Name of State: Rhode Island

Name of State Medicaid Agency: Executive Office of Health and Human Services

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Date of IAPD Submission to CMS: June 8, 2018

Brief Description of Latest Version Additions/Changes/Deletions:

This revised IAPD-U provides cost allocation updates proposed for the fourth quarter of FFY18.
Substantive changes have been made in Sections 10 and 11 and Attachments C and D.

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1. EXECUTIVE SUMMARY

To comply with the Patient Protection and Affordable Care Act of 2010[1] (hereinafter the ACA) requirements regarding expansion of access to affordable health insurance, Rhode Island has taken the following actions, the progression of which reflects Rhode Island's evolving model to provide seamless, consumer-friendly access to affordable health insurance and other human service programs:

a) March 2011 - Submitted an application, which received federal approval, for Level One Establishment funding to provide planning support to design Rhode Island's Health Benefit Exchange.

b) August 2011 - Submitted an IAPD, which received CMS approval for enhanced federal financial participation (FFP) to build and implement a new eligibility rules engine for Modified Adjusted Gross Income (MAGI) Medicaid and State Children's Health Insurance Program (SCHIP) and the Exchange.

c) September 2011 - Submitted an application, which received federal approval, for Level Two Establishment funding to complete the implementation of the Exchange through the design, development and implementation of a fully integrated, combined technology infrastructure supporting eligibility and other program management functions for both the Exchange and MAGI Medicaid/SCHIP.

d) January 2012 - Submitted a revised draft IAPD-U, consistent with our Establishment Two funding request reflecting Medicaid's share of the revised costs of design, development, and implementation of "HIX/IES" - a fully integrated, combined technology infrastructure; this included the technology support for a fully functioning health insurance exchange and the supporting eligibility determination system for both MAGI Medicaid/SCHIP and the Exchange.

e) April 2012 - Pursuant to Rhode Island's approved Establishment II Grant as well as Federal Guidance on January 23, 2012 that encouraged states to build fully integrated eligibility systems, submitted a revised IAPD-U to reflect:

- Medicaid/SCHIP's share of the revised costs of design, development, and implementation of a fully integrated, combined technology infrastructure for a fully functioning health insurance exchange
- Medicaid's costs of eligibility-related functions for the complex (Non-MAGI) Medicaid populations, including disabled adults and children, long term care, foster children, etc.

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[1] Public Law 111-149, Patient Protection and Affordable Care Act, March 23, 2010, 124 Stat. 119.

- Cost allocation (to the human service program) of functions related to specific modifications or additional capacity needed for human service programs to be added to the new Exchange/Medicaid/SCHIP eligibility system. These programs include Supplemental Nutrition Assistance Program (SNAP), Rhode Island Works (RIW), the Child Care Assistance Program (CCAP), General Public Assistance (GPA), and State Supplemental Payment Program (SSP).

f) January 2013 – Submitted a revised IAPD-U to reflect an updated budget based on the negotiated contract with the winning bidder of the State's competitive procurement to design, develop, and implement its HIX/IES system, specifically as it relates to the M&O costs of the project and the Design, Development, and Implementation (DDI) costs of Phase 2. Also included in the January 2013 IAPD-U are additional costs for State personnel, interfaces with State data sources, and hardware expenditures.

g) July 2013 – Submitted an "As-Needed" update to the UHIP project budget. This update revised the format from the previous version to provide additional clarity, transparency, and specificity to the project budget for our federal partners as well as improving Rhode Island's ability to monitor and report on the approved budget. This update also included new project costs that had been identified as necessary. Below is a summary of the project elements and expected impacts contained in this submission:

- Contact center establishment and operations: In order to comply with ACA requirements and establish its State-Based Marketplace, Rhode Island secured the services of a vendor to implement and operate a contact center to provide customer service to citizens seeking help with health insurance and insurance affordability programs.
- Mail handling capacity: Rhode Island identified additional equipment and personnel that will be required given an anticipated increase in transactional volume resulting from the Exchange, Medicaid expansion, and the individual mandate.
- Security, privacy, and support staffing: Rhode Island will secure a UHIP Security Officer and Privacy Officer to manage security and privacy over the entirety of the UHIP platform, as well additional technology support personnel.
- Eligibility operational support: With unprecedented increases in the statewide Medicaid caseload, Rhode Island intends to add thirty term-limited eligibility support technicians to manage applications and eligibility determinations. This additional Department of Human Services (DHS) staff will be located in field offices and the customer contact center; the latter staff will manage the increased Medicaid volume resulting from the ACA, including newly eligible individuals, previously unenrolled but potentially eligible individuals, and referrals to the contact center for ACA Insurance Program enrollments.

- Outreach and enrollment support program: Rhode Island has secured the services of a vendor to provide statewide Outreach and Enrollment Support Program services to comply with a key provision of the ACA.
- Increase in DDI contract resulting from change orders: The original project scope was adjusted given new federal guidance that followed DDI contract execution.

h) April 2014 – Updated cost categories to more accurately reflect project costs. Below is a summary of the proposed changes contained in that IAPD-U submission:

- State personnel: The category has been split to better reflect actual cost of dedicated Medicaid personnel.
- Medicaid Management Information System (MMIS) enhancements: Additional development work has been identified as necessary to ensure proper communication between MMIS and UHIP solutions.
- Hardware cost: Increase to address the Electronic Document Management initiative.
- Increase in COTS software cost: To support software integration requirements, additional Master Client Index software is required.
- Increase in DDI contract resulting from change orders – A few additional changes were identified following system requirements being specified. These are due to Federal Data Services Hub (FDSH) malfunction, changing federal requirements, and other upgrades.

i) October 2014 – Revised and finalized update submitted to reflect adjustments to projected shared technology costs made in the approval process for the February 2014 Level 1 grant request. In addition, adjustment to the cost allocation methodology for the InRhodes Conversion and Bridging component is being requested based on actual project work to date, as well as work that is planned for the balance of the project.

A detailed description of the revised project costs and cost allocation methodologies are described in Section 4 of this IAPD-U.

j) July 2015 – This as-needed IAPD-U included a brief description of project goals and objectives for a 12 to 18-month period, as well as impacts to the IAPD-U to accomplish those objectives:

- This plan is encapsulated in the project's 2015/2016 road map and updated project schedule, which outlined the plan to implement enhanced functionality to the Citizen Portal to address new federal guidance as well as improvements for ease of use and processing efficiencies for both citizens and workers. This plan also included implementing the functionality to provide DHS, EOHHS and contact center workers with the capability to process and maintain applications for MAGI

Medicaid, complex Medicaid, Qualified Health Plans (QHP) and all human service programs using the same "Worker Portal". This functionality will improve processing efficiency, uniformity, error reduction, maintainability of the UHIP solution and in addition to reduce the overall cost of system ownership. Also, the integration of application processing and case maintenance circumvents the potential for data quality and system errors that may result from the need for ongoing, real-time data synchronization of multiple databases.

- The project's road map includes the planned release dates for at least four major functional upgrades of the Citizen Portal and implementation of the fully integrated Health Care and Human Services solution, RIBridges, in the summer of 2016. Most importantly, the project team posts all project documents to the CMS "CALT" repository, which provides the details of all Phase 1 (Citizen Portal) and Phase 2 (RIBridges Worker Portal) design, development and implementation deliverables.

- The 2015/2016 road map envisions an integrated Citizen Portal (Phase 1) that will enable citizens to submit applications and changes via the internet for all health care and human services programs. In addition, State case workers and their agents will be able to enter applications and maintain accounts/cases for all health care and human service programs using RIBridges (Phase 2).

- This IAPD-U also requested funding for upgrading the technical infrastructure to support a larger caseload, increased transaction volumes, and a more functionally rich Citizen and Worker Portals, as well as for improved system security for better user account management, compliance and risk management, and advanced intrusion detection and prevention.

- We are also requesting an adjustment to the cost allocation methodology to account for actual caseload counts and function points.

k) July 2016 – This as needed IAPD-U provided updated costs for contracts that were renewed/executed with vendors for updated FFY 2017 costs as well as new contracts that were not included in last years approved IAPD. In addition, it outlined Rhode Island's anticipated approach and roadmap for FFY 2017 in anticipation of a successful go-live launch.

l) May 2017 – This as needed IAPD-U provides a revised budget to support the State's stabilization and recovery efforts. It includes updated costs for State staffing and vendor support for post go-live stabilization, rescoped design, development and implementation activities to enable successful recovery, and other implementation activities that were previously approved.

m) August 2017 – This IAPD update includes an updated budget forecast for the FFY 2017 and FFY 2018. The changes in cost reflects the project runway developed by the State to stabilize the system, and begin transitioning activities to M&O starting in FFY 2019. Absent

from the costs are a budget for the system integration vendor for FFY 2018 and FFY 2019. The State is engaged in negotiation with the vendor and will formally submit an updated IAPD as negotiations move closer to contract amendment. Contract amendments will be submitted in advance to CMS and Food and Nutrition Service (FNS) for approval prior to execution. Please note that the costs are not represented in the budget as zero, but are to be determined pending negotiations.

n) Update - October 2017 – On October 27, 2017 Rhode Island submitted responses to two outstanding and one new condition of FNS as outlined in its October 6, 2017 letter. In that correspondence, conditional approval was provided for FFY17 and Q1 FFY18. These responses are under review by FNS, to be completed within 60 days of submission by the State.

o) Update - November 2017 – This submission responds to questions and conditions from CMS and FNS in their past conditional approvals of contract amendments and IAPD-U. It includes updated cost-allocations, a re-forecasted 2018 budget, and an updated, projected 2019 budget. Total costs through FFY 2017 are projected to be $342M. The total projected costs through FFY 2018 increased from $404 million to $407.6 million since our August IAPD submission. This change reflects adjustments made to personnel and vendor forecasts, as well as cost-allocation changes. The new submission also includes FFY 2019 cost projections, bringing the total project cost to $491.7 million. The State continues to monitor Deloitte's work closely and will continue to not pay the vendor until the system is stabilized and complete. For FFY 2018, the projected amount to be paid to Deloitte is zero. State leadership negotiated a total credit from Deloitte of $58.6 million, which will provide for M&O through June of 2018 and will offset additional, unanticipated costs from personnel and contractors related to supporting implementation of the system. Please review Section 2 to find State responses to CMS and FNS questions and conditions, except for a description of cost allocation methodology changes, which can be found in Section 11.

p) Update – March 2018 – This revised IAPD-U responds to CMS and FNS' questions relative to approval for FFY Q3 and Q4 funding. The State must be successful in the following areas which are addressed in subsequent sections:

Making meaningful progress towards system stabilization, including: - a plan to reach stabilization and reduce defect levels; - a delivery schedule for completion of the HIX/IES system	Section 9
Strengthening Information Technology (IT) operations and project oversight to mitigate the risk of delayed delivery of functionality or issues with quality in implementation, and to support the implementation of the target operating model	Section 7

Validation of specific costs and cost allocation methodologies	Sections 10 and 11
Consolidated summary of contract support	Section 6

q) Update – April 2018 – This revised IAPD-U responds to questions following the March 12, 2018 submission and addresses conditions contained within the March 30, 2018 approvals from CMS and FNS. This submission is requesting approval of the FFY 2018 Q4.

r) Update – June 2018 – this revised IAPD-U provides minor clarifications to form throughout and cost allocation updates proposed for the Q4 of FFY18. Substantive changes have been made in Sections 10 and 11, including the following:

- Conduent – Medicaid contract moved to DDI for Q3 and Q4 of FFY 2018
- Conduent – DHS support contract has two lines to reflect the appropriate cost allocations
- Faulkner Consulting Group - FFY 2018 Q4 budget has been moved to DDI
- The DHS Random Moment Time Study (RMTS) allocation has been updated to reflect the results for the quarter that ended March 31, 2018
- Automated Health Systems (AHS) contract – Cost allocation has been updated to reflect the proposed call action allocation methodology
- Testers for User Acceptance Testing (UAT) has been moved to the Northrop Grumman Information Systems (NGIS) DDI budget
- Sourcing Advisor – Information Service Group (ISG) is added as the sourcing advisor in Sections 6 and 10; and moved from M&O to DDI cost allocation

2. RESULTS OF ACTIVITIES INCLUDED IN THE IAPD

The previous IAPD-U submission provided timely updates in this section relevant to questions by CMS and FNS prior to the November 30, 2017 submission. To the extent possible, the State is working to provide progress and results to CMS and FNS using operational and executive reporting that is actively in use to manage the project.

As CMS and FNS continue to make progress in developing a standard reporting template, the State will work to align active operational and executive reporting on results and progress. In the meantime, the State is providing updates through sharing active project reports and documents and in providing narrative responses where needed.

