews will be developed or reviewed and recommended by the SI prior to being sent to DSS for review and approval and will be developed according to the most recent CMS MECT/MECL artifact list and required content. Various documentation provided by the SI contractor will be intended for reuse as specifications in the RFPs for module procurement during Phase 2.  The SDLC framework and process developed will leverage existing work where practical including national standards and CMS guidance and governance processes, such as the CMS XLC process:   * Initiation, Concept, and Planning * Architecture Review * Requirements Analysis and Design * Requirements Review and Requirements Traceability * Preliminary Design Review * Detailed Design Review * Development * Testing including Integration Testing Management and Reporting * Environment Readiness Review * Implementation Management * Operational Readiness Review * Maintenance and Operations/Disposition * Post-Implementation Review     The SDLC framework, ITSM, and Governance process must operationalize specific roles, activities, services, and deliverables the contractors must provide in CT METS over the lifecycle of each project.  In preparation for Go-Live and operations, the SI contractor must operationalize the ITSM including software problem resolution standards/procedures and governance which must detail the roles of the contractors, the State, and the CT METS module providers and the IV&V in the overall framework.  The SDLC framework and SI work must provide DSS assurances for success in managing the requirements, analysis, design, development, testing, deployment, training, and maintenance and operations of the Medicaid Enterprise solutions and services to quality standards and expectations of excellence. Support services must also include inputs to the required APD documents including updated risk mitigation plans. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.7.1 | Proposers must provide a description of their approach and methodology to meet all the requirements to operationalize the SDLC/ITSM Process, Governance, and Support Services as defined and approved during Phase 1. |

### 2.1.1.8 – Integration with the selected CT METS Security/Identity and Access Management Solution

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| **2.1.1.8 – Integration with the selected CT METS Security/Identity and Access Management Solution** | |
| The SI contractor must be responsible to ensure all modules and components integrate where appropriate with the CT METS technical infrastructure and with the selected security solution and identity management/access control solution. The implementation effort will build upon the work completed during Phase 1.  As the Medicaid Enterprise Systems Integrator, the SI contractor must identify and plan the scope of work involved in the successful integration with the selected security solution and single sign on, including risk management, enhancements, or amendments needed to ensure successful integration. Recommendations to mitigate risks or overcome obstacles must be specified for DSS review and managed by the SI contractor. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.8.1 | Proposers must provide a description of their approach and methodology to meet all the integration requirements for a security solution, single sign on, and identity and access management. |

### 2.1.1.9– CT METS Privacy and Security Program

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| **2.1.1.9– CT METS Privacy and Security Program** | |
| The SI contractor will be responsible for the Privacy and Security Program and Plan for all levels of security in CT METS and the plan must be reviewed for approval by DSS prior to the completion of the System Design. The SI contractor is responsible for the assessment, planning, and implementation of all security standards, practices, and components required for the CT METS program in addition to adherence to security standards, communications with DSS Security and Privacy Officer, compliance with HIPAA, Health Information Technology for Economic and Clinical Health (HITECH) and NIST requirements, and Internal Revenue Service (IRS) Federal Tax Information.  The SI must have a Certified Information Security Manager on staff at all times as well as staff who are well qualified security experts; such as a certified security architect, certified penetration tester, compliance resource, and an incident response resource on the CT METS project through the life of the contract, and available to State security staff at all times.  The Security program will include an independent security assessment of the infrastructure and all modules as they are designed and implemented.  Throughout the Term, Contractor shall carry, at Contractor’s sole cost and expense, an Information Security Privacy insurance policy with limits not less than $1,000,000 per occurrence or claim, $1,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Contractor in this Contract and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, release of Confidential Information, alteration of electronic information, extortion, and network security.  The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.9.1 | Proposers must provide a description of their approach and methodology to meet all the CT METS Privacy and Security Program requirements |
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### 2.1.1.10 –Business Continuity and Disaster Recovery Failover Solution, Environment, Testing, and Training

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| **2.1.1.10 –Business Continuity and Disaster Recovery Failover Solution, Environment, Testing, and Training** | |
| The SI contractor will be responsible for Business Continuity and Disaster Recovery (BC/DR) infrastructure, solutions, testing, and training. The SI contractor will implement the BC/DR framework developed during Phase 1 of the project for the entire modular solution and will include DR/BC design, testing, and deployment that guides each individual component or module’s DR/BC.    The SI contractor will be required to work closely with DSS, the incumbent contractor(s), and module and service providers throughout the transition period, during which some legacy functionality and some modular functionality will co-exist, to ensure the BC/DR plans remain viable. The SI contractor is required to mitigate the potential risk of business disruptions and ensure workable DR/BC strategies remain in place.  The SI contractor will manage the testing schedules, metrics, and acceptance criteria for each BC/DR plan applied to the individual modules and contractors. The SI contractor must also define the BC/DR specifications to ensure the technology solution and design provided represents industry leading standards and is appropriate for CT METS.  The SI contractor will lead any necessary recovery and restore system availability within the required time parameters such as file replication methods, back up procedures, alternate business area site(s), and the “hot sites,” or alternate data centers proposed to maintain operations. As it is likely there will be multiple hosting sites, the BC/DR will need to address the possibility of a single module becoming unavailable and plans to allow the remaining modules to continue functioning. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.10.1 | Proposers must provide a description of their approach and methodology to meet the requirements of operationalizing the BC/DR for CT METS including the transitional operations and rolling modular implementations |
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### 2.1.1.11 – CT METS Certification

