HUMAN SERVICES 2.0 AT THE ADMINISTRATION FOR CHILDREN AND FAMILIES:

Driving Federal and State Partnerships to Enhance System Interoperability

By David Hansell, Acting Assistant Secretary, ACF

OUR WORLD FACES tremendous challenges. We continue to cope with the fallout of major environmental and human disasters—the Haiti earthquake and the Gulf oil spill, to name but two. These have occurred in the midst of a worldwide economic downturn that has affected us all, but none more than the vulnerable children and families who receive vital social services from nonprofit organizations and government agencies.

Thanks to the resilience of the American people, and the strategic intervention and support of the Obama Administration, economic recovery is under way. After having implemented the American Recovery and Reinvestment Act of 2009, President Obama signed the Affordable Care Act into law on March 23, 2010, making healthcare affordable and accessible to millions of Americans who have long been without it and improving the quality of healthcare for all Americans. Along with other federal initiatives, the Affordable Care Act presents the entire U.S. human services sector with an unprecedented opportunity to intensify our activities toward an important goal—the implementation of "interoperability" among programs.

Client-Centered Services

Interoperability is a relatively new term, but it's not a new concept. Historically it has been referred to as "service integration." At its core, interoperability is about coming to grips with how human need manifests itself in real life.

Real life is complex and nuanced, with overlapping components—not like our separate government agencies with their discrete programs occupying distinct silos would suggest. For those many intersecting needs to be met efficiently and effectively, and for the solutions in place to do the most good, we must improve integration and coordination among the agencies intended to help vulnerable Americans. Interoperability is all about putting clients at the center of the service spectrum and eliminating barriers between programs to make them easily navigable. When interoperability works, everyone wins:

○ Clients have a more seamless, sensible experience that leads to positive outcomes

○ Agencies reduce duplicative efforts, efficiently collect and use comparable data, and carry out their missions more effectively.

Why is now the right time to focus on interoperability? What differentiates current effort from prior attempts? First, we now have enabling technology that allows us to make real change. And second, we have an administration that is deeply committed to making sustainable change.

Achieving true interoperability among programs will require new strategies and approaches, and sufficient time to implement them. While technology is an essential compo-

nent, it is only one among many. Like any complex project, achieving interoperability will take federal, state and local collaboration in every aspect of service delivery, including but not limited to the harnessing of modern technological solutions.

As acting assistant secretary of the Administration for Children and Families, I am leading the department's charge to explore the promise of technology to enhance collaboration and coordination among health and human services programs, with a keen focus on the following federal initiatives:

The Affordable Care Act

The Affordable Care Act is a catalyst for applying today's technology to service integration, largely because more than 30 million people will need to be enrolled—people who in many cases are already enrolled in other human services delivery programs. Our task is to ensure that the enrollment processes of the various programs complement each other, rather than work in fragmented or conflicting ways. This requires coordination across departments, agencies and sectors, and among federal, state and local service providers.

At the Administration for Children and Families, we intend to seize the opportunity presented by the Affordable Care Act to reach out and connect all people in this country who need help with all agencies that can provide the necessary services. To succeed, ACF must explore every possible data link, and remove cross-agency policy conflicts. Our goals are to enhance the integrity of every program, streamline and improve the accuracy of eligibility determinations, and move a step closer to standardizing the data definitions and collection processes across programs. [See page 23 for a copy of the November 23 letter, sent jointly from David Hansell and leaders at the Centers for Medicare and Medicaid Services, Office of Consumer Information and Insurance Oversight, and the U.S. Department of Agriculture's Food and Nutrition Service, urging the heads of all human services agencies to participate in Affordable Care Act planning.]

With agencies across the federal government working together to implement the Affordable Care Act, the entire human services sector can be fully engaged and committed to producing results. Across silos, federal agencies are talking about matching state and federal data, verification, reusing eligibility information, allowing people to enter eligibility information online and reaching out to notify eligible applicants. ACF is an active participant in efforts to shape the technical architecture of interoperability in healthcare reform. The government is developing a common set of standards for data exchange. As we move forward with development of a national enterprise architecture, ACF expects to develop additional resources that states can tap into for information, technical support and strategy development. Our goal is to help states enable automated access to eligibility, enrollment and verification functions.