Several high-level questions and points of clarification by CMS and FNS are pending and the State is providing clarifications through this IAPD-U submission and through other communications. Where relevant responses have been provided to CMS and FNS outside the IAPD-U submission, they will be referenced herein. Since the November 30, 2017 IAPD-U submission, CMS and FNS have provided short-term conditional funding approvals dependent on the State addressing the following high-level questions:

- The state must make meaningful progress toward system stabilization
- IT operations and project oversight must be strengthened, including progress in developing a Target Operating Model
- Cost and cost allocation methodologies must be validated

Meaningful Progress Towards System Stabilization

Ongoing project plans for stabilization can be found later in this document (in Section 9); however, the most recent technical metrics show progress over the last three months. The total number of incidents, defined as any event which is not part of the standard operations of system or service, peaked after a change freeze for open enrollment at 7,649 at the beginning of December. That number, at the beginning of March, is now 4,249, a 44% decrease. While we must see this trend continue, it is encouraging to see that even as we have picked up the frequency of releases, we have not seen continued influx of incidents two weeks after a release. A renewed focus on any incident blocking benefits, detailed in Section 7, is also warranted to ensure that benefits are delivered in a timely and accuracy manner even as the system integration vendor works on underlying code fixes to fix any issue permanently. Please reference Section 9 for more detail on the State's plan to reach system stabilization, reduce defects and for a delivery schedule towards completion of the system.

IT Operations and Project Oversight

Please see Section 7 for an in-depth review of Key Performance Indicators (KPIs) as a driver of progress, and project oversight changes in the following areas: organizational; process and governance; test planning and operation; Rapid Response Command Center 2.0; operational readiness; reporting; and Deloitte staff changes.

Cost and Cost Allocation Methodologies

Please see Sections 10 and 11 as well as Appendix C and E for detailed changes. Overall, the State has responded to questions by CMS in these sections, including a revision to the budget, cost allocation tables, provision of a quarterly breakdown of costs and in providing a breakdown of the dollar figures by funder.

Medicaid Information Technology Architecture (MITA) Assessment

MITA assessment efforts reported in the previous IAPD-U submission are ongoing. Current MITA efforts are part of the Medicaid Eligibility & Enrollment Toolkit (MEET), specifically within the E&E Life Cycle as an activity. MITA 3 (the version we're now doing) is the source of several of the System Review Criteria Line items. The MEET and the MEET Checklist are required when the State seeks to certify its eligibility and enrollment system(s). Certification would be sought and the toolkit engaged in preparation for a re-procurement of the MMIS.

3. STATEMENT OF NEEDS AND OBJECTIVES OF THE IAPD

Overall the goals of the UHIP project in Rhode Island have not changed. The state's goal is an integrated eligibility system supporting health and human service programs that will service both ACA program implementation, as well as replace Rhode Island's legacy health and human service system.

This IAPD-U planning document provides more detail on work pending for the State to accept the RIBridges system. While this IAPD-U references specific functionality that the State and Deloitte believe must be fixed or delivered to achieve system acceptance, we have also laid forth measurable criteria for system acceptance. These include eligibility accuracy, notice accuracy, payment accuracy, federal compliance, and substantial reduction in blocking benefits by the system.

To facilitate planning and prioritization, we have worked to prioritize any defect or change required to meet these acceptance criteria. If it is not yet explicitly planned, but is required to meet acceptance criteria, the State and Deloitte are committed to delivering this functionality.

Further, the rollout of RIBridges has generated operational challenges for impacted departments, leading to backlogs of work. We have prioritized technology changes to facilitate the processing of work in the system that are detailed more specifically in Section 9. Additionally, the State is making separate operational improvements, particularly in hiring, to address existing backlogs. While operational change is challenging, we remain committed to this part of our stabilization efforts and are pleased with the efforts of our vendor to assist the State in operational change to make the best use of RIBridges.

To help ensure that all required medical work is being performed, in February 2018, eighteen new Eligibility Technicians were hired. This cohort of staff were trained in MAGI/Medical programs and processing. They are actively working request for benefits, recertification and verification task with supervisory approval. We are currently recruiting and anticipate hiring an additional eleven Eligibility Technicians. This is only the medical subset of hiring being done to ensure that DHS is adequately staffed.

4. REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS

This IAPD-U is focused on stabilization of the existing system. As such, our focus is on meeting existing requirements.

5. COST BENEFITS ANALYSIS

There are no changes to this section in this IAPD-U at this time. Re-assessment of cost benefit analysis is dependent on completing stabilization efforts, bringing the system into full compliance and a re-baselining of system impact to caseload and long-term staffing required to support programs served by the system.

6. NATURE AND SCOPE OF ACTIVITIES

Although Rhode Island's primary goals and objectives for UHIP have not changed, the implementation approach has evolved in response to challenges with the system implementation in September 2016. State project leads have received feedback from citizens, the legislature, advocates, state functional and technical subject matter experts, and federal partners and are incorporating lessons learned into the approach for recovery.

This IAPD-U seeks funds for stabilization and recovery efforts. The nature of the work since the UHIP recovery effort began in January 2017 and for the remainder of FFY 2018 and FFY 2019 will be focused on IT delivery and quality, compliance, staffing and training, governance, operations and stakeholder engagement.

Broadly, the vision for the enterprise supported by this IAPD is to achieve an integrated approach for timely access to and delivery of health and human service benefits. Key goals in support of this vision are to deliver results in the following areas:

- Efficient and dignified service delivery for customers, clients, providers and stakeholders
- Create a user friendly and streamlined experience, including a "No Wrong Door" approach
- Empowerment and support of management, staff and workers
- Compliance assurance through improved monitoring and control, and increased audit compliance

The State has engaged State staff and vendors to support the overall recovery efforts and to support project management. The following provides an overview of the scopes of work for contractors serving the State.

Automated Health Systems (AHS)
AHS provides call and walk-in center services, providing telecom and Customer Relationship Management (CRM) technology to fully support the contact center work. This includes logging escalations for system related issues and supporting issue resolution efforts, including higher volumes and longer call times related to issues with RIBridges and UAT.

Conduent

Medicaid contract: Conduent provides implementation support for RIBridges including:

- Reconciling program eligibility and enrollment decisions
- Reviewing data for federal claiming
- Reviewing RIBridges transactions to assess correct eligibility determinations
- DHS Support Contract: Client change request processing
- Provide call center support for SNAP customers

CSG Government Solutions (CSG)

Perform ongoing program Independent Verification & Validation (IV&V) in compliance with 45 CFR, 95.626 and the Medicaid Eligibility and Enrollment Life Cycle (MEELC); monthly and quarterly application, database and network security assessments; security source code scan and analysis, and year 2 Minimum Acceptable Risk Standards for Exchange (MARS-E) 2.0 annual attestation. Note that work stopped on 12/31/17 and resumed on 2/9/18 after federal contract approval and contract execution.

Deloitte

Deloitte is the eligibility system integrator for ACA health coverage, Medicaid and human service programs in Rhode Island. In this role, Deloitte is responsible for DDI and M&O, including the following:

- Architecture and infrastructure
- Hardware and software
- Production hosting
- Electronic data collection and rules engine
- Plan management
- Financial management
- Implementation support
- Training

Note that no funds are budgeted since services will be funded through the credits provided by Deloitte.

DXC Technology (DXC)

DXC is the EOHHS Medicaid fiscal agent, managing the core MMIS and ancillary systems. As such, a portion of the DXC contract allows for implementation support for transactions between RIBridges and the MMIS system, including issue identification, analysis and tracking to resolution.

Faulkner Consulting Group (FCG)

Support for the system roll out and stabilization for MAGI Medicaid and commercial insurance programs, including:

- Establishing workarounds for functionality that is not yet implemented;

- Support Software Development Life Cycle (SDLC) process from start to finish ensuring quality through DDI cycle;
- Release validation to ensure successful code merges; and
- Identifying gaps as reported through customer facing channels and determining solutions

Freedman HealthCare (Freedman)

Freedman provides data management services including:
- Participation in DDI of all waves of the data mart project
- Building CMS and other compliance reports
- Assisting Operations team with validation of system enhancements and fixes
- Report development across multiple systems
- Data quality and enhancement recommendations
- Support for data conversion from UHIP to RIBridges
- Identify and manage correction of data as it enters the data mart
- Release management script validation

International Business Machines (IBM)

IBM executed a data quality analysis, as well as a technical architecture assessment. In addition, IBM provides IT staff augmentation support to assist the state's stabilization efforts. Key areas of activity include the following:
- Assist the state in developing an enhanced problem analysis process to accelerate problem resolution
- System architecture issue analysis and project oversight, including improving planning for software and hardware upgrades
- Improve the defect tracking process
- Support theme development
- Inventory gaps and problem areas in the RIBridges system
- Provide subject matter expertise and business analyst support in issue identification and resolution, as well as quality assurance in DDI
- Release management

ISG

The State selected ISG for sourcing advisory services. The purpose of this engagement is to assist the State in procuring M&O services for RIBridges. This work includes:
- Reviewing of the request for proposals
- Preparing the request for information
- Identifying the scope of services and requisite vendor qualification
- Advising on the evaluation and selection of the successful vendor
- Supporting the creation of contract performance criteria, deliverables, contract structure, and signature ready agreement

KBMakers, Inc. (KBMakers)
Strategic, executive consultation on IT vendor re-procurement, IT contract oversight and IT operations. KBMakers will advise State executives and project leaders regarding ongoing operations, stabilization, and improvement of the UHIP system. KB Makers provides consulting and negotiation services related to contracts with and services provided by vendors. No FNS federal funds will be charged for services after 1/20/2018 until the amendment is approved by FNS.

Klynveld Peat Marwick Goerdeler (KPMG)
KPMG supports the State through technical assistance in the following areas: UAT, implementation support and in governance. UAT services are inclusive of test planning, test case and data provision, testing oversight and management and reporting. Implementation support services provide assistance to agencies managing ongoing RIBridges system issues, including verification and escalation support, development and implementation of an issue escalation process and quality assurance. Governance support extends to the development of a target operating model and road map to the same for program change in coordination with the IT operating model.

MWC Consulting LLC (MWC)
MWC provides central leadership for IT activities related to the stabilization of the RIBridges system. Neither CMS nor FNS federal funds will be charged for MWC services until the contract and amendments have been approved by CMS and FNS respectively.

Northrop Grumman Information Systems (NGIS)
NGIS provides support stabilization efforts of the RIBridges system through IT staff augmentation, interface UAT, provision of testers and enhanced maintenance of the legacy system. For staff augmentation, NGIS provides validation of RIBridges deliverables, escalation and prioritization support, and subject matter expertise (business and technical analysts and project managers). For UAT, NGIS provides quality assurance for the interface code being deployed and executes validations of dry runs of various interim business processes. Multiple InRhodes environments are maintained in support of stabilization efforts for RIBridges including issue identification for converted data and for issue triage and root cause analysis.

Public Consulting Group, Inc. (PCG)
PCG supported RIBridges implementation through December 31, 2017 providing project management support.
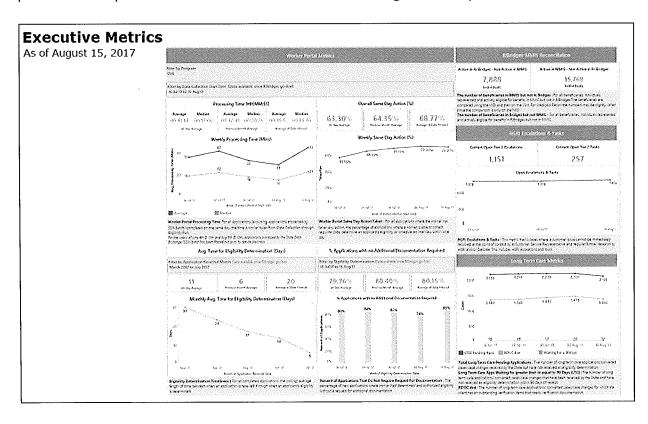
7. PROJECT MANAGEMENT PLANNING AND PROCUREMENT

The State continues to make changes to project governance and oversight of the IES vendor, notably in the areas of KPIs, 'Theme' development and various organizational and project management improvements.
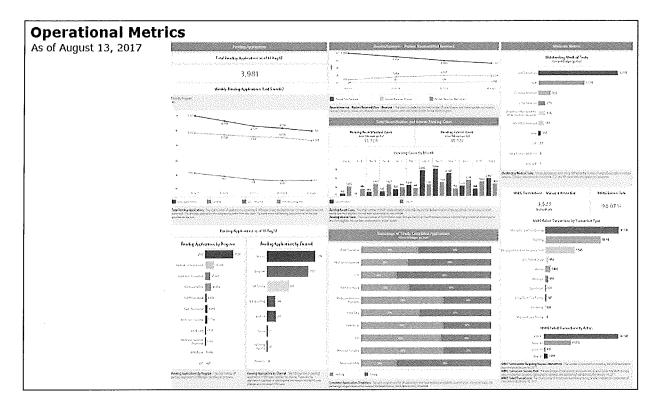
Key Performance Indicators
To measure progress towards stabilization, we have developed executive KPIs that were designed in the Spring of 2017. These indicators were developed with two purposes in mind: to show the health of the system (from an IT perspective); and to show the work of the system to be performed. In this frame, we developed two dashboards, executive and operational.

The executive dashboard (see screenshot below) combines technology metrics, like one-touch processing with operational metrics, like the size of backlogs, to show a single view of how well the "business" is performing with support from IT. After issues were discovered with the data feeding this metrics, the State and vendor began refreshing these metrics, with a current targeted delivery date of the end of March. Additional KPI work continues through June to expand workload management KPIs to include more work that must be performed in the system, and provide more specific views on how workers are interacting with the system.