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| **2.1.1.11 – CT METS Certification** | |
| The SI contractor is key in the certification process and must assist the Agency in preparing certification artifacts, evidence, and presentation materials. The SI contractor must participate in the certification reviews as DSS requires.  Phase 2 Certification work will be based on the plan developed during Phase 1 for the strategy and overall plan to achieve MMIS certification and ensure the State meets the criteria for the Project Implementation Milestone Review(s) defined by the Medicaid Enterprise Certification Lifecycle (MECL) as periodically amended by CMS. The SI contractor will begin certification activities with the initiation of each module and build out of technical infrastructure and computing environments, executing the certification plan with a traceability matrix to MMIS critical success factors, certification checklist criteria, and programmatic critical success factors. The SI contractor must ensure the State meets the criteria for all milestone reviews. The SI contractor must also assist with logistics for the reviews as required by the State. | |
| **Proposal Response** | |
| **Response Number** | **Description** |
| PR A.2.1.1.11.1 | Proposers must provide a description of their approach and methodology to meet all the CT METS Certification requirements |
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### 2.1.1.12 – CT METS Maintenance and Operations

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| **2.1.1.12 – CT METS Maintenance and Operations** | |
| The CT METS Maintenance and Operations (M&O) approach and cost will be outlined and proposed by the SI based on the new modular design and operating model prior to the DDI beginning for Phase 2. The SI contractor will propose and work with DSS to develop a scope of work for ongoing operations. As each module achieves production status and certification, M&O will begin based on the contractual agreement. M&O will include at a high level, ongoing operational activities including, but not limited to, the following:   * Modular SDLC/governance process for system changes, maintenance, and modifications (includes testing, documentation) * Software enhancements and updates * System availability monitoring * Network infrastructure monitoring * Interface maintenance * Help desk and user support * Security management * Policy and process changes (Business Rules Engine [BRE] updates and changes) * Notifications maintenance (paper and electronic) * Self-service portal maintenance * Documentation maintenance and version control * Production of ongoing operational reports and/or dashboards * Performance monitoring and tuning * System defects resolution (record, track, resolve, report) * Cooperate and comply with State and federal audit requests * Service disruption escalation procedures * Defects (including development, testing, training, and implementation) will be recorded for any of the following: * Deficiency or problem with the application functionality of the system * Deficiency or problem with the functionality developed or implemented * Deficiency or problem with the functionality of subsequent system enhancements * Updates and creation of new detailed operational procedures including the Desk Level Procedures (DLP) for Medicaid Operations for each transitional modular implementation   When creating an Operational Plan, the SI contractor must consider the high-level operational activities referenced above, as well as any additional operational activities the SI contractor deems necessary for the successful ongoing operation of the system.  The SI contractor must coordinate with DSS and CT METS to implement processes, guidelines, and best practices related to service design, documentation, management, and improvement; and Medicaid Enterprise platform capacity management.  The SI Contractor responsibilities must include, but not be limited to, the following:   * Establishing and maintaining an engagement model for operations of applications and infrastructure, including development, documentation, and management of processes. The model must provide enough detail for Modular Contractors to leverage, including roles and responsibilities, SLAs, and Key Performance Indicators (KPI) * Establishing guidelines and procedures for service reuse, including when service reuse is required and how to request permission to use a service * Coordinating with the CT METS program director and the EPMO to ensure maximum sharing of CT METS business processes, data, and technologies; instances in which CT METS Modular Contractors do not comply must be communicated to the CT METS program director * Supporting CT METS Modular Contractors in conforming service offerings to CT METS business processes and recommending business process modifications, as needed * Establishing and maintaining comprehensive Medicaid Enterprise capacity, availability, and security management processes as they relate to integration platform, integration hub components, and CT METS infrastructure managed by SI Contractor   The Operational Plan and Scope of Work must be approved by DSS prior to commencement of any operational support activities. | |
| **Proposal Responses** | |
| **Response Number** | **Description** |
| PR A.2.1.1.12.1 | Proposers must provide a description of their approach and methodology to estimating and controlling operational cost and managing CT METS M&O requirements including transitional Desk Level Procedures (DLP) for Medicaid operations in the transitional phase. |
| PR A.2.1.1.12.2 | Proposers must provide their approach to keeping M&O costs within the limits of the current costs to operate the Connecticut MMIS and Medicaid operations and/or achieve improvements by reducing operations costs. |
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