

Health and Human Services Transformation Project (HHSTP)



Governance Charter

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Submitted to:

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Revision History

Version	Date	Description	Revised by
0.1	09/05/17	Initial Version for Submittal	Cambria Solutions
0.2	09/22/17	Response to Consolidated Comments (COMLOG) from 9/18/17	Cambria Solutions
1.1	03/06/18	Revised to name the appropriate founding members and revised some of the structure of the council to match our current structure	Cambria Solutions
1.2	05/08/18	Revised with clarification on voting structure, in case of an absence	Cambria Solutions
1.3	05/31/18	Standardized the language and tables around members and roles	Cambria Solutions
1.4	6/18/18	Put back in Governor's office as the tie-breaker at Jacob's suggestion from the 6/5/18 Governance Meeting	Cambria Solutions
1.5	7/9/18	Added Janis Bond to the Executive Governance Council	Cambria Solutions
2.0	7/18/18	Version 1.5 was approved by Jacob and Janis and now it is put to vote	Cambria Solutions
2.1	9/4/18	Rita Rutland requested a change to reflect the Governor's office role in the Governance Council.	Cambria Solutions
3.0	9/10/18	Final Version that was voted on and approved in the Governance council on 9/4/18.	Cambria Solutions

1 INTRODUCTION

The Division of Medicaid (DOM) and the Department of Human Services (MDHS) make up two of the key agencies in the Health and Human Services environment for the State of Mississippi. DOM provides access to quality health care for approximately 700,000 of 2.9 million Mississippians and MDHS delivers services to at least one in four people. In fact, 63.9% of MDHS beneficiaries are also clients at DOM. To increase coordination, improve health outcomes, provide paths to self-sufficiency, and reduce taxpayer burden, DOM and MDHS have defined a vision for an interoperable Health and Human Services project. DOM and MDHS submitted a joint Advanced Planning Document (APD) and received Federal approval and enhanced Federal funding in June 2017. In August 2017, DOM and MDHS launched the Health and Human Services Transformation Project (HHSTP).

DOM and MDHS will be implementing a series of joint modules such as a Common Web Portal, Enterprise Service Bus, and Fraud and Abuse Module as well as identifying opportunities to collaborate on other technology and programmatic solutions. The result will be shared ownership of solutions, shared data, exchanged transactions, referrals, and more advantages to the client. To promote shared, equitable decision-making, DOM and MDHS plan to implement a Governance Council. Strong governance is essential for successful multi-agency project delivery. In fact, the American Public Human Services Association (APHSA) said in 2012: *“Strong governance from the start is essential for long-term success...it must be done immediately and quickly so that no more time is lost in seizing the time-limited funding opportunities currently available and in assuring that the human service perspective and vision of a fully integrated health and human services are part of the ACA planning currently underway.”* DOM and MDHS agree and plan to make governance a critical part of the HHSTP from the start.

2 PURPOSE

The Governance Council is the multi-agency, decision-making and policy-making authority for matters related to the planning, development, and integration of an interoperable HHS model.

2.1 Intent

The Governance Council drives the strategic direction and addresses collaboration and coordination issues raised by various agencies' business units and evaluates recommended solutions and alternatives to select appropriate strategies. The Governance Council will also oversee the implementation of the technical and programmatic solutions meet the core objectives of the HHSTP.

2.2 Core Principles

This section outlines the core principles and values that will guide the direction and decisions of the group. If decisions are ever in doubt, the Governance Council should appeal to the core principles as a guide. The following principles guide the Governance Council:

- Strategic Direction
 - Decisions affecting the project will place the interests of the state above those of individual programs or agencies