National Information Exchange Model

The events of September 11, 2001, set in motion an urgency to communicate rapidly and accurately across federal, state and local domains. The National Information Exchange Model (NIEM), the federal response, created a repository for shared terminology and a process to identify and implement the more efficient exchange of essential information. While ACF collaborates with CMS and other partners on the technical components of the Affordable Care Act, the agency is beginning to engage in a stronger way with the NIEM standard. Two ACF programs—the Children's Bureau and Child Support Enforcement—have been active NIEM partners with the National Conference of State Courts in establishing a NIEM Family Services domain. And recently, ACF was

named Domain Steward for the newly established NIEM Human Services Domain, which, when fully operational, will become a critical foundational element in enabling interoperability among numerous human services systems.

Reforming Federal Information Technology Management

With the December 2010 release of the 25-Point Implementation Plan to Reform Federal Information Technology Management (see page 26), the White House has sent a clear message that government technology solutions must be shared and efficient and must provide high-level value to the American people.

To that end, ACF has launched an initiative we refer to as Human Services 2.0. Under Human Services 2.0, ACF is implementing changes to enhance and expedite the agency's capacity to pursue interoperability and to help states and localities with their own interoperability efforts. We are starting in our own backyard. Every program within ACF has been tasked with creating and putting into practice an interoperability plan for 2011. Each plan will identify specific actions the program will take to better coordinate and collaborate with other programs within ACF and/or federal agencies. Additionally, we are seeking to understand and document through an information repository which states and jurisdictions have already begun interoperability efforts, both at the front end (e.g., eligibility determinations and access to benefits) and the back end (e.g., coordinating case management across programs). ACF's interest is twofold: 1) identifying effective and replicable best practices and approaches, and 2) supporting state and local interoperability efforts that are planned or under way, with the possibility of sponsoring demonstration projects that use best practices and a new national reference architecture.

Program Integrity

Following a recent GAO report citing evidence of fraud and abuse in two ACF programs, HHS Secretary Kathleen Sebelius and ACF leadership are renewing strong and decisive measures to fight fraud and ensure program integrity. In addition to addressing specific concerns in these cases, Secretary Sebelius has created the first-ever Council on Program Integrity. Comprised of the heads of every division within the Department of Health and Human Services, this council regularly convenes the senior leadership to conduct risk assessments of programs and operations most vulnerable to waste, fraud and abuse.

Achieving HHS's program integrity goals creates interoperability challenges and opportunities as a result of working across boundaries within one large federal agency to ensure that vital resources reach the people who need them most. Part of the council's charge is to enhance detection of improper payments through the Public Assistance Reporting Information System (PARIS). Going forward, ACF will continue its collective focus on technical solutions that improve program integrity from the state perspective and on internal reviews to identify similar opportunities within ACF.

Advanced Planning Document

In late October, ACF published its Final Rule on State Systems Advance Planning Document (APD) Process. This much anticipated document was crafted with considerable input from state and local stakeholders. It revises federal requirements for APD processes that govern the procedure by which states obtain approval for federal financial participation in the cost of acquiring automated data processing equipment and services. Among other provisions, the final rule:

- Limits amount of documentation for annual submission if the state system is operational with no development

○ Eliminates prior approval submission requirements for operational procurements, regardless of contract size

○ Increases dollar thresholds for submitting hardware and software acquisitions for prior approval and expands states' authority to seek exemptions from federal prior approval of acquisitions over the submission threshold as long as the acquisition summary meets specified criteria

○ Effectively permits states to follow their own procurement rules in areas such as sole source justification and conflict of interest

○ Eliminates the need for annual cost benefit analysis updates.

(See "APD: The Final Rule" on page 24 for more.)

While ACF listened carefully to comments and believes strongly that this APD rule represents a major step forward, it is not the end of the process, but a critical milestone in an effort to find the right balance between state flexibility in systems design and federal stewardship of financial resources.

This new APD rule exists because of the strong support and partnership among ACF, CMS and Food and Nutrition Services in supporting states and ensuring coordinated processes in HHS and the U.S. Department of Agriculture. Throughout the project, we exchanged information, hashed out conflicts and cooperated on common goals—another on-the-ground example of interoperability in action.

ACF is still new to the process of applying the principles and practices of interoperability. We will need all participants' expertise and creativity and, above all, flexibility, as we institute large-scale changes. But the payoff will be worthwhile: a new approach to administration and service delivery for the coming decade and the decades to follow, with vastly improved consumer outcomes. This will be an approach that looks both vertically and horizontally, makes no assumptions that the old ways are right, rewards risk-taking and gets us to "yes" rather than "no."

As we seize this opportunity, we are recasting the way we've been providing health and human services for many years, and taking a path that is fundamentally collaborative, technologically savvy and, most critical, focused squarely on improving the lives of the children, families and communities we serve.