



*HHS Advisory*  
Helping You Make Wise Decisions

# **Integrated Health and Human Services (IHHS) – National Trends and Lessons Learned and The Future-State Health and Human Services Enterprise**

**A HHS Advisory Services Point of View**

# Contents

- **The Future of IHHS National Trends and Lessons Learned – Overcoming Decades of Silos**
- **Key Drivers for HHS Transformation**
- **Planning for Successful HHS Transformation**

# **The Future of IHHS National Trends and Lessons Learned – Overcoming Decades of Silos**

# **The Future of IHHS National Trends and Lessons Learned – Overcoming Decades of Silos**

# Key Federally Funded State Systems and Initiatives

## A Large System of Silos

System Name	Description	Federal Partner
<b>Core Public Assistance Eligibility</b>	Family Assistance Management Information System – FAMIS (Title IV-A – TANF; Welfare to Work; Medicaid; and Food Stamps) – often a separate agency or under an umbrella human services agency	U.S. Department of HHS Administration for Children and Families (ACF); U.S. Department of Agriculture Food and Nutrition Service (FNS) and Centers for Medicare and Medicaid Services (CMS)
<b>Integrated Eligibility</b>	Title IV-A-TANF; Supplemental Nutrition Assistance - SNAP (Food Stamps); Medicaid; State Child Health Insurance Program (S-CHIP); Medicaid Waiver Services; Energy Assistance; Subsidized Child Care; others – often under an umbrella human services agency	ACF, CMS and FNS
<b>Medicaid Management Information System (MMIS) – Today often called Medicaid Enterprise System (MES)</b>	<p>Mechanized claims processing and information retrieval system which states are required to have for Title XIX purposes, unless waived by the Secretary of U.S. Department of Health and Human Services – often provided by a separate Medicaid agency or under umbrella human services agency or department of health</p> <p>With the Affordable Care Act and the High Tech Act, CMS updated developed new rules around Medicaid Enterprise System Modernization and related seven standards and conditions that focus on Modularity, Interoperability, Reusability, Agile and SOA and the movement from certification of the full MMIS to CMS certification of individual modules</p>	CMS

# Key Federally Funded State Systems and Initiatives

## A Large System of Silos, Cont'd

System Name	Description	Federal Partner
<b>Medicaid Information Technology Architecture (MITA) 3.0</b>	MITA State Self Assessment (SSA) and Roadmap for Enterprise Architecture for all Medicaid business processes – required to qualify for enhanced Federal Funding for MMIS systems	CMS
<b>Health Information Technology (HIT)</b>	<p>A variety of federal initiatives –</p> <ul style="list-style-type: none"> <li>• State Medicaid HIT Plan for the Incentive Program for the Meaningful Use Adoption of EHR by Eligibility Providers</li> <li>• Office of the National Coordinator (ONC) Health Information Exchange</li> <li>• Health Insurance Exchange State Based or Federal Health Insurance Marketplace</li> </ul>	CMS; U.S. Department of HHS Office of the National Coordinator (ONC)
<b>Child Welfare – State Automated Child Welfare Information System – SACWIS – Child Protective Services; Foster Care; and Adoption – Today called Comprehensive Child Welfare Information System (CCWIS) with updated rules</b>	<p>SACWIS (Title IV-E; Title IV-B; and Title XX) – A comprehensive automated case management tool that meets the needs of all staff involved in foster care and adoptions assistance case management – often through a separate agency or a component of an umbrella human services agency</p> <p>CCWIS focus on fewer than the original 90 capabilities requirements to a more focused set of requirements emphasizing data integration and robust decision support through the full life of a Child Welfare Case (CWS) – the journey of the child, family and CWS worker</p>	ACF
<b>Adult Protective Services – Focus on prevention, reporting and intervention in elderly abuse</b>	Often a functional component of the Child Protective functionality of a SACWIS and today CCWIS system – or a stand alone system – found in a state's office of aging or elderly services or under umbrella human services agency	ACF
<b>Behavioral Health Case Management Systems (From Encounter Systems to Electronic Health Records)</b>	Behavioral Health (Developmental Disabilities; Mental Health; Substance Abuse – Drug and Alcohol) systems often through separate agencies or umbrella human services agency or a state's public health department. With the Affordable Care Act the relationship of Behavioral Health (BH) and Physical Health are a top agenda as well as tailored EHRs for BH	U.S. Department of HHS Substance Abuse and Mental Health Services Administration (SAMSA) and CMS

