

# MACSSA Technology Eco-System Recommendations

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# Executive Summary

### Document Purpose

To offer technology modernization recommendations in alignment with 2021 Gartner findings to define and build a future state “integration platform ecosystem,” that includes state and county-based solutions.

### Human Services Eco-System

Human Services is a set of services available to residents to help them meet their basic needs and achieve their highest potential. These services include ensuring the safety of children and vulnerable adults; helping people in crisis; helping people meet their financial, nutritional, health care, and social support needs; and securing and maintaining safe and supportive housing. Human services are provided to residents through various programs targeted toward specific needs or populations, each of which has eligibility criteria.

Administering Human Services in Minnesota involves a complex partnership between the state Department of Human Services (DHS), MN IT Services (MNIT), 87 counties and Tribal Nations<sup>1</sup>, as well as community and health care providers and partners.

The larger eco-system of related services for residents to include Public Health, Housing and Homelessness, Veteran’s Services, Public Safety and Justice services, as well as services offered by non-profits and faith-based organizations, to name a few. The creation of two new departments, Children, Families and Youth and Direct Care and Treatment will change the eco-system, presenting more opportunities for service, technology and data integration to serve residents holistically. It also introduces new risks of further fractures in an already fragmented eco-system.

Minnesota provides tremendous local control to deliver human services to address the local needs of communities. With respect to county-provided services, we refer to this as a “state-supervised, county-administered” model, which is relatively unique among states. Most states deliver human services using a “state-administered” model.

Within the “state supervised, county administered” model, the role of counties is largely focused on activities related to interactions with residents and providers that is locally responsive, and delivering services as effectively, efficiently, and equitably as possible based on program rules and requirements.

### Technology Eco-System

#### *State Technologies:*

DHS/MNIT provides the major systems (MAXIS, METS, MMIS, MEC<sup>2</sup>, PRISM, SSIS, MnCHOICES, SMI) that county workers use every day to deliver services to residents. These mission-critical systems capture data, automate complex program policies, and provide functionality to support human services administration.

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<sup>1</sup> The relationship between Tribal Nations and the federal and state government is different from the relationship between the state and counties and is outside the scope of this paper. Still, Tribal Nations face many of the same challenges as counties in administering human services locally within their communities.

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Many of these systems are aging (e.g., MAXIS, SSIS, PRISM and SMI are 20+ years old) and have not been fully modernized. Some are newer (e.g., METS, MnCHOICES, MEC<sup>2</sup>) but lack basic functionality needed to meet user needs. None, except SMI, are easily replaceable due to their complexity in automating and supporting State and federal program rules. All systems are difficult to learn and cumbersome to use, which contributes to workforce management issues for counties. Hiring and retaining staff to work has becoming increasingly difficult.

Below is a chart of the various essential functions supported by these DHS systems (blue), and the gaps that counties must fill to support these missing functions (green). It demonstrates how robust the systems are, how dependent counties are on state-provided technologies, and opportunities that exist to fill some of the gaps as state systems are modernized.

State Systems to Support Human Services Workers (Chart 1)

Functions →	Triage / Application	Intake / Assessment	Determine Eligibility	Pay Resident	Create Case Plan	Authorize Services	Pay Provider	Manage Case	Service Integration	
Resident Need ↓										
Financial Support	MAXIS			CEHI/MEDB MAXIS	Not Applicable		MAXIS		SMI Custom APPS E.g., Henn. ECF Ramsey CAFÉ MCCC CRM	
Child Care Assistance	MEC <sup>2</sup>									
Medical Assistance	MAXIS (NON MAGI)			Not Applicable	MMIS			MAXIS (NON MAGI)		
	METS (MAGI)							METS (MAGI)		
Child Protection, Family Support	SSIS				SSIS	MMIS		SSIS		
						SSIS	COUNTY ACCTG SYS	SSIS		
Aging or With Disabilities	SSIS				SSIS	MMIS		SSIS		
	MnCHOICES					SSIS	COUNTY ACCTG SYS	SSIS		
Mental Health Support (nonClinical)	SSIS				SSIS	MMIS		SSIS		
				SSIS		COUNTY ACCTG SYS	SSIS			

KEY	MN DHS TECHNOLOGIES
	COUNTY TECHNOLOGIES (OR MANUAL)

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# MACSSA Modernization Eco-System

## County Technologies:

Although DHS provides technologies, counties also invest heavily in technologies that support, extend, and fill gaps in and around state systems. These county funded solutions focus largely on resident engagement, provider management, fiscal management, workflow management and data management.

Below is a graphic that illustrates the county-based technology solutions that co-exist alongside DHS provided systems in the state/county technology eco-system that is needed to deliver human services to residents. See Attachment A for a more detailed picture of the state and county technologies used to support the delivery of human services.

State-County Human Services Systems (Chart 2)

State-County Human Services Systems

Business Process →	Intake / Eligibility / Case Management	Fiscal Management	Data Management	Resident Engagement	Workflow Management	Provider Management		
Resident Need ↓								
Financial Support	MAXIS (including MNbenefits)	CEHI/ MEDB	DATA WARE, DATA EXTRACTS, REPORTS, SHARED MASTER INDEX (SMI)	MNBENEFITS, MINSURE PORTAL	OUTLOOK	LICENSING CONTRACTING PROVIDER REGISTRATION INVOICE PROCESSING PAYMENTS		
Child Care Assistance	MEC <sup>2</sup> (including MNbenefits)				DHS FILES		PAPER FORMS e-FORMS	EXCEL
Medical Assistance	MAXIS (NON MAGI)	MMIS (incl TCM, Waiver)			SSIS DOWNLOAD EXTRACTS		APPOINTMENTS	PAPER DOCUMENTS AND FOLDERS
	METS (MAGI)				BI TOOLS		QUEUING SYSTEMS	PRINT TO MAIL
Child Protection, Family Support	SSIS	COUNTY ACCTG SYS (Accounts Payable, Accounts Receivable)			DATA MARTS		LOBBY KIOSKS	SHARED DRIVES
Aging or With Disabilities	SSIS, MnChoices, MNSPA				OPS REPORTS		TEXTING AND CHAT	ELECTRONIC DOCUMENT MGMT SYSTEM
Mental Health Support (nonClinical)	SSIS, MAARC, MHIS		EVALUATION REPORTS	PHONE CALL MANAGEMENT (IVR)	SCAN CENTERS			
				RESIDENT PORTALS	DUPLICATE AND AUTOFILL DHS FORMS			
				CLIENT RELATIONSHIP MANAGEMENT (CRM)	COUNTY FORMS			
					E-SIGN			
					ASSIGN CASE			
					TRANSFER CASE FILE			
					BLUEZONE SCRIPTS			

KEY	MN DHS TECHNOLOGIES
	COUNTY TECHNOLOGIES (OR MANUAL)

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While state systems are centralized, managed by DHS and significantly funded through the federal Advanced Planning Document (APD) processes, counties have largely developed or purchased technology solutions independently using program administrative reimbursements or property tax revenues to fund these investments.

## MACSSA Modernization Eco-System

### Future Technology Vision

Until 2021, the plan for modernizing DHS systems had been to expand the IBM Curam platform, currently used by METS, to other program areas, replacing existing systems. In 2020, DHS engaged Gartner to assess this approach given the challenges with the METS systems.

The 2021 Gartner report recommends that DHS “no longer be expected to depend solely on a single commercial off-the-shelf (COTS) application/product (e.g., the IBM Curam product)” but instead, “leverage multiple ‘best of breed’ software tools and solutions to implement an ‘integration platform ecosystem.’”<sup>2</sup>

Creating a modern eco-system will require the modernization or replacement of existing DHS systems along with modifications to county-provided technology solutions that complement and depend on the DHS system. As primary users of these systems, counties have a large stake in modernization and desire to work collaboratively with the state to modernize and build the future eco-system.

We applaud the shift of DHS technology governance toward Systems Governance Groups (SGGs) and a product/agile approach to bring focus to county and resident pain points. We strongly recommend that these efforts focus first on the core systems counties use to deliver DHS services, creating product teams for each of the major DHS systems counties rely on daily to do their work.

Modernization of DHS systems should focus on residents, community providers and front-line workers, building integrated access and communication channels that include mobile web portals, chat, texting, phones, as well as paper and in-person interactions for those who prefer these options.

MACSSA offers the following general recommendations for DHS/MNIT to consider in this collaboration.

### General Recommendations

1. Include counties as full partners in the work to develop strategies, architectures, plans and roadmaps to build the new eco-system, not just in the implementation phases of introducing new solutions.
2. Create a comprehensive interoperability architecture that recognizes and supports our blended eco-system of multi-agency state, county, tribal and vendor-provided system with a goal toward more shared and centralized technology options for counties, eventually reducing the county technology footprint and expenses.
3. Invest significantly more resources into modernizing, improving, or replacing state provided technology systems used by county staff.

### Specific Recommendations

#### *State Technologies:*

##### Eligibility Systems (currently supported by METS, MAXIS, MEC<sup>2</sup>, MNbenefits, MMIS):

- Eliminate duplicate data entry (currently data gathers on eForms must be manually entered into systems).
- Automate and centralize the mailing of notices, forms, and documents (e.g., managed care and DHS forms and packets, notices) using the state Issuance Operations Center (IOC).

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<sup>2</sup> MN DHS Modernization Strategy / Curam Assessment: Go Forward Strategy, Recommendations and Roadmap Report – Executive Summary (May 25, 2021)

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- Build an integrated eligibility system by combining best of core MAXIS design and functions, MNbenefits resident experience, METS integrations (e.g., federal data hub, MMIS interface), and lessons learned from the recent MEC<sup>2</sup> user interface upgrade.

### Social Services Supports (currently supported by MnCHOICES, SSIS):

1. Deploy MnCHOICES 2.0 with minimal workarounds.
2. Interface data between systems (e.g., MnCHOICES to MMIS, MAXIS and SSIS).
3. Improve case management functions and reports (see MACSSA Legislative Priorities for Redesign of Targeted Case Management (2023 BH1)).
4. Modernize or replace SSIS with a web-based solution that does not require duplicate data entry by workers (currently data gathered on eForms needs to be manually entered into SSIS).
5. Re-visit decision to use SSIS for Adult and Disability services intake and case management, and funding provided by counties for this functionality, especially in light of legislation to create two new departments.
6. Develop statewide solution for supporting all aspects of provider management, including licensing, registration, reporting and payments with data that integrates with DHS systems.
7. Add the Minnesota Automated Reporting Student System (MARSS) identifier to SSIS, enabling better coordination with schools and reporting of outcomes.

