

Project Closeout Report

Submitted to Project Oversight on 07/19/2024

GENERAL INFORMATION

Project Name: Qualified Service Provider (QSP)

Agency Name: Department of Health and Human Services (DHHS)

Project Sponsor: Jessica Thomasson

Project Manager: Ramya Mogili

PROJECT DESCRIPTION

Department of Health & Human Services (DHHS) seeks to have an online application portal created, which will be designed to provide a timely and accurate modality to facilitate the enrollment, application processing, and onboarding of Qualified Service Providers (QSPs) to expedite delivery of home and community-based services to Medicaid members and other eligible individuals residing in the State of North Dakota.

The front-end portal is the service provider-facing system that allows applicants to create an account, submit enrollment information, application(s), review the status of existing application(s) on the portal dashboard, and manage their service preferences, registration information, licensure status and documentation, and election of program participation.

DHHS issued a competitive procurement in 2021, for the ND COVID Emergency Rental Assistance Portal, and this work was not known at that time. The module being requested ties to the financial resources to help individuals obtain/maintain stable housing. Deloitte Consulting has a current contract to provide ongoing maintenance and support for the housing stability support modules (ND Rent Help/ND Homeowner Assistance Funding) via ServiceNow. In May 2023, an Alternate Procurement (AP) was submitted to have Deloitte Consulting build the QSP portal solution as an additional module to the existing DHHS ServiceNow instance, to manage the data collection and review of application materials needed to enroll a service provider as a QSP.

SCHEDULE AND COST METRICS

	Project Start Date	Baseline End Date	Baseline Budget	Funding Source	Actual Finish Date	Schedule Variance	Actual Cost	Cost Variance
Original Baseline	12/29/2022	3/12/2024	\$1,608,849.42	Federal Funds	7/23/2024	13.6%	\$1,838,216.97	\$229,367.55
Final Baseline		7/23/2024	\$1,785,998.17	Federal Funds	7/23/2024	0%	\$1,838,216.97	\$52,218.80

MAJOR SCOPE CHANGES

- QSP to MMIS – Automation of process using a RPA Bot to enter information to MMIS from the QSP ServiceNow application, to return the assigned Medicaid Provider ID from MMIS. This change resulted in incurring additional costs of \$79,300, which was for the Bot team to build the automation process.
- Bot Automation Cost changes – The Bot team revisited their cost estimates for Phases 1 & 2 as new requests came up during requirement gathering sessions with the enrollment team. Also, there were many updates on the MMIS system that impacted the Bot, because of which the Bot had to be reprogrammed to accommodate those changes. The testing phase was extended as the bugs were big and took longer to fix. There were bugs encountered on the MMIS system as well, that needed to be fixed by the MMIS team before the Bot team could proceed with their development; this also caused delays. All these reasons led to a total of \$149,484.50 additional

funds of being added to the budget to cover the Bot team's costs. For the same reasons, there was an extension to the Bot's development schedule that pushed the Phase 2 Bot go-live by 4 weeks.

- 4L Integration with QSP Portal – This change was brought in mid-project, so that the vendor could perform background screenings of the providers and send back the information of the screenings to the ServiceNow portal. This addition resulted in the 'Closing' tasks being pushed out by 16 days, with the project end date being updated to 7/23/24 (earlier it was 6/28/24). The total cost for this integration was \$14,500.

OBJECTIVES

Business Objective	Measurement Description	Met/ Not Met	Measurement Outcome
HCBS case managers see increased success in making successful referrals for people who have been authorized to receive services from a QSP.	Success of this objective will be measured over time. Within 6 months of go live, success will be measured by having no family caregiver applications aged beyond 2 weeks (quantified via an aging report from the system 6 months after go live).	Met	There were a total of 54 combined Family Home Care (FHC) & Family Personal Care (FPC) applications approved from go-live 12/19/23 – 6/19/24. The average processing time was 5 days, fastest processing was less than 1 day, longest processing time was 41 days, and 95% of applications were processed within the goal timeframe.
Increase the number of provider applications that move through the enrollment process all the way to completion.	Within 3 months of go live we expect to see an elimination of the application backlog which will mean that less than 25% of applications still in process are aged beyond 2 weeks (as measured by a report to be run 3 months after go live).	Met	There were a total of 85 applications processed from go-live 12/19/23 – 3/19/24. The average processing time was 12 days, fastest processing was less than 1 day, longest processing time was 56 days, and 69% of applications were processed within the goal timeframe.
Improve the efficiency by which staff are able to process both new applications and revalidations.	DHHS will monitor the time it takes to move an application from submitted to approved/denied, with the goal that 45 days post go-live, we see staff being able to work at least 75% of full kitted applications in 48 hours or less. This can be measured by looking at the dates logged in the system related to time a Tier 1 review begins and the time an application is moved to Tier 2 for final approval (available for state review via a report provided by the system).	Met	There were a total of 15 applications processed during this time period (12/19/23 – 2/2/24). The average processing time was 5 days, from 0 – 15 days; 80% of applications were processed within the goal timeframe.

KEY LESSONS LEARNED AND SUCCESS STORIES

A lessons learned effort is performed after the project is completed. This process uses surveys and meetings to determine what happened in the project and identifies actions for improvement going forward. Typical findings include, “What did we do well?” and “What didn’t go well and how can we fix it the next time?”

Key Lessons Learned and Success Stories
Communicating well amongst the team is one of the crucial keys to success.
The intended outcome of more timely enrollment decisions would not have been possible without the synchronization of process and technology and the leadership from the team.
Active participation of all stakeholders in the meetings proved to be very beneficial to the success of the project.
It was crucial that each team member brought their ideas to the table and collaborated with each other that resulted in the birth of a beautiful solution for the QSP enrollment process.
Engage the communications department earlier in the lifecycle of the project and establish their engagement on the project.
Identify who the stakeholders would be at the very beginning of the project and include them in all discussions from the offset.
Automation should be performed on a product that is stable; For the QSP enrollment process, automation began while the process was still being streamlined and the final product was being built.
Average enrollment time from submission to approval is 11 days. In the past, the turnaround time was 3-4 months.
Many agency providers mentioned to the State team that the new QSP process is a true transformation, easy to understand, and very efficient.