The operational dashboard (screenshot below) shows project leadership and managers the work in queue for DHS and Medicaid workers.
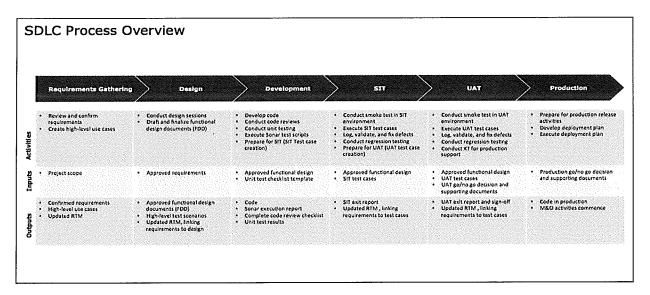
Operational Metrics

As of August 13, 2017

Each has expanded as new metrics can be vetted in response to program needs. These include Medicaid category discrepancies, like Home and Community Based Service (HCBS) referrals. Expanding and improving these dashboards is ongoing work.

In addition to these metrics, the State and Deloitte are working on measures for eligibility accuracy, notice accuracy, and benefit blockers.

Software Development Life Cycle
The State is working with Deloitte to improve implementation of the consistent execution of process and standards, including the gates of the SDLC process. The SDLC is defined in the IT operating model as follows:

SDLC Process Overview

	Requirements Gathering	Design	Development	SIT	UAT	Production
Activities	• Review and confirm requirements • Create high-level use cases	• Conduct design sessions • Draft and finalize functional design documents (FDD)	• Develop code • Conduct code reviews • Conduct unit testing • Execute Sonar test scripts • Prepare for SIT (SIT Test case creation)	• Conduct smoke test in SIT environment • Execute SIT test cases • Log, validate, and fix defects • Conduct regression testing • Prepare for UAT (UAT test case creation)	• Conduct smoke test in UAT environment • Execute UAT test cases • Log, validate, and fix defects • Conduct regression testing • Conduct KT for production support	• Prepare for production release activities • Develop deployment plan • Execute deployment plan
Inputs	• Project scope	• Approved requirements	• Approved functional design • Unit test checklist template	• Approved functional design • SIT test cases	• Approved functional design • UAT test cases • UAT go/no go decision and supporting documents	• Production go/no go decision and supporting documents
Outputs	• Confirmed requirements • High-level use cases • Updated RTM	• Approved functional design documents (FDD) • High-level test scenarios • Updated RTM, linking requirements to design	• Code • Sonar execution report • Complete code review checklist • Unit test results	• SIT exit report • Updated RTM, linking requirements to test cases	• UAT exit report and sign-off • Updated RTM, linking requirements to test cases	• Code in production • M&O activities commence

Focus areas within SDLC for continuous improvement are the gates between testing phases. The project has entrance and exit criteria defined for unit, system integration testing (SIT) and UAT testing. The entry/exit criteria for UAT listed below are an example included in the approved Phase 2 detailed test plan:

User Acceptance Testing (UAT)
Entry
1. Software is ready and available for UAT 2. SIT exit criteria has been met and/or State has agreed to defer open SIT items and proceed with UAT 3. UAT environment readiness has been confirmed 4. Resources have been identified and prepped 5. Test scenarios, test cases, and test steps have been completed 6. Test data is available 7. Access to the UAT environment and necessary user setup has been completed
Exit
1. Test cases have been executed and passed (or deferred to a future release, if approved by State) 2. Mutually agreed upon Severity 1-Critical or Priority 1-Critical work requests identified 30 days before the planned end of UAT have been tested and closed. Anything identified within 30 days of the planned end of UAT will be assessed during pilot and for production readiness (including other alternative options) to maintain the stability and integrity of the application 3. Severity 2-High or Priority 2-High work requests not fixed during UAT have been reviewed and deferred by the State (i.e. acceptable to launch with these work requests outstanding). 4. UHIP functionality delivered for Iteration 7 has been validated and signed off by the State from a UAT perspective to move into Pilot

Themes
Since January 2018, the State and Deloitte have worked to change the prioritization of functionality to be delivered or fixed to better align with the acceptance criteria enumerated in Section 3. While previous efforts were successful in delivering a large amount of deferred functionality and significant changes to the customer portal and worker portal in calendar year 2017, an amended approach was necessary to prioritize at a programmatic level, particularly with regard to existing defects in production (problem tickets).

The primary way in which we will prioritize work moving forward is through "themes." Themes are collections of defects and changes required to achieve a defined business outcome. For example, to completely ensure that Medicaid Premium Payment program (MPP) notices are timely and accurate, we may need to address a sequence of problem tickets currently logged in JIRA (our system of record) and solve them together. These themes provide the backbone of our release plan to ensure we understand the expected business impact. If deficiencies must be resolved across multiple releases, we are better able to track to complete resolution.

The State and Deloitte have defined priority themes for releases that are detailed in Section 9. Most previously scheduled work has been prioritized and put on the project runway, with some changes being required to slot more critical compliance items into available release windows. While the State and Deloitte believe that we were diligent in the collection and prioritization of deficiencies remaining to be corrected, if something has been missed, we will develop a theme around that functionality and prioritize it appropriately. JIRA remains the source of all defects and changes required or requested by the State, and all logged items are retained in the system.

Governance
Governing bodies have changed over time as the State endeavors to continuously improve project performance and include the following IT operating model and program groups:

- UHIP Steering – Executive alignment across State government stakeholders
- UHIP Leadership Team – Guide overall project management and oversight
- UHIP Finance – Provide oversight and accountability for budget, finance, and resource management
- Interagency Operations – Coordinate activities across agencies to meet programmatic objectives; and coordinate interagency project-based work
- Project Management Office - Maintain project method(s), tools and standards, policies and compliance; produce and distribute project reporting and communications; maintain project document repository
- Change Review Board - Review project changes in terms of their impact to the baseline schedule, cost, scope, and quality versus their expected benefits or necessity to stay aligned with the project's business objectives; responsible for reviewing and approving new projects/initiatives and Business Requirement Requests (BRR), reviewing impact

analysis, resolving conflicts related to defects vs. enhancements, approving the release schedule, and approving new service requests

- Maintenance Prioritization Committee - Prioritize tickets for upcoming releases; use M&O leadership's criteria to identify one consolidated, prioritized list from all M&O stakeholders; confirm success of releases and fixes to incidents and problem tickets
- Release Planning Committee - Manage the project and maintenance release schedule; work with the project leads, M&O leads, and governance boards to incorporate approved changes to the schedule; drive the end-to-end release processes, including release procedures and controls, and release notes
- Data Review Board - Confirm the accuracy and consistency of system data; maintain the logical data model & data dictionary; review changes to data structures for impacts to the overall project
- Architecture Review Board - Confirm that project technical architecture meets enterprise standards and policies; enforce reference architecture and standards; review and approve changes to project architecture
- Issue Resolution Committee - Review escalated risks and issues; work with stakeholders to define, document, and monitor steps to resolution
- Technical Change Control Board - Review technical/security change control tickets approved by Internal Technical Review Board; review SIT and UAT results; finalize and lock down the production implementation window; generate a list of tickets approved by the State IT operations lead
- Operational Control Board (OCC) - Responsible for reviewing and monitoring capacity metrics, timing of major upgrades, development operations and infrastructure operations, security operations, and architecture operations

In addition to the institution of this Information Technology Infrastructure Library (ITIL) based governance model, over the last two months, the State and Deloitte have made improvements to project management and execution to improve our ability to deliver this functionality in an effective and timely manner. This section outlines these improvements. The State and Deloitte will continue to implement these items, formalizing them as necessary, and making continuous improvements to our management and execution.

A.   Organizational

With the addition of Chris Colen as the UHIP IT Lead, the State has made additional organizational changes within the IT structure to better support the business and delivery of the system. These additions include: 1) stabilization lead, responsible for all stabilization activities, in particular defect fixing across agencies, and will be charged with overseeing theme development, problem and solutions management; 2) enterprise project management officer (PMO) lead, responsible for UHIP project governance, project planning, tracking reporting, issue and risk management and managing the software development lifecycle; 3) business analyst lead, responsible for coordinating business analysts across the project to support the State program administrators to

develop themes, build requirements, understand impacts of deficiencies and help translate requirements into functional designs. The individuals in these roles bring with them significant IT experience.

B.   Process and Governance

While the fundamental meeting structure of IT governance in place with Deloitte since April 2017 remains in place, the introduction of themes and theme-based prioritization necessitates modification to this process. Maintenance Prioritization Committee (MPC) now is the primary prioritization committee, with Change Review Board serving in a contractual role to formally approve hours. MPC is the formal committee where themes are reviewed and prioritized for release across defects and changes. To that end, we have introduced the concept of "gates" that will validate the team has completed the necessary inputs that are required to enter the next phase of the software development lifecycle. We believe that this will increase control on what fixes and changes get introduced together, how they are designed, developed, tested and deployed. Further solutioning is being done earlier which will lead to more predictability for each release and should reduce significant scope changes late in the SDLC cycle. Finally, our existing problem management meetings, generally held for each program, are being converted in to solutioning meetings where teams meet regularly to focus on understanding requirements and design for each theme, and prioritize additional items as necessary.

C.   Test Planning and Automation

Deloitte and the State have introduced a test planning tool which is capturing the scope of both SIT and UAT testing including the scenarios and scripts to be executed. Planning meetings are being held on a weekly basis with the IT leadership team to discuss testing coverage for each release and to review overall progress and surfacing issues and challenges being faced by the testing teams.

The State and Deloitte are making changes to test planning and execution to improve quality before delivery. Deloitte has brought a best practice set of core regression test scenarios to validate the system with each release to help prevent "breaking" core functions as fixes and new functionality are released. Deloitte's front-end SIT regressions scripts are now automated and will be used with releases going forward. For some small releases (hot or patch), the scripts might only be partially executed/validated. They were completed in May 2018 and are being executed in full for the worker inbox release.

D.   Rapid Response Command Center 2.0

As we continue to stabilize the system, it is critical that we "unblock" cases and applications where clients are eligible for benefits but the system will not properly distribute such benefits due to deficiencies. To improve in this area, Deloitte has created "Command Center 2.0", a new

rapid response approach which will supply quick fixes (faster than the timeframe of a full SDLC to implement code fixes) for the most urgent case issues preventing benefits. This approach was implemented for SNAP application backlog issues and supported the State as we improve timeliness. It is now being extended to all application and case blockers.

The new command center is a physical space in the Deloitte office to improve communication between the systems team and the operations teams, provide reporting on system metrics, as well as updates on the most urgent system issues and driving the triage on backlogged incidents, as well as the rapid resolution for blocking incidents. The State and Deloitte are working to ensure tight interlock between existing "Tier 2" escalation units in the field and the command center to make sure that all incidents are tracked in JIRA to be properly triaged and addressed.

E.   Operational Readiness

It is critical to program success that our administrators and field staff be ready and able to accept and use any technical changes made in RIBridges. We believe that the switch to theme based solutioning and release planning will make it easier for "the business" to engage in testing, training and post-release validation because instead of looking at individual tickets, they can test and accept more complete pieces of functionality. Understanding more completely the business functionality to be delivered by the technical team should improve testing, training and adoption. Additionally, the State and Deloitte are piloting a release readiness checklist. This checklist is being reviewed during the weekly release planning governance meetings and is a key input to the Go/No Go Release Meetings. Finally, for releases where functionality will significantly impact field operations, we have set up an integrated project team across the technical and business stakeholders to jointly plan operations, technical, training and site readiness.

F.   Reporting Improvements

As we shift to a theme based model, we must also shift our project reporting. Executive status reporting has existed since spring of 2017, but was designed to fit the original runway. Therefore, we are in the process of shifting status reporting to an executive project scorecard to track overall progress and status across project releases. This encompasses status as well as risks and issues to provide more visibility to the executive team on the risks/issues that are causing releases to not be on-track. Additionally, a new testing metrics dashboard (one for SIT and one for UAT) that will provide more insight into the status of test phases during the cycle to identify quality or problem areas early in the cycle versus toward the end of a test cycle during the gate review/exit meetings.

G.   Deloitte Staff Changes

Deloitte has identified areas where new staff with recent, relevant experiences would bolster the team and have brought them on board. This includes a new application development manager

to oversee theme development and solutions management, a new applications maintenance lead to oversee defect resolution and command center, and a new program management office lead. Additionally, subject matter experts have been added to the team for certain release plan themes to drive solutions and increase capacity to work on themes, including but not limited to TANF and system architecture. Finally, Deloitte has increased its leadership presence at the India development center to facilitate better collaboration, drive quality and help execute process maturity improvements.

8. PERSONNEL RESOURCE STATEMENT

Please refer to the sections below for a description of staffing requirements and personnel costs, including key personnel. Please also refer to Attachment C – Staffing for a full listing of staff by organization, name, title and cost.