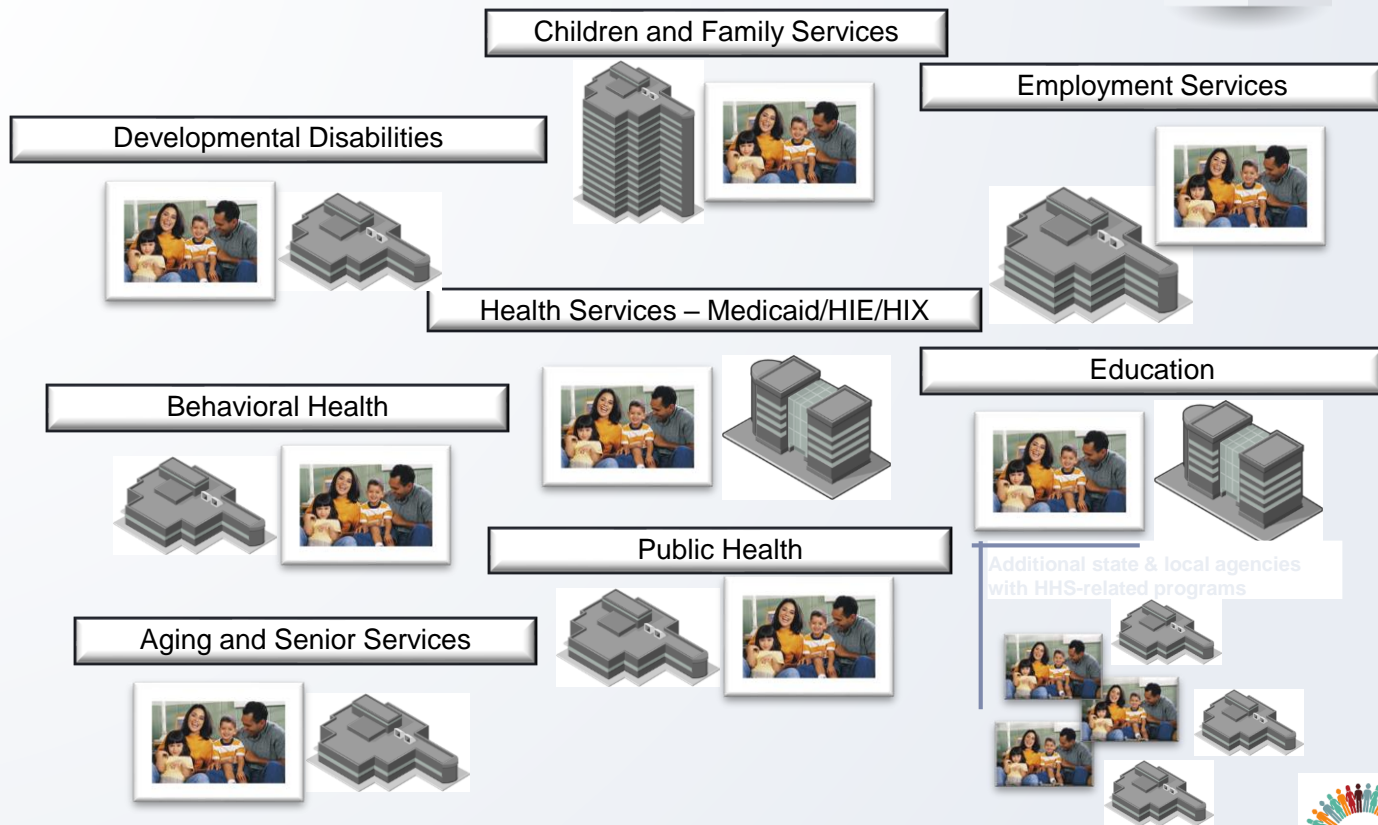
# Key Federally Funded State Systems and Initiatives

