

Report Title: Demand Details
Run Date and Time: 11/15/2024 10:28:18 AM Central Standard Time
Run by: Cole Robison
Table name: dmnd_demand

Demand

Number:	DMND0001188	Approved project start date:	
Initiative Name:	CARE ePASRR	Approved project close-out date:	
Initiative Acronym:		Estimated project start date:	08/09/2023
Category:	Strategic	Estimated project close-out date:	02/06/2026
Type:	Project	Estimated execution start date:	09/05/2023
Project:	CARE ePASRR	Estimated execution end date:	01/05/2026
Change:			

Description:

KDHE-DHCF, in conjunction with KDADS wishes to implement a fully automated, electronic Pre-Admission Screening and Resident Review (ePASRR) system through contracting a vendor.

Details

Portfolio:		Priority:	3 - Medium
Program:		Impact:	Several agencies
Investment Class:		T-Shirt size:	M - Medium
Investment Type:	Non-Infrastructure	Agency:	KDHE
Submitted by:	Robert Cameron	Project Manager:	Biancka Razote
Demand manager:	Biancka Razote	Impacted Agencies:	
Collaborators:	Jeff Maxon, Biancka Razote	Business Capabilities:	
		Business Applications:	
		Idea:	

Business Case

Business case:

KDHE-DHCF, in conjunction with partner agency Kansas Department for Aging and Disability Services (KDADS), desires to implement a fully automated, electronic Pre-Admission Screening and Resident Review (PASRR) system through contracting a vendor to accomplish the following objectives:

Coordinate stakeholders to develop a request for proposal to find a vendor for the fully automated, electronic PASRR system.Bring the Kansas PASRR program known as the Client Assessment Referral and Evaluation (CARE) program into compliance with Code of Federal Regulations 42, 483, part C (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#subpart-C>).Streamline the sharing of information with KDHE about PASRR assessments for the purposes of Medicaid applications.Increase the efficiency and accuracy of processing assessments to eliminate aged assessments and improve data quality.

The Client Assessment, Referral and Evaluation (CARE) Program was created in 1995 by the Kansas Legislature as the Kansas response to the federal mandate to assess all individuals entering a Medicaid-certified nursing facility and is known as the Pre-Admission Screening and Resident Review (PASRR) program. The goals of the assessments (known as CARE Level I) are to provide members with individualized information on long-term care options, determine appropriate placements whether in the community or in long-term care facilities, and to further evaluate (known as CARE Level II) individuals

suspected o

an Intellectual/Developmental Disability or Related Conditions and/or Mental Health for specialized services.

The CARE Level I assessments are conducted by assessors through the local Area Agencies on Aging (AAA) and some hospital assessors. Assessments must be completed prior to entering a nursing facility unless a special admission has been completed first. The nursing facility is required to have a copy of the Certificate of CARE in the medical record at the nursing facility. While the AAAs enter the information directly into the current database, Kansas Aging Management Information System (KAMIS), the hospital assessors send their assessments to the KDADS CARE Team to be manually entered into KAMIS. Currently, more than 2,000 Level I assessments are awaiting review and data entry by the CARE Team.

Special admissions, known as categorical exceptions in other states, to a nursing facility occur when the CARE Level I assessment could not be completed prior to the person entering the nursing facility and the person was determined by medical staff to need nursing facility level of care. The facility accepts a special admission by completing Section A and B of the CARE Level I assessment, completing the Special Admission Fax Memo, then submitting the proper documentation (typically a doctor's order) to the CARE Team. These admissions must be reviewed by the CARE Team to determine if they are complete and meet the special admission criterion, and if they do, must be entered

manually into KAMIS. Currently, more than 25,000 files are awaiting review for special admissions.

The CARE Team has five trained full-time staff: Director of CARE/PASRR, CARE Program Manager, CARE Specialist, and two CARE Level II assessment evaluators. To assist with workload, five new temporary workers have been added to the team and are being trained, and two other KDADS staff are temporarily re-assigned to work part-time with CARE. With the enormous number of files to review and enter, the small CARE Team has focused only on those related to Medicaid applications. Even with this focus, the CARE Team is unable to keep up with the demand for level of care information needed for Medicaid billing purposes. In addition, the manual workload associated to the assessments means that the CARE Team has little capacity for other tasks, such as policy and procedure review. Manual efforts also introduce the possibility of human error and reduced accuracy for data entry.

KDHE-DHCF and KDADS seek assistance to remedy the current situation through contracting with a vendor to provide a fully automated, electronic PASRR system. The goals for the new system are

Sustainable and supportable solution that is cost effective
Automated population of assessment data into the system
Reduction in total time and staff needed to complete assessments
Increased accuracy by reducing the opportunity for human error
Compliance with federal regulations
Elimination of assessment backlog
Ease of use for both assessors and State staff
Integration with Kansas Modular Medicaid System (KMMS) to streamline the response to Medicaid applications for long term care facilities and their patients.