Table 1

Key Personnel	Agency	Title	Responsibilities
Zachary Sherman	HSRI	Director	Leadership
Courtney Hawkins	DHS	Director	Leadership
Patrick Tigue	Medicaid	Director	Leadership
Ken Brindamour	DOIT	IT Executive Contracted	Oversigh of IT project improvement
Benjamin Shaffer	EOHHS	COO	Operations, PMO, KPIs
Matt Stark	EOHHS	CAO	Finance, Resource & Contract Oversight
Maureen Wu	EOHHS	UHIP CFO	Budget, APD
Lisa Martinelli	EOHHS	In House UHIP Counsel	Legal
Bijay Kumar	DOIT	Chief Digital Officer	Oversight of IT Leadership
Chris Colen	DOIT	IT Executive Contracted	Lead IT program life cycle and IT project execution
Rose Jones	EOHHS	Chief Strategic Planning, Monitoring and Evaluation	Communications

9. PROPOSED ACTIVITY SCHEDULE

The timeline that follows is subject to the revision based on the outcome of the negotiations with Deloitte. The state will work through the formal contract approval and IAPD update process as negotiations proceed.

As negotiations proceed, the State will continue to leverage the IT operating model and criteria referenced in sections above and level of effort for changes that are included in the project runway, and within the runway releases. These criteria are used to objectively score changes to the system. This process ensures that the work we are prioritizing will make the biggest impact possible towards meeting project objectives of system compliance, eligibility accuracy, timeliness, notice and payment accuracy. As the State and Deloitte consider enhancements not related to stabilization efforts and system acceptance, we will utilize other criteria as specified below. Please see the screenshot below of a sample evaluation taken from a Change Review Board meeting:

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CRB: Decisions Matrix for BRRs and Changes

The following definitions are used guide decision-making:

- **Must Have** – Future federal policy mandate
- **Future Need** – Needed but will not violate federal policy; business operations can occur but will be hindered until this change is implemented
- **Potential Future Need** - Has business benefits but current operations can continue using current functionality for some time
- **Do Not Need** – Has minimal or no business benefits relative to the effort required to implement the change

The Timeline

December 1, 2017 – June 30, 2018
Negotiations with the system integration vendor - completed to keep the vendor on the project at least through June 30, 2018, with an additional contracted work pending for federal approval beyond that date. The State remains committed to working with CMS and FNS to review pending contract amendments.

For this period, M&O work will continue to include hosting the system, hardware and software and operations of the platform, financial services, and routine error fixes and minor enhancements and will continue throughout the timeline.

The State will manage changes to RIBridges production environment to support Open Enrollment with a stable, non-disruptive environment. A release planned in March 2018 (originally planned for February) was intended to include a final wrap-up of Medicaid caseload management tasks, improvements to the customer portal, and improvements to the Worker Inbox. All remaining notices and interfaces were to have been completed.

Additional releases that were planned for April, May and June had the goal of bringing the system into compliance. These releases include defect fixes and changes to add federally compliant functionality, fix defects related to eligibility accuracy and calculations, and improve timeliness and workflow. Should system compliance and acceptance not be reached by the June 30 date, additional releases following June will be scheduled.

The State has been in regular communication with CMS and FNS on the status of release implementation and planning to date. An accounting of accomplishments for this period, and an updated release plan will be provided with the FFY19 IAPD-U submission.

Assuming that they can be properly executed with quality, these releases are projected to resolve existing problem tickets (defects) to stabilize the system. Deloitte undertook a one-time, four week, "JIRA Cleanup" exercise in addition to the State's own theme development. This review has allowed Deloitte to group "like" tickets together and provide greater assurances that defect stabilization can be reached. This review provided further analytical support for theme development. Details of this cleanup and its outcomes were previously shared with CMS and FNS on February 16, 2018. Additional "theme" materials have been sent in subsequent submissions.

As referenced above, these release plans have been informed by joint State and Deloitte theme development work. Present themes slotted for release include, but are not limited to:
- Medicaid terminations
- CMS eligibility audits
- MMIS stabilization
- LTSS notices and costs of care
- MPP notices
- RIteShare eligibility
- Electronic data management
- Small Business Health Options Program (SHOP)
- Advanced Premium Tax Credit (APTC) Enrollment
- 834 transactions to carriers
- Batch exception
- SNAP, RIW, GPA and SSP eligibility
- Able-bodied Adults without Dependents (ABAWD)
- CCAP eligibility and enrollment
- Data integrity

Additional themes are in development and being slotted for release dates.

The June 2018 release was the target date by which the system would be fully operational from a compliance perspective. As noted above, the State has been in regular communication with CMS and FNS on the status of release implementation and planning to date. An accounting of

accomplishments for this period, and an updated release plan will be provided with the FFY19 IAPD-U submission.

Deloitte has an obligation to finish the system under the contract. Contract amendments submitted for federal review, particularly sections laying out KPIs for acceptance and deficiencies logged, will help the State focus Deloitte's work and hold Deloitte accountable to properly finish the system beyond June 2018. Deloitte made a commitment to the State to finish delivering the system even if we do not reach system acceptance by June 2018.

With the planned releases, another major system change during this period will be a necessary Linux upgrade.

July 1, 2018 – September 30, 2018
A potential post-June 2018 release would be focused on any remaining items required to reach system compliance and acceptance, new federal requirements required since original "go-live" and improving the user experience for workers and customers. A key goal will be readiness for November 1, 2018 Open Enrollment. A roadmap for CY19 architectural changes will be developed ensuring that system components can be updated to support mobile optimization, improved security, and rules flexibility.

October 1, 2018 – March 29, 2019
The State will minimize changes to RIBridges production environment in order to support Open Enrollment with a stable, non-disruptive environment. M&O work will include the following: hosting the system, hardware and software and operations of the platform, financial services, and routine error fixes and minor enhancements.

April 1, 2019 – September 30, 2019
As noted in previous sections, the State has been in regular communication with CMS and FNS on the status of release implementation and planning to date. An accounting of accomplishments for this period, and an updated release plan will be provided with the FFY19 IAPD-U submission.

M&O work for the period would include hosting the system; hardware and software and operations of the platform, financial services, and routine error fixes and minor enhancements.

10. PROPOSED BUDGET

For this IAPD update, Rhode Island is asking for federal approval for Q4 FFY18 project budget that prioritizes investments to support stabilization and recovery. Per request from CMS and FNS the following additions are provided herein:
- An updated breakdown of costs by quarter and by federal agency
- Updates to personnel and vendor budgets based on current information

- Updates to cost allocations are applied to personnel and vendor budgets based on anticipated work. Personnel expenses budgeted in allocated Medicaid or integrated solution will be time tracked to assure actual expenditures are allocated appropriately.

Tables 1 below shows the overall project budget for DDI and M&O as of this June update.

Table 1: June 2018 IAPD-U Summary

IAPD-U June 2018 Version	
	Total Costs
DD&I	
Updated Project DD&I Cost	$ 319,890,776
M&O	
Updated Project M&O Costs	$ 171,452,254
Updated Total Project Costs	**$ 491,343,030**

The overall project budget through FFY19 is estimated to be $491,343,030 of which $383,094,514 is the expected federal share and $108,248,516 is the expected state share. Please see the detailed budget in the following pages.

At the request of CMS and FNS, the State has included Attachment D, which shows a breakdown of total budget and federal funds by quarter for FFY18.

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Table 6a: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
Design, Development & Implementation										
State Personnel – training-related										
State Personnel – training-related Integrated Solution										
State Personnel – training-related Integrated Solution Adjusted										
State Personnel – training-related Integrated Solution Adjusted 2018										
State Personnel – all other			1,129,264	1,138,635						2,278,989
State Personnel – all other Integrated Solution				665,830	2,124,062					2,793,892
State Personnel – all other Integrated Solution Adjusted					253,302	2,881,304				3,134,606
State Personnel – all other Integrated Solution Adjusted 2018							536,042			536,042
State Personnel – all other Integrated Solution Adjusted 2018 Q2 FFY18							536,042			536,042
State Personnel – all other Integrated Solution Adjusted 2018 - effective Q3 FFY'18							1,709,180	3,949,016		5,658,196
Allocated Medicaid Personnel	17,050	230,842	422,439	367,121	1,110,023	3,111,715	878,966			6,137,356
Allocated Medicaid Personnel Q2 FFY18							922,758			922,758
Allocated Medicaid Personnel - effective Q3 FFY'18							911,452	4,789,468		5,700,920
Training Personnel - Integrated Solution (75%: Medicaid FFF)										
State Personnel Integrated Solution = Medicaid 75%							173,836			173,836
Contracted Services										
Project Management Vendor (PCG)										
Phase 1		1,944,633	1,730,023	701,663						4,376,319
Phase 2					528,010					528,010
Project Management Vendor Integrated Solution					674,055					674,055
Project Management Vendor Integrated Solution Adjusted						1,205,320				1,205,320
Project Management Vendor Integrated Solution Adjusted 2018							278,370			278,370
Project Management Vendor NEW Integrated Solution Q2 FFY18										
Technology Implementation Vendor (Deloitte)										
Phase 1										
Exchange		6,039,513	7,235,038	10,786,523						26,103,074
Medicaid		4,460,082	4,067,949	6,199,277						14,750,318
Exchange Adjusted				1,337,050	6,265,651					7,602,681
Medicaid Adjusted				745,582	14,393,922					15,139,504
Exchange Adjusted 2018										
Medicaid Adjusted 2018										
Phase 2			#########	8,164,954						38,541,376
Technology Implementation Vendor Integrated Solution				6,618,453	41,788,535					48,406,988
Technology Implementation Vendor Integrated Solution Adjusted					5,053,922	1,469,275				6,523,197
Technology Implementation Vendor Integrated Solution Adjusted 2018										
Technology Implementation Vendor NEW Integrated Solution Q2 FFY18								6,000,000		8,000,000
Implementation Services						1,772,402				1,772,402
Technical Assistance Vendor (PCG)										
Phase 1		134,648								134,648
Phase 2										
IV&V Vendor (CSG)										
Phase 1										
Exchange		361,934	1,346,485	868,736						2,577,155
Medicaid		201,826	760,021	518,481						1,480,328
Phase 2			332,260	494,105						826,365
IV&V Integrated Solution				539,071	1,662,720					2,601,791
IV&V Integrated Solution Adjusted					453,000	1,708,075				1,861,075
IV&V Integrated Solution Adjusted 2018							450,960			450,960
IV&V Integrated Solution Adjusted Q2 FFY18							287,040			287,040
IV&V Integrated Solution Adjusted effective Q3 FFY'18							952,480			952,480

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Table 6b: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
Design Development & Implementation										
InRhodes Conversion and Bridging (NGIS)										
Phase 1	$ -	$ 2,021,918	$ 2,618,425	$ 1,384,511	$ -	$ -	$ -	$ -	$ -	$ 6,024,854
Phase 2 (Non InRhodes Revisions)	$ -	$ -	$ -	$ 2,246,416	$ -	$ -	$ -	$ -	$ -	$ 2,246,416
Phase 2 (InRhodes Revisions)	$ -	$ -	$ 1,497,155	$ 897,159	$ -	$ -	$ -	$ -	$ -	$ 2,394,314
InRhodes Conversion and Bridging Integrated Solution	$ -	$ -	$ -	$ 355,982	$ 4,900,664	$ -	$ -	$ -	$ -	$ 5,256,646
InRhodes Conversion and Bridging Integrated Solution Adjusted	$ -	$ -	$ -	$ -	$ 1,137,537	$ 3,573,635	$ -	$ -	$ -	$ 4,711,172
InRhodes Conversion and Bridging Integrated Solution Adjusted 2018	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,343,509	$ -	$ -	$ 1,343,509
InRhodes Conversion and Bridging Integrated Solution Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,371,634	$ -	$ -	$ 1,371,634
InRhodes Conversion and Bridging Integrated Solution effective Q3 FFY18							$ 2,739,814			$ 2,739,814
Contact Center	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Start-up Cost	$ -	$ -	$ 2,214,034	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,214,034
Other Contracted Services										
HPES	$ -	$ -	$ 654,236	$ 3,019,309	$ 2,490,663	$ 2,738,538	$ -	$ -	$ -	$ 8,902,746
HPES (DXC) 2018							$ 451,061			$ 451,061
HPES (DXC) Q2 FFY18							$ 420,000			$ 420,000
HPES (DXC) effective Q3 FFY18							$ 1,073,593			$ 1,073,593
UAT Technology Support										
Exchange	$ -	$ -	$ -	$ -	$ 1,140,311	$ -	$ -	$ -	$ -	$ 1,140,311
Medicaid	$ -	$ -	$ -	$ -	$ 1,978,834	$ -	$ -	$ -	$ -	$ 1,978,834
UAT Technology Support Integrated Solution	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
UAT Technology Support Integrated Solution Adjusted	$ -	$ -	$ -	$ -	$ 20,100	$ 4,966,914	$ -	$ -	$ -	$ 4,987,014
UAT Technology Support Integrated Solution Adjusted (KPMG) 2018	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,481,050	$ -	$ -	$ 3,481,050
UAT Technology Support Integrated Solution Adjusted (KPMG) Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,221,331	$ -	$ -	$ 3,221,331
UAT Technology Support Integrated Solution Adjusted (KPMG) effective Q3 FFY18							$ 6,442,662			$ 6,442,662
Implementation Support Services										
Exchange	$ -	$ -	$ -	$ -	$ 173,667	$ 1,356,087	$ 176,187	$ -	$ -	$ 1,705,941
Medicaid	$ -	$ -	$ -	$ -	$ 740,369	$ 5,781,215	$ 751,115	$ -	$ -	$ 7,272,699
Implementation Support - Integrated Solution Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,131,943	$ -	$ -	$ 1,131,943
Implementation Support - Integrated Solution effective Q3 FFY18							$ 2,183,368			$ 2,183,368
Integrated Solution	$ -	$ -	$ -	$ -	$ -	$ 6,726,587	$ -	$ -	$ -	$ 6,726,587
Implementation Support Services - Integrated Solution 2018	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,062,799	$ -	$ -	$ 2,062,799
Implementation Support Services - Integrated Solution Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,108,600	$ -	$ -	$ 2,108,600
Implementation Support Services - Integrated Solution effective Q3 FFY18							$ 4,126,981	$ 4,406,821		$ 8,533,802
KB Maker										$ -
KB Maker 2018							$ 74,979			$ 74,979
KB Maker Q2 FFY18							$ 18,400			$ 18,400
KB Maker New effective Q3 FFY18							$ 78,439			$ 78,439
MVC Consulting							$ 217,980			$ 217,980
AHS (UAT)							$ 232,800			$ 232,800
Reconciliation Services (Conduent-formerly Xerox) effective Q3 FFY18							$ 230,750	$ 2,614,372		$ 2,845,122
Data Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Exchange	$ -	$ -	$ -	$ -	$ -	$ 351,413	$ 87,336	$ -	$ -	$ 438,749
Exchange Adjusted 2018	$ -	$ -	$ -	$ -	$ -	$ -	$ 78,439	$ -	$ -	$ 78,439
Medicaid	$ -	$ -	$ -	$ -	$ -	$ 1,498,125	$ 372,326	$ -	$ -	$ 1,870,451
Medicaid Adjusted 2018	$ -	$ -	$ -	$ -	$ -	$ -	$ 531,456	$ -	$ -	$ 531,456
Data Management Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,062,912	$ -	$ -	$ 1,062,912
Data Management effective Q3 FFY18							$ 1,062,912			$ 1,062,912
Sourcing Advisor							$ 517,500			$ 517,500