## A Large System of Silos, Cont'd

System Name	Description	Federal Partner
<b>Women, Infants and Children (WIC) System</b>	U.S. Department of Agriculture Food and Nutrition Service - Information Systems (IS) for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) – often under a state's public health department	FNS
<b>Child Care Management Information System</b>	CCMIS (Title V; Title XXII) enrollment and management of subsidized child care programs including licenses and registration of providers	ACF
<b>Child Support Enforcement</b>	CSEMIS (Title IV-D) – state activity to support the determination of and fulfillment of child support through court related processes – often a separate agency or under the Attorney General or under an umbrella human services agency	U.S. Department of HHS Office of Child Support Enforcement (CSE)
<b>Early Childhood Screening and Case Management</b>	Assessment, planning and case management system for sight, hearing and developmental screening for infants and preschool children – often through a state's health department	U.S. Department of HHS Centers for Disease Control (CDC)
<b>Public Health - Vital Statistics</b>	Core system for collection, repository, retrieval and reporting of births, deaths, marriages, and divorces	CDC
<b>Public Health – Health Statistics</b>	Core system for collection, repository, retrieval and reporting of immunizations, cancer, trauma, lead, STDs, HIV/AIDS, communicable diseases, etc. (Often called registries). Includes bio-surveillance and syndromic-surveillance	CDC
<b>Integrated Health and Human Services Case Management</b>	With ACA, CMS new rules and OMB Circular regarding cost allocation, states are leveraging enhanced CMS 9/10 money to develop integrated HHS approaches. If the technology is needed for Medicaid it can be used for other HHS programs – only if specific tweaking is required for a non-CMS program does cost allocation need to be applied. These efforts include such things as: Front-End Portal; Common Client ID Repository (EMPI); Consent Registry; Full Life Cycle Case Management Support for all Health and Human Services; Data Integration and Shared Analytics providing predictive and performance analytics – these efforts are often under an umbrella human services agency	CMS, ACF, FNS, CDC, CSE, SAMSA

