

Project Startup Report

Submitted to Project Oversight on 08/30/2023

GENERAL INFORMATION

Project Name: Qualified Service Provider (QSP) Enrollment Portal

Agency Name: Department of Health & 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. Office of Management and Budget (OMB) approved the AP on July 10, 2023. On July 18, 2023, the ESC approved to move forward with the AP.

BUSINESS NEEDS AND PROBLEMS

Currently, the application and approval process for Qualified Service Providers is cumbersome and paper based. With no electronic submission process using business logic to guide applicants, many applications are received incomplete. HHS Staff and business partners then must focus on retrieving more information from applicants, slowing the approval process, and creating an application backlog. Applicants are expected to call support phone lines to retrieve status updates, adding to wait time and frustration.

1. Because a service provider must be enrolled as an approved QSP before being able to provide services to an individual who is eligible for Medicaid or one of several state-funded Home and Community Based Services (HCBS) programs, HCBS case managers are unable to make appropriate referrals because of delays in the QSP enrollment and revalidation process.
2. Individuals and agencies who are interested in providing HCBS services as QSPs become discouraged by the inefficient and ineffective enrollment process and withdraw from consideration, shifting instead to provide services to the private pay market only.
3. Staff who are tasked with reviewing and approving QSP applications must enter in to multiple back and forth exchanges with providers who are applying because the information they submit for consideration is incomplete or incorrect, due in large part to the inherent inefficiency and incomprehensibility of the current enrollment process.

PROJECT BASELINES

| Project Start Date | Baseline End Date | Baseline Budget | Funding Source |
|--------------------|-------------------|-----------------|----------------|
| 12/29/2022 | 3/12/2024 | \$1,608,849.42 | Federal Funds |

OBJECTIVES

| Business Objective | Measurement Description |
|--|--|
| <p>HCBS case managers see increased success in making successful referrals for people who have been authorized to receive services from a QSP.</p> | <p>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).</p> |
| <p>Increase the number of provider applications that move through the enrollment process all the way to completion.</p> | <p>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).</p> |
| <p>Improve the efficiency by which staff are able to process both new applications and revalidations.</p> | <p>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).</p> |

KEY CONSTRAINTS AND/OR RISKS

- The Federal allocated funds need to be spent by March 2025.