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Table 6c: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
Design, Development & Implementation										
State System Interface for Verifications										$ -
Phase 1 Interface Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
State System Interface for Verifications Integrated Solution	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
State System Interface for Verifications Integrated Solution Adjusted	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
State System Interface for Verifications Integrated Solution Adjusted 2018	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
State System Interface for Verifications NEW Integrated Solution Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Hardware and Software										$ -
Hardware for DD&I and Testing	$ -	$ 283,906	$ 2,013,862	11,481	$ -	$ -	$ -	$ -	$ -	$ 2,309,249
Hardware for DD&I and Testing Integrated Solution	$ -	$ -	$ -	$ -	375,998	$ -	$ -	$ -	$ -	$ 375,998
Hardware for DD&I and Testing Integrated Solution Adjusted	$ -	$ -	$ -	$ -	47,628	$ -	$ -	$ -	$ -	47,628
Hardware for DD&I and Testing Integrated Solution Adjusted 2018	$ -	$ -	$ -	$ -	$ -	$ 353,921	$ -	$ -	$ -	$ 353,921
Hardware for DD&I and Testing NEW Integrated Solution Q2 FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Mail Room HW Enhancement - Exchange	$ -	$ -	546,356	$ 183,645	$ -	$ -	$ -	$ -	$ -	$ 730,001
Mail Room HW Enhancement - Medicaid	$ -	$ -	$ 1,107,948	734,578	$ -	$ -	$ -	$ -	$ -	1,842,526
Mail Room HW Enhancement - Integrated Solution	$ -	$ -	$ -	$ -	8,458	$ -	$ -	$ -	$ -	$ 8,458
Mail Room HW Enhancement - Integrated Solution Adjusted	$ -	$ -	$ -	$ -	1,041	$ -	$ -	$ -	$ -	1,041
Mail Room HW Enhancement - Integrated Solution Adjusted 2018	$ -	$ -	$ -	$ -	$ -	$ -	365,369	$ -	$ -	$ 365,369
Mail Room HW Enhancement - NEW Integrated Solution FFY18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	365,369
COTS Software	$ -	$ -	5,400	139,370	$ -	$ -	750,000	$ -	$ -	894,770
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL DD&I Cost	$ 17,050	$ 17,713,402	$ 48,097,317	$ 58,523,932	$ 87,022,652	$ 39,494,526	$ 45,262,220	$ 23,759,677	$ -	$319,890,776

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Table 6d: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
Maintenance & Operations										
State Personnel										
DHS Eligibility Support	$ -	$ -	$ 2,235,112	$ 1,134,566	$ 1,132,600	$ 2,088,081	$ 544,933	$ -	$ -	$ 7,135,292
DHS Eligibility Support Q2 FFY18							544,933			544,933
DHS Eligibility Support Q3 FFY18							544,933			544,933
DHS Eligibility Support effective Q4 FFY18							544,933	$ 3,737,056		4,281,989
Other Staff - Integrated Solution	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
State M&O - Other										
DHS M&O - Other	$ -	$ -	200,839	238,554	$ -	$ -	$ -	$ -	$ -	439,393
State M&O - Other Integrated Solution	$ -	$ -	-	68,601	667,087	239,596	-	-	$ -	975,284
State M&O - Other Integrated Solution 2018							83,333			83,333
State M&O - Other Integrated Solution efective Q3 FFY18							166,667	250,000		416,667
State Personnel - AHS										
State Personnel - AHS	$ -	$ -	$ -	$ -	$ -	$ -	81,100	$ -	$ -	81,100
Contracted Services										
Reconciliation Services (Conduent-formerly Xerox)	$ -	$ -	$ -	$ -	$ -	115,375	115,375	$ -	$ -	230,750
Reconciliation Services and Operations Support Q2 FFY18							324,166			324,166
Conduent (DHS Change Requests)							342,642			342,642
Conduent (DHS Call Center Support)							494,881			494,881
Data Management	$ -	$ -	$ -	$ -	$ -	2,003,667	$ -	$ -	$ -	2,003,667
Data Management Adjusted	$ -	$ -	$ -	$ -	$ -	-	443,800	$ -	$ -	443,800
Data Management Adjusted 2018 Q2 FFY18							413,622	3,480,960		3,894,582
Data Management (Freedman) - M&O Allocation							827,284			827,284
UHIP Security & Support	$ -	$ -	50,962	553,045	$ -	$ -	$ -	$ -	$ -	604,007
UHIP Security & Support Integrated Solution	$ -	$ -	-	-	435,735	388,921	$ -	$ -	$ -	824,656
UHIP Security & Support Integrated Solution 2018	$ -	$ -	-	-	$ -	$ -	1,160,530	7,287,408	$ -	8,447,938
UHIP Technology Platform										
Initial Hosting/M&O	$ -	$ -	5,852,201	1,771,953	$ -	$ -	$ -	$ -	$ -	7,624,154
Ongoing Hosting/M&O	$ -	$ -	-	1,780,453	$ -	$ -	$ -	$ -	$ -	1,780,453
Ongoing Hosting/M&O - SFY16	$ -	$ -	-	1,229,750	9,139,300	$ -	$ -	$ -	$ -	10,369,050
Ongoing Hosting/M&O - SFY17 and Beyond	$ -	$ -	-	-	1,975,995	411,694	$ -	$ -	$ -	2,387,689
Ongoing Hosting/M&O - SFY17 and Beyond 2018	$ -	$ -	-	-	$ -	$ -	$ -	34,000,000	$ -	34,000,000
Contact Center										
Initial Hosting/M&O	$ -	$ -	9,572,964	-	$ -	$ -	$ -	$ -	$ -	9,572,964
Ongoing Hosting/M&O	$ -	$ -	-	10,948,191	$ -	$ -	$ -	$ -	$ -	10,948,191
Ongoing Hosting/M&O SFY16 and Beyond	$ -	$ -	-	4,781,281	16,699,823	15,056,017	$ -	$ -	$ -	36,537,121
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018	$ -	$ -	-	-	$ -	$ -	6,276,421	11,634,852		17,911,273
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018 (AHS) Q2 FFY18							2,918,520			2,918,520
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018 (AHS) effective Q3 FFY18							4,082,702			4,082,702
AHS (DHS Triage)	$ -		65,625	86,458	56,250	$ -			$ -	208,333
DHS Triage (AHS) 2018	$ -	$ -					170,508			170,508
OESP Outreach and Education	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Legal Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total M&O Cost	$ 17,050	$ -	$ 17,977,703	$ 22,592,852	$ 30,106,790	$ 20,303,351	$ 20,081,282	$ 60,390,276	$ -	$ 171,452,254
Total Project	$ 17,050	$ 17,713,402	$ 66,075,020	$ 81,116,784	$ 117,129,442	$ 59,797,877	$ 65,343,502	$ 84,149,953	$ -	$ 491,343,030

10.1.   Design, Development and Implementation Costs

10.1.1. State Personnel – All Other / Medicaid Personnel

Costs have been updated to reflect projected salaries and benefits as well as updates to address added lines for required cost allocations. Please see Attachment C for details. Attachment C has been updated per discussions with CMS and FNS.

The State personnel budget reflects the State staff required to support the scope in this IAPD-U submission. The staffing model provides UHIP-dedicated staff with deep expertise in projects of this type, and includes skill sets and positions needed to fully manage the system development life cycle, manage and support the DDI system integrator and provide quality assurance and quality control and fiduciary management.

All UHIP project stakeholders have full and/or part time staff allocated to the UHIP project, including:

- EOHHS
- Medicaid
- DHS
- HealthSource RI (HSRI);
- Department of Administration (DOA)
- Division of Information Technology (DoIT).

The total 'State Personnel – All Other' budget is cost allocated to the integrated solution for FFY 2018 is $2,781,265

Rhode Island has identified HSRI, DOA and DoIT staff for all or part of FFY 2018 who work on Medicaid related tasks for the new integrated solution. The DoIT and DOA staff allocation has been determined based on the actual time spent supporting development efforts (vendor and procurement management, administrative support, project management, project budget support). The increase in DoIT staff is to assist the State with the technology issues currently impacting the system.

The total annual estimated cost for allocated Medicaid personnel for FFY 2018 is $2,712,375 at 90% FFP and $173,836 at 75% FFP.

Total Cost State Personnel FFY 2018 = $5,667,476

10.1.2. Contracted Services – Project Management Vendor

Public Consulting Group, Inc. (PCG) costs have been updated to reflect actual expenditures to date, and to adjust the timing in which costs are expected to be incurred. To support the ongoing project management and technical advisory needs of the project, $278,370 is being requested through the end of the contract on December 31, 2017.

PCG's UHIP responsibilities included: assisting in the preparation, forecasting, and submission of the IAPD, developing monthly budget reports, conduct analysis of State agency project budgets; managing the deliverable review process between the State and the system integrator; and supporting EOHHS in its management of MMIS and cost allocation analysis.

Project Management Vendor Total Cost FFY 2018 = $278,370

10.1.3. Contracted Services – Technology Implementation Vendor

Please see timeline from Section 9 for an overview of DDI activities for the technology implementation vendor. Currently the State is in negotiation with the vendor to further amend the contract to clarify what work remains to accept the system and to improve M&O terms. The State will work with CMS and FNS for timely review and approval of contract amendments.

Deloitte DD&I Total Cost FFY 2018 = $0

10.1.4. Contracted Services – Technical Assistance Vendor

There are no further changes to this cost category.

10.1.5. Contracted Services – IV&V Vendor

CSG Government Solutions (CSG) will continue to work as the IV&V Vendor. This contract ended on 12/31/17 and resumed on 2/9/18. CSG will continue to provide ongoing program IV&V, monthly and quarterly application system security assessments. Costs have been updated to reflect actual and projected expenditures.

CSG Total Cost FFY 2018 = $1,690,480

10.1.6. Contracted Services – InRhodes Conversion and Bridging

NGIS will continue their role in providing conversion and bridging services on the project. NGIS will perform ongoing stabilization support of InRhodes, RIBridges interface user acceptance testing, and UHIP IT transition support.

NGIS DD&I Total Cost FFY 2018 = $5,454,957

10.1.7. Contracted Services – Contact Center

There are no new DDI contact center costs for this IAPDU period.

10.1.8. Contracted Services – Other Contracted Services

10.1.8.1. Medicaid Management Information System Integration

Stabilization work is ongoing and conducted as necessary to ensure proper communication between the MMIS and the RIBridges solution. This is managed by DXC (formerly Hewlett Packard Enterprises). DXC will assist the state with the following;

- Issue resolution
- Test new MMIS fixes
- Assist with operationalizing system changes
- Decipher and explain recipient cases
- Process eligibility transactions and subsequent enrollments
- Validate terminations

HPE Total Cost FFY 2018 = $1,944,654

10.1.8.2. User Acceptance Testing Technical Assistance

KPMG is currently under contract to provide UAT technical assistance, which includes assisting the State in developing the UAT plans, scripts, and test data. This service also includes UAT execution. The State provides substantive staff resources to participate in all UAT activities and is responsible for the final acceptance of all system releases.