# Traditional Health and Human Services (HHS) Paradigm

## Agency-Centered Collection of Programs

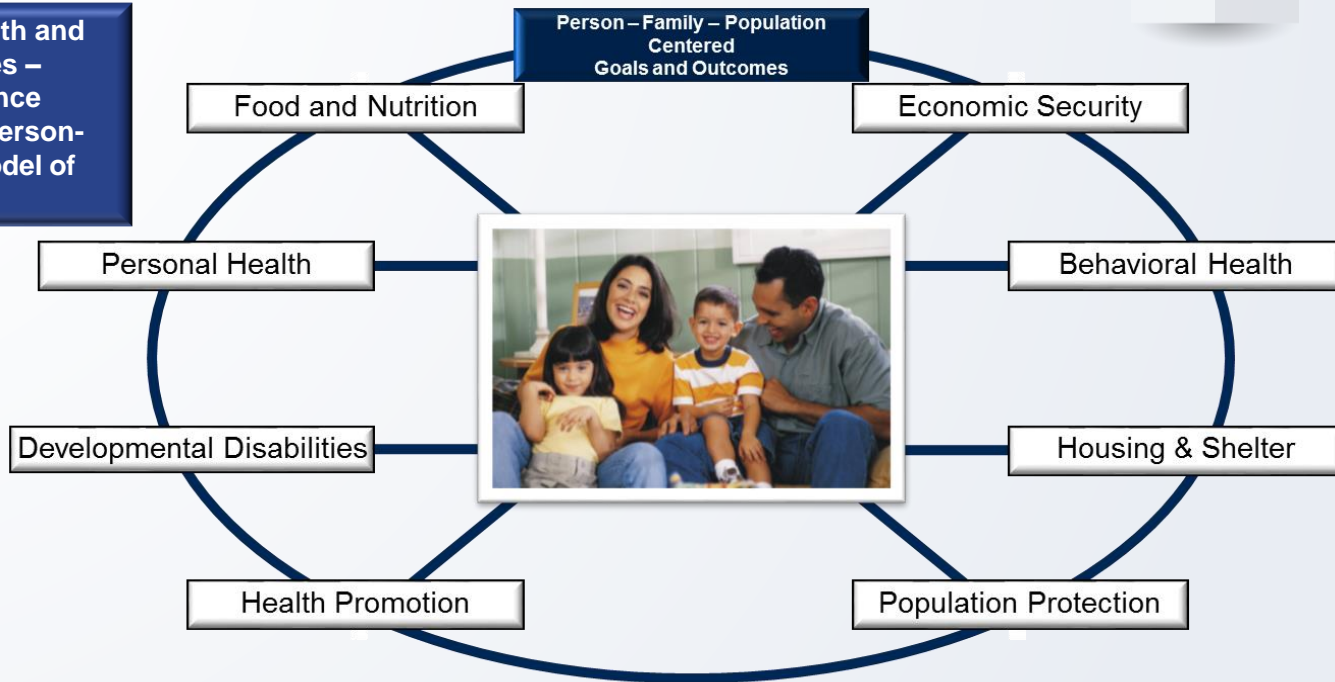




# Future State Health and Human Services Paradigm

## *The Aspirational Future for Person/Family/Population-Centered Approaches*

The Future of Health and Human Services – High Performance Outcome-Based Person-Centered HHS Model of Practice



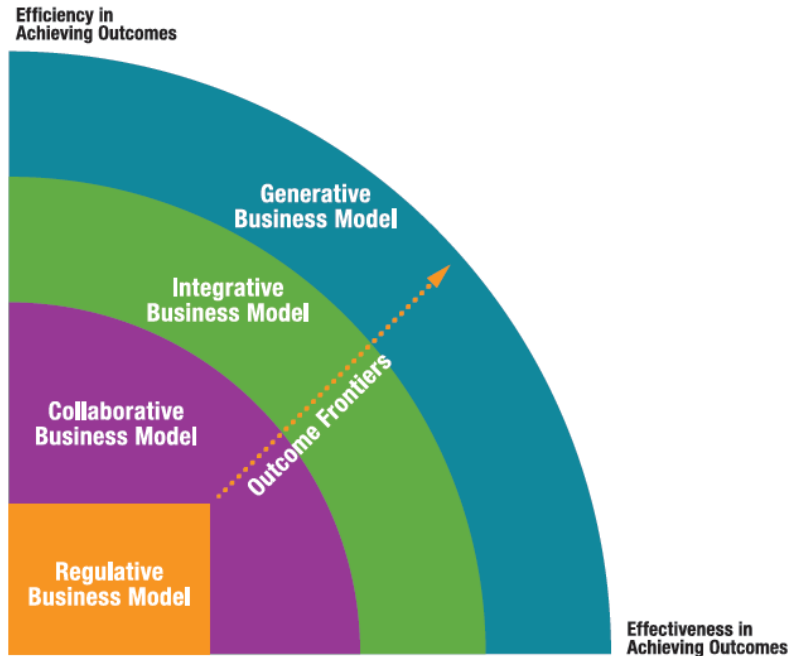
HHS Advisory  
Helping You Make Wise Decisions

## Key Drivers for HHS Transformation

# National Drivers – Human Services Value Curve

## On the Road to a 21st Century Business Model (APHSA)

- American Public Human Services Association (APHSA) “white paper” has initiated a national discussion around an envisioned future for public sector health and human services based on best practices
- The Human Services Value curve is an continuous improvement maturity path for a more integrated approach to enhance access, outcomes, cost, accountability and quality of programs and services



### GENERATIVE

Using a population-based health and well-being approach to find solutions that get at root causes and are implemented collectively with families and communities.

### INTEGRATIVE

Working across sectors to address problems at their root through data analytics and a customized service array.

### COLLABORATIVE

Working towards a single-door approach to link services across programs and agencies, easing access and reducing duplication.

### REGULATIVE

Accurate and timely administration of programs to assure compliance and integrity; focus on efficiency and accountability for proper use of funds

© Leadership for a Networked World. 2011. Antonio M. Ofelle.  
The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services:  
A Report from the 2011 Human Services Summit on the Campus of Harvard University.



**HHS Advisory**  
Helping You Make Wise Decisions

## Research Drivers – Evidence-Based Best Practices Key Factors

- **Access** – The earlier to the identified need that a service or support can be provided, the higher the probability of better outcomes and prevention of more serious and longer term needs
- **Person-Centric and Context Oriented** – Assessing, planning and delivering services and supports from the perspective of those served and within the context of their culture and community
- **Comprehensive and Integrated Array of Services** – Seldom do individuals bring a single isolated issue or need, thus better outcomes are achieved through 360o view of those served and through working in partnership with others in assessing all factors impacting requests for services. Programs need to have a strong focus on prevention, development and empowerment
- **Anticipatory** – Having access to data and information that can identify trends, unidentified needs and underserved areas or populations supports the development of policies, model of practice, program design, resource allocation and more effective service delivery pathways
- **Well-Managed** – Structure, people, skills and processes are in place to ensure efficient management, accountability and investments in technology to improve Access, Outcomes, Cost, Accountability and Quality of your programs and services