KDHE-DHCF and KDADS will be seeking a commercial off the shelf solution to implement.

In scope:

Current Process Flow Review
Future State Process Flow
Feasibility Analysis
Alternative Analysis
RFI RFP
Vendor Evaluations
Aware of Contract
Product Design, Development, Implementation

Out of scope:

Changes to applications outside of CARE Assessments.

Risk of performing:

There is a risk that employees will need to allocate time for learning the new system: This could lead to a temporary reduction in the number of cases processed.

Risk of not performing:

Ongoing reliance on a manual solution that is not cost-effective.
Ongoing issues with accuracy due to potential for human error.
The current backlog of assessment tasks remains unaddressed.
No decrease in the total time and staffing required for completing assessments.
Non-compliance with federal regulations.

Enablers:

Technology and Infrastructure: Interoperable Systems. Reliable IT Infrastructure. Data Management. Cybersecurity Measures. Policy Alignment. Legal Compliance. Trained PASRR Evaluators. Stakeholder Engagement. Project Leadership. Well documented workflows for Level I screening and Level II evaluations. Change Management Strategy. Communication Plans.

Barriers:

Legacy Systems: Existing healthcare systems may be outdated and difficult to integrate with the new ePASRR system. **Lack of Interoperability:** Challenges in ensuring seamless data exchange between ePASRR, electronic health records (EHRs), and other healthcare management systems. **Technical Complexity:** Difficulties in implementing advanced features like automation, data analytics, and reporting within the system. **Cybersecurity Risks:** Concerns over the secure handling of sensitive patient information, especially in compliance with HIPAA and state-specific regulations. **Legal Liabilities:** Concerns about liability in cases where the PASRR process fails to identify or properly screen patients. **Cost of Maintenance:** Ongoing operational costs for maintaining the ePASRR system, including licensing fees, software updates, and hardware upgrades. **High Initial Investment:** Significant upfront investment for software, hardware, and personnel training. **Resistance to Change:** Healthcare providers and nursing facilities may be resistant to transitioning from paper-based or manual PASRR processes to an electronic system. **Unclear Workflow:** Lack of clearly defined workflows for Level I and Level II assessments in the ePASRR system. **Complex Integration of PASRR Levels:** Difficulty in smoothly integrating the different levels of PASRR screening into the broader healthcare workflows. **Inconsistent Nursing Facility Screening Practices:** Variability in how different nursing facilities and evaluators conduct PASRR screenings, leading to inconsistencies in system usage. **Low User Adoption:** Resistance from staff who may find the system difficult to use or perceive it as adding to their workload. **High Learning Curve:** The system may be complex, requiring significant time and effort for users to become proficient. **Data Migration Challenges:** Transferring data from manual or other electronic systems into the new ePASRR system may result in data loss or inconsistencies. **Perceived Redundancy:** Staff may feel that the ePASRR system duplicates efforts and prefer traditional methods. **Fear of Job Replacement:** Concerns that automation within the ePASRR system might replace certain roles or reduce staff workload.

Assumptions:

The federal and state PASRR regulations will remain stable throughout the project, without significant changes that could impact the scope. Key stakeholders, including state Medicaid offices, healthcare providers, and nursing homes, are available and willing to participate in the project. Stakeholders will provide timely feedback during requirements gathering, testing, and rollout phases. Existing IT infrastructure is compatible with the new ePASRR system or can be upgraded without significant delays or cost overruns. Sufficient bandwidth, server capacity, and other technical resources are available to support the ePASRR system, including secure data storage and processing needs. All third-party integrations (e.g., with Electronic Health Records, Medicaid systems) will be functional and supported by external vendors. Healthcare staff, evaluators, and administrators will have sufficient time to be trained on the new system and adopt the changes without significant disruptions to daily operations. Users of the ePASRR system will be able to navigate and utilize the platform with minimal additional support post-training. Data from legacy PASRR systems or manual processes will be accurate and complete, and migration to the ePASRR platform can be achieved with minimal data loss or corruption. There will be access to existing patient data and PASRR history for import into the new system. Sufficient budget has been allocated to cover the entire project lifecycle, including initial development,

deployment, training, and ongoing maintenance. Necessary human resources, such as IT staff, trainers, and subject matter experts, will be available throughout the project timeline. The project timeline will be realistic and account for potential delays in approvals, testing, and stakeholder feedback. There will be no significant disruptions (e.g., legislative changes, public health emergencies) that would cause project delays. System users (e.g., healthcare providers, evaluators, administrators) will participate in user acceptance testing and provide constructive feedback on the system's performance. The ePASRR system will meet user expectations and requirements with minimal post-launch adjustments. The ePASRR system will successfully integrate with existing healthcare systems, including Medicaid, EHRs, and other databases, without significant technical hurdles. External vendors responsible for the integration will deliver APIs or data exchange formats as expected and within the project timeline. Ongoing support for the ePASRR system (post-implementation) will be provided by either internal IT teams or third-party vendors without major disruptions. It is assumed that routine system updates and patches will not significantly disrupt system functionality or user productivity. It is assumed that there will be minimal resistance to change from users and stakeholders, and any resistance will be managed effectively through communication and training.