### Child Support Collections/Distributions (PRISM):

1. Re-write or replace PRISM with web-based solution and modern document creation and management.
2. Fix MNsure to Child-Support referral process.

### Service and Data Integration (SMI)

1. Fully commit to the SMI as the core, unique identifier that is required for person-centered service delivery.
2. Merge Duplicate SMI Numbers (currently there are 700,000 potential duplicate records in SMI).
3. Expand real-time data available through SMI web services (e.g., METS data, additional eligibility data, additional social services (SSIS and MnCHOICES) data).

### *County Technologies:*

#### Resident Engagement Management:

1. Create easy and consistent resident experiences across the state. DHS should provide modern communication channels (secure portals, apps, chat etc.) for counties throughout the state to use, and support interoperability with existing county-based channels.
2. Set up the state's digital service/self-service offerings, leveraging existing resident accounts for MNsure to allow expanded resident and provider portals, secure interactive voice response systems (IVRs), chat bots, texting, etc., and federate those accounts with county-based resident and provider portals where they exist.

#### Provider Management:

1. Extend the Salesforce platform for licensing and reporting to all provider management functions, including contracting, invoicing, and payment to all providers, not just those licensed by DHS.

#### Fiscal Management:

1. Develop CEHI and MEDB eligibility and payment functionality at the State level.



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2. Consider state centralization of provider payments for social services, as currently exists for child-care and medical providers (social services payments are currently made through county accounting systems).
3. Provide State mechanisms for counties to bill 3<sup>rd</sup> parties (e.g., managed care plans) for county-provided MA eligible case management services (e.g., Mental Health Targeted Case Management).

### Workflow Management (including Case File Management):

1. Allow counties to use the DHS Issuance Operations Center (IOC) for printing and mailing paper forms and documents.
2. Build state central solution for counties to transfer case files.
3. Make more real-time data available to counties to support operational needs (e.g., METS data)
4. Consider centralizing Document Management solutions at the state level as an option for counties who do not want to develop or purchase them locally.
5. Create statewide solutions for eForms and eSignature that auto-populate DHS systems.
6. Develop a DHS-County roadmap for modernizing BlueZone scripts.

### Data Management:

1. Implement a comprehensive framework for data exchange among the full set of state and county systems to achieve a true “ask once enter once” environment.
2. Provide consistent, standardized, open, secure, and well-managed methods for county IT and 3<sup>rd</sup> party vendors to integrate their systems with DHS systems for live, bi-directional data exchange.
3. Support data-sharing not just between state and local systems but also with reporting/analytics repositories (i.e., state and local data warehouses).
4. Make data access and sharing a mandatory requirement when implementing new systems
5. Decouple data sharing from the source system access process for IT and data analytics teams.

Of all the detailed recommendations presented in this paper, none is more critical than the need to resolve potential duplicate MAXIS PMI and SMI records, which increased substantially with the implementation of METS. Having multiple records for the same person causes problems for residents (e.g., using the wrong PMI at the pharmacy, delayed benefits, disintegrated services), and wreaks havoc throughout the system, causing inefficiencies for workers, significant delays in case processing, and reducing county revenues (e.g., billing for Targeted Case Management on an obsolete PMI).

## Summary

Modernizing Human Services technology should include both current state-provided systems and county-provided technologies. Counties are eager to collaborate with DHS to develop concrete roadmaps that ensure county flexibility but make use of statewide platforms and services to gain economies of scale. The roadmap should include opportunities to reduce the county technology footprint, allowing counties to focus more on client and community engagement which is the fundamental purpose of a state-supervised and county-administered model.

The balance of this document describes in more detail the technologies used by counties to administer human services and recommendations for their future.

## State Provided Technology Modernization

DHS provides the major systems (MAXIS, MEC<sup>2</sup>, PRISM, METS, SSIS, MnCHOICES, SMI) that county workers use every day to administer human services. For counties, these mission-critical systems need to be modernized, replaced, or significantly improved for counties to serve residents well.

MAXIS, PRISM and SSIS are old systems that need to be modernized or replaced. METS and MnCHOICES are newer web-based systems that need major improvements to support the operational needs of counties. MEC<sup>2</sup> blends old and new technology by providing a web user interface for workers and providers, while leveraging the MAXIS mainframe for back-end processing. However, the recent MEC<sup>2</sup> update has presented significant navigational challenges for county workers, providers, and residents in need of childcare assistance.

SMI is a critical system advancing the Integrated Services Business Model (ISBM) as it provides a common client identifier and real-time access to DHS systems, though it is currently fraught with data quality issues.

The implementation of MNbenefits, a web-based application for cash, food, and childcare assistance, was a great step toward improving resident access to benefits. However, without modernizing the back-end processes and technologies, residents are not well-served with timely eligibility decisions.

We applaud the shift of DHS technology governance toward Systems Governance Groups (SGGs) and a product/agile approach to bring focus to county and resident pain points. We strongly recommend that these efforts focus first on the core systems counties use to deliver DHS services, creating product teams for each of the major DHS systems counties rely on daily to do their work.

Modernization of DHS systems should focus on residents, community providers and front-line workers, building integrated access and communication channels that include mobile web portals, chat, texting, phones, as well as paper and in-person interactions for those who prefer these options.

In general, state systems should be modernized to reduce duplicate data entry, support individuals and families, and embrace “no wrong door.” See MACSSA 2023 Legislative Priority CS5, “Paperwork Reduction & Technology Modernization.”

Below is a chart of the various county functions supported by DHS systems (blue) and the gaps that counties must fill to support these functions (green). It demonstrates how dependent counties are on state-provided technologies and the opportunities for filling some of the gaps through modernization of state systems.

State Systems to Support Human Services Workers (Chart 1)

State Systems to Support Human Services Workers										
Functions →	Triage / Application	Intake / Assessment	Determine Eligibility	Pay Resident	Create Case Plan	Authorize Services	Pay Provider	Manage Case	Service Integration	
Resident Need ↓										
Financial Support	MAXIS			CEHI/MEDB MAXIS	Not Applicable		MAXIS		SMI Custom APPS E.g., Henn. ECF Ramsey CAFÉ MCCC CRM	
Child Care Assistance	MEC <sup>2</sup>									
Medical Assistance	MAXIS (NON MAGI)		Not Applicable	MMIS			MAXIS (NON MAGI)			
	METS (MAGI)			METS (MAGI)						
Child Protection, Family Support	SSIS			SSIS	MMIS	SSIS		SSIS		
				SSIS	COUNTY ACCTG SYS					
Aging or With Disabilities	SSIS			SSIS	MMIS		SSIS			
	MnCHOICES			SSIS		COUNTY ACCTG SYS				
Mental Health Support (nonClinical)	SSIS			SSIS	MMIS		SSIS			
			SSIS		COUNTY ACCTG SYS					

KEY	MN DHS TECHNOLOGIES
	COUNTY TECHNOLOGIES (OR MANUAL)

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**Specific Recommendations for each major service delivery system.**

**Health Care Assistance Eligibility (MAGI MA) - Currently supported by METS (MN Eligibility Technology System)**

METS is a web-based eligibility determination system for publicly funded (MA eligible) MNSure, the Minnesota health insurance program authorized by the Affordable Care Act (ACA). It was implemented in 2013 with the intent to automate as much eligibility processing as possible by verifying information through a federal data hub. Cases that cannot be auto approved are referred to resident counties for processing. For a variety of reasons, METS implementation was rushed and deployed with major gaps, some of which have been filled. However, METS remains a difficult system for county workers to use because it lacks basic functionality needed for efficient processing. Below are suggestions for METS improvements (or replacement).

### *Recommendations for Health Care Eligibility (METS):*

1. Merge Duplicate PMI and SMI records created by METS. METS introduced hundreds of thousands of potential duplicated person records and associated Person Master Index (PMI) numbers.

The METS Unique ID project, completed September 2022, made changes to METS to reduce the creation of duplicate records and provide better mechanisms for merging duplicates. However, there remains a huge backlog of existing potential duplicates that need to be reconciled. We urge DHS to continue this important clean-up of existing potential duplicates as quickly as possible. Duplicate PMI numbers create eligibility and continuity of service problems for workers and residents (e.g., using the wrong PMI at the pharmacy), prevents data from being updated in MAXIS and METS awaiting merges to be done by state staff, and reduces county MA revenues due to claiming (e.g., using the wrong PMI for Targeted Case Management cases).

2. Build an integrated eligibility system by combining best of core MAXIS design and functions, MNbenefits resident experience, METS integrations (e.g., federal data hub, MMIS interface), and lessons learned from the recent MEC<sup>2</sup> user interface upgrade.

In 2018, counties provided a list of major METS improvements that were needed to make the systems operationally efficient. Since then, progress has been made but METS continues to lack basic functionality required for eligibility processing and maintenance. It is less efficient for worker processing than the 30+ year old mainframe-based MAXIS eligibility system.

Despite these significant shortcomings in METS, there are benefits to METS that should be leveraged in creating a new integrated eligibility system.

See Attachment B for a list of basic functionality that is lacking in METS and the benefits of the METS approach that should be preserved in a new integrated eligibility system.

### **Cash, SNAP, Health Care Assistance (non-MAGI MA) Eligibility – Currently supported by MAXIS (not an acronym<sup>3</sup>) and MNbenefits**

MAXIS is a computer system used by county workers to determine eligibility for public assistance and health care. For cash assistance and food support programs, MAXIS determines the appropriate benefit level and issues benefits. MAXIS also supports eligibility determination for some health care cases (all MA cases were once supported by MAXIS prior to the implementation of MNSure/METS).

MAXIS is a mainframe system with robust functions, policy rules and calculations, but needs to be modernized, re-written or replaced with a system that offers the same or better functionality. Below are recommendations for modernizing, re-writing, or replacing MAXIS.

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<sup>3</sup> MAXIS is an amalgamation of “Minnesota ACCESS” recast as M-AXIS. ACCESS is the eligibility system designed in Vermont and transferred (concept and design) to South Dakota and Minnesota. AXIS represents the county-state partnership in developing the system.