KPMG UAT Assistance Total Cost FFY 2018 = $13,145,043

10.1.9. Implementation Support Services

Faulkner Consulting Group (FCG) will support the State by providing the following services:

- DDI and stabilization support;
- Establishing workarounds for functionality that is not yet implemented;
- Support SDLC process from start to finish ensuring quality through DDI cycle;
- Release validation to ensure successful code merges; and
- Identifying gaps as reporting through customer facing channels and determining solutions

These services are being requested at the CMS enhanced federal participation rate of 90% using the new updated lines of code cost allocation methodology.

FCG Implementation Support Total Cost FFY 2018 = $4,252,613

10.1.9.1. Integrated Solutions Services

The State is requesting $9,669,228 in FFY 2018 for technical assistance in stabilizing the RIBridges system through implementation support activities, including triage of system problems and defects. There are five vendors under this category. The scope of each vendor is detailed below.

1. IBM executed a data quality analysis as well as a technical architecture assessment. In addition, IBM provides IT staff augmentation support to assist the State's stabilization efforts. Key areas of activity include the following:
   - Assist the State in developing an enhanced problem analysis process to accelerate problem resolution
   - System architecture issue analysis and project oversight, including improving planning for software and hardware upgrades
   - Improve the defect tracking process
   - Support theme development
   - Inventory gaps and problem areas in the RIBridges system
   - Provide subject matter expertise and business analyst support in issue identification and resolution, as well as quality assurance in DDI
   - Release management

IBM Total Cost FFY 2018 = $7,414,980

2. KB Makers provides strategic, executive consultation on IT vendor re-procurement, IT contract oversight and IT operations. KB Makers will advise State executives and project leaders regarding ongoing operations, stabilization, and improvement of the UHIP system. KB Makers provides consulting and negotiation services related to contracts and services provided by vendors.

KB Makers Total Cost FFY 2018 = $171,818

3. MWC Consulting provides central leadership for IT Operations activities related to the stabilization of the RIBridges system.

MWC Consulting Total Cost FFY 2018 = $217,980

4. AHS provides four to eight testers in support of User Acceptance Testing.

AHS Total DDI Cost FFY 2018 $232,800

5. Federal electronic Asset Verification Program (AVP) standards require states to have a mechanism in place to verify assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants or recipients (Supplemental Appropriations Act, 2008, Pub. L. No. 110-252; Section 1940 of the Social Security Act). The ACA required AVP systems to be electronic (e-AVP). The e-AVP system supports the process of verifying assets electronically from Financial Institutions across the nation and supports verification and look back into bank accounts for a period of 60 months.

Identification of Real Property Assets
This tool/service provides automation of verifying real property assets and electronically discover real property holdings, transfers, and sales across the nation. This service helps identify details of the undisclosed real property assets of the beneficiary.

Tools to Facilitate Review of Financial Documents
This kind of tool eliminates the need to review bank and credit card statements manually which are required to be done by the case worker for financial asset determination. This kind of tool analyzes statements with accuracy, allowing users to quickly and confidently make financial determinations for eligibility.

Electronic Asset Verification Total Cost FFY 2018 = $483,400

6. Document Scanning Services

Document scanning will be used to make sure all paper files are transferred and stored electronically. This cost also includes high speed scanning hardware.

Document Scanning Services Total Cost FFY 2018 = $400,000

7. ISG – Procurement Support

The purpose of this engagement is to assist the State in procuring M&O services for RIBridges.
This work includes:
- Reviewing of the request for proposals
- Preparing the request for information
- Identifying the scope of services and requisite vendor qualification
- Advising on the evaluation and selection of the successful vendor
- Supporting the creation of contract performance criteria, deliverables, contract
  structure, and signature ready agreement

Procurement Support (ISG) Total Cost FFY 18 = $517,500

8. Conduent - Medicaid

Services to assist with reconciling data for program eligibility and federal claiming. Note that this
work is 100% Medicaid.

UAT Testing Support Total Cost FFY 2018 = $230,750 Table 8. below is a summary of all vendors
and costs associated with the implementation support cost category.

Table 8: Implementation Support Services Costs

Vendor	Cost
IBM	$ 7,414,980
KB Makers	$ 171,818
MWC Consulting	$ 217,980
AHS Testers	$ 232,800
Asset Verification	$ 483,400
Document Scanning	$ 400,000
Procurement Support	$ 517,500
Conduent - Medicaid	$ 230,750
TOTAL	**$ 9,669,228**

10.1.10.   Contracted Services – Data Management

Freedman HealthCare provides data management services including:
- Participation in development, design and implementation of all waves of the data mart
  project
- Building CMS and other compliance reports
- Assisting operations team with validation of system enhancements and fixes
- Reporting development across multiple systems

- Recommending data quality and enhancements
- Identifying and manage correction of data as it enters the data mart; and
- Releasing management script validation (interim business process)

Freedman DD&I Total Cost FFY 2018 = $2,054,030

These services are being requested at the CMS enhanced federal participation rate of 90% using the new updated lines of code cost allocation methodology.

10.1.11. State System Interfaces for Verification

There are no additional costs for the state system interfaces for verification for this IAPD-U period.

10.1.12. Hardware and Software Costs

In this section, the State outlines its request for hardware and software outside of what is required under contract with the system integration vendor that are required to support its FFY 2018 needs. **The hardware and software costs for FFY 2018 are estimated to be $365,369 for FFY 2018** and include mail room hardware enhancements.

10.1.13. Commercial off-the-Shelf (COTS) Costs

COTS costs have been updated to reflect the FFY 2018 request of $750,000.

Table 10: COTS

Function	Description	FFY18 Update
Security	COTS software required for each of the security enhancement projects.	$750,000

10.2. Maintenance and Operations (M&O) Costs

10.2.1. State Personnel

DHS Eligibility Support

Rhode Island will keep monitoring eligibility support staffing needs and updating this line item accordingly with respect to resource needs in future periods. See Appendix C – November 2017 Staffing for additional details.

DHS Eligibility Support Total Cost FFY 2018 = $2,179,731

State Personnel – AHS

One staff person at HSRI who manages AHS has moved from a Medicaid allocation to the AHS contract cost allocation effective April 1, 2018. See Appendix C for further detail.

Personnel utilizing AHS Cost Allocation Total Cost FFY 2018 = 81,100

Total M&O Personnel Costs FFY 2018 = $2,260,831

10.2.2. State M&O – Other

This category presents in-house costs of M&O of the UHIP platform. In this IAPD-U, Rhode Island's requests include operating costs for new application forms, local office site preparation/infrastructure, central printing and mailing, and licenses. The proposed methodology allocates costs across benefitting Medicaid and Human Services programs. The requested Medicaid FFP will be 75%.

State M&O – Other Total Cost FFY 2018 = $250,000

10.2.3. Contracted Services – Reconciliation Services

This section reflects mid-year cost allocation changes, moving these expenses from M&O to DDI effective 4/1/18.

The State is requesting $439,541 in FFY 2018 reconciliation activities at the 75% federal enhanced match rate. The state has included one vendor into this cost category.

1. Conduent - Medicaid

Conduent will assist the State by performing the following activities:

- Review data for federal claiming
- Review RIBridges transactions to assess correct eligibility determinations
- Reconcile program eligibility and enrollment decisions.
- Assist with change request processing to address backlog.

Reconciliation Services Total Cost FFY18 = $439,541

Conduent – DHS Support

- Client change request processing which impacts all programs
- Provide call center support for SNAP customers

Total DHS Support Service Total Cost FFY 18 = $837,523

10.2.4. Contracted Services – Data Management

In addition to the data management development services described above, Freedman Healthcare also provides the following maintenance services:

- Data fixes and data quality monitoring
- Quality assurance for data dictionary and data model

These services are being requested at the CMS enhanced federal participation rate of 75%.

Freedman M&O Total Cost FFY 2018 = $ 1,684,706

10.2.5. Contracted Services – UHIP Security and Support

To ensure that the UHIP platform remains fully compliant with all federal and state security and privacy standards, the State has conducted an additional analysis of compliance requirements. The State is requesting $487,500 in FFY 2018 at the M&O federal participation of 75% to meet these requirements.

Northup Grumman Information Systems (NGIS) will continue to perform the scope of services listed in section 10.1.6, but also perform some services related to M&O of the RIBridges system. Total Northrup Grumman M&O Cost FFY 2018 = $673,030

UHIP Security Total Cost FFY 2018 = $1,160,530

10.2.6. Contracted Services – UHIP Technology Platform

The state is currently in negotiations with the System Integration (SI) vendor to exercise an option year in the contract to continue Maintenance & Operations. The State's requirements for the upcoming M&O period includes supporting management of the RIBridges system. The new integrated RIBridges solution provides a significant increase in the number of supported programs, functionality, capabilities, and service population. In parallel, the State is procuring a

sourcing advisor to assist the State in procuring a vendor for M&O services by April 2019. The State will continue to deny payment to Deloitte in advance of delivery of a completed system. Note that no funds are budgeted to Deloitte in FFY18 because their services are subject to a negotiated credit.

Deloitte M&O Total Cost FFY 2018 = $0

10.2.7. Contracted Services – Contact Center

Automated Health Systems Inc. (AHS) will continue as the contact center vendor to perform the following tasks, at the M&O allocation is 75%;

- Contact center services - Phone and walk in center support for QHP and Medicaid health coverage customers
- ICI Call Center - Provide phone support and enrollment assistance for RI citizens who are dual eligible for Medicare and Medicaid
- NFP sub-contract to perform SHOP customer service
- Health Coverage Backlog - Work verification and escalation backlog for MAGI Medicaid customers

The original forecast was increased to include additional staff for health coverage support. This was mostly due to increased Medicaid call volume, DHS call center support, and verification and escalation support.

AHS Contact Center Total Cost FFY 2018 = $13,277,643

Triage Team for DHS Call Center - Provides a customer service team, which answers Tier 1 calls for DHS, assesses reason for call and resolves or passes on to DHS call center team

AHS Triage for DHS Total Cost FFY 2018 = 170,508

Total M&O Portion of the AHS Contract FFY 2018 = $13,448,151

10.2.8. Contracted Services – Outreach and Enrollment Support Program

There are no outreach and enrollment costs for FFY 2018.

11. COST ALLOCATION PLAN FOR IMPLEMENTATION AND MAINTENANCE ACTIVITIES

The State has continued to review all the cost allocation methodologies and activities of contractors and personnel. As a result of this ongoing review, the State has updated the current cost allocation methodology for FFY 2018. The State has applied the updated DD&I and M&O cost allocations to contracts based upon current projections of work. Thus, costs are more accurately distributed among programs supported by RIBridges. Current approved cost allocations will persist until proposed changes are approved, and will only be in effect from the date of approval. Notable updates include increasing the HSRI allocation in the integrated solution (lines of code) allocation, and transitioning Freedman Consulting and Faulkner Consulting Group from a Phase 1 function point allocation to a more accurate integrated solution allocation. A similar review was conducted for State personnel and the State determined that a more accurate Random Moment in Time (RMTS) would be appropriate. The State will continue to work with its cost allocation vendor, Public Consulting Group, to refine the cost allocation of State personnel.

It is the intent of the State to continue to review and update cost allocations with the most current data to accurately allocate costs.

DHS Personnel

For staff that work 100% on a program such as Medicaid or SNAP, staff will sign attestations to confirm that 100% of their work has been dedicated to that program. For staff that work on multiple programs, we are tracking time and working to identify staff who need to time track as work priorities shift to multiple programs. DHS staff who work with clients within the Economic Services Division will participate in a RMTS as described below.

The purpose of this RMTS is to measure the level of effort spent on various activities performed by the Eligibility Technicians (ETs), Senior ETs, and Social Caseworkers in Rhode Island. These staff, who are all state employees, perform program eligibility determination activities on behalf of customers served by the DHS. Organizationally, ETs, Senior ETs, and Social Caseworkers work within the Economic Services Division of DHS.

The RMTS is administered using EasyRMTS™, which is a tool developed by Public Consulting Group, Inc. (PCG). The automated RMTS application was developed to comply with all federal rules and regulations related to cost allocation practices and claiming for reimbursement of federal dollars. The software supports accurate reporting of reimbursable administrative activities, which are generally required by federal approving agencies to be measured through a time study. EasyRMTS™ puts the least administrative burden on staff as possible while allowing users to measure their time and claim for Federal Financial Participation (FFP). The system allows

participants to indicate directly, via a series of survey questions in the software, the activities and programs they are supporting.

The purpose of the surge staff was to stabilize the implementation of RIBridges and address significant backlogs of application and recertification processing. The August IAPD submission estimated that 60% of the surge staff would be working on Medicaid activities that are eligible for 75% FFP. This submission estimates that the surge staff Medicaid enhanced activities are closer to 26% based on the current RMTS that all eligibility staff participate in. Below is a chart that details the current RMTS percentages by program. Enhanced Medicaid match activities include the following: eligibility determination or redetermination, case updates or changes, case closures or terminations, follow up on conflicts with self-declaration, performing an ex parte Medicaid determination for those no longer eligible for MAGI Medicaid.

DHS is working with PCG to review and refine the RMTS process to most accurately assign costs to surge staff and all DHS programs. Updates to the cost allocation below are likely in a subsequent IAPD update. The total projected cost for "surge" staff for FFY18 is $10,700,757 and for FFY 19 is $15,107,327. However, only costs related to the enhanced match are included in the submission.