- Decisions affecting the project will also place the interest of the applicants and the case worker experience above that of the project team
 - Services will be streamlined, easily accessible, collaborative, evidence-based and consistent with best and promising practices
 - Decisions will take financial considerations into account and will examine potential ROI prior to incurring any additional costs
 - Unnecessary duplication will be avoided across multiple programs' eligibility processes and solutions
 - All decisions will be transparent, documented, and communicated to all stakeholders
 - Executive sponsorship of the directors of the affected organizations will be necessary for the successful implementation of any solution
- Funding & Cost Allocation
 - Any agency with fiduciary responsibility will ensure that decisions affecting the expenditure of Federal funds will be consistent with the appropriate legislation, regulation, and funding approval documents
 - The use of Federal funds will be cost allocated among the participating programs in accordance with OMB Circular A-87 and any other Federal funding regulations, guidance, or executive orders
 - Federal funding will be maximized to integrate service delivery between agencies
- Project Management
 - The participating agencies will assign appropriate resources and establish appropriate priorities to ensure that issues and decisions that come before the Governance Council are addressed in a timely manner
 - Quality assurance and independent verification and validation (IV&V) will report to the Governance Council to provide an independent report of project status
 - The Governance Council will identify, gather, and review information necessary for decision making and continuous quality improvement
- Data Management - Currently each agency involved retains their own separate databases, but especially in the case of the fraud and abuse module, where data retention and storage may be joint, data management and governance will become more of an issue. Within the Governance council, we envision data management to encompass the following:
 - The organization and management structure will encourage the sharing and exchange of data and the minimization of redundant data collection and processing
 - Data will be shared among all agencies that have the legal authority to utilize that data and will benefit from the access to that data
 - The eligibility systems of the departments participating in integration will develop their own agreed upon policies and procedures related to data management, data collection, and data usage within their own systems.

3 GOVERNANCE COUNCIL DESIGN

The Governance Council is multi-layered to drive the strategic and tactical direction of the HHS Transformation Project. The following key organizational design points were considered imperative to the Governance Council's long-term success and have therefore been incorporated into the new organizational design: inclusive to all stakeholders, facilitates fair decision making among members, creates oversight function without unnecessary overhead, and supports interoperability initiatives. The three levels of governance and a description of each is depicted below:

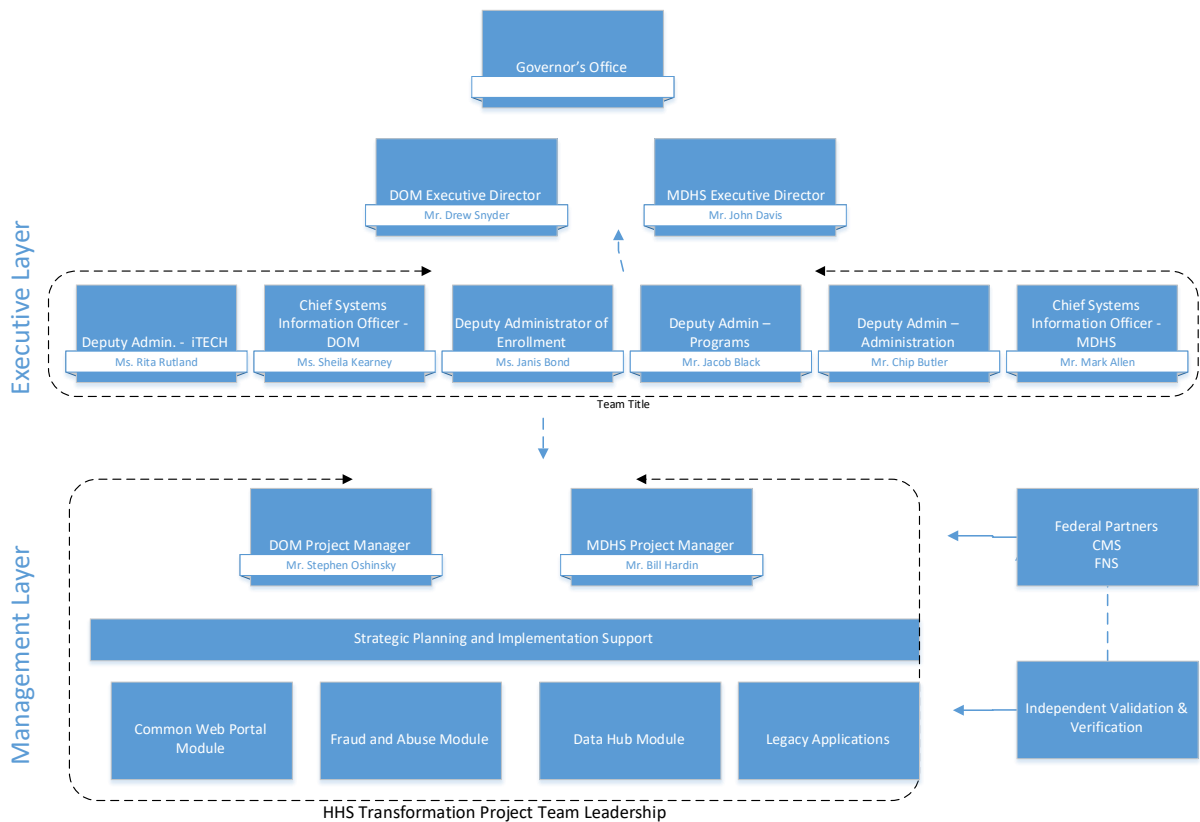
Exhibit 1: Levels of Governance

Level	Governance	Description
Executive	Governance Council	Focuses on policy decisions, strategic direction, and key decisions
Management	Project Team Leadership	Directs and facilitates the day-to-day project leadership
Operational	Work Groups & SMEs	Delivers the vision by providing the documentation and analysis for decision making

At the onset, the HHSTP Governance Council would have the agency heads as sponsors and the executive layer of the Governance Council would be named members from DOM and MDHS. HHSTP is initially focused on the programs at DOM and MDHS, but it is scalable to promote interoperability across the whole HHS enterprise. Other agencies such as the Department of Health, Department of Child Protective Services, Department of Rehabilitation Services, and the Department of Mental Health are all potential members that could be included if the HHSTP Roadmap includes collaboration with those agencies.

The HHSTP Governance Charter will only be addressing the protocols for the Executive Layer. The processes, practices, and procedures of the Management Layer are defined in the project-level Project Management Plan (PMP). However, the below chart provides a single overview of the executive and the management layer of governance for the HHSTP.

Exhibit 2: Governance Council Composition Diagram



4 MEMBER ROLES AND RESPONSIBILITIES

This section outlines the roles and responsibilities of the key individuals on the Governance Council.

4.1 Membership

Governance Council members shall be selected from DOM, MDHS, and its partner agencies. Each member entity may select **two (2) voting members**. Membership shall not exceed **twelve (12) members**. Members will serve under this charter for **the duration of the project**.

The Governance Council can appoint Participating Members with the **vote of the majority** of the Core Members.

The members of the Governance Council will be appointed by the executive sponsors of HHSTP. The membership of the Governance Council is (as of May 2018):

- Ms. Rita Rutland, Deputy Administrator of OIT, DOM
- Mr. Jacob Black, Deputy Administrator of Programs, MDHS
- Mr. Chip Butler, Deputy Administrator of Administration, MDHS

- Mr. Mark Allen, Chief Information Officer, MDHS
- Ms. Sheila Kearney, Chief Systems Information Officer, DOM
- Ms. Janis Bond, Deputy Administrator of Enrollment, DOM

Each of these members have the authority to delegate an alternate.

For voting purposes, each agency represented gets two votes. If only one member is present, then that member’s vote counts as 2.