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### *Recommendations for MAXIS:*

1. Build an integrated eligibility system by combining best of core MAXIS design and functions, MNbenefits resident experience, METS integrations (e.g., federal data hub, MMIS interface), and lessons learned from the recent MEC<sup>2</sup> user interface upgrade.

Functionally, workers prefer working in MAXIS over METS because “it works.” The design of MAXIS supports integrated data and includes all the major functions required for eligibility processing, much of which is lacking in the METS design. A new system could combine the basic MAXIS processing design, METS integrations and functions that should be externalized from the core systems (e.g., security access, person matching, notices). See Attachment C for a description of the functionality in MAXIS that should be preserved in a new integrated eligibility system.

2. Eliminate duplicate data entry.. Provide the ability to load data from Web apps (e.g., MNbenefits, eForms) into MAXIS to avoid manual data entry, and enable faster eligibility decisions for applicants who are clearly not eligible (e.g., over income limits).
3. Modernize user interface. Replace mainframe user interfaces with web user interface. The existence of MEC<sup>2</sup> shows that a web UI can sit on top of the MAXIS mainframe system. Newer development tools can be used to create a user-friendly web front end for MAXIS overall. Coupled with process automation to replace the need for Blue Zone Scripts, MAXIS could provide the type of modern user experience that counties need.
4. Reduce manual workarounds. MAXIS has not kept up with policy changes so there are many workarounds (e.g., SNAP as JOBS screens do not reflect 6-month income calculations).
5. Improve notice text. MAXIS notices require extensive worker comments to clarify and correct system-generated text.
6. Enable worker-generated forms and documents (e.g., verification requests, baby packets, start work packets, etc.) to be sent by the DHS Issuance Operations Center (IOC).

### **Child Care Assistance Eligibility – Currently supported by MEC<sup>2</sup> (Minnesota Electronic Child Care)**

MEC<sup>2</sup> is a statewide, internet-based, computer system to improve the delivery of the Child Care Assistance Program (CCAP) in Minnesota. MEC<sup>2</sup> supports the application/eligibility processing, service agreement, invoice submission/processing and payments to providers, and residents when required by policy. The MEC<sup>2</sup> web-based user and provider interfaces are built on top of the MAXIS mainframe system for back-end eligibility and payment processing.

In July 2022, DHS/MNIT deployed a new user interface (UI) that is browser-based (the former version required a software download to run on the user’s PC). The roll-out of the new MEC<sup>2</sup> UI has been difficult for county workers, providers, and residents. While bug fixes continue to be made quickly, the overall flow and functions are less efficient than the previous UI. Ramsey workers have reported that it takes them two to three times as long to process applications and changes, which impacts timeliness of benefits to residents. Providers have also reported several errors and general dissatisfaction with the new UI, contacting county executives and elected officials with concerns.

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### *Recommendations for MEC<sup>2</sup> Modernization*

1. Improve MEC<sup>2</sup> User Interface.
2. Reduce scrolling and layers of drop-down menus. Data entry is time consuming because there are many layers of values to find the correct selection. The lists and sub-lists are easily lost with one small deviation of the mouse, frustrating users. It is difficult to see a summary of data on a screen due to the need to scroll. The previous IU provided more direct coding and visibility of the data.
3. Allow multiple changes on a case in a single browser session. Unlike the former UI, every entry or change to a screen requires opening a new session/tab. Multiple entries/changes requires opening several tabs at once. After one update is completed, the case gets locked in the rules engine (aka, “background”) preventing workers from processing other changes on the case.
4. Fix notice language. Several notices no longer make sense, requiring workers to cancel them and send out manual memos explaining case actions.
5. Make alerts easier to sort and delete.
6. Allow workers to look up data without locking the case for processing. Currently, even looking up data, such as worker name, with no data edits, locks the case in in the rules engine (aka, background).
7. Create hyperlinks in Alerts and Provider information that allow workers to click and navigate to the detailed data. Currently, workers must remember or write down case numbers and provider numbers and navigate directly to the detailed data (copy/paste not allowed).
8. Fix Service Authorization (SA) Edits. In creating SAs, system edits require going back two months to make changes. When workers navigate two months back, edits prompt them to update in the correct month.
9. Make bulk transfers less cumbersome.
10. Waitlist management. Support waitlist management within MEC<sup>2</sup>.

### **Health Care Administration & Payments – Currently supported by MMIS (Medicaid Management Information System)**

MMIS manages medical provider and managed care contracts, rates, and payments for MN Health Care Programs such as MinnesotaCare, MA, GAMC, and Medicare Supplement Programs. MMIS is a mainframe system that with robust functions, policy rules and calculations for managing many aspects of medical assistance (federally called, Medicaid).

Eligibility for health care coverage is determined in METS and MAXIS. Both MAXIS and METS interface data to MMIS, but there continues to be problems with both interfaces. MAXIS interfaces demographic data but does not interface eligibility data to MMIS. Instead, workers must manually enter eligibility data presented in MAXIS

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into MMIS. Having an incomplete interface between MAXIS and MMIS creates inefficiencies, errors, and the need to resolve data discrepancies identified on reconciliation reports. Manually entering eligibility data into MMIS was intended to be a short-term workaround that has remained in effect for 30+ years. The interface between METS and MMIS also has data accuracy issues but has improved in recent years.

Below are recommendations for MMIS:

### *Recommendations for MMIS Modernization:*

1. Continue to fix the METS/MMIS interface.
2. Complete MAXIS/MMIS interface. Having an automated interface between MAXIS and MMIS will reduce worker errors, gaps in coverage for residents and save time for workers who must manually enter MAXIS eligibility data into MMIS and fix data discrepancies between the two systems. A complete eligibility interface should include identifying cases exempt from managed care based on eligibility type.
3. Automate the mailing of managed care packets for new enrollees. Currently, Ramsey County staff receive a faxed report and mailing cover sheets from DHS containing data about new enrollees that need to make a managed care selection. Workers must manually prepare and mail managed care information and forms which are returned to county staff to be processed in MMIS. MMIS sends these packets for all active MA recipients required to be on managed care during open enrollment. We would like this service to be extended to new enrollees as well, relieving counties of this responsibility.

## **Long Term Services & Supports Assessments – Currently supported by MnCHOICES (Minnesota Community Engagement, Health and Well-Being, Own Home, Important Relationships, Control over Resources, Employment and Stable Income, and Supports)**

MnCHOICES is a single, comprehensive, web-based application that integrates assessment and support planning for all people who seek access to Minnesota's long-term services and supports.

Assessment processes include Developmental Disability Screening, Long-Term Care Consultation, Personal Care Assistance, Assessment and Service Plan for both waived and county-funded services. MnCHOICES had a difficult roll-out several years ago, including system reliability issues whereby the online platform failed regularly requiring assessors to develop workarounds that include simple pen and paper. A new release of MnCHOICES is in progress and implementation has been delayed for several years. The current target implementation date is Q2 of 2023.

### *Recommendations for MnCHOICES Modernization:*

1. Deploy MnCHOICES 2.0 with minimal workarounds, and an Agile Product team in place to gather use input and quickly and regularly release fixes and improvements to the new software.
2. Interface data from MnCHOICES to MMIS, MAXIS and SSIS. Although MnCHOICES pulls data from these systems, it does not push results back to these systems, requiring workers to manually enter data into multiple systems.

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3. Feed data from the MN Support Plan into MMIS. Workers need to manually enter support plan services data into MMIS, so providers are paid.
4. Develop better workflows and communication mechanisms between assessors and case managers.

### **Social Services - Currently supported by SSIS (Social Services Information System)**

SSIS is a case management system that provides support for the delivery and management of welfare services for children and adults; as well as to serve as a data collection system for federally mandated data. Services include Child Protection, Disability Services, Adult Protection, and Aging & Adult Services.

SSIS is a Microsoft Windows-based system that contains very complex business rules. It was initially designed to support Children's Services but was expanded at the request of counties to support Adult programs. Data quality edits for Adult programs are not as robust as edits for Children's services, which lead to many data quality issues arising as an example from a caseworker not entering their case notes.

#### *Recommendations for SSIS Modernization:*

1. Support MACSSA Legislative Priorities for Redesign of Targeted Case Management (2023 BH1)
2. Move SSIS from a Windows-based to a web-based system.
3. Improve SSIS Case Management reports. Existing DHS canned reports have limited flexibility and do not meet the needs of county workers or evaluators. Currently, counties create separate reports for workers to track required face to face interactions, updated case plans and track required documentation standards (e.g., interview start and stop times). SSIS should provide better caseload action reports and flags and alerts when time-related actions are required. Having reports that are more action-oriented, flexible, and customizable for users would be beneficial for workers, supervisors, managers, evaluators, finance, and administrative staff.
4. Re-visit decision to use SSIS for Adult, Aging and Disability services intake and case management, and funding provided by counties for this functionality, especially in light of legislation to create two new departments.
5. Develop statewide solution for supporting all aspects of provider management, including licensing, registration, reporting and payments with data that integrate with DHS systems.
6. Consider merging county databases into single, integrated statewide database. Currently, each county has a separate SSIS database, although the data is housed centrally at the state. In addition, the state has a centralized integrated database that consolidates some county data (for federal reporting) and contains a common state SSIS identifier (SWNDX) that must be kept in sync with each county SSIS ID. Clearing duplicates and data discrepancies is complex and time consuming for counties. Having an integrated statewide database for SSIS (like exists for other state DHS systems) could simplify the SSIS ID clearing processes and enable greater sharing of data across counties when residents move and are serviced by the former county. If data is integrated, it will be important to retain the direct access counties have to SSIS data for local reporting and integrations.



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7. Integrate data between SSIS and MnCHOICES. Currently, workers must provide dual data entry into MnCHOICES and SSIS.
8. Auto-populate data into SSIS from DHS and county-based web forms. Currently, workers must capture data on fillable forms and re-enter that data into SSIS.
9. Add the Minnesota Automated Reporting Student System (MARSS) identifier to SSIS. This is the Dept of Education number for children. Linking the MARRS number to SSIS will enable better coordination and collaboration between counties and schools.

### **Child Support Collections/Distributions – Currently supported by PRISM (Providing Resources to Improve Support in Minnesota)**

PRISM is a federally mandated computer system that supports Minnesota’s Child Support Enforcement program in efforts to locate missing non-custodial parents; implement automatic withholding with employers for support; enforce child support orders; centralize receipt and disbursement of child support payment as required by federal law.