The changes from the November IAPD submission reflect updated turnover, the move of the customer services aides from the integrated solution per the request of CMS and a correction to the enhanced match calculation. The allocation table below is updated with the results of the March 31, 2018 RMTS.

Table 11: DHS Eligibility Support

Program	CCAP	GPA	RIW Works	SNAP	SSP	Medicaid Enhanced	Medicaid Administration
RMTS %	4.7%	1.8%	5.4%	52.3%	.1%	28.4%	7.3%
FFP			100%	50%		75%	50%

Integrated Solution (Lines of Code)

The following is an overview and breakout of updates to the integrated solution cost allocation based on lines of code methodology.

Table 14: Revised FFY 2018 DDI Cost Allocation Summary

Programs	Lines of Code	Aug Allocation	Nov Allocation
SNAP	116,942	2.46%	1.47%
TANF	68,587	2.40%	0.86%
CCAP	35,624	1.26%	0.45%
GPA	57,971	2.58%	0.73%

Programs	Lines of Code	Aug Allocation	Nov Allocation
SSP	22,347	0.34%	0.28%
QHP	386,233	0.00%	4.85%
Medicaid and Common	7,272,401	90.96%	91.36%
Total	7,960,105	100.00%	100.00%

1. **Front Office** The front office functionality includes each step in the client application process, as the worker assists the client in applying for Medicaid and/or other health and human service programs such as SNAP or TANF. Specific modules in this functionality group include:

For components classified to multiple programs, lines of code are allocated equally to each program impacted by that particular module.

Table 15a: Revised FFY 2018 DDI Cost Allocation Analysis – Front Office

Technical Components	Definition	Classification	Lines of Code
Self Service Portal	Public facing portal allows customers to apply for benefits, renew the benefits, report changes and check benefits status for SNAP, Medicaid, CCAP and GPA programs.	Common	1,013,697
HIX	Public facing portal allows customers to apply for and purchase plans offered by carriers	Medicaid, QHP*	721,729
SHOP	Public facing portal allows employers and employees to purchase ESI plans offered by carriers	QHP	19,291
Application Registration	The application registration process only collects basic information about the application and includes a file clearance process to cross check the head of household and all household members with the Master Client Index (MCI)	Common	31,707
Data Collection	Data Collection provides the worker with the ability to capture required information about a household to make eligibility decisions	Common	284,376
Quality Control	Quality Assurance/Quality Control provides functionality for the state to perform SNAP /QC reviews	SNAP	48,355
Inquiry	Inquiry functionality allows users to inquire about application, case, individual and program information	Common	463,969

Technical Components	Definition	Classification	Lines of Code
Scheduling	Scheduling functionality allows worker to schedule and track appointments for SNAP and Rhode Island work programs	SNAP, TANF*	50,670
Task Management	Task Management functionality provides worker with the tool to identify and perform their daily tasks to serve the residents of Rhode Island	Common	29,233
Provider Management	Allows childcare and other providers to register and maintain profiles in the system, including rates and enrollments	CCAP, GPA	61,884
Electronic Document Management (EDM)	EDM allows for the scanning and indexing of customer documents and other files pertinent to eligibility determinations, enrollment and other case actions	Common	19,558
Data Sync	Technology component to allow automatic submission of health insurance applications for MAGI Medicaid and QHP	Medicaid, QHP*	12,155
Data Access Layer for All Queries Across the Application	All updates to database (data layer) across the application is performed through this module	Common	2,397,121
Staging from self-service to IES	Web services to send and receive data for reporting changes across self-service portal and RIBridges	Common	55,452
Common Business Objects for all Modules	Business utilities used across all programs on the RIBridges platform to perform user actions	Common	1,218,882
Page Elements/User Interface	User Interface maintains the security and accessibility of data elements (field labels) displayed in the application across the application and Web App	Common	441,576

Lines of code rationale: Most of the code in this functionality group is considered "common," since they are modules that are required for clients applying for any program through RIBridges. These front office functionalities are needed for Medicaid applications as well as health and human services programs. A few modules, specifically QC and scheduling, are allocated to other HHS programs since they are not needed for Medicaid eligibility.

2. **Eligibility**: Once the application information is entered into RIBridges, eligibility must be run and determined before a client can be enrolled in Medicaid and/or other HHS programs. The eligibility functionality will determine the group composition (filing unit), program eligibility, and run the benefit calculations for each program. Specific modules in this functionality group include:

Table 15b: Revised FFY 2018 DDI Cost Allocation Analysis – Eligibility

Module	Definition	Classification	Lines of Code
Eligibility (includes MAGI/Non-MAGI rules engine, overrides, exception processing etc.)	Includes the Eligibility Determination Group (EDG), Eligibility Determination and Benefit Calculation (EDBC) process, and Authorization process	Common	507,693
Redeterminations	Manages the redetermination process for each of the programs in the RIBridges system	Common	3,493
Appeals/Hearings	Hearing and Appeals functionality allows authorized users to enter a hearing and hearing decision. After a hearing decision is entered, the caseworker is notified. During the hearing process, updates can be made on case but the benefit amount will not be changed	Common	3,480

Lines of code rationale: Code in this functionality group is considered "common," since they are modules that are required for all clients receiving eligibility determinations. These modules would be needed for Medicaid eligibility determinations even if SNAP and other HHS programs were not part of RIBridges.

3. **Benefit Management**: Once eligibility is established and clients are enrolled, benefits need to be provided to the client for certain HHS programs (primarily SNAP and TANF). The Bridges functionality related to benefits management must be able to carry out these tasks to ensure that benefits are received and are able to be accessed for those enrolled. Specific modules in this functionality group include:

Table 15c: Revised FFY 2018 DDI Cost Allocation Analysis – Benefit Management

Module	Definition	Classification	Lines of Code
Benefit Issuance (including manual issuance)	Benefit Issuance is the process to issue benefits in the form of EBT, check, or medical coverage. Issuance will occur real-time for	SNAP, TANF, CCAP, GPA, SSP*	89,389

Module	Definition	Classification	Lines of Code
	authorized users and for emergency need, and in batch		
Benefit Recovery	Benefit Recovery functionality consists of processes to establish overpayment claims and recoup on overpayments	SNAP, TANF, CCAP*	25,577
Work Program	Work program functionality consists of workflow to create and maintain the work schedule of the parents participating in Rhode Island work programs	SNAP, RIW, CCAP, GPA*	18,726

Lines of code rationale: Code in this functionality group is generally allocated to SNAP, TANF and other HHS programs in RIBridges since they are modules that apply to programs in which clients are receiving financial benefits. These modules are not needed for Medicaid.

4. **Support Functions**: There are a number of support functions that help maintain system stability, security and program integrity. Specific modules in this functionality group include:

Table 15d: Revised FFY 2018 DDI Cost Allocation Analysis – Support Function

Module	Definition	Classification	Lines of Code
Security	Provides user and data security for the RIBridges system	Common	16,510
Framework	Framework module creates and maintains all the technical services (Transaction Management, Logging, Reference Table data, Cache Management etc.) during the application life cycle	Common	133,685
Case Utilities	Allows developers to clone the case from one environment to another environment to triage issues.	Common	5,835
Manage Office	Allows authorized users to create and maintain office and employee profiles within RIBridges	Common	19,631

Lines of code rationale: Code in this functionality group is considered common since they are modules that are used for all programs, including Medicaid. These modules would be needed for a Medicaid eligibility system even if SNAP and other HHS programs were not part of RIBridges.

5. **Correspondence**: Technology supporting correspondence is needed to allow the system to generate and send notices, renewal forms, documentation requests and other types of communications to clients, providers and others. Specific modules in this functionality group include:

Table 15d: Revised FFY 2018 DDI Cost Allocation Analysis – Correspondence

Module	Definition	Classification	Lines of Code
Notices (includes requests for documentation, missed appointment notices and redetermination packets)	The process of generating and automatically sending benefit eligibility notices and other correspondence through the RIBridges system	Common	228,400

Lines of code rationale: Code in this functionality group is considered common since they are modules that are used for all programs, including Medicaid. These modules would be needed for a Medicaid eligibility system even if SNAP and other HHS programs were not part of RIBridges.

6. **Reports:** The state is required to review and file several reports throughout the year. Specific modules in this functionality group include the ability to produce:

Table 15e: Revised FFY 2018 DDI Cost Allocation Analysis – Reports

Module	Definition	Classification	Lines of Code
Reports (includes federal and state reports)	Reporting functionality provides the State with a variety of state and federal reports	Common	25,780
Financial management reports	Provide management with insight into benefit programs and/or the performance of the agency, office, unit, and/or specific workers and to make management decisions	Common	3,390

Lines of code rationale: Code in this functionality group is considered common since they are modules that are used for all programs, including Medicaid. These modules would be needed for a Medicaid eligibility system even if SNAP and other HHS programs were not part of RIBridges.

7. **Interfaces:** RIBridges must be able to successfully interact with a number of interfaces to fulfill its eligibility and enrollment mandate. Interface functionality allows RIBridges to communicate and received data from a number of federal and state sources. Specific modules in this functionality group include:

Table 15f: Revised FFY 2018 DDI Cost Allocation Analysis – Interfaces

Module	Definition	Classification	Lines of Code

Interfaces (federal and state)	Data exchange interfaces across various state and federal partners	Common	463,969

Lines of code rationale: Code in this functionality group is considered common since they are modules that are generally used for all programs, including Medicaid.

Caseload Methodology for M&O

The state has also reviewed the cost allocation methodology for M&O based on enrollment figures for all programs across the state. Please see the table below for a breakdown based on enrollment figures. There have been no updates since the August IAPD submission.

Table 16: RIBridges FFY 2018 M&O Allocation Based on Caseload

2018 M&O Allocation Based on Caseload		
Program	Accounts	FFY18 Percent
Medicaid	318,873	64.2%
QHP	35,009	7.0%
RIW	4,473	0.9%
SNAP	95,728	19.3%
CCAP	9,118	1.8%
GPA	431	0.1%
SSP	33,207	6.7%
Total	496,839	100.00%

AHS and Freedman M&O

Freedman Healthcare and AHS were cost allocated according to the following table through 3/30/18.

Table 17: RIBridges FFY 2018 M&O Cost Allocation for Citizen Portal

2018 M&O Allocation for Health Care Citizens Portal		
Enrollment	Accounts	FFY18 Percent
Medicaid (MAGI)	240,994	87%
QHP	35,009	13%
Total	276,003	100%

As of 4/1/18 the following changes were implemented:

- Freedman Healthcare was moved to caseload methodology
- AHS was moved to hybrid between the previous allocation and the RMTS

Proposed Change to AHS Cost Allocation

CMS has requested that the State provide more detailed reporting on call center activity in support of the cost allocation methodology used for AHS. For Q4 of the FFY 18 budget, the State is proposing an update to the AHS cost allocation based on call center activity. In support of this allocation are the results of call action analysis, which provide a more refined view of activities. The State anticipates that this methodology will be reviewed and updated as the State works to address any federal questions.

The following table identifies activities classified by proposed match rates:

Medicaid activities at 75% match ("Medicaid")			Half are QHP calls; Half are Medicaid at 50% match ("mixed")			QHP		Not able to classify
Application	Eligibility	Eligibility Notice	Eligibility Appeal	Benefits	Plan Selection/ Enrollment	Payment	SHOP	
Change address	Age out questions	Eligibility summary/ confirmation of coverage	Appeal	Benefits Issue (Incorrect Benefit Amount)	1st Time Medicaid Plan Selection	Billing Issues	SHOP	Savings calculator used during call
Change authorized representative on account	DHS/all other	ADR Notice (additional documents required)	Appeals		MAGI plan selection	Cost Sharing Reduction Changes		Worker portal
Change phone/email	DHS/childcare	Notice questions			Medicaid Annual Plan Change Opportunity	HSRI		211
Change/update SSN	DHS/Medicare	Notification Issue			Medicaid Plan Change Request	Invoice questions		Election Questions
Confirmation of document receipt	DHS/SSI				MOE Plan Change + Assistance	NFP		Satisfaction Survey
Customer portal system issue	Disenrollment/coverage cancellation request				MOE Plan Change Only	Payment		
Lost EBT card or replacement Anchor card	ICI (Integrated Care Initiative for duals)				Carrier	Refund request		
Application assistance	Immigration, lawful presence, citizenship				QHP plan selection			
Clearing MCI	Incarceration				United Exit			
Mail Request	Recertification / Interim Report							
Manual ID proofing	Report pregnancy							
Missed Appointment / Schedule Interview	SEP (Special Enrollment period for Medicaid terminations)							
New Application	1095 (including 1095 B)							
Technical Assistance	Account Edit							
Technical Assistance - Password Reset	Account problem (dates, eligibility)							
Unverified Verification	Add/Remove a customer to/from household							
Verification	Change Reporting							
	Change Reporting Notice							
	Close/End Benefit							
	DHS/SNAP							
	Employment/income update							
	Escalation progress							
	Escalation Submitted							
	Tier 2							
	Renewal							

From the call action analysis above, call action volumes were analyzed, resulting in the following proposed cost allocation for AHS enhanced match M&O:

Draft AHS Call Action Allocation		
	Allocation	FFP
Exchange	11%	
Medicaid	80%	75.00%
CHIP	9%	89.02%
Total	100%	

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Detailed Cost Allocation – All

The following Table 18 is a detailed breakout of cost allocations for the project.