4.2 Member Responsibilities

The following are the roles and responsibilities of members of the Governance Council:

Exhibit 3: Roles and Responsibilities of the Governance Council Members

Roles	Responsibilities
Governance Council Sponsors	<ul style="list-style-type: none"> • Act as an escalation point if a stalemate occurs between the executive council members or at the agency level • Be at an influential level to garner support for the project and remove barriers
Governance Council Executive Layer	<ul style="list-style-type: none"> • Provide executive-level direction • Communicate with Governance Council Sponsors • Ensure the Governance Council carries out the mission, goals, and guiding principles • Attend and actively participate in meetings
Management Layer Participating Members (Agency, SI and IV&V)	<ul style="list-style-type: none"> • Facilitate Governance Council meetings • Facilitate implementation of Governance Council decisions • Attend and actively participate in meetings • Ensure that MDHS, DOM and its partner agencies are progressing towards effective interoperable practices • Raise issues and challenges that hinder effective interoperable practices • Hold project teams accountable for progress towards objectives

5 POLICIES AND PROCEDURES

The HHSTP Governance Council establishes and will abide by policies and procedures to ensure smooth processes and reliability.

5.1 Meeting Protocols

This section outlines the logistics for the group’s meetings, including frequency, notice, communications, decision-making, use of alternates.

5.1.1 Meeting Frequency

The Governance Council meets **monthly** in person at the MDHS or DOM office alternating the location each month. The Governance Council meeting schedule will be posted in SharePoint. Regular meetings are mandatory for all members or their alternates.

The Governance Council can call additional meetings as needed to facilitate timely resolution of proposals. Typically, these meetings are used to address time-sensitive items. The additional meetings should focus on addressing single items of importance and bringing said item(s) to a completed decision point.

5.1.2 Meeting Notice

Meeting notices for regular meetings are distributed at the beginning of each calendar year to all members active at the time of distribution for the entire calendar year. Every attempt will be made to provide a minimum of **five (5) working days'** notice for additional meetings.

5.1.3 Communications

Matters which are to be considered at a meeting shall be: regular status, items needing oversight decisions and any items that are fundamental to the success of the project. These items should be discussed and distributed to members for review at least **24 hours** in advance of the scheduled meeting. Notification also will include the time and place of the meeting and other essential information.

Notes are recorded at each meeting and will be made available to all participants within **five (5) working days** following the meeting. Notes will record key discussion points of all motions and decisions, as well as any required action items. These notes, action items and decisions will be uploaded in SharePoint.

Attendees to the Governance council meetings are the Executive members and Management participants outlined in Exhibit 3. Note that the Governance council sponsors can attend meetings as needed. Any additional invitees will be decided by the group according to the topics on the agenda.

5.1.4 Decision-making

Decision-making will be made by majority rule, which will consist of a quorum of 51% present or more, after discussion with the Governance Council. The agenda shall clearly identify items which require a decision. Each agency has two votes, vote, with a 51% majority needed to approve any decision. In the event of a tie, the Governance Sponsors are the tiebreakers. If the Governance Sponsors cannot come to an agreement on a decision, the decision is escalated to the Governor's office for final direction.

5.1.5 Use of Alternates

Governance Council members must designate an alternate to represent that area in the event the member cannot attend the Governance Council meeting. Alternates are to attend meetings in the absence of the appointed member. Alternates must be able to speak for the member and have decision-making authority when substituting for a member.

5.2 Meeting Administration

The System Integrator (or the Governance Council's designee) will support the administration of the Governance Council. In meeting preparation, the System Integrator will work with the Executive Layer Members to develop the agenda, work with vendors on reports and decisions, and gather and create documents that will support the meeting. In meeting administration, the System Integrator will take minutes and follow up on action items from meeting to meeting.

5.3 Process to Become an Executive Member

The Executive Members may vote to add another Member to the Governance Council. Each of these votes must gain a majority. In order to be eligible to be an Executive Member, the agency must be providing a committed budget to the project to participate in the overall program.

5.4 Approval of and Changes to the Charter

Updates to the Charter will be approved by a vote from **66%** of the Executive Governance Council members. An update which requests the disbanding of the Governance Council will require a supermajority of **75%** of the Executive Governance Council members, including the Governance Council Sponsors.