PRISM is a mainframe system with robust functions, policy rules and calculations, but needs to be modernized, re-written or replaced with a system that offers the same or better functionality. Below are recommendations for modernizing, re-writing, or replacing PRISM.

#### *Recommendations for PRISM Modernization:*

1. Fix METS-PRISM referral process. The current process for METS referrals to PRISM has many gaps and manual steps. If workers fail to track the status of forms sent to residents, cases that should be referred are not, which results in lost medical support efforts and coverage for children.
2. Modernize and simplify user interface. Replace the mainframe user interface with web user interface. Workflows developed using BlueZone scripts could help inform a new PRISM user interface, workflow and automated data entry that could be included in a new PRISM UI. PRISM workers regularly use more than 600 screens, and it takes up to a year for users to be trained on how to use the system.
3. Modernize PRISM Documents. Documents created in PRISM cannot be easily exported to a sharable format (e.g., PDF) to be routed for attorney’s signature and filed electronically with the courts. Workers must print documents and then scan them back into an electronic format, manually share and create files, or create fillable forms outside of PRISM and manually enter data from the forms into PRISM (dual data entry).

### **Service and Data Integration – Currently supported by SMI (Shared Master Index)**

The SMI is a web-based system that interacts with other state and service entity systems creating cross reference data base and a common client identifier to assist workers in tracking clients across systems. SMI provides a comprehensive view of client data and program participation across program areas of MAXIS, MMIS and PRISM, and very limited access to SSIS data (worker name). Several counties (and vendors) have built

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integrations with SSIS to get detailed program data not provided through SMI. SMI does not currently provide resident participation data from METS.

SMI was also intended to reduce duplicate data entry by providing access to state systems through data services (web services). This real-time access to DHS data enables counties to auto-populate forms, auto-index documents and send alerts to workers when paperwork has been received by counties. The lack of METS real-time data hampers county ability to provide the same level of automation for MNSure cases, requiring more duplicate data entry and manual processing. Below are recommendations for improvements to SMI.

### *Recommendations for SMI Modernization*

1. Fully commit to the SMI as the core, unique identifier that is required for person-centered service delivery. A resident's SMI number should be the key identifier for CRM systems that DHS and/or counties want to implement, and it should be tied to their identity in MNEIAM and used for secure digital services (portals, etc.).
2. Merge Duplicate SMI Numbers. Service integration, at the heart of the Integrated Services Business Model (ISBM), requires linking resident data across programs. The Shared Master Index (SMI) was built to enable these linkages across DHS systems and over time through a unique identifier. Duplicated PMI numbers created by METS introduced nearly one million potential duplicate SMI numbers that must be merged to enable workers to see all programs and case history, avoiding gaps in services and requiring residents to tell their stories again and again with each encounter.
3. Provide access to real-time METS data.
4. Re-write SMI into a simpler and more modern architecture. When it was built, the vision was that SMI would become the platform a new integrated web front-end for all the major DHS systems. This vision never materialized. However, the application was over-architected to support the vision, making SMI more complex technically than is required for its current function.
5. Expand access to SSIS data (now that SSIS data is centralized).
6. Expand real-time data available through SMI web services.
7. Provide better instructions to counties on how to access web services.

## County Provided Technology Modernization

In addition to DHS provided technologies, counties have also invested heavily in technologies that support, extend, and fills gaps in and around state systems focused on resident engagement, provider management, fiscal management, workflow management and data management.

**Resident Engagement:** Enables interactions local agencies have with residents, by phone contacts, exchange of forms and documents, office visits, and via online channels (portals, texting etc.)

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**Provider Management:** Enables counties to secure providers of services for residents (licensing, contracts, payments, etc.)

**Fiscal Management:** Supports Accounts Payable (AP) and Accounts Receivable (AR) for human services programs and services

**Workflow Management:** Manages the flow of work among the local staff who contribute to service delivery, and relieve workload pressures (i.e., create efficiencies that are needed to meet program performance expectations with limited staffing)

**Data Management:** Support data needs of business through operational reports, evaluation, and analytics  
 Below is a graphic that illustrates the county-based technology solutions that co-exist alongside DHS provided systems in the state/county technology eco-system that is needed to deliver human services to residents.

State-County Human Services Systems (Chart 2)

## State-County Human Services Systems

Business Process →	Intake / Eligibility / Case Management	Fiscal Management	Data Management	Resident Engagement	Workflow Management	Provider Management		
Resident Need ↓								
Financial Support	MAXIS (including MNbenefits)	CEHI/ MEDB	DATA WAREHOUSE, DATA EXTRACTS, REPORTS, SHARED MASTER INDEX (SMI)	MNBENEFITS, MNSURE PORTAL	OUTLOOK	LICENSING CONTRACTING PROVIDER REGISTRATION INVOICE PROCESSING PAYMENTS		
Child Care Assistance	MEC <sup>2</sup> (including MNbenefits)				DHS FILES		PAPER FORMS e-FORMS	EXCEL
Medical Assistance	MAXIS (NON MAGI)	MMIS (incl TCM, Waiver)			SSIS DOWNLOAD EXTRACTS		APPOINTMENTS	PAPER DOCUMENTS AND FOLDERS
	METS (MAGI)				BI TOOLS		QUEUING SYSTEMS	PRINT TO MAIL
Child Protection, Family Support	SSIS	COUNTY ACCTG SYS (Accounts Payable, Accounts Receivable)			DATA MARTS		LOBBY KIOSKS	SHARED DRIVES
Aging or With Disabilities	SSIS, MnChoices, MNSPA				OPS REPORTS		TEXTING AND CHAT	ELECTRONIC DOCUMENT MGMT SYSTEM
	SSIS, MAARC, MHIS				EVALUATION REPORTS		PHONE CALL MANAGEMENT (IVR)	SCAN CENTERS
Mental Health Support (nonClinical)				RESIDENT PORTALS	DUPLICATE AND AUTOFILL DHS FORMS			
				CLIENT RELATIONSHIP MANAGEMENT (CRM)	COUNTY FORMS			
					E-SIGN			
					ASSIGN CASE			
					TRANSFER CASE FILE			
					BLUEZONE SCRIPTS			

KEY	MN DHS TECHNOLOGIES
	COUNTY TECHNOLOGIES (OR MANUAL)

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Recognizing the larger eco-system of state/technology solutions enables stronger collaborations across counties and between counties, tribes and the State and helps identify opportunities for shared technologies and creating interoperability across systems. Below are descriptions of the major county-based technologies and

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gaps yet to be filled, as well as specific recommendations on where we can consolidate and integrate technologies.

### Resident Engagement

Within the Minnesota “state-supervised, county-administered” model of human services administration, the primary function of counties is resident engagement. In this role, counties rely on several types of technologies including paper forms and correspondences, phone systems (including Interactive Voice Response or IVRs), texting tools, scheduling software, secure email exchanges and, increasingly, mobile apps and web sites for residents (and providers). As DHS creates more technologies for direct resident engagements (e.g., MNsure.gov, MNbenefits, texting tools), it is imperative that counties and DHS work in partnership to create easy and consistent resident experiences across the state. For example, residents should have the option to communicate with workers through a website, mobile app, or chat in one county but only via phone and voice mail in a neighboring county with fewer resources to invest in modern technology. Ideally, a resident would have access to the same communication channels across the state.

In addition to direct resident engagement tools, counties have developed relationship management tools to provide more integrated and coordinated services for residents served in multiple program areas. Integrating services across programs requires a unique ID that links data across DHS and county systems. The State SMI was developed to support counties in providing integrated services. Currently, there is a huge data quality issue in the SMI. Since the implementation of METS up to 700,000 potential duplicated records were created in SMI which wreaks havoc in county systems dependent on a unique SMI ID and hampers the counties’ ability to integrate services across programs, which may well necessitate that counties’ build their own systems to create unique resident identifiers.

#### *Recommendations for Resident Engagement:*

Set up the state’s digital service/self-service offerings, leveraging resident accounts in MNEAIM to allow expanded resident and provider portals, secure Interactive voice response systems (IVRs), chat bots, texting, etc.

### Provider Management

DHS and counties perform many parallel and related functions around provider management. DHS largely manages provider relationships (medical and health plans) for Minnesota’s Health Care Programs. DHS also grants licenses for providers for foster care and childcare, though counties do most of the field work to find, assess and register foster care providers. DHS has increasingly centralized the enrollment of providers for home and community-based services, though HCBS case management providers continue to be contracted by counties, which causes much confusion for residents and providers who serve residents in multiple counties. DHS systems pay providers for health care and child-care services. However, counties make payments to social services providers for non-MA eligible services through county accounting systems (see reference in Fiscal Management below).

#### *Recommendations for Provider Management:*

Extend the Salesforce platform for licensing and reporting to all provider management functions, including invoicing and payment of all providers. Counties are encouraged by new initiatives by DHS to provide new tools for licensing providers, including the implementation of Salesforce to support

licensing and reporting. We urge DHS to extend this platform to all provider management functions, including invoicing and payment of all providers, not just those licensed by DHS.

### Fiscal Management

Counties invest in enterprise fiscal management and accounting systems that are generally used across the county. However, these systems are often customized extensively to meet the unique needs of human services as a result in major gaps in state-provided systems.

We have identified 4 major fiscal gaps in state-provided systems that create large pain points for counties. Two of the gaps are in Accounts Payable and two are in Accounts Receivable. As DHS systems are modernized or replaced, we urge DHS/MNIT to consider supporting these programs and functions to eliminate manual processes that result in errors, payment delays and lost revenue, and reduce the county technology footprint in areas where DHS has greater capabilities.

#### *1. CEHI/MEDB Eligibility and Payments (Accounts Payable)*

Cost Effective Health Insurance (CEHI) is a program to reimburse residents for insurance premiums to retain their other health care (OHC) coverage, if deemed cost-effective for the MA program. The eligibility determination and payment functions are not automated in METS, MAXIS or MMIS. Instead, counties are required to manually determine eligibility and make payments through county accounting systems. Similarly, some Medicare Part B premium reimbursements must also be made by counties. While MAXIS determines eligibility and makes payments to reimburse residents for Medicare premiums through four Medicare Savings Programs (QMB<sup>4</sup>, QI<sup>5</sup>, SLMB<sup>6</sup>, QWD<sup>7</sup>), there is one segment of the population on the MA-EPD<sup>8</sup> program that is not automated on MAXIS. Instead, counties must manually determine eligibility and make payments for MEDB payments these people.

##### *Recommendation for CEHI, MEDB:*

Simplify CEHI and MEDB policy and provide eligibility and payment functionality on a State system.

#### *2. Social Services Provider Payments (Accounts Payable)*

Currently, counties issue many payments to providers based on SSIS data through a complex two-way data exchange between DHS/MNIT and county accounting systems. In addition, counties make payments to providers that are contracted with counties. Making provider payments from local accounting systems stems from a time when SSIS servers were located in each county. In recent years, SSIS servers were centralized at the State level, enabling the possibility to make provider payments from SSIS through the State accounting system as is currently done for medical and childcare providers based on data from MMIS (medical) and MEC<sup>2</sup> (childcare).

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<sup>4</sup> QMB = Qualified Medicare Beneficiary

<sup>5</sup> QI = Qualified Individuals

<sup>6</sup> SLMB = Service Limited Medicare Beneficiary

<sup>7</sup> QWD = Qualified Working Disabled

<sup>8</sup> MA-EPD = Medical Assistance – Employed Persons with Disabilities, which has a higher asset limit than other categories of MA

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### *Recommendation for Provider Payments:*

As SSIS is modernized, consider centralizing payments at DHS to social services providers as they currently do for child-care and medical providers. The centralization of payments could be considered as part of the Case Management Redesign and Rates Standardization projects designed to ensure resident choice. See Attachment D for more details on the idea to have the state make payments to providers rather than rely on county accounting systems for these payments.

### *3. Third Party Billing (Accounts Receivable)*

Currently, counties must develop manual processes or customized applications to do third party billing to Managed Care Organizations for county-provided Mental Health Case Management services. Although SSIS provides the mechanism for counties to bill MA in the fee-for-service model, there is no state-provided mechanism to bill Health Plans, requiring counties to fill in this gap through manual processes, custom solutions or vendors. This is costly and error-prone, resulting in lost revenue for counties providing these services.

### *Recommendation for Third Party Billing:*

Provide State mechanisms for counties to bill 3<sup>rd</sup> parties (e.g., managed care plans) for county-provided MA eligible case management services (e.g., Mental Health Targeted Case Management).

## Workflow Management: Case File Management

When DHS systems were implemented, case files were paper and had to be readily available for county workers. The volume of paper records led counties to develop and purchase Electronic Content Management (ECM) systems (aka. Electronic Document Management Systems – EDMS) to manage case files electronically. Still many areas in many counties remain dependent on paper.

Case file management is more than document management. It includes printing and mailing forms and documents, processing paper and electronic documents sent to counties and case transfer mechanisms to send records from one county to another. To auto-populate forms and documents, counties replicate DHS forms, which creates maintenance costs when DHS forms are changed. Several counties have created printing and mailing centers to send documents and forms to residents and partners, as well as scan centers to convert paper to electronic files.

Fortunately, a handful of vendors have developed and offer customized applications to manage case files, replicate DHS forms, feed printing/mailing operations, support scanning documents and facilitate inter-county transfer of records. Hennepin County has developed a customized system, ECF (Enterprise Communication Framework) to do these functions. All these custom applications use SMI web services to get real-time data from MAXIS, MMIS and PRISM to auto-populate forms and documents and automate workflows. See Attachment E for a summary of EDMS/ECM vendors (use MnCCC vendor survey results).

Even with all the Case File Management solutions, there are still significant pain points around this technology for workers. The technology is expensive. Case file transfers between counties continues to be a huge pain point given the differing ECM solutions counties use, and although some DHS data is available, it is inadequate to

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meet the automation need of counties. It also only flows from DHS to counties. Counties need mechanisms to push to DHS systems the data that is captured on county-based DHS forms to feed into DHS systems rather than rely on workers to manually enter data that is increasingly capture electronically.

Below are descriptions of the major case file management functions counties support, and recommendations to develop more shared, integrated, and centralized solutions. Having more aligned systems will improve the workflow for residents and workers, increase the speed for processing case work by reducing the complexity, manual data entry and costs for counties.

### Printing/Mailing paper forms and document

Counties are required to print and mail a significant amount of paper documents to residents, partners, and authorized reps. These mailings include DHS eDocs forms, managed care packets to new MA enrollees, MnCHOICES Assessments, Case Plans and Payment Invoice Forms to Foster Care providers. Several counties have created a central printing, inserting, and mailing center to automate the printing and mailing of documents, essentially replicating the functions of the DHS Issuance Operations Center (IOC).

The costs to print and mail documents, and manage returned mail is significant for counties. The paperwork burden placed on counties increased due to:

- Increased workarounds (e.g., canceling system generated notices and replacing them with manual worker generated notices)
- Requiring workers to gather documentation to for eligibility—an inadvertent effect of simplifying application process for residents (e.g., MNBenefits);
- Systems that lack capabilities for centralized printing (e.g., SSIS, MnCHOICES)

#### *Recommendation for Printing/Mailing:*

Allow counties to use the DHS IOC for printing and mailing paper forms and documents, relieving counties of this burden and expense.

### Case File Transfers across Counties

Transferring case documents between counties is inefficient, confusing, and frustrating. Morrison County submitted a request to DHS to build a centralized secure portal for counties to transfer documents when a resident moves from one county to another.

#### *Recommendation for Case File Transfer:*

Build a secure File Transfer Protocol (SFTP) site at the state level for counties to transfer records to each other. Morrison County requested this through the DHS project gateway process.

### Electronic Document Management Systems (EDMS)

A handful of vendors have developed customized case file management solutions for county human services departments. The systems also replicate DHS forms and pull data from DHS systems to auto-populate documents and automate workflows. Some counties host these solutions for neighboring counties, and increasingly vendor solutions are being developed to run within the cloud. This creates opportunities for further consolidation.

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### *Recommendation for EDMS:*

1. Make more real-time data available to counties to integrate with their ECM systems (e.g., METS data)
2. Consider having DHS purchase Electronic Case File applications from vendors and make them available to counties who choose to use them. This would reduce the cost and administrative burden on counties to procure and manage these contracts and allow counties who are satisfied with their existing solutions to keep them. State-based Case File Management solutions would also provide a repository for documents captured by DHS (e.g., METS self-service renewal forms, MNbenefits “later-docs”, MnCHOICES supplemental forms and documents, SSIS documents, etc.). As DHS moves more client services to the web, it will no longer make sense to store documents at the county level when they could more easily and efficiently be stored, accessed, and managed at the State level.

### **eForms/Electronic Signatures**

Increasingly county workers are moving toward completing electronic documents and obtaining eSignatures from residents, authorized representatives, and providers and community partners. A particular pain point for counties is responding to 3<sup>rd</sup> parties requesting verification of public assistance. These include the Social Security Administration, Head Start, Energy Assistance, Public Housing and other programs whose eligibility is dependent on public assistance status or benefit level.

### *Recommendation for eForms/eSignature:*

Create statewide solutions (e.g., worker, provider and partner portals) for eForms and eSignature with the option to include county-developed forms.

### **Workflow Management: Blue Zone Scripts**

Counties use several workflow management tools to move work across different units. Unfortunately, many of the primary tools are email systems and tracking statuses in excel spreadsheets or even manual lists. For mainframe systems, MAXIS, PRISM and MMIS, counties developed workflow scripts running in Blue Zone (written in Visual Basic Script) to automate data entry and enter automated case notes. Many of these county-created scripts are now maintained by DHS and published on the System Information Repository (SIR) for county use. Still, many counties write their own scripts often focused on automating workflow connecting DHS systems to county systems and processes.

### *Recommendation for Blue Zone Scripts:*

Launch a DHS/MNIT/County collaborative group to create a vision and roadmap for scripts and explore options to replace the MAXIS user interface with a modern UI and an Application Programming Interface (API) layer for integrating data into MAXIS from local systems.

### **Data Management**

#### *Human Services Data Stored in DHS Systems*

Most of the client data stored in DHS systems is gathered by county workers through forms, interviews and conversations and manually entered into DHS systems. In addition, there is a tremendous amount of client data generated by DHS systems that counties need access to deliver services efficiently and equitably to residents.



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DHS currently provides counties access to data in DHS systems through the DHS Data Warehouse, data extracts, various reports (e.g., WEBI, BOBI) and real-time access to DHS systems (through web-services) for operational processes (e.g., auto-populating forms, indexing/routing documents, etc.). Still, there are key data sets counties need but do not currently have access to, including METS, MnCHOICES and MMIS managed care services, SMI data, as well as data from other agencies (e.g., Workforce One, Unemployment Insurance) which are in the DHS Data Warehouse.

To effectively deliver services holistically and equitably, counties need access to more data sets and more current/recent data, to support operational reporting needs, coordinate care, evaluate outcomes and develop intervention strategies. Counties also need easier paths to gain access to the Data Warehouse and clearer instructions on how to access and use SMI web services.

### County Captured Data

When most DHS systems were implemented, counties captured data through paper forms and manually entered data from the forms into DHS systems. Increasingly, counties are capturing data using electronic forms which are saved as PDF documents from which workers still manually enter data into DHS systems. Capturing data electronically presents the possibility of electronically entering the data into DHS systems rather than rely on workers to do this manually. Reducing data entry would speed case processing exponentially and allow county workers to focus on residents rather than data.

An easy place to start for mainframe systems (MAXIS, PRISM) would be to harvest eForms data to be placed into BlueZone Scripts that currently populated MAXIS and PRISM screens, respecting all the security access roles and data edits within those systems. Long-term, these forms and scripts could help inform the development of web-based user interfaces for workers and residents. For SSIS and METS, create Application Programming Interfaces (APIs) to allow data harvested from forms to be entered directly into these databases.

#### *Data Management Recommendation:*

1. Make additional data elements and sources available to counties. See Attachment F for a list of additional data needed by counties.
2. Implement a comprehensive framework for data exchange among the full set of state and county systems. We believe the initial focus should be on creating a robust Application Programming Architecture (API) architecture that allows counties to push and pull data from the state's core systems. This will allow for equal data access for all counties regardless of size, reduce duplicate entry, and provide counties with the critical operational data that is needed to effectively deliver services to residents. This also aligns with current trends in the banking and insurance industries of continuing to leverage mainframe systems for data storage, and instead focusing technical resources on building out the data integration layer and modern UI's. This architecture would enable a true "ask once enter once" environment, where data collected by a county via a portal, eForms or local system can be passed into all the DHS systems, and vice versa. See Attachment G for a conceptual model of the data exchange eco-system counties imagine between DHS and county-based technology solutions.
3. Make data access and sharing a mandatory requirement when implementing new systems, including source system data and data/reporting models built on top of source system data.

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4. Support data-sharing not just between state and local systems but also with reporting/analytics repositories (i.e., state and local data warehouses).
5. Decouple data sharing from the source system access process for IT and data analytics teams.

### Summary

Modernizing Human Services technology should include both current state-provided systems and county-provided technologies. Counties are eager to collaborate with DHS to develop concrete roadmaps that ensure county flexibility but make use of statewide platforms and economies of scale. The roadmap should include opportunities to reduce the county technology footprint, allowing counties to focus more on client and community engagement which is the fundamental purpose of a state-supervised and county-administered model.

Attachment A: Functions and Systems

Resident Need	Key Differentiator	County Worker Function (Primary System)											County Administrative Functions (Primary System)					
		ISBM <sup>i</sup> : Screening, Referral	ISBM: Assessment	ISBM: Eligibility	ISBM: Service Delivery & Coordination								ISBM: Outcomes					
		Triage/ Screening/ Application	Intake/ Assess/ Investigate	Determine Eligibility	Pay Resident	Create Case Plan	Create Service Author	License Provider <sup>ii</sup>	Find Provider	Pay Provider	Case Mgmt	Create/ Maint Case Records	Fiscal Claiming for MA Service	Fiscal Claiming for Admin costs	Contract with Providers	Access Mgmt	Training	Reports/ Evaluation
								Provider Mgmt & Fiscal Mgmt				Fiscal Mgmt: Claiming		Provider				
Workflow Management – (e.g., BlueZone Scripts)																		
Financial Support	Housing Support <sup>iii</sup>	County (paper, Laserfiche, <a href="#">mnbenefits via MNITS portal</a> )	County (MAXIS, CAFE)	County (MAXIS)	Only if on a waiver – see below	County EGCI: Housing Stability Dept	County EGCI: Housing Stability Dept	Resident, SW, Housing Stability Dept	County (MAXIS)	County (MAXIS)	County (EDMS)	N/A	Ensure accuracy of organizational (staff) data (for <a href="#">Random Moment Survey</a> )	N/A	DHS (MAXIS) County Certifies (???)	DHS County	DHS County	
	Cash		N/A						N/A	N/A		N/A		DHS (MEC2) County Certifies (???)				
Paying for Child Care	MFIP funded	County (paper, Laserfiche, <a href="#">mnbenefits via MNITS portal</a> )	County (MEC2 <sup>v</sup> )	N/A	County (MEC2)	County	Resident	County (MEC2)	County Vendor (MEC2)	County Vendor	N/A	N/A	DHS (MEC2) County Certifies (???)					
	Basic Sliding Fee (BSF)		County Vendor (MEC2)	N/A	County (MEC2)	County Vendor (MEC2)	County Vendor	N/A	DHS (MEC2) County Certifies (???)									
Getting Health Ins/ Coverage	MNSure (using MAGI <sup>v</sup> )	County (METS <sup>vi</sup> )	County for CEHI (manual process)	N/A	N/A	DHS?	County (manual for Managed Care Plan Selection)	State (MMIS)	County (METS)	County (EDMS)	N/A	N/A	DHS	???	DHS County	DHS County		
	Long Term Care/ Waivers (non-MAGI)	County (MAXIS, MMIS, ISDS for SMRT)	(In SSD)	County (MMIS)	County (METS)	County (MAXIS)	N/A	DHS	DHS (MMIS) County Certifies (???)									
Feeding Myself or My Family	SNAP & MFIP	County (paper, Laserfiche, MNITS for ApplyMN, <a href="#">mnbenefits</a> )	County (MAXIS)	N/A	N/A	County (MAXIS)	N/A	N/A	County (MAXIS)	N/A	N/A	N/A	DHS (MAXIS) County Certifies (???)					
Being Safe and Well-Cared for	Children & Family Services	County (SSIS)	County (SSIS)	County (SSIS)	County (CADS)	County (SSIS)	County (SSIS or MMIS?)	County (LARS/ Binti)	Binti Placement Module	County (Co Acct)	County (SSIS)	County (SSIS/share drive)	CW-TCM (SSIS)	County?	County (SSIS)			
											Vendor (SSIS)		IV-E Foster Care (manual, VPS)	County?				IV-E Foster Care (manual)

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Resident Need	Key Differentiator	County Worker Function (Primary System)											County Administrative Functions (Primary System)						
		ISBM <sup>i</sup> : Screening, Referral	ISBM: Assessment	ISBM: Eligibility	ISBM: Service Delivery & Coordination										ISBM: Outcomes				
		Triage/ Screening/ Application	Intake/ Assess/ Investigate	Determine Eligibility	Pay Resident	Create Case Plan	Create Service Author	License Provider <sup>ii</sup>	Find Provider	Pay Provider	Case Mgmt	Create/ Maint Case Records	Fiscal Claiming for MA Service	Fiscal Claiming for Admin costs	Contract with Providers	Access Mgmt	Training	Reports/ Evaluation	
								Provider Mgmt & Fiscal Mgmt				Fiscal Mgmt: Claiming			Provider				
		Workflow Management – (e.g., BlueZone Scripts)																	
in my Home	Adult Protection	County (SSIS, MAARC)			N/A			County			(in Waiver)			?		?			
Doing Daily Activities	Waiver Programs	County (SSIS)	County (Mn CHOICES) MnCHOICES 2.0	County (SSIS)	N/A	County (MNSP)	County (SSIS, MNSP or MMIS?)	State?	County (MNINFO)	State Contract for CM (MNITS)	County (SSIS)		HCBS (aka, Waivered Services) (SSIS)		County for Contract CM (Co Acct?)				
									County (Co Acct) for Direct Services						State for Direct Service (MNINFO)	County (SSIS)	DHS	DHS	
Dealing with Mental Health & Well-being	Non-clinical (Adult and Children)	SSIS?	MHIS, SSIS?	MHIS, SSIS?	N/A	MHIS, SSIS?	MHIS, SSIS?	?	?	County (Co Acct)	County (SSIS)	County (SSIS/Share drive)	CMH-TCM & AMH-TCM (SSIS Fiscal, CTR in Ramsey)		N/A				
	Clinical/ Crisis	Co EHR	Co EHR	Co EHR	Co EHR	Co EHR	Co EHR	N/A	Co EHR	State (MMIS)	Co EHR	Co EHR	MNITS Portal		?				
Dealing with Substance Abuse	Clinical	Co EHR	Co EHR	Co EHR	Co EHR	Co EHR	Co EHR	N/A	Co EHR	State (MMIS)	Co EHR	Co EHR	MNITS Portal		N/A	?			

Green = State Systems  
 Blue = County Technology Solutions

## MACSSA Modernization Eco-System

### Programs:

The Ramsey County Human Services Technology Modernization Discovery Project developed a “framing document” to map human services to each need state identified in The Human Services Technology Modernization Discovery Phase Summary Document. Below is more detail identifying the populations and programs serving each of these resident needs.

Service Area	Population	Program
<b>Financial</b>		
Meeting My Financial Needs	Adult	Emergency General Assistance (EGA)
	Family With Children	Emergency Assistance (EA)
	Family With Children	Minnesota Family Investment Program (MFIP)
	Family With Children	Diversionary Work Program (DWP)
	Adult	General Assistant (GA)
	Elderly/Disabled	Minnesota Supplemental Aid (MSA)
	Elderly/Disabled	Housing Support/Group Residential Housing (GRH)
	Refugees	Refugee Cash Assistance (RCA)
	Veterans	Veterans Services
Finding A Job	All Residents	
	Veterans	Veterans Services
Paying for Child Care	Adult	Basic Sliding Fee Program (Contracted) CCAP
	Family With Children	MFIP Child Care Program CCAP
	Veterans	Veterans Services
Getting Health Insurance/Coverage	All Residents	Medical Assistance (METS, MNSure MAGI Population) (including waivers, LTC Non-MAGI Population) (with SNAP) (with Cash)
	Refugees	Refugee Medical Assistance (RMA)
	Immigrants, Undocumented	Emergency Medical Assistance
	Elderly/Disabled	Medicare Savings Program (QMB, SLMB (reimbursement program))
	Children	TEFRA
	Adults, Parents and Children	Cost Effective Health Insurance
	Adults, Parents and Children	Managed Health Care (PMAP)
	Veterans	Veterans Services
Feeding Myself Or My Family	Adults, Parents and Children	Supplemental Nutrition Assistance Program (SNAP)
	Family With Children	Minnesota Family Investment Program (MFIP)
	Veterans	Veterans Services
<b>Housing/Homelessness</b>		
I'm Experiencing Homelessness and Need a Place to Live	Family With Children	Family Shelters
	Adult	Adult Shelters
	Veterans	Veterans Services
<b>Mental/Chemical Health (Behavioral Health)</b>		

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Working with Substance Abuse	Adult/Adolescence	Chemical Health
	Adult	Detox Clinic
	Veterans	Veterans Services
Working With Mental Health and Wellbeing	Adult	Mental Health Clinic
	Adult	Adult Mental Health and Support
	Adult	Adult Crisis Services
	Children	Children's Crisis Services
	Adult	Suicide Prevention
	Adult	Prepetition Screening
	Children	Children's Mental Health
	Pregnant/Parenting	Mothers First
	Children	Project Assist
	Adult	Mental Health Targeted Case Management (MH-TCM)
	Adult	Adult Mental Health Initiative Grant (AMHI)
	Adult	Community Support Programs (CSP)
	Veterans	Veterans Services
Living Fully (While Aging Or With A Disability)		
Doing Daily Activities	Elderly/Disabled	PCA (Personal Care Assessment)
	Elderly/Disabled	BI Waiver
	Elderly/Disabled	Essential Community Support
	Elderly/Disabled	County Funded Services
	Elderly/Disabled	SILS (County Funded Services)
	Elderly/Disabled	Family Support Grant (Not Required MnCHOICES)
	Elderly/Disabled	Consumer Support Grant
	Elderly/Disabled	CADI Waiver
	Elderly/Disabled	Development Disability Waiver
	Elderly/Disabled	Rule 185 Case Management
	Elderly/Disabled	CAC Waiver (medically complex)
	Elderly/Disabled	Elderly Waiver
	Elderly/Disabled	Alternative Care
Veterans	Veterans Services	
Being Safe		
Being Safe and Well-Cared For In My Home	Children	Child Protection
	Children	Child Protection Diversion
	Children	Child Protection Early Intervention
	Children	Kinship Services
	Children	Fostering Connections (permanent custody to agency)
	Children	Adoption
	Parents	Parent Support Outreach Program (PSOP)/Family Community Partnership
	Parents	Family Group Decision Making
	Children	Successful Transition to Adulthood for Youth (STAY)

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	Children	All Children Excel (Contracted Program, Coming Inhouse)
	Teenager	Youth Engagement Program (YEP)
	Teenager And Family	Youth Intervention Team (YIT)
	Adult	General Assistance (GA) Placement Approval for Children
	Adult	Adult Protection
	Veterans	Veterans Services
	Parents	Child Care Licensing
	Children	Adult/Children Foster Care Licensing

<sup>i</sup> Integrated Service Business Model (ISBM) – developed by DHS, Counties and Tribal Nations to guide DHS modernization

<sup>ii</sup> DHS grants licenses based on work done by counties

<sup>iii</sup> Formerly known as Group Residential Housing (GRH)

<sup>iv</sup> Minnesota Electronic Child Care (MEC2) “back end” is MAXIS

<sup>v</sup> Modified Adjusted Gross Income

<sup>vi</sup> MAXIS is used for retroactive MA and Pregnant Woman eligibility

## Attachment B: METS Functional Gaps and Strengths

Below is a list of basic functional gaps in METS and should be addressed in a new system:

- a. Reinstatement. METS has no re-instate or similar function to re-open a case that was closed for failure to provide documents. Instead, workers need to re-enter all case and person data as a new case which is time-consuming and risks creating duplicate records if data is not entered exactly as it was in the closed case.
- b. Workarounds. Many MA cases must be processed in MAXIS as a workaround because METS cannot support these eligibility types:
  - i. Non-MAGI cases (Aging/Disabled basis, Long Term Care MA)
  - ii. All cases with spenddowns
  - iii. Auto-newborn (babies are eligible for a richer benefit set for one year)
- c. Second pregnancies (METS can only accommodate one pregnancy per person, requiring a complex workaround if someone is pregnant more than once)
- d. Changes in Circumstances take a long time to process. For example, adding a baby to a case takes 60 minutes in METS, compared to 15 minutes in MAXIS.
- e. Navigating across three systems (MAXIS, METS, MMIS), in addition to county-based systems (e.g., EDMS) for health care eligibility processing is inefficient, error-prone, creates risks of duplicated health insurance payments, or worse, gaps in coverage for residents. A new (or re-written MAXIS/METS) should provide integrated eligibility for all MA funded health care, Cash and Food assistance programs.
- f. Simple non-eligibility changes. Simple changes (name, address) cannot be done by clerks because any data change initiates a new eligibility redetermination (unlike MAXIS). Only Financial Workers can initiate eligibility results.
- g. No closure or change notices. METS only sends out approval notices. It does not generate notices for case closures or changes in eligibility type (e.g., person turns 65). Instead, workers must manually send out closure/change notices based on reports of METS closures and changes in eligibility.
- h. Task management in METS is difficult. Finding relevant tasks in a sea of non-actionable tasks is daunting and bulk deletes are not allowed (e.g., of 40,000 tasks, 35,000 may not be relevant or actionable, making it difficult to find the tasks that need attention.)
- i. Apps get Stuck. Some applications get stuck in METS and counties must monitor the “stuck application” queue to find them or wait until residents call to inquire about the status. Workers don’t know about cases stuck in “internal review” until the state pushes them through.
- j. METS/PRISM Interface. The interface does not work effectively, resulting in lost referrals to child support which reduces recoveries and medical coverage for children. Without the ability to sanction, counties are not able to establish paternity and meet Federal Performance standards which may impact federal funding for child support.
- k. Not person-based. Processing in METS is not truly person-based as required by federal regulations for health care programs. For example, in METS it is not possible to approve eligibility for one household member while pending it for another household member. (This is possible in MAXIS.)
- l. No override capability. If eligibility results determined in METS are incorrect, there is no mechanism for the worker to correct the results other than entering incorrect raw data.

Despite these significant shortcomings in METS, there are benefits to METS that should be preserved in a new integrated eligibility system.



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- a. Web-based user experience. The resident-facing portal of METS is greatly underutilized. Self-service renewals are a step in the right direction (if the needs of the county workers are also addressed as part of its implementation). Making full use of the portal could include the ability for residents to check case status, report address changes and other changes, access and submit required forms, etc. And provide a point of entry not just for their “health care” case – residents should be able to use the same credentials and ideally the same portal to interact with other and state and county programs and services in a person-centered way.
- b. Identity-proofing using Minnesota Enterprise Identity and Access Management (MNEIAM). Through its identity-proofing functionality and connection to MNEIAM, Minnesotans who initially applied for health care coverage through MNsure (on-line) have a secure online account with the state of MN. This provides a channel for digital service interactions far beyond just submitting a health care application
- c. Federal Data Hub. METS can verify income and identity data in real-time through a federal data hub. Is it possible to expand this functionality to Cash and SNAP programs? Currently, MAXIS has exchanges with state and federal entities to verify income and identity through batch processes which are slow and require much manual follow-up with residents.
- d. Straight-through processing. METS captures enough data from residents to successfully determine eligibility without workers being involved. Though this has caused duplicate records (and duplicate PMIs and SMIs), the “low touch” concepts that support full self-service should be preserved and expanded to cash and SNAP eligibility.
- e. Auto-Renewals. METS auto-renews Medicaid eligibility and at a lower rate than states using the federal exchange or other systems for MAGI Medicaid. This may be due to complicated MN policy requirements along with METS limitations. This should be examined, and measures should be taken to close the gap and expand this concept into Cash, SNAP programs.

### Attachment C: MAXIS Functionality to Preserve in New Integrated Eligibility System

Below is a list of functional strengths in MAXIS that should be included in a new system:

- a. Verification Processing. MAXIS accounts for different programs having different validation rules and impacts for missing data. For example, verification of a particular income source may be required to determine SNAP eligibility but is not required for MFIP. MAXIS will process the MFIP so residents can receive benefits even while the SNAP application remains “pending” awaiting the verification.
- b. Automated eligibility processing. MAXIS automates household composition, program selection, eligibility rules, income calculations (including from people required to “deem” income) and benefit calculations with minimal manual calculations required by workers. It determines eligibility every time data that affects eligibility is changed in the case.
- c. Time-related processing. MAXIS determines eligibility in alignment with program policy, , which enables workers to process changes when they are effective (for many programs, the month following the change) rather than when changes occur. MAXIS provides eligibility versions and effective dating, which allows benefits to go out every month without worker involvement until an eligibility change is approved. MAXIS also does auto-approval of mass changes and provides workers with alerts when eligibility needs to re-processed based on the passage of time (e.g., child turning 18 years old, adult turning 65).
- d. Customized Notices. MAXIS produces customized notice text based on failed eligibility results, allowing every notice to be customized to residents particular circumstances. (NOTE: DHS policy staff write MAXIS notice text, which reflects the complex nature of policy and can be confusing to residents and workers. The text is easily changeable in MAXIS with its flexible notice structure.)
- e. Common client data. MAXIS captures and stores “person-based” data once rather than multiple times for each program that uses the data. This “master data” approach enables person data to be available across programs and cases and reduces duplication and errors.
- f. Status tracking. MAXIS does not expire person or case data when a person or case is no longer eligible. It merely changes the status of the person or case to “inactive.” This is what enables workers to easily add a person, reinstate or re-open a case. All of the data is live (not expired), so all that is required is changing a status back to “pending” or “active” (once approved).
- g. Case Structure. MAXIS assigns a permanent case number to an applicant of a case (also known as the 01 person). This case number does not change if a case closes and reopens several times over a person’s lifetime. This case structure allows for better tracking of participation and data alignment over time, speeding processing of cases and aiding in reports and analytics.

## Attachment D: Proposal to Make Social Services Provider Payments from the State

### **Situation** *(a concise statement of the problem)*

Within Human Services, counties are responsible for making payments to Contracted providers (suppliers) (e.g., Case Managers) and Providers who are licensed by DHS (e.g., Foster Care Providers) and Providers that are not contracted or licensed (direct payments).

Delayed payments to providers can cause fiscal impacts to counties and providers. Payments made more than 35 days after invoices are received are subject (by MN statute) to 1.5% per month interest payment. If counties fail to pay interest correctly, it can cause an auditing risk which could eventually impact a county's bond rating.

For large, contracted providers, late payment interest is substantial because these payments are large.

For small, non-contracted providers and residents, the interest paid by the county for late payments is smaller. However, the fiscal impacts of late payments to small providers and residents can be devastating because they affect a provider's ability to care for children, pay bills or remain in business.

Resident Story: I need my providers to get paid so they can provide the services I need. I need to get paid for invoices I submit for health care premiums that I am responsible to pay to remain eligible for Medical Assistance.

Provider Story: I need to receive payments for services so I can provide for children and adults in my care, operate my business, pay employees and remain in business and continue providing services for Ramsey County residents.

Worker Story: I need accurate and complete information and processes so I can make payments without delay or errors. I need easier ways to validate and verify invoice information.

### **Background** *(pertinent and brief information related to the situation)*

For most human services, the state rather than the county, makes payments to providers, including for childcare assistance, Medical Assistance, and for many social services that are considered medically necessary and covered by MA (e.g., Targeted Case Management, Waiver Case Management). For these services, providers bill DHS for payment using the MEC<sup>2</sup> portal (for childcare) and the MNITS portal to MMIS (Medicaid Management Information System) for medical payments.

Still, for a significant number of social services, counties are responsible to make payments through county accounting systems. Many of these payments are based on data within DHS systems that must be downloaded and fed into the county payment system.

### **Assessment** *(analysis and description of root cause or pain point(s), solution options, include do nothing as an option and resulting impact— what you found/think, quantifiable/qualitative metrics)*

Making payments through county accounting systems based on data that resides in state systems (e.g., SSIS and MMIS) is complex and requires multiple handoffs of data and human touch points. Ideally, DHS would pay providers from DHS systems and automate the invoice validation processes based on business rules and the workflow for authorizing approvals, as they do for other human services.