# Model of Practice Drivers – Meta Model for Person-Centricity

## Guiding Integrated Health and Human Services Improvement Strategies

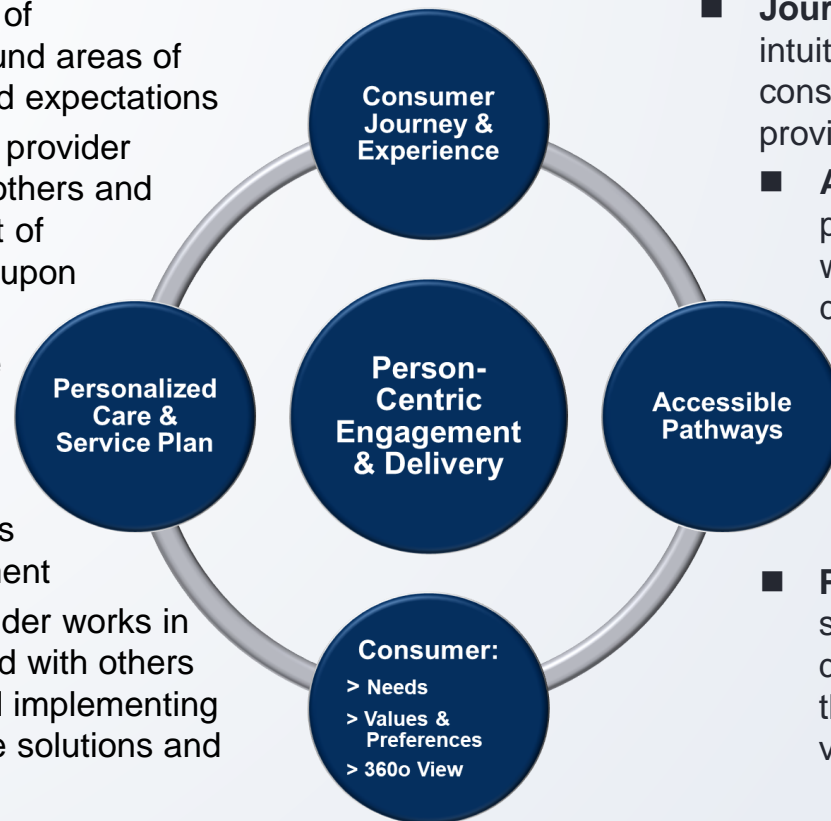
- Based on evidence based findings, the meta model provides a framework and set of standards that guides and informs, how person-centered care coordination is manifested through the model of practice of each program and service delivery pathway
- The meta model does not prescribe that all service delivery models must always include a full and holistic approach that involves all providers working together in an integrated manner with each person and/or family served
- The meta model supports the establishment of operational governance, practice and accountability standards based on a shared understanding and commitment to what we know about those we serve. This is benefited from research in the field and your and community partners' knowledge, expertise and experience
- The meta model provides clarity for the level of technology enablement necessary to support decisions at all levels – case; delivery team; program; agency; and the community



# Model of Practice Drivers – Meta Model for Person-Centricity

## Aligned with the Consumer's Journey and What the Consumer Values

- **Engagement** – The focus of engagement efforts is around areas of mutual concern and shared expectations
- **Respect and Trust** – The provider demonstrates respect for others and facilitates the development of relationships that are built upon mutual respect and trust
- **Self-Determination** – The provider works with individuals as the “central actor” in their own development and facilitates their growth and development
- **Collaboration** – The provider works in partnership, and as needed with others in assessing, planning and implementing actions to promote positive solutions and outcomes



- **Journey** – Service delivery pathways intuitively support the journey of the consumer and partnership with the provider
- **Accessible** – Easy access is provided through many channels with an emphasis on no wrong door, screen or device
- **Consumer Focused**
  - Needs
  - Values
  - Preferences
  - 360o View
- **Personalized** – Engagement, service delivery planning and delivery of services are aligned with the consumer's context, needs, values and preferences



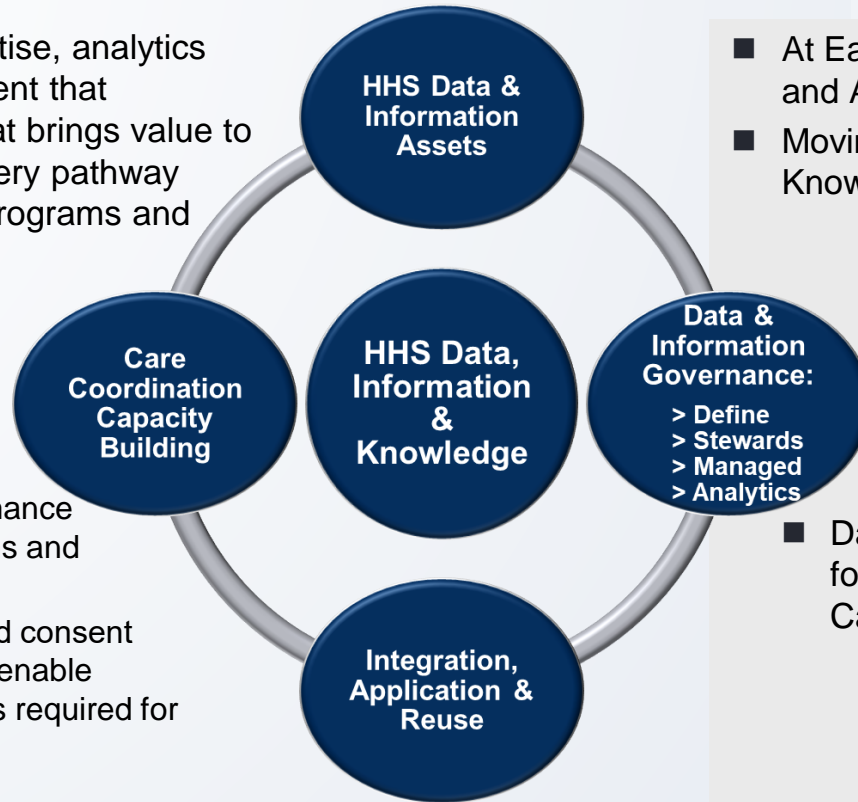


# Model of Practice Drivers – Meta Model for Person-Centricity

## Ability to Move Data to Information to Knowledge to Action

- Holistic approach to data, expertise, analytics and governance and management that coordinates data/information that brings value to each program and service delivery pathway and the full continuum of your programs and services:

- Clarity on data and information access policies and procedures across programs
- Leveraging information to support predictive and performance analytics across HHS programs and service pathways
- Addressing “need to know” and consent management requirements to enable appropriate information access required for enhanced care coordination



- At Each Level of Operations, Within and Across HHS Program Areas
- Moving From Data to Information to Knowledge to Actions - Improving ...
  - 1) Access,
  - 2) Outcomes,
  - 3) Costs,
  - 4) Accountability and
  - 5) Quality
- Data, Information and Knowledge for Improving Decision Support Capacity to -
  - Anticipate;
  - Support; and
  - Validate Key Decisions and Activities at All Levels

# National Investment Drivers – Federal Funding Streams and Opportunities

## Billions Being Invested to Support the Transformation in HHS

### ■ American Rescue Plan Act (ARP) of 2021– Investment related to technology

- **\$8.5 Billion for Rural Health Care Providers Investments:** Support rural health programs, health systems and care providers
- **\$9 Billion for Federal Technology Investments:** Address emergency funding to upgrade federal information technology infrastructure and address the recent breaches of federal government data systems
- **\$500 Million for Public Health Technology Investments:** Support public health data surveillance (bio- and syndromic-surveillance) and infrastructure modernization initiatives at federal and local Public Health levels, as well as efforts to modernize the country's disease warning system to track COVID-19 and emerging future biological threats
- **\$7.6 Billion for Federally Qualified Health Centers (FQHC):** Support modification, enhancement, and expanding health care services and infrastructure including technology for improved tracking, predicting and management of COVID-19 and emerging future threats
- **\$3.520 Billion for Behavioral Health:** For mental health block grants – 1) \$1.5 billion for substance use disorder block grants; 2) \$420 million in grants to clinics participating in the Certified Community Behavioral Health Clinic program; and 3) more than \$100 million to programs addressing community-based and child and adolescent mental health
- **\$9.1 Billion in Public Health:** For workforce-related support, including procuring equipment, technology and other supplies to support public health planning and decision support efforts
- **\$15 billion through Sept. 30, 2021 for the Child Care and Development Block Grant:** That can be used specifically for health care





# National Investment Drivers – Federal Funding Streams and Opportunities

## Billions Being Invested to Support the Transformation in HHS, Cont'd

### ■ Centers for Medicare and Medicaid Services (CMS)

#### ➤ Medicaid Programs

- ARP Incentive Dollars for Expansion of Medicaid
- CMS Rules – Requirements for modular approaches to future enhanced federal investments in Medicaid Enterprise Systems – moving away from monolithic traditional MMIS solutions to modularization
- Medicaid Information Technology Architecture (MITA) Assessment, Roadmap and MMIS Enhancements
- Enhanced Eligibility Determination and Integrated Approaches – Eligibility & Enrollment (MAGI, Medicaid, SNAP; TANF; etc.) – Opportunity to integrate all of the State's HHS programs on one rules engine platform – and to retire to legacy eligibility system – 90/10 Funding
- State Medicaid HIT Planning - SMHP (Electronic Health Record - EHR / HIT Adoption – Meaningful Use) - Implementation and Management of Medicaid Incentive Program for Medicaid Providers – Opportunity to integrate multi-agencies' data stores, warehouse and business intelligence capabilities (Shared Analytics) to support improvements in Medicaid costs

### ■ Administration for Children and Families - Children Bureau – New rules for modular approaches to Comprehensive Child Welfare Information System (CCWIS)

### ■ Office of Child Support Enforcement – Movement to “model system” approach leveraging COTS and Modular development

### ■ U.S. Department of Agriculture Food and Nutrition Services – Modernization of eWIC Solutions and critical role in Eligibility & Enrollment initiative with CMS and ARP expansion of the Supplemental Nutrition Assistance Program (SNAP) – Food Stamps



# Planning for Successful HHS Transformation

# Enhancing Health and Human Services - Strategic Planning Considerations

## Critical Success Factors

- Innovation is driven by the Meta Model for Person-Centricity – Practice Principles and Standards
- Life of the Case and Life of the Process workstreams need to be well defined – “*who does what when, where and to what end*” – to identify opportunities for the continuous improvement of your practice model rooted in and guided by evidence-based findings
- Ensuring the organization has the data and information necessary to *Anticipate, Support and Validate* key activities and decisions to support better outcomes at all levels of the organization
- Involving stakeholders through-out the full life cycle of your enhancement efforts
- Organizational change management strategies are required from “Day 1” at all levels - ensuring staff and partners understand, are aware of the impact and have opportunities to participate and support the improvement initiatives
- Success requires strong leadership and active and committed “champions”



# Enhancing Health and Human Services - Strategic Planning Considerations

## “Where to start?” – Key Planning Guidelines

1. **Develop Consensus on a Unifying Vision** – *Agreeing on and committing to the vision and scope for the practice improvement initiative*
2. **Involve the Right People and Focus on the Right Issues** – *Working with representative stakeholders focusing on developing the meta model of practice to strengthen your person-centric model and guide the strategic planning effort*
3. **Identify the Benefits to Be Achieved** – *Identifying improvements to be achieved for Executive Leadership, Programs, Operations, Staff, Collaborative Partners and Consumers - Measurable Benefits and Outcomes – Key Performance Indicators (KPIs) – for Continuous Quality Improvements*
4. **Develop Standards and Requirements** – *Aligning with the Mission, Mandates, Model of Practice, Programmatic Needs, and Envisioned Outcomes and KPIs*
5. **Build on Strengths** – *Leveraging current accomplishments, strengths and lessons learned from previous improvement initiatives*
6. **Plan and Budget for the Initiative** – *Prioritizing and Sequencing – “Doable” staged process building on demonstrated successes along the way*



## Contact:



Frank Petrus, Principal  
HHS Advisory Services  
[frank.petrus@hhsadvisory.com](mailto:frank.petrus@hhsadvisory.com)  
[www.hhsadvisory.com](http://www.hhsadvisory.com)  
(617) 851-6800

*HHS Advisory*  
Helping You Make Wise Decisions