Table 18a: Cost Allocation

Cost Categories	Allocation to Benefitting Programs										Federal Match Rates			
	Exchange	Medicaid - (75% for AHS Ongoing)	Medicaid - (50% for AHS Ongoing)	CHIP	TANF	SNAP	Child Care	GPA	SSP	Exchange	Medicaid - (75% for AHS Ongoing)	Medicaid - (50% for AHS Ongoing)	CHIP	SNAP
Design Development & Implementation														
State Personnel - Integrated Solution Q1 FFY 18	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
State Personnel - Integrated Solution Q2 FFY 18	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
State Personnel - Integrated Solution Q3 and Q4 FFY 18	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Allocated Medicaid Personnel (w/ Redwing)		10000.00%									9000.00%			
Training/IT Personnel - Integrated Solution (75% Medicaid FFP)	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		75.00%		89.02%	50.00%
Project Management Vendor (PCG)														
Phase 1 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 1 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 1 - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Project Management Vendor Integrated Solution Adjusted Oct-Dec 2017	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Project Management Vendor Integrated Solution effective Jan 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Project Management Vendor Integrated Solution effective Apr 2018	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Technology Implementation Vendor (Deloitte)														
Phase 1 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 1 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 1 - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 2 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 2 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 2 - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Technology Implementation Vendor Integrated Solution Adjusted 2018 -Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Technology Implementation Vendor Integrated Solution Adjusted 2018 -Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Technology Implementation Vendor Integrated Solution Adjusted 2018 -Q3	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Implementation Support Services -Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Implementation Support Services -Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Implementation Support Services -Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Technical Assistance Vendor (PCG)														
Phase 1 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 1 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 1 - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 2 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 2 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 2 - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
IV&V Vendor (CSG)														
Phase 1 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 1 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 1 - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
IV&V Vendor Integrated Solution Adjusted Oct-Dec 2017	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
IV&V Vendor Integrated Solution effective Jan 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
IV&V Vendor Integrated Solution effective Apr 2018	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%

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Table 18b: Cost Allocation

Cost Categories	Allocation to Benefitting Programs										Federal Match Rates			
	Exchange	Medicaid - (75% for AHS Ongoing)	Medicaid - (50% for AHS Ongoing)	CHIP	TANF	SNAP	Child Care	GPA	SSP	Exchange	Medicaid - (75% for AHS Ongoing)	Medicaid - (50% for AHS Ongoing)	CHIP	SNAP
Design, Development & Implementation														
InRhodes Conversion and Bridging (NGIS)														
Phase 1 - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 1 - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 1 - Q3 & Q4	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 2 (Non InRhodes Revisions) -Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Phase 2 (Non InRhodes Revisions) -Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Phase 2 (Non InRhodes Revisions) -Q3 & Q4	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
InRhodes Conversion and Bridging Integrated Solution Oct-Dec 2017	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
InRhodes Conversion and Bridging Integrated Solution Effective Jan 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
InRhodes Conversion and Bridging Integrated Solution Effective Apr 2018	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Contact Center														
Start-up Cost - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Start-up Cost - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Start-up Cost -Q3 & Q4	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Other Contracted Services														
HPES (DXC) -Q1 & Q2		100.00%												
HPES (DXC) -Q3 & Q4		90.20%	9.80%								90.00%		89.02%	50.00%
UAT Technology Support Integrated Solution Adjusted (KPMG) Oct - Dec	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
UAT Technology Support Integrated Solution Adjusted (KPMG) eff. Jan 20	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
UAT Technology Support Integrated Solution Adjusted (KPMG) eff. Apr 20	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Implementation Support Services - Integrated Solution Oct-Dec 2017	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Implementation Support Services- Integrated Solution eff Jan 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Implementation Support Services- Integrated Solution eff Apr 2018	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Implementation Support -Integrated Oct-Dec 2017 (Faulkner)	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Implementation Support -Integratedeff. Jan 2018 (Faulkner)	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Implementation Support -Integratedeff. Apr 2018 (Faulkner)	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
KB Maker -Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
KB Maker -Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
KB Maker -Q3 & Q4	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
MWC Consulting -Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
MWC Consulting -Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
MWC Consulting -Q3 & Q4	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
AHS (UAT) Integrated Solutions eff Jan 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
AHS (UAT) Integrated Solutions eff Apr 2018	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Data Management (Freedman) -Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
Data Management (Freedman) -Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Data Management (Freedman) -Q3 & Q4	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Sourcing Advisor - IGS - Integrated Solution Q3 FFY 2018	4.85%		82.41%	8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%

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Table 18c: Cost Allocation

Cost Categories	Allocation to Benefitting Programs										Federal Match Rates			
	Exchange	Medicaid - (75% for AHS Ongoing)	Medicaid - (50% for AHS Ongoing)	CHIP	TANF	SNAP	Child Care	GPA	SSP	Exchange	Medicaid - (75% for AHS Ongoing)	Medicaid - (50% for AHS Ongoing)	CHIP	SNAP
Design Development & Implementation														
State System Interface for Verifications														
State System Interface for Verifications Integrated Solution Adjusted 2018	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
State System Interface for Verifications Integrated Solution Adjusted 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
State System Interface for Verifications Integrated Solution Adjusted 2018	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Hardware and Software														
Mail Room HW Enhancement - Integrated Solution 2018	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Mail Room HW Enhancement - Integrated Solution Apr. 2018	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
COTS Software - Q1	0.00%	90.96%		0.00%	2.40%	2.46%	1.26%	2.58%	0.34%		90.00%		89.02%	50.00%
COTS Software - Q2	4.85%	91.36%		0.00%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
COTS Software - Q3 & Q4	4.85%	82.41%		8.95%	0.86%	1.47%	0.45%	0.73%	0.28%		90.00%		89.02%	50.00%
Maintenance & Operations														
Personnel														
DHS Eligibility Staff - After April 2018		100.00%									75.00%			
AHS Contract Management Staff	13.00%	61.83%	0.16644354	8.53%							75.00%	0.5	89.02%	50.00%
Contracted Services														
Reconciliation Services and Operations Support (Conduent) - before Apr. 2018		100.00%									75.00%			
Reconciliation Services and Operations Support (Conduent) - since Apr. 2018		90.20%	0.098								75.00%		89.02%	50.00%
Conduent (DHS Change Requests)	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Conduent (DHS Call Center Support)						100.00%								50.00%
Data Managment (13%HSRI/87% Medicaid) (Freedman) - before 4/18	13.00%	87.00%									75.00%		89.02%	50.00%
Data Managment (13%HSRI/87% Medicaid) (Freedman) - since 4/18	13.00%	79.00%	0.08526								75.00%		89.02%	50.00%
Data Management (Freedman) - M&O Allocation - before Apr. 2018	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Data Management (Freedman) - M&O Allocation - since Apr. 2018	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
UHIP Security & Support														
UHIP Security & Support Integrated Solution (NG/Faulk) 2018 - before 4/18	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
UHIP Security & Support Integrated Solution (NG/Faulk) 2018 - eff 4/18	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
UHIP Technology Platform														
Ongoing Hosting/M&O SFY17 and Beyond - before Apr. 2018	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Ongoing Hosting/M&O SFY17 and Beyond - since Apr. 2018	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Ongoing Hosting/M&O SFY17 and Beyond 2018 - before Apr. 2018	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Ongoing Hosting/M&O SFY17 and Beyond 2018 - since Apr. 2018	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Contact Center														
Ongoing Hosting/M&O (AHS) - before April 2018	13.00%	87.00%									75.00%		89.02%	50.00%
Ongoing Hosting/M&O (AHS) - since Apr. 2018	13.00%	61.83%	0.16644354	8.53%							75.00%	0.5	89.02%	50.00%
DHS Triage (AHS) before Apr. 2018	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
DHS Triage (AHS) - since Apr. 2018	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
OESP														
Outreach and Education - before Apr. 2018	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Outreach and Education - since Apr. 2018	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Legal Fees - before Apr. 2018	7.00%	64.20%		0.00%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%
Legal Fees - since Apr. 2018	7.00%	57.91%		6.29%	0.90%	19.30%	1.80%	0.10%	6.70%		75.00%		89.02%	50.00%

12. SECURITY, INTERFACE, DISASTER RECOVERY, AND BUSINESS CONTINUITY PLANNING

There are no changes to this section in this IAPD-U. Please reference the April 2012 approved submission language.

13. CONDITIONS AND STANDARDS FOR RECEIPT OF ENHANCED FFP

There are no changes to this section in this IAPD-U.

14. IAPD REQUIRED FEDERAL ASSURANCES

The State should indicate by checking "Yes" or "No" whether or not it will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations.

The state should provide an explanation for any "No" responses.

Table 19: Federal Assurances

42 CFR 433.112 Section	Y/N/NA
b (1)	N/A
b (2)	Y
b (3)	Y
b (4)	Y
b (5)	Y
b (6)	Y
b (7)	Y
b (8)	Y
b (9)	Y
b (10)	Y
b (11)	Y
b (12)	Y
b (13)	Y
b (14)	Y
b (15)	Y
b (16)	Y
b (17)	Y
b (18)	Y
b (19)	Y
b (20)	Y
b (21)	Y
b (22)	Y

Below, Rhode Island has provided further justification for items 10, 11, 12, 13, 14, 18, and 20 from the above list.

10. Use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine readable formats.

RIBridges is built using proven standard software development methodologies and leveraged industry accredited application architecture, design and data patterns, thus by addressing the core quality attributes of systems like scalability, maintainability, availability and extensibility. RIBridges is built by leveraging various architecture building blocks by clearly classifying system requirements into business and technical modules and well-defined interactions between them through interface standards. In principle, the same architectural guidelines were applied and implemented even to communicate with external and third-party interfaces.

Key Modules of RIBridges include collection of individual / household information, eligibility determination, enrollment and correspondence with citizens. Each of these modules were developed using industry standard design patterns; including Model, View Controller (MVC), Service Oriented Architecture (SOA), separation of concerns by leveraging Oracle Policy Automation (OPA) to author and maintain business rules, and HPExstream as a correspondence engine. Each of these modules interacts through well-defined Simple Object Access Protocol (SOAP) based web services and, in process Application Programming Interfaces (API) appropriately. Backing all these modules are the key business domain objects designed and developed based on open architectural standards of model driven architectures. "Model" is also realized as a relational database in the overall system. As part of business transactions interactions with third party agencies like CMS – Federal Data Hub calls were also leveraged through standard and well-defined set of SOA based interfaces. An appropriate balance was struck to keep different technical components loosely coupled and tightly integrated thus by addressing the key requirements of architecture best practices.

11. Align to, and advance increasingly, in MITA maturity for business, architecture, and data.

RIBridges solution is built to align with the MITA framework and assists DHS with continuing to enhance the MITA maturity level. The RIBridges solution adheres to MITA objectives of the adoption of data and industry standards, promotion of secure data exchanges and reusable, modular components.

Service-oriented architecture:

Common functionality and capabilities (services) are packaged with standard, well defined "service interfaces" that provides agility and functionality that is formally described and can be

invoked using a published "service contract," allowing connections between RIBridges and multiple programs.

Adaptability and Extensibility:

The encapsulation of business rules allows DHS to add new functionality and capabilities to existing programs and adapts to allow for the addition of new programs. The RIBridges solution is built on SOA architecture that provides extensibility to connect with other programs, addresses your current eligibility needs, and provides a foundation for meeting future eligibility needs.

Hub architecture:

Data is described using standard definition formats that map the data to standard data elements where appropriate, and provide the data descriptions when the data elements are non-standard. Security and privacy access rules for each data element are represented in a standard way. A collection of utility services at hubs will read the data descriptions and the security and access rules and use that information to "expose" the data to users who qualify for access and to receive and process their queries.

Performance measurement:

These performance metrics make it possible to track changes in programs and policies and evaluate corresponding changes in eligibility determination and benefit calculation.

12. The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

RIBridges is required to conform to Section 508 accessibility standards to provide greater accessibility for individuals with disabilities. The system is tested through standard accessibility validation tools including Total Validator and JAAS. Keyboard Accessibility, Screen Reader JAWS, Color Accessibility and Wave Error Testing were part of the assessment. Also, a Business Associate Agreement (BAA) is integrated into the State's contract with its service vendor. The BAA details specific obligations, protocols and procedures for maintaining compliance with HIPAA standards. The BAA was updated to reflect modifications to the HITECH Act.

13. Promote sharing, leveraging, and reuse of Medicaid technologies and systems within and among States.

To the extent possible considering project priorities to stabilize the current system, the state will endeavor to promote sharing, leveraging and reuse of Medicaid technologies and systems within and among states.

14. Support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.

Current stabilization efforts are focused on improving accuracy and timeliness of benefit determinations.

18. The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality.

The state is actively managing its contract with the system integration vendor to stabilize and improve the system.

20. Systems and modules developed, installed or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.

A critical project in the stabilization effort with the system integration vendor includes the development of a new document repository and a rebuild of the system documentation.

ATTACHMENTS

Attachment C: Personnel - Updated

Please see Attachment C as part of the submission package.

Attachment D: Funding by Quarter and Program - Updated

Please see Attachment D as part of the submission package.