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### Attachment E: Minnesota EDMS/ECM Survey Results (MnCCC)

In 2023, the Minnesota County Computer Cooperative (MnCCC) surveyed vendors who provide Case File Management solutions (including EDMS/ECM) to Minnesota county human services agencies. Below is a summary of the results of the survey.

Vendor/ Product	NCT	Northwoods		Data Bank	ICS	County Custom
County	CaseWorks	Traverse	Compass	OnBase	App Xtender	
Aitkin			X	X	X	
Anoka			X	X		
Becker	X					
Beltrami			X			
Benton			X	X		
Big Stone	X					
Blue Earth	X					
Brown	X					
Carlton			X	X		
Carver		X	X			
Cass					X	
Chippewa					X	
Chisago			X	X		
Clay	X					
Clearwater					X	
Cook			X	X		
Cottonwood	X					
Crow Wing			X	X		
Dakota			X	X		
Dodge	X					
Douglas	X					
Faribault	X					
Fillmore	X					
Freeborn	X					
Goodhue	X					
Grant	X					
Hennepin						X
Houston	X	X	X			
Hubbard		X	X		X	
Isanti	X					
Itasca			X	X		

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Jackson	X					
Kanabec	X					
Kandiyohi	X					
Kittson	X					
Koochiching			X	X		
Lac qui Parle					X	
Lake			X	X		
Lake of the Woods					X	
Le Sueur					X	
Lincoln					X	
Lyon					X	
McLeod					X	
Mahnomen	X					
Marshall	X					
Martin	X					
Meeker	X					
Mille Lacs					X	
Morrison					X	
Mower	X					
Murray					X	
Nicollet	X					
Nobles					X	
Norman	X					
Olmsted	X					
Otter Tail	X					
Pennington	X				X	
Pine					X	
Pipestone					X	
Polk	X					
Pope	X					
Ramsey						X
Red Lake	X					
Redwood					X	
Renville					X	
Rice	X					
Rock					X	
Roseau	X					
Saint Louis			X	X		
Scott	X	X				
Sherburne			X	X		
Sibley					X	

## MACSSA Modernization Eco-System

Stearns	X					
Steele	X					
Stevens	X					
Swift					X	
Todd					X	
Traverse	X					
Wabasha	X				X	
Wadena					X	
Waseca	X					
Washington	X					
Watonwan	X					
Wilkin	X					
Winona	X					
Wright				X		
Yellow Medicine					X	
Totals	45	4	17	14	27	2
	CaseWorks	Traverse	Compass	OnBase	App Xtender	County Custom

Program areas supported by case file management systems include:

- MA (METS, MAXIS)
- Cash/SNAP (MAXIS)
- Child Care (MEC<sup>2</sup>)
- Child Protection/Welfare (SSIS)
- Aging/Disability Services (SSIS, MNCHOICES)
- Mental/Chemical Health (SSIS)
- Child Support (PRISM)
- Employment Services (WorkForce 1)
- Human Services Accounting

Case File Management includes:\*

- Document Management
- Mobile, off-line access
- eForms (replicating DHS forms) with eSignature
- Preparing forms and packets to be printed/mailed/emailed/available on websites
- Appointment Scheduling
- Case Assignment/Transfers
- Web Portals
- Workflow/Communications

\* not all products have all listed functions - see survey documents submitted by vendors

**Attachment F: Additional Data Sources Needed by Counties**

Minnesota’s counties share a common need for access to timely and accurate data. The current access gaps can generally be categorized into three areas:

- Access to data sources counties don’t have access to today (ex. METS, MnChoices)
- Access to real-time data for systems counties currently have non-timely access to (ex. MAXIS - Monthly)
- Expansion of existing tools to incorporate additional data elements (ex. SMI web services – SSIS, METS)

The list below is a subset of higher priority items from the embedded spreadsheet that provides a summary of current state systems and **related system access gaps**.



DRAFT - Additional Data Sources Neede

County Service Area	State Policy Area	State Data System	Access Priority	DHS Data Warehouse	SMI Web Services	SFTP Files
Economic Supports	Health Care Administration	<a href="#">METS</a>	High	No access	Not available	Available, but limited
Economic Supports	Children & Family Services	<a href="#">MAXIS</a>	High	Available - Want more frequent refresh	Available	Available, but limited
Long Term Services and Supports	Community Supports – Disability Services	<a href="#">MNCHOICES</a>	High	No access	Not available	Not available
Housing Stability	Community Supports – Housing & Support Services?	<a href="#">HMIS</a>	High	No access	N/A	Not available
Economic Supports	Minnesota DEED	<a href="#">UI</a>	High	No access	N/A	Not available

There is currently wide variation in how data is accessed by counties, including the format, level of detail, frequency, and approach for leveraging the data based on county capacity. In assessing data access and delivery mechanisms, it’s important to understand that counties will differ in their internal technical capacity and resources to work with data more broadly for operational reporting, evaluation, analytics, and more advanced applications, with a rough high-level outline listed below:

County Capacity / Resources	Data Access Preferences	Data Warehouse / SMI Web Services Access?	Primary data & analytics team
Small	Cleaned subset of key data elements with state providing all the analytics	No	State

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Medium	Cleaned subset of key data elements with state providing most of the analytics, but county interested in developing this capacity	Interested	State/County
Large	Back-end access to all source system data and state developed reporting/data models to perform own analytics	Yes	County

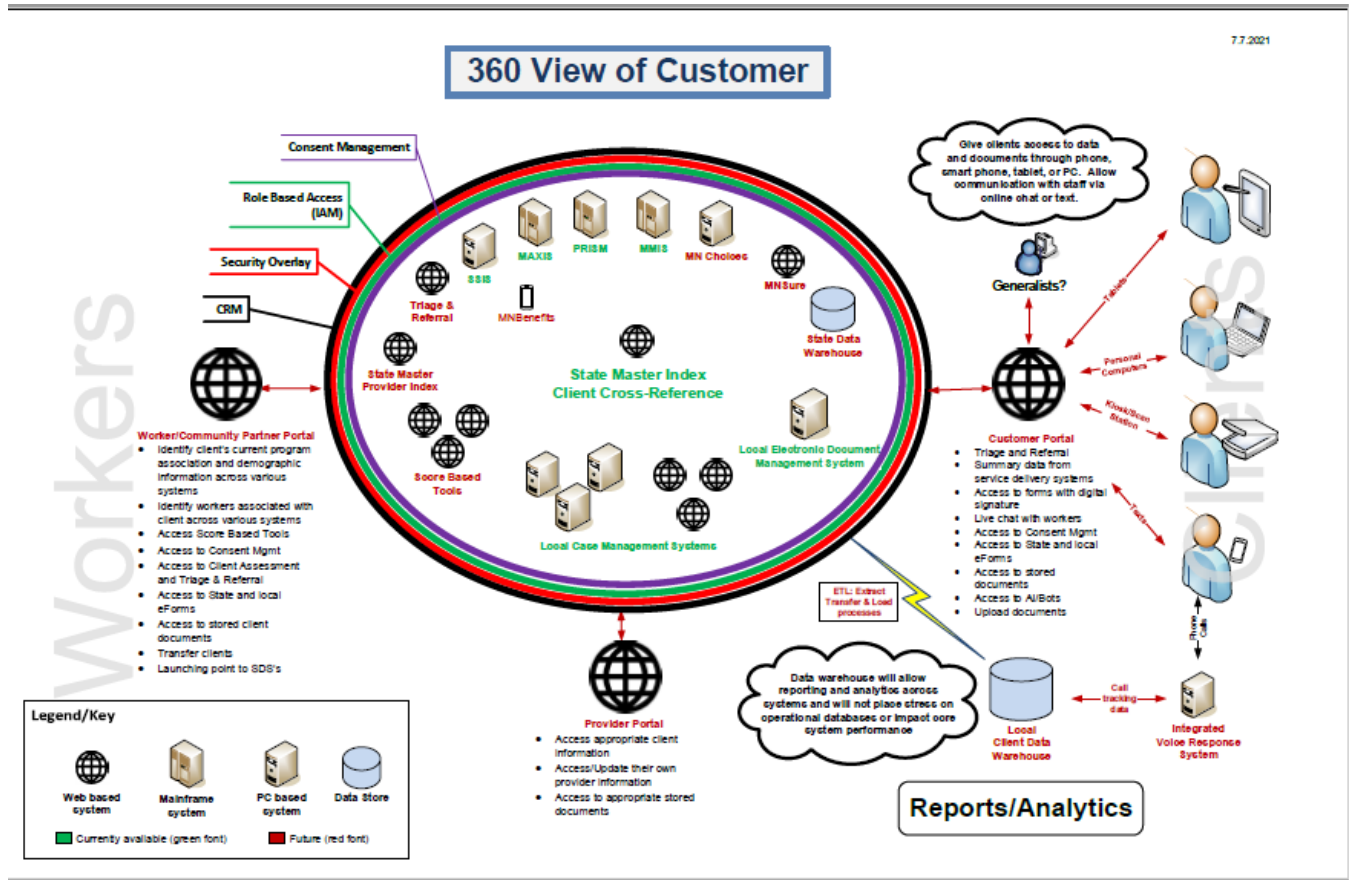
Given varying capacity levels and a diverse set of needs at the county level, a statewide focus will need to take a dual approach to both:

1. Remove data access & sharing roadblocks for large counties to enable them to self-serve
2. Invest in building out structured datasets and making these available to all counties through a standard format
  - a. This time investment can be minimized by leveraging data models already built by DHS agencies or large counties. Improving the partnerships and increasing the alignment of the various DHS and large county groups that are doing overlapping work with the same data could also prove beneficial, with benefits being distributed statewide.

As a collective, it's critical that we continue moving toward an interoperable technology and data environment given the differences in technology platforms, databases, programming languages, and toolsets at the state and local levels. Data can serve as the foundation for how that evolves with the right framework in place.



Attachment G: Vision of Data Interoperability Framework



<sup>i</sup> Integrated Service Business Model (ISBM) – developed by DHS, Counties and Tribal Nations to guide DHS modernization

<sup>ii</sup> DHS grants licenses based on work done by counties

<sup>iii</sup> Formerly known as Group Residential Housing (GRH)

<sup>iv</sup> Minnesota Electronic Child Care (MEC2) “back end” is MAXIS

<sup>v</sup> Modified Adjusted Gross Income

<sup>vi</sup> MAXIS is used for retroactive MA and Pregnant Woman eligibility