Financials

Rate Model:

Capital expense:	\$6,000,000.00	Capital budget:	\$0.00
Operating expense:	\$270,000.00	Operating budget:	\$0.00
Total planned cost (minus Quarterly Oversight Fee):	\$6,000,000.00	Discount Rate %:	0
Total planned cost:	\$6,270,000.00	Net present value:	\$51,336,389.00
Financial return:	\$51,336,389.00	Internal rate of return %:	172.5
Financial benefit:	\$57,606,389.00	Demand Actual Cost:	\$0.00
ROI %:	819		
Estimated annual ongoing costs of new system:	\$10,312,000.00	Estimated life/length of commitment (in years):	5

Assessment Data			
Business Risk Evaluation Required:	true	KITO Confirmed:	Confirmed
KITO Reportable:	true	KITO Follow-Up:	false
Strategic Risk Score:	1	Overall Business Risk Evaluation Score:	1.64
Operational Risk Score:	1	Security & Compliance Risk Score:	2.2
Financial Risk Score:	1.8	Reputational Risk Score:	1.7

Notes	
Watch list:	Work notes list:
Work notes:	
10/21/2024 10:30:53 AM - Biancka Razote (Work notes) @Cole Robison Good morning, Cole. My apologies for the delay. I've removed the ongoing costs from the cost plans section - These costs were already reflected in the "Estimated annual ongoing costs of new system" section of the Financials tab (I made no changes there). Please review and let me know if you see anything else out of place. Thanks!	
10/08/2024 12:12:41 PM - Cole Robison (Work notes) @Biancka Razote The post-implementation "Ongoing Support" items should not be listed in the Cost Plans. Those costs should be reflected in the "Estimated annual ongoing costs of new system" field on the Financials tab (if they aren't already). Please delete those items that do not belong.	
(Please let me know when you have made these revisions, so I know when to review again. You can post a note here and "@mention" me, as I have done here to address this message to you, to do so.)	
09/03/2024 04:33:26 PM - Cole Robison (Work notes) Made KITO reportable at the CITO's request.	

Preferences			
Close Demand:	On creation of project	Project calculation:	Automatic

Related List Title:	Demand Task List
Table name:	dmn_demand_task
Query Condition:	Parent = DMND0001188
Sort Order:	Number in ascending order

2 Demand Tasks

▲ Number	Short description	Due date	Percent Complete	Priority	State	Assigned to
DMNTSK0001186	SOW/RFP			4 - Low	Closed Complete	Biancka Razote
DMNTSK0001187	JCIT Review			4 - Low	Closed Complete	

Related List Title: Demand Stakeholder List
Table name: dmn_m2m_demand_stakeholder
Query Condition: Demand = DMND0001188
Sort Order: None

12 Demand Stakeholders

Number	User	Key Stakeholder Type	Function
STAK0001052	Brad Ridley	Sponsor/Business Owner	
STAK0001051	Christine Osterlund	Sponsor/Business Owner	
STAK0001050	Sarah Fertig	Sponsor/Business Owner	
STAK0001058	Thomas Pagano	IT Director/CIO	
STAK0001060	Elizabeth Wolff	PMO Director	
STAK0001048	Drew Adkins	Sponsor/Business Owner	
STAK0001815	Yvonne Case	Sponsor/Business Owner	
STAK0001057	Bob Doane	IT Director/CIO	
STAK0001053	Christine Osterlund	Executive Authority	
STAK0001056	Mark Heim	Finance Director/CFO	
STAK0001055	Drew Adkins	Executive Authority	
STAK0001054	Sarah Fertig	Executive Authority	

Related List Title: Requirement List
Table name: dmn_requirement
Query Condition: Parent = DMND0001188
Sort Order: Number in descending order

4 Requirements

▼ Number	Short description	Priority	State	Approval	Created
DREQ0001552	Demand: KITO Review	4 - Low	Accepted	Not Yet Requested	10/30/2024 04:41:26 PM
DREQ0001508	Demand: KITO Review	4 - Low	Accepted	Not Yet Requested	10/08/2024 11:17:03 AM
DREQ0001506	Compliance Acknowledgement	4 - Low	Accepted	Not Yet Requested	10/07/2024 01:02:01 PM
DREQ0001505	ePASRR RFP Scope	4 - Low	Accepted	Not Yet Requested	10/07/2024 12:57:58 PM

Related List Title:
Table name:
Query Condition:
Sort Order:

Benefit Plan List
benefit_plan
Work in (DREQ0001505, DMNTSK0001187, DREQ0001506, DREQ0001552, DREQ0001508, DMND0001188, DMNTSK0001186)
AND Benefit type = Monetary benefits
Name in ascending order

None

Related List Title:
Table name:
Query Condition:
Sort Order:

Benefit Plan List
benefit_plan
Work in (DREQ0001505, DMNTSK0001187, DREQ0001506, DREQ0001552, DREQ0001508, DMND0001188, DMNTSK0001186)
AND Benefit type = Non-monetary benefits
Name in ascending order

None

Related List Title:
Table name:
Query Condition:
Sort Order:

Demand Baseline List
dmn_demand_baseline_header
Demand = DMND0001188
Name in ascending order

1 Demand Baselines

▲ Name	Demand	Description	Plan	Created
DMND0001188 - PRJ0025208	CARE ePASRR	Created before conversion to project		11/15/2024 08:55:02 AM

Related List Title:
Table name:
Query Condition:
Sort Order:

Assessment Instance List
asmt_assessment_instance
Task = DMND0001188
Number in ascending order

2 Assessment Instances

▲ Number	Metric type	Taken on	State	Assigned to
AINST0303714	Business Risk Screening	08/10/2023 10:12:24 AM	Complete	Scott Kalcic
AINST0305852	Business Risk Evaluation	08/10/2023 10:18:08 AM	Complete	Scott Kalcic

Related List Title: Assessment Category Result List
Table name: asmt_category_result
Query Condition: Source = d42fadb31bd075148140a681f54bcb34
Sort Order: None

6 Assessment Category Results

Assessment group	Category	Weight	Rating	Normalized value
ASG0305851	Security & Compliance		6	1.2
ASG0305851	Financial		3.75	0.75
ASG0305851	Strategic		0	0
ASG0303714	Risk Screening		6.67	6.67
ASG0305851	Operational		0	0
ASG0305851	Reputational		3.34	0.67

Related List Title: Approval List
Table name: sysapproval_approver
Query Condition: Approval for = DMND0001188
Sort Order: Created in descending order

2 Approvals

State	Approver	Comments	▼ Created
Approved	Jeff Maxon	11/15/2024 08:54:56 AM - Jeff Maxon (Comments) reply from: jeff.maxon@ks.gov I approve this project but it should be KITO reportable for the following reasons: Multi agency system with multiple different end user base Heavy compliance requirements due to sensitivity of data Looks to significantly change the existing process Large lifetime system cost ~\$50 million for 5 years. Ref:MSG9911899	10/30/2024 04:43:45 PM
Approved	Christine Osterlund	10/08/2024 10:26:18 AM - Christine Osterlund (Comments) reply from: Christine.Osterlund@ks.gov Ref:MSG9790875	10/07/2024 01:08:06 PM

Related List Title:

Attachment List

Table name:

sys_attachment

Query Condition:

Table name = dmn_demand AND Table sys ID = d42fadb31bd075148140a681f54bcb34 OR Table name = dmn_demand_task AND Table sys ID in 6b6ef0c31b999e10eac12f85624bcb85, fc619da6978196d041e8b72ef053afab OR Table name = dmn_requirement AND Table sys ID in 3bef8922978196d041e8b72ef053af7b, b86151a6978196d041e8b72ef053af51, c320a4ca97a9d214d1b7ba4ef053afdd, c9f20e3697499ad041e8b72ef053af14 OR Table name = risk AND Table sys ID in OR Table name = issue AND Table sys ID in OR Table name = dmn_decision AND Table sys ID in OR Table name = project_action AND Table sys ID in OR Table name = project_change_request AND Table sys ID in OR Table name = sysapproval_approver AND Table sys ID in 46c2dd6e978196d041e8b72ef053af74, 85b0608e97a9d214d1b7ba4ef053af49

Sort Order:

Created in descending order

2 Attachments

File name	Content type	Table name	▼ Created	Created by
CARE ePASSR RFP_Scope_FINAL_8.12.24.pdf	application/pdf	dmn_demand_task	10/07/2024 01:07:49 PM	Biancka.Razote@kdhe.ks.gov
CARE ePASSR RFP_Scope_FINAL_8.12.24.pdf	application/pdf	dmn_requirement	10/07/2024 12:57:48 PM	Biancka.Razote@kdhe